

**Community Care of North Carolina– Community Care of Wake and Johnston Counties
MD Easy™ Form – Intranasal Corticosteroids**

This form MUST BE FAXED to the pharmacy

Practice Information		Patient Information	
Practice Name		Patient Name	
Practice Address		Patient Address	
Practice City, State, Zip		Patient City, State, Zip	
Practice Phone	Practice Fax	Date of Birth	Medicaid ID
Pharmacy Information		Originally Prescribed Intranasal Corticosteroid	
Pharmacy Name		Drug Name/Strength	
Pharmacy Phone	Pharmacy Fax	Last Filled	Quantity

Nasal Corticosteroid Prior Authorization Criteria

- Generic fluticasone and generic flunisolide will **NOT** require prior authorization (PA). To switch patients to a generic medication, complete this form and fax it to the patient's pharmacy indicated above.
- **Criteria to use brand name nasal corticosteroids:**
 - Requires failure of generic fluticasone for 4 weeks & failure of generic flunisolide for 4 weeks within the last 24 months.
- **Exemptions:**
 - Patients under 4 years old are exempt from PA
 - Patients with a contraindication or allergy to generic fluticasone & generic flunisolide are exempt from PA by phoning ACS at 866-246-8505 or by faxing a PA request form (located at www.ncmedicaidpbm.com) to ACS at 866-246-8507.
 - No PA requests will be accepted prior to July 20, 2009.

Generic Nasal Corticosteroids (No PA Required)

Please select one of the following 2 options

****Attention Pharmacists****

Please discontinue originally prescribed brand name intranasal corticosteroid above and change patient to the generic nasal corticosteroid indicated below. If the patient does not immediately need this prescription please keep it on file for next refill.

Generic Fluticasone nasal spray

Directions: _____

Dispense #: _____ Refill#: _____

Generic Flunisolide nasal spray

Directions: _____

Dispense#: _____ Refill#: _____

Prescriber Signature: _____ Date: _____

Prescriber Name (please print): _____ DEA/NPI: _____

Note: By signing this document & 1) checking the generic Fluticasone nasal spray substitution or 2) generic Flunisolide nasal spray substitution above, you are consenting to this being a legal prescription & the pharmacy should fill it as such.