

CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.

TAR Submission: Drug TARs

This section contains specific information about drug *Treatment Authorization Request* (TAR) submission. For more information about general TAR requirements, see the *TAR Overview* section in the Part 1 manual. For information about where to send TARs, see the *TAR Field Office Addresses* section of this manual.

Drug TARs must be mailed or faxed to the appropriate Medi-Cal field office. Only drug TARs may be submitted by fax. Providers may request approval for any drug TAR (initial, reauthorization, retroactive, and over-six-prescriptions-per-month) by fax or mail.

Faxing Drug TARs

Providers with fax capability can send drug TAR forms directly to the Northern and Southern Pharmacy Sections. Once the pharmacy section receives the fax TAR, onsite staff keys the TAR into the TAR system, the consultant takes appropriate action on the TAR, and an *Adjudication Response* (AR) will be faxed back using the fax number submitted on the TAR no later than 5 p.m. on the next business day following the day of receipt of the TAR. The AR lists the status of all service lines submitted on the TAR.

For additional information about ARs, providers may refer to “TAR Status on Adjudication Response” in the TAR Overview section of the Part 1 manual.

Fax numbers

The fax numbers for the Medi-Cal Pharmacy Sections are:

Southern	1-800-869-4325 1-800-371-0712*
Northern	1-800-829-4325 1-800-641-1021*

* Over six prescription limit TARs only.

Fax Documentation

In the *Medical Justification* section of the TAR, write the telephone number (including area code) of the fax machine at which you want to receive your copy of the processed TAR. It should be clearly labeled, “FAX PHONE NUMBER.” If this number is not on the TAR, or if the fax number is not operational, a copy of the TAR will be mailed to the provider.

Duplicate TAR Control Numbers

TARs that duplicate a TCN already on file will be rejected by the TAR System. Consequently, the same TAR that has been sent by fax to the Medi-Cal Pharmacy Section cannot be reused to obtain reauthorization of the original drug(s). A new TAR is necessary to obtain reauthorization. Also, the TAR cannot be reused when the initial TAR request was denied.

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Status of Faxed TARs	<p>Faxed TARs will be returned to the provider by fax as soon as possible. Providers should wait 24 hours before contacting the Medi-Cal Pharmacy Section to inquire about the status of a TAR.</p> <p>If a fax response is not received by 5 p.m. on the <u>following</u> business day, call the Provider Telecommunications Network (PTN) to inquire about the status of the TAR. Do <u>not</u> fax the same TAR again.</p>
Typed, Complete, Legible TARs	<p>TARs submitted by fax transmission must be typewritten, complete and legible. Include medical justification and results of tests, such as culture and sensitivity.</p>
Record Keeping	<p>For record keeping, providers should cross through the original TAR form and discard the carbon copies. Attach the original TAR to the fax copy received from the Medi-Cal Pharmacy Section. This prevents accidental duplication of TCNs.</p>
Reauthorization of Previously Approved TAR	<p>When requesting reauthorization of a previously approved TAR, complete a new 50-1 TAR form and submit it to the Medi-Cal Pharmacy Section.</p>
Appeal of Denied TAR	<p>To request reconsideration of a previously denied TAR, providers may submitted a written appeal. Refer to the <i>TAR: Submitting Appeals</i> section of the Part 2 provider manual.</p>

Drug TAR Percent Variance

Providers submitting drug TARs may request a percentage of variance from the authorized quantity of a drug that frequently changes in dispensing quantity. Providers who receive authorization for percent variance will not be required to submit a new TAR to the Medi-Cal Pharmacy Section each time the dispensing quantity of a drug changes.

The percentage of variance that may be requested and authorized ranges from 1 to 998 percent. A TAR authorizing 999 percent variance has no quantity limit. *Chart 1* below shows the formula for calculating percent variance.

Formula for Percent Variance

Variable	Quantity Requested	X	Percent Variance	=	Calculated Variable	Truncate if in decimal form (for example, leave off the number after the decimal).
Dispensing Lower Limit	Quantity Requested	-	Calculated Variable	=	Lowest limit dispensable and payable	(Cannot go below 1)
Dispensing Upper Limit	Quantity Requested	+	Calculated Variable	=	Highest limit dispensable and payable	(No limit after 998)

Example for 25% variance	90	x	.25	=	22.5	Truncate to "22"
	90	-	22	=	68	Dispensing lower limit
	90	+	22	=	112	Dispensing upper limit
Example for 998% variance	90	x	9.98	=	898.2	Truncate to "898"
	90	-	898	=	* -808 = 1	Dispensing lower limit
	90	+	898	=	988	Dispensing upper limit

Chart 1. Formula for calculating percent variance and examples of a 25 and 998 percent variance.

* **Note:** The dispensing lower limit cannot go below 1.

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Example of Dispensing Limits

Chart 2 below illustrates percent variance dispensing limitations or a requested quantity of 90.

Quantity Requested	Percent Variance Authorized	Dispensing Lower Limit	Dispensing Upper Limit
90	0	90	90
90	10	81	99
90	25	68	112
90	50	45	135
90	100	* 0 = 1	180
90	998	* -808 = 1	988
90	999	No Limit	No Limit

Chart 2. Dispensing limitations for a requested quantity of 90.

* **Note:** The dispensing lower limit cannot go below 1.

Providers must indicate the name of each drug and the percentage of variance requested in the bottom portion of the *Medical Justification* field (Box 8C) on the 50-1 TAR form. If the pharmaceutical consultant at the field office approves a percent variance, that percentage is indicated at the far right of each authorized line in the *Specific Services Requested* field (Box 10A) on the TAR.

DIAGNOSIS DESCRIPTION:		ICD 9 CM DIAGNOSIS CODE						
MEDICAL JUSTIFICATION:		8C						
GENERALIZED ANXIETY DISORDER								
LORAZEPAM REQ. 50%		RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51003 (B)						
		36 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>						
LINE NO.	AUTHORIZED		APPROVED UNITS	SPECIFIC SERVICES REQUESTED	UNITS OF SERVICE	NDC/UPC OR PROCEDURE CODE	QUANTITY	CHARGES
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	10A LORAZEPAM 0.5MG, 1 BID, 11R	50	00781140301	60	\$
2	<input type="checkbox"/>	<input type="checkbox"/>						\$
3	<input type="checkbox"/>	<input type="checkbox"/>						\$
4	<input type="checkbox"/>	<input type="checkbox"/>						\$
5	<input type="checkbox"/>	<input type="checkbox"/>						\$
6	<input type="checkbox"/>	<input type="checkbox"/>						\$

Sample Treatment Authorization Request (50-1) showing a request and approval for percent variance.