

Pharmacy Claim Service Limits, Edit Overrides and PA Exemptions

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Pharmacy Claim Service Limits

Behavioral health medications are limited to the adult and pediatric dosages recommended by the Food and Drug Administration (FDA).

Behavioral health medications are restricted when the patient has been prescribed concurrent medications in the same drug class.

Chantix is limited to a 6 month supply per rolling 12 months.

Pharmacy claims are limited to a 34 days supply, unless a generic, maintenance, product that is not a controlled substance is dispensed and the beneficiary has had a previous 30-day fill of the same medication. Up to three months of birth control medications and prepackaged hormone replacement therapies are allowed.

Epi-Pens are limited to 6 pens per rolling 180 days. Prior approval is required for additional Epi-Pens.

Fuezon can be dispensed once per month.

Hetlioz is limited to a daily dosage of 1 capsule per day.

Lidoderm is limited to 1 box of 30 patches per claim on new prescriptions. A prescription is considered to be new when the beneficiary has not had a prescription for Lidoderm filled within the past 60 days. Refills of Lidoderm are not limited to 1 box per claim.

Low sedating antihistamine combinations are limited to 102 days supply per year.

A high dose prior approval is required when concurrent use of opioids exceeds 90mg per day.

Non-preferred Sedative Hypnotics, excluding Hetlioz, are limited to a quantity of 15 units per calendar month. Prior approval is required for more than 15 units per calendar month. This limit does not apply to beneficiaries who reside in a skilled nursing facility (SNF), an intermediate care facility (ICF), or an intermediate care facility for individuals with mental retardation (ICF-MR).

Synagis is limited to 250mg in a 25 day period.

Claims for syringes will be paid when the patient has a history of insulin, Byetta or Forteo within the past 90 days.

Topical antihistamines are limited to 45 grams per 90 days.

Preferred Triptans are limited to a quantity of 12 units per calendar month. A PA is required for additional usage. Non-Preferred Triptans always require a PA.

Vusion is limited to a quantity of 50 grams per 60 days. A PA is required for additional usage.

Zolpimist is limited to a quantity of 1 canister per rolling 60 days.

Pharmacy Claim Edit Overrides

If 'meets PA criteria' is documented on the prescription, PA Type Code 01 and/or Submission Clarification Code 02 will bypass prior approval edits for the following drugs:

- Leukotriene Receptor Antagonists
- Inhaled Corticosteroids
- Anticonvulsants
- Statins

Adult Safety with Antipsychotic Prescribing (ASAP)

The PA requirement on ASAP claims can be overridden by PA Type Code 1 or a Submission Clarification Code 02 an unlimited number of times if 'meets PA criteria' is documented on the prescription.

The prior approval requirement on ASAP claims can be overridden by Submission Clarification Code 11. This override can be used no more than two times per 365 days. Note: Pharmacy claims for new prescriptions only are subject to the PA requirement.

Antipsychotic Keep it Documented for Safety (A+KIDS)

The PA requirement on A+KIDS claims can be overridden by PA Type Code 11. This override can be used no more than two times per 365 days.

Behavioral Health Medications

Providers can override the behavioral health medications edits related to FDA dosage recommendations and concurrent use. The override is accomplished by submitting a value of 10 in one of the Submission Clarification Codes after consulting with the prescriber.

Suboxone Film is limited to a quantity of 16 mg per day. For daily doses ranging between 17mg to 24mg, a pharmacist may override the limitation/edit at point-of-sale after consulting with the prescriber to determine the clinical need for the higher dose. Use Submission Clarification Code 10 to override the limitation/edit.

Emergency Supply Override

72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior approval. Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval. Use of this emergency supply will ensure access to medically necessary medications. The system will bypass the prior approval requirement if an emergency supply is indicated. Submit a 3 in the Level of Service to indicate that the transaction is an emergency fill.

Note: Copayments will apply and only the drug cost will be reimbursed. There is no limit to the number of times the emergency supply can be used.

72 Hour Emergency Supply for Behavioral Health Medications

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for behavioral health medications when FDA limits are exceeded and/or the patient has been prescribed concurrent behavioral health medications. This override can be used when waiting for clinical justification from the prescriber. Submit a 3 in the Level of Service to indicate that the transaction is an emergency fill.

4-Day Emergency Supply

A 4-day emergency supply override is allowed for recipients who cannot use their approved pharmacy or prescriber. Submit a 3 in the Level of Service to indicate that the transaction is an emergency fill. The 4-day emergency supply override can be used once, per recipient, per year of their lock-in period.

High Dose PA Required

The requirement for a high dose PA can be overridden with a value of 05 in one of the Submission Clarification Codes.

Maximum Daily Dosage

The maximum daily dosage edit can be overridden by submitting a value of 02 in one of the Submission Clarification Codes.

Pharmacy Claim PA Exemptions

Age Related Exemptions

- Beneficiaries less than 2 years old do not require a PA for non-preferred Clarinex syrup.
- Beneficiaries less than 4 years old do not require a PA for non-preferred nasal steroids.
- Beneficiaries less than 12 years old do not require a PA for Desonide cream/ointment (generic for DesOwen)
- Beneficiaries less than 12 years old do not require a PA for non-preferred, oral doxycycline liquid.
- Beneficiaries less than 12 years old do not require a PA for Epaned Solution.
- Beneficiaries less than 12 years old do not require a PA for Fluoxetine tablet (generic for Prozac).
- Beneficiaries less than 12 years old do not require a PA for non-preferred proton pump inhibitors.
- Beneficiaries less than 12 years old do not require a PA for Qbrelis Solution.
- Beneficiaries less than 12 years old do not require a PA for non-preferred Renvela Powder Pack.
- Beneficiaries less than 12 years old do not require a PA for Meloxicam Suspension (generic for Mobic Oral Suspension).

Diagnosis Related Exemptions

- A PA is not required for Kineret when the beneficiary has a diagnosis of Neonatal Onset: Multi-System Inflammatory Disease.
- A PA is not required for opioid analgesics when the patient has a cancer diagnosis within the last two years.
- A PA is not required for anticonvulsants when the beneficiary has a diagnosis of seizure disorder.
- Xifaxan tablet does not require a PA when the beneficiary has a diagnosis of Hepatic Encephalopathy.
- Viberzi tablet does not require a PA when the beneficiary has a diagnosis of Irritable Bowel Syndrome with Diarrhea (IBS-D).
- A PA is not required for ASAP claims when the beneficiary has any psychoses diagnosis within the last two years.

Other Exemptions

- A PA is not required for Lovaza®/ omega-3 acid ethyl esters Capsule when the beneficiary has a triglycerides count \geq 500mg/dl.
- A PA is not required for preferred, short-acting, opioids when the claim is billed for less than 8 days.
- A PA is not required for preferred, long-acting, opioids when the claim is billed for less than 8 days and the beneficiary has a history of a short-acting opioid analgesic within the past 45 days.
- Spiriva Respimat does not require a PA when used for Asthma, but it must be used concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist combination for the PA exemption to apply.