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Suite A  
Frankfort, KY 40601

October 15, 2010

**RE: 3-Brand Allowance/4-Prescription Drug Limit – Tobacco Cessation Products**

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services has made the following change to the Kentucky Medicaid Pharmacy Program.

Effective immediately, all **TOBACCO CESSATION** products will be included in the drug exclusion list for the 3-Brand Allowance/4-Prescription Drug Limit. Pharmacies will need to use the methodology described below to override the claim denials.

**3-Brand Drug Allowance**

Members are allowed three brand scripts per rolling 26 days. On the fourth brand script, the claim will deny NCPDP Error Code 76/Plan Limitations Exceeded, with additional messaging “3 brand allowance met/resubmit w/valid PA MD Type Code.” Providers may override the three brand script limitation using a **PRIOR AUTHORIZATION TYPE CODE = “05.”**

**4-Prescription Limit**

Members are allowed four scripts per rolling 26 days without regard to brand or generic status. On the fifth script, the claim will deny NCPDP Error Code 75/Prior Authorization Required with additional messaging “4 Script Limit Met/Use Valid Code.” Providers may override the four script limitation using a **SUBMISSION CLARIFICATION CODE = “07.”**

Pharmacies are to contact the **Technical Call Center (TeCC)** at **(800) 432-7005** if assistance is required for the 3-Brand Allowance/4-Prescription Drug Limit overrides. The call center is available 24 hours per day/7 days a week.

Thank you for helping Kentucky Medicaid members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Sincerely,

Kasie Purvis

Provider Relations Manager