



CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE SECRETARY

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Mark D. Birdwhistell
Secretary

February 9, 2006

RE: 4 Prescription Drug Limit Policy

Dear Provider:

This letter provides important information about changes to the Kentucky Medicaid Pharmacy Program. Through regulatory authority provided in 907 KAR 1:019E. Outpatient Pharmacy Program, the Kentucky Department for Medicaid Services will **institute a 4 prescription drug limit (per member/ per rolling calendar month), with a point of sale override process, effective March 1, 2006.**

4 Prescription Drug Limit

Categorical Exceptions: Children (0 to the date of 19th birthday)

Drug Class Exceptions: Insulin

Monthly Prescription Drug Limit Override Code Criteria

Pharmacy providers will be notified at the point of sale, through hard messaging, when a member has exceeded the 4 prescription drug limit. Subject to the following guidelines, the pharmacist may utilize the 4 prescription limit override submission clarification code "07" (entered into NCPDP Field #420-DK) to complete the processing of the claim.

- *Current prior authorization, dosage, duplicate therapy, and ICD-9 requirements apply in addition to the 4 prescription drug limit.*
- Pharmacists can utilize the point of sale 4 prescription limit pharmacy claim override "07" when:
 - The member's monthly 4 prescription limit has been exceeded, **and**
 - The member has one of the following medical conditions **and**
 - The prescription is for a life threatening condition that, **if not dispensed**, would result in hospitalization.



Conditions Meeting 4 Prescription Override Criteria

1. Acute therapy for migraine headaches/acute pain
2. Acute infections
3. Bipolar disorders
4. Cancer
5. Cardiac rhythm disorders
6. Chronic pain
7. Coronary artery/cerebrovascular disease (advanced atherosclerotic disease)
8. Cystic fibrosis
9. Dementia
10. Diabetes
11. End stage lung disease
12. End stage renal disease (ESRD)
13. Epilepsy
14. Hemophilia
15. HIV/AIDS
16. Hyperlipidemia
17. Hypertension
18. Major depression
19. Metabolic syndrome
20. Organ transplant
21. Psychotic disorders
22. Schizophrenic disorders
23. Schizotypal personality disorders
24. Suppressive therapy for thyroid cancer
25. Terminal stage of an illness

The number of claims processed with the 4 prescription drug limit submission clarification code "07" will be retrospectively reviewed between March 1, 2006 and May 1, 2006, to determine the need for hard denials that will require fax prior authorization requests through the First Health clinical call center. *Pharmacy providers that demonstrate excessive use of this override mechanism will be subject to audit and may be responsible for the repayment of funds to Kentucky Medicaid.*

Medicaid's web site at <https://kentucky.fhsc.com/pharmacy/default.asp> provides information about the Medicaid Pharmacy Program and related topics such as the preferred drug list, pharmacy provider letters, Pharmacy and Therapeutics Committee meetings and recommendations.

Sincerely,



Shannon R. Turner, J.D.
Commissioner