NEVADA MEDICAID AND NEVADA CHECK UP PHARMACY MANUAL

Effective October 24, 2013

This document is intended to be a helpful resource to Catamaran Pharmacies providing services to Nevada Medicaid and Nevada Check Up recipients. A copy of this document is posted on the Catamaran website for ease of reference. The manual is updated regularly with program changes. The most current version of the manual can be found by following the links on the Nevada Department of Health and Human Services Nevada Medicaid website (https://www.medicaid.nv.gov).

Effective 10/24/2013 *(previous version 08/09/2013)*

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1.0 INTRODUCTION

Effective January 1, 2012, the Point-of-Sale (POS) system required pharmacies to submit claims to Catamaran electronically in the National Council for Prescription Drug Programs (NCPDP) standardized Version 5.1 or Version D.0; lower versions would not be accepted. Effective **April 1, 2012**, NCPDP Version D.0 is the only version accepted. After submission, Catamaran will respond to the pharmacy provider with information regarding recipient eligibility, Nevada Medicaid allowed amount, applicable Prospective Drug Utilization Review (ProDUR) messages, and applicable Rejection messages. ProDUR messages will be returned in the DUR response fields; other important related information will be displayed in the free form message area. It is extremely important that pharmacies display all messages exactly as returned by Catamaran.

All arrangements with switching companies should be handled directly by the pharmacy with their preferred switching company. Pharmacies must submit claims within 90 days of the date of service.

1.1 NEVADA MEDICAID PROVIDER TELEPHONE NUMBERS

Responsibility	Phone Numbers	Availability
Catamaran Technical Call Center (Pharmacy Help Desk)	866-244-8554	24/7/365
Catamaran Clinical Call Center (Prior Authorizations)	855-455-3311 855-455-3303 (fax)	24/7/365

1.2 STATE POLICY

Nevada Medicaid State policy is in Chapter 1200 of the Medicaid Services Manual (MSM). The MSM is on the Division of Health Care Financing and Policy (DHCFP) website at https://dhcfp.nv.gov

1.3 HPES/CATAMARAN WEBSITE

Announcements, meeting dates and policy updates are posted to the HP Enterprise Services (HPES)/Catamaran website as they become available. It is recommended that users visit https://www.medicaid.nv.gov weekly to view the latest information. Pharmacy information is under the "Pharmacy" menu.

1.4 SYSTEM AVAILABILITY

The POS system is available 24 hours per day 7 days a week 365 days per year except during scheduled routine maintenance. In the rare instance the POS system is down for any reason, hold your claims until online capability resumes. Announcements will be posted at https://www.medicaid.nv.gov when the POS system is not available outside of scheduled maintenance.

2.0 PROGRAM SETUP

2.1 CLAIM SUBMISSION

- NCPDP version 5.1 format was accepted for all POS submissions through **March 31, 2012.**
- NCPDP version D.0 format was accepted for all POS submissions beginning **January 1, 2012.**
- NCPDP version D.0 format is the only accepted format for all POS submissions beginning **April 1, 2012.**
- No other POS claim submission formats are accepted.

The following list provides important identification numbers for this program:

ANSI BIN #	001553
Processor Control #	NVM
Provider ID #	National Provider Identifier
Cardholder ID #	NV Medicaid Pharmacy ID Number or SSN
Prescriber ID #	National Provider Identifier
Product Code	National Drug Code (NDC)

- A group number is not needed for a Nevada Medicaid transaction.
- The Nevada Medicaid Pharmacy card will list the recipient's ID number, name and date of birth.
- This recipient information must be entered **exactly** as it appears on the card (including any hyphens, apostrophes, etc.)
- A middle initial is not mandated.

2.2 TIMELY FILING LIMITS

Most pharmacies submit point-of-sale claims at the time of dispensing; however there may be extenuating circumstances that require a claim to be submitted after being dispensed.

- For all original claims and adjustments, the timely filing limit from the date of service (DOS) is 180 days.
- For all original claims and adjustments involving other third party payers, the timely filing limit from the date of service (DOS) is 365 days.
- Claims for persons who are retroactively determined eligible for Medicaid must be received no later than 180 days after the date of eligibility determination or the date of service, whichever is later.

    - Claims that exceed the prescribed timely filing limit are denied.
        - (NCPDP EC #81/Timely Filing Exceeded).
    - Providers should contact the **Catamaran Technical Call Center at 1-866-244-8554** for late claim override consideration.

3.0 PROGRAM REQUIREMENTS

3.1 DISPENSING LIMITS

Days' Supply

- There is a per claim day supply maximum of 34 days*.

*Drug Agents which allow up to 100 days' supply	
Contraceptives, Topical	Antiarrhythmics
Anticonvulsants	Thyroid Preparations
Estrogens	Progesterone
Contraceptives, Oral	Antidiabetics
Antihypertensives	Cardiac Glycosides
Antianginals	Diuretics

- If 80% of a non-controlled or 90% of a controlled medication has been utilized (the system will calculate back to the original fill date) the system will automatically allow the claim to go through. If 80% of a non-controlled or 90% of a controlled medication has not been used, the system will message back the next date the prescription may be filled.

Dose/Duration

- All claims are interrogated against the Preferred Drug List (PDL), benefit requirements and DUR criteria. A complete listing of prior authorization criteria, step therapy requirements, quantity limits, and duration of therapy edits can be found online through the DHCFP's website (https://dhcfp.nv.gov).
- All claims are interrogated for compliance with state and federal requirements.
- Prescriptions must be dispensed pursuant to the orders of a physician or legally authorized prescriber. Any subsequent refills may be dispensed not more than one year from the date the prescription was written (or earlier whenever legally dictated).
- CIIs may not be refilled; a new prescription is required for each fill.

- Controlled drugs other than CIIs may be refilled, pursuant to the order of a physician or legally authorized prescriber, up to five refills or six months, whichever comes first.
- Non-controlled drugs may be refilled, pursuant to the order of a physician or legally authorized prescriber, up to one year.

3.2 TAMPER-RESISTANT PRESCRIPTIONS

Medicaid is mandated by federal statute to require all written (non-electronic) prescriptions for all outpatient drugs for Medicaid recipients to be on tamper-resistant prescription pads. This requirement does not apply to e-prescriptions transmitted to the pharmacy, prescriptions faxed to the pharmacy or prescriptions communicated to the pharmacy by telephone by a prescriber.

As of October 1, 2008, prescriptions are required to have a minimum of <u>one feature from each of the three Centers for Medicare & Medicaid Services (CMS) categories listed below:</u>

1) Industry-recognized feature(s) designed to prevent unauthorized copying.

Feature	Description
"Void" or "Illegal" pantograph	The word "Void" appears when the prescription is photocopied. Due to the word "Void" on faxed prescriptions, this feature requires the pharmacy to document if the prescription was faxed.
Watermarking	Special paper containing "watermarking."

2) Industry-recognized feature(s) designed to prevent erasure or modification written by the prescriber.

Feature	Description
Quantity check off boxes with refill indicator *(circle or check number of refills or "NR")*	In addition to the written quantity on the prescription, quantities are indicated in ranges. It is recommended that ranges be 25's with the highest being "151 and over." The range box corresponding to the quantity prescribed MUST be checked for the prescription to be valid. Indicates the number of refills on the prescription. Refill number must be used to be a valid prescription. Document if the prescription was faxed.
Uniform non-white background color	Background that consists of a solid color or consistent pattern that has been printed onto the paper. This will inhibit a forger from physically erasing written or printed information on a prescription form. If someone tries to erase or copy, the consistent background color will look altered and show the color.

3) Industry-recognized feature(s) designed to prevent use of counterfeit prescription forms.

Feature	Description
Security features and descriptions listed on prescriptions	Complete list of the security features on the prescription paper for compliance purposes.
Heat sensing imprint	By touching the imprint or design, the imprint will disappear.

NOTE: Be advised that all prescriptions paid for by Nevada Medicaid must follow these state/federal regulations.

3.3 E-PRESCRIBING

Nevada Medicaid encourages prescribers to submit electronic prescriptions. Recipient pharmacy claims history, eligibility, drug coverage data and the indication of the need for a PA are also available to prescribers who use electronic prescribing systems.

Prescribers who use electronic prescribing systems can arrange for appropriate access to this data by contacting their software vendors.

For more information, see the HPES website, select E-prescribing from the Provider's menu.

3.4 GENERIC SUBSTITUTION POLICY

Per Nevada Revised Statute (NRS) 639.2583, if the practitioner has not indicated that generic substitution is prohibited, the pharmacy provider must dispense, in substitution, another drug which is available to him if the other drug:

- Is less expensive than the drug prescribed by brand name;
- Is biologically equivalent to the drug prescribed by brand name;
- Has the same active ingredient or ingredient of the same strength, quantity and form of dosage as the drug prescribed by brand name; and
- Is of the same generic type as the drug prescribed by brand name and the least expensive of the drugs that are available to him for substitution.

Should a prescriber indicate that a branded drug is medically necessary for a recipient, the prescriber must comply with the following:

- The physician should document in the recipient's medical record the need for the brand name product in place of the generic form.
- The certification must be in the physician's own handwriting.

- Certification must be written directly on the prescription blank.
- The phrase "Dispense as written" is required on the face of the prescription. For electronically transmitted prescriptions, "Dispense as written" must be noted. Not acceptable: a printed box on the prescription blank checked by the prescriber to indicate "brand necessary" or a handwritten statement transferred to a rubber stamp and then stamped on the prescription.
- A prior authorization is required to override generic substitution.
- Certification is not required if a generic is not manufactured.
- A fax copy/verbal order may be taken by the pharmacist from the physician, but the pharmacy must obtain an original printed copy and it keep on file.

3.5 MAXIMUM ALLOWABLE COST (MAC) LIST

- State Maximum Allowable Costs is the upper reimbursement limit for multi-source outpatient pharmaceuticals established by the DHCFP or Fiscal Agent.
- The MAC List is updated monthly. Providers may access information regarding the Catamaran /Nevada Medicaid Maximum Allowable Cost by viewing the following link: http://www.medicaid.nv.gov/providers/rx/MACinfo.aspx.
- Providers who have questions or concerns about a particular MAC price may submit a MAC Price Research Request Form, which can be found on the Nevada website: http://www.medicaid.nv.gov/providers/rx/MACinfo.aspx.
- Providers may appeal the current SMAC for pharmaceutical product if a provider determines that a particular multi-source drug is not available at the current SMAC reimbursement.
  - The pharmacy must contact the Fiscal Agent technical call center to initiate the appeal.
  - Information needed to make the decision will include NDC number, manufacturer, drug name, strength and price paid. A faxed copy of the actual invoice for the drug may be requested.
  - Inquiries not resolved by the technical call center are forwarded to the Fiscal Agent's SMAC Coordinator for investigation and resolution.
  - If it is determined the SMAC is negatively impacting access to care for recipients, the SMAC Coordinator has the authority to 1) adjust SMAC pricing for the particular claim being appealed, and 2) make changes to the SMAC pricing file.
  - Appeals will be responded to within three working days of the referral to the SMAC Coordinator.

3.6 COVERED AND NON-COVERED DRUGS

- The Nevada Medicaid Drug program will pay for medications as outlined in Medicaid Services Manual, Chapter 1200:
  - Covered legend and non-legend pharmaceutical manufacturers must participate in the federal Medicaid Drug Rebate Program unless listed on the excluded list in Chapter 1200 of the Medicaid Services Manual.

- Pharmaceuticals must be prescribed for a medically accepted indication.
- Family planning items such as diaphragms, condoms, foams and jellies are a covered benefit.

- The Nevada Medicaid Drug Rebate Program will not reimburse for the following pharmaceuticals:
  - Agents used for weight loss
  - Agents used to promote fertility
  - Agents used for cosmetic purposes or hair growth
  - Yohimbine
  - Drug Efficacy Study and Implementation (DESI) list "Less than Effective Drugs"
  - Pharmaceuticals considered "Experimental" as to substance or diagnosis for which prescribed.
  - Pharmaceuticals manufactured by companies not participating in the federal Medicaid Drug Rebate Program unless rated "1-A" by the FDA.
  - Agents used for impotence/erectile dysfunction

3.7 COVERED OTC DRUGS

- Over-the-counter medications are a covered Nevada Medicaid benefit subject to prior authorization:
  - Coverage is limited to two prescriptions per month within the same Standard Therapeutic Class (please see Appendix B of Chapter 1200 of the Medicaid Services Manual for a list of Standard Therapeutic Classes) without PA. Any more than two prescription requests for medications within the same therapeutic class will require PA.
  - Insulin will be exempt from any Clinical PA requirements.

3.8 RECIPIENT CO-PAY INFORMATION

- Nevada Medicaid and Nevada Check Up do not require the recipient to pay a co-pay.

3.9 PRIOR AUTHORIZATION PROCEDURES AND DIAGNOSIS CODES

Technical Call Center

The **Catamaran Technical Call Center** **(866) 244-8554** assists in the following circumstances on behalf of Nevada Medicaid:

Early Refills (DUR Reject 79): The Technical Call Center may assist in overriding this reject if one of the following circumstances exists:

- Dosage/Therapy change has occurred; patient is no longer taking the original dosage
- Dosage Time/Frequency Change has occurred
- 2 strengths of the same drug are used to make a strength of that medication not currently manufactured

NOTE: At this time, no other exceptions will be made.

Clinical Call Center

The **Catamaran Clinical Call Center** **(855) 455-3311** assists in the following authorization requests/overrides on behalf of Nevada Medicaid:

- Preferred Drug List (PDL)
- Step Therapy
- Clinical Criteria
- Dose Optimization
- Therapeutic Duplication
- Drug-Drug Interaction
- All Other Clinical Edits
- Quantity Limits

To request prior authorization for the edits listed above, the prescribing physician or the prescribing physician's agent must call the Catamaran Clinical Call Center at **(855) 455-3311**. Prescribers may also initiate a prior authorization by faxing the appropriate request form to **(855) 455-3303**. Should the pharmacist have access to the applicable clinical information, they may initiate the prior authorization request.

- Catamaran provides a Provider Portal for a physician or their agent to enter the required clinical information required for a prior authorization decision. This portal gives an instant decision and is strongly suggested as the first level of prior authorization processing. The portal may be accessed through https://dhcfp.nv.gov
- Ideally prior authorizations should be obtained at the time the prescription is being written. If this does not occur, the claim is denied at POS with a message that the prescriber should contact (855) 455-3311 for prior authorization consideration.
- The Catamaran Clinical Call Center responds to all prior authorization requests within 24 hours of initiation.
    - If more information is needed from the prescriber to make a determination for the prior authorization, the physician has three business days to respond to any such request. After that, the request will be denied.
- It is not necessary to enter a PA number when the claim is transmitted. An active PA record in the Catamaran system is all that is necessary.
- Prior authorization edits apply to all claims.

Appropriate Diagnosis for Prior Authorization Bypass

In an effort to assist prescribers and providers, prior authorization requirements can be bypassed for certain medications when specific medical conditions exist. Those specific medications and diagnoses are noted in the Nevada Medicaid Services Manual, Chapter 1200. Prescribers are encouraged to include the applicable diagnosis code on written prescriptions for inclusion on the electronic pharmacy claim. The submitted claim should include a Diagnosis Code Qualifier (field 492-WE) of "01," indicating ICD-9, as well as the appropriate Diagnosis Code (Field 424-DO).

3.10 THE PREFERRED DRUG LIST

Nevada Medicaid and Nevada Check Up utilize a Preferred Drug List (PDL). Non-preferred drugs in the listed classes require prior authorization.

The PDL can be found on the HPES/Catamaran website https://www.medicaid.nv.gov. Visit this website to ensure you have the most recent version of the PDL as it is updated periodically.

3.11 EMERGENCY SUPPLY POLICY

If the prescriber is not available and the pharmacist feels the recipient needs to receive the prescribed drug, the pharmacist should contact the Clinical Call Center at: **(855) 455-3311**. Catamaran may authorize a 96-hour emergency supply.

NOTE: An emergency situation is a situation that, in the judgment of the dispensing pharmacist, involves an immediate threat of severe adverse consequences to the recipient, or the continuation of immediate and severe adverse consequences to the recipient, if an outpatient drug is not dispensed when a prescription is submitted.

3.12 COORDINATION OF BENEFITS

It is important that providers be aware that Nevada Medicaid is **always the payer of last resort,** except as defined in Medicaid Services Manual Chapter 100. Each Nevada Medicaid recipient should be asked whether he/she is covered by any pharmacy insurance provider other than Medicaid. If the recipient identifies any other pharmacy payer(s), the pharmacy is required to bill all other payers prior to billing pharmacy claims to Nevada Medicaid.

- As a matter of program policy, providers must bill all other payers first and then bill Nevada Medicaid. Nevada Medicaid is always the payer of last resort.
- If the recipient shows other coverage on the date of service (DOS), the pharmacy will receive a “41” Reject Code — Submit to Primary Payer.
- The pharmacy will also receive a message with information about the recipient’s TPL, including the PCN (if applicable), BIN number, Identification Number, Group Number, and telephone number to the Nevada Medicaid recipient’s primary insurance plan.
- The pharmacy must then submit the claim to the primary insurance for payment.
- If other payment is received, providers must resubmit the prescription claim to Nevada Medicaid with the following information for payment consideration (see COB Reference Guide below and Payer Specification Sheet in Section 7.0 for complete detailed situations):
  - ❒ OTHER COVERAGE CODE (NCPDP #308-C8) = only values of “2”, “3” or “4” in this field are accepted

- ❒ OTHER PAYER AMOUNT PAID field (NCPDP #431-DV) = amount received from all other payers (must be greater than $0.00)
- ❒ OTHER PAYER DATE (NCPDP #443-E8) = date payment received from other payer

- In all cases, Catamaran uses the Nevada Medicaid **"Allowed Amount"** when calculating payment. If the primary insurer has reimbursed greater than the Nevada Medicaid Allowed Amount, this may result in zero payment on the secondary claim.

Nevada Medicaid Pharmacy Coordination of Benefits Requirements

NCPDP #308-C8	When to Use	Submission Requirements / Responses
O- Not Specified	Allowed; submit when member does not have other health insurance. Submit Processed as Primary, reject 41 if TPL on member record	Claim will reject with a 41 error if member record has alternate insurance. Additional fields in the NCPDP COB segment should not be submitted with this OCC. Claim should be sent to Primary Insurance and then resubmitted with proper OCC and other required fields.
1- No Other Coverage	Allowed; this code value indicates that they did attempt to determine if there was other coverage but weren't able to find any	Claim will reject with a 41 error if member record has alternate insurance. Additional fields in the NCPDP COB segment should not be submitted with this OCC. Claim should be sent to Primary Insurance and then resubmitted with proper OCC and other required fields or call Clinical Call Center for 41 reject override.
2- Exists Payment Collected	OCC 2 is used when any positive amount of money is collected from another payer. Submit the amount collected from the primary payer (TPL), along with the date the claim was adjudicated to the primary payer (TPL) in order to override the TPL denial.	Paid claim; also requires submission of: Other Payer Amount Paid (431-DV) that is > $0 Other Payer Amount Paid Qualifier (342-HC) that is valid Patient Paid Amount Submitted (433-DX) this is => $0 Other Payer Date (443-E8) that is valid Other Payer ID (340-7C) that is valid Other Payer ID Qualifier (339-6C) that is valid Claims submitted without proper required COB fields will reject with code 13.
3- Exists Claim Not Covered	OCC 3 is used when the Nevada Medicaid recipient has other primary insurance, but the particular drug is not covered by the specific plan(s).	Requires submission of: Other Payer Date (443-E8) Other Payer ID (340-7C) Other Payer ID Qualifier (339-6C)

		And the reject code generated after billing the other insurer(s) in the "Other Payer Reject Code (472-6E). Claim will pay only if the following Other Payer Reject codes are submitted: 60, 61, 63, 65, 66, 67, 68, 69, 70, 3Y Claims submitted without proper required COB fields will reject with code 13.
4- Exists Payment Not Collected	OCC 4 is used when a recipient's primary insurance plan is active, but there is no payment collected from the primary insurer because the beneficiary has not met their primary payer's deductible obligation. This value should also be used if the total cost of the claim is less than the patient's primary insurance co-pay requirement and the primary insurance plan made no payment.	Paid claim; also requires submission of : Other Payer Amount Paid (431-DV) that = $0 Other Payer Amount Paid Qualifier (342-HC) Patient Paid Amount Submitted (433-DX) this is > $0 Other Payer Date (443-E8) that is valid Other Payer ID (340-7C) that is valid Other Payer ID Qualifier (339-6C) Claims submitted without proper required COB fields will reject with code 13.
8- Claim Billing for a Copay	OCC 8 is used when billing a co-pay from Medicare Part D	Paid claim; also requires submission of: Other Payer Amount Paid (431-DV) that is > $0 Other Payer Amount Paid Qualifier (342-HC) that is valid Patient Paid Amount Submitted (433-DX) this is => $0 Other Payer Date (443-E8) that is valid Other Payer ID (340-7C) that is valid Other Payer ID Qualifier (339-6C) that is valid Claim submitted without proper required COB fields will reject with NCPDP code 13.

3.13 MEDICARE PART D PLAN (PDP) AND DUAL-ELIGIBLE RECIPIENTS

Recipients eligible for both Medicare and Medicaid benefits ("dual-eligibles") will receive prescription drug coverage through a Medicare Part D Prescription Drug Plan (PDP).

All claims for dual-eligibles must be billed to the recipient's Medicare PDP prior to billing Medicaid. Submit the claim to Medicaid using standard COB processing, i.e., include all required COB processing fields.

Medicare Excluded Drugs

Some drugs are not covered by the Medicare PDP. Medicare excluded drug categories are:

- OTC Medications
- Cough and Cold Medications
- Vitamin and Mineral Supplements including Prenatal Vitamins
- Barbiturates
- Benzodiazepines

Submit your claim to Medicaid after the Medicare PDP denies the claim as a non-covered benefit. Enter a "3" (Other coverage exists, this claim not covered) in Field 308-C8 (Other Coverage Code).

Medicaid requires a prescription for all drugs, prescribed and OTC. All current Medicaid limitations and exclusions apply to claims not covered by a recipients' Medicare PDP.

Co-Payment Claims

Medicaid will cover prescription co-payments ($1.10 for generics, $3.30 for brands) for non-institutionalized dual-eligibles who have an eligibility code of "A" or "B."

Medicaid does not cover Medicare Part D co-pays ($2.40 for generics, $6.00 for brands) for dual-eligible recipients with an eligibility code of "5" or "S."

Medicaid will not reimburse Part D co-pays for recipients in Long-Term Care (LTC) facilities as these co-pays are waived per federal Medicare regulations.

Medicaid will cover Medicare Part B co-pays for dual-eligible recipients with an eligibility code of "A," "B," "5" or "S."

Medicaid co-pay logic does not allow for the reimbursement of a dual-eligible co-pay for an amount greater than $3.30. For Medicare Part B covered drugs, the co-pay amount can and will exceed this amount in most cases. To exceed the current $3.30 co-pay maximum for Part B covered drugs for recipients with Part B and D, bill Medicare Part B as the primary payer. Medicaid can be billed as the secondary payer using standard COB billing practices. For Part B covered drugs, enter the Other Coverage Code of "2" (Field 308- C8). The Gross Amount Due (Field 430-DU) should equal the Medicare allowed amount.

Diabetic Supplies

Blood glucose testing equipment and supplies, as well as injection devices, are a Part B-covered benefit. These items are not considered Part D drugs and therefore are not a Part D benefit. After billing Medicare Part B for these items, Medicaid can be billed as the secondary payer using standard COB billing practices.

Enter the Other Coverage Code of "2" (Field 308- C8). The Gross Amount Due (Field 430-DU) should equal the Medicare allowed amount. The Part D carrier code, 07450 (Field 340-7C) and Part B carrier code, 04967, are required for processing diabetic supply claims for recipients that are eligible for Medicaid, Medicare Part D and Medicare Part B.

3.14 FAMILY PLANNING DRUGS

You may submit claims for family planning drugs directly to Medicaid without billing a primary insurance carrier first.

3.15 HOSPICE DRUGS

As stated in MSM Chapter 3200, drugs, supplies and durable medical equipment prescribed for conditions other than for the palliative care and management of the terminal illness are not covered benefits under the Nevada Medicaid hospice program and are to be billed in accordance with the appropriate Medicaid Services Manual chapter for those services.

Hospice recipients can be identified by:

- Information on the recipient's Medicaid enrollment file, *or*
- The PATIENT LOCATION code (Field 307-C7) on the inbound claim contains a code "11" (Hospice)

To bill for a drug that is unrelated to the terminal illness, use override code "08" in Field 461-EU (Payer Defined Exemption).

3.16 LONG-TERM CARE CLAIMS

- Drugs that are generally included in the per diem rate are not a covered benefit. Refer to Medicaid Services Manual Chapter 500 for complete information on LTC
- Non-billable Items
    - IV Hydration therapy of standard fluids without additives (e.g. antibiotics, potassium and heparin) and supplies associated with I.V. therapy, enteral nutrition and TPN administration are part of the LTC or Nursing Facility per diem rate and may not be billed as a separate charge. The following items are not billable for recipients in an LTC facility (they are considered covered through the per diem rate).
        - Dental supplies
        - Disposable supplies
        - Emollient supplies
        - Endocrine supplies
        - Fluid and electrolyte supplies
        - Metabolic, nutritional and temperature supplies
        - Respiratory supplies

- Supplements (see MSM Chapter 1300)
- Urological Supplies
- Wound Care Supplies

- Billable Items
  - I.V. Drugs/TPN may be billed as a separate charge for recipients in LTC facilities
- Unit Dose Repackaging Incentive
  - An incentive plan is available to pharmacies who repackage non-unit dose products (tablets and capsules) to recipients in a LTC facility. Email Nevada.Medicaid@sxc.com for enrollment and program details.
  - Enrolled pharmacies are entitled to a per claim incentive fee of $0.43. Submit this fee in the INCENTIVE AMOUNT SUBMITTED field (438-E3). Additionally, submit a value of "3" (Pharmacy Unit Dose) in the UNIT DOSE INDICATOR field (Field 429-DT)
  - In addition, nursing facilities must properly credit the Medicaid program for the return of unused prescription medicines upon discontinuance of the prescription or transfer, discharge or death of a Medicaid beneficiary. This is to assure there is no double billing of medications.
- Drugs Indicated as Unit Dose: As indicated by Medispan, most unit dose drugs are covered for recipients in LTC facilities only. If a medication is ONLY available as in unit dose packaging, coverage will also be included for non-LTC recipients.
- Please note: Patients who reside in "Assisted Living Facilities" are not considered as "Long-Term Care" patients.

Identify claims for recipients in a LTC facility by entering "04" (Long Term/Extended Care) in Field 307-C7 (Patient Location)

3.17 SPECIAL RECIPIENT CONDITIONS ("LOCKED-IN" PATIENTS)

- When a recipient shows patterns of abuse/misuse of benefits, the recipient can be "Locked In" to a pharmacy.
- Patients may be locked into a designated pharmacy. Pharmacies will receive a NCPDP-50 reject if they try to fill a prescription from an unauthorized pharmacy. In the event of an emergency, Catamaran may be contacted for override consideration.
- Any Nevada Medicaid participating pharmacy has the right to accept or decline any "locked-in" Nevada Medicaid recipient only after contacting the **Catamaran Technical Help Desk at 1-866-244-8554.**

3.18 COMPOUNDS

A $4.76 dispensing fee applies to all compound claims except home I.V. antibiotics

Compound Claims Processing

- All compounds must be submitted using the NCPDP version D.0 standard multi-ingredient compound functionality. Therefore, all ingredients must be identified, their units must be indicated, and the ingredient cost for each ingredient must be submitted on the claim. At least one item in the compound must be a covered drug. *If an*

excluded or non-PDL agent is included in the compound, the claim will reject for "invalid compound." The pharmacy may place an "**8"** in the submission clarification code field and resubmit the claim; however, be advised that any component of a compound requiring prior authorization will necessitate an approval prior to receiving payment from The Nevada Medicaid Pharmacy Program.

Provider Instructions

- There are three segments that must be completed to submit a compound claim. Nevada Medicaid is listing the required entries by NCPDP field numbers. If you are unsure where these specific fields are located in your software please contact your software provider and give them the full Payer Specification Sheet for the Nevada Medicaid Pharmacy program that is included in this manual under Appendix B.

- On Claim Segment:
  - Enter PRODUCT CODE/NDC (NCPDP Field # 407-D7) as "00000000000" on the claim segment to identify the claim as a multi-ingredient compound.
  - Enter COMPOUND CODE (NCPDP Field # 406-D6) of "2."
  - Enter QUANTITY DISPENSED (NCPDP Field # 442-E7) for the entire product.
  - Enter INGREDIENT DRUG COST (NCPDP Field # 409-D9) of the entire product.
    - This must equal the sum of the individual ingredient drug costs submitted in the compound segment.
  - Enter GROSS AMOUNT DUE (NCPDP Field # 430-DU) for the entire product.
  - Enter USUAL AND CUSTOMARY CHARGE (NCPDP Field # 426-DQ) for entire product.
  - SUBMISSION CLARIFICATION CODE (NCPDP Field # 420-DK) = 8 (Process Compound for Approved Ingredients) allows a claim to continue processing if at least one ingredient is covered. This is only needed if the compound contains a non-covered ingredient (see section 3.14 above).

- On Compound Segment:
  - COMPOUND DISPENSING UNIT FORM INDICATOR (NCPDP Field # 451-EG)

    Acceptable values are **ML** or **GM**
  - COMPOUND ROUTE OF ADMINISTRATION (NCPDP Field # 452-EH)

    Example values are:
    1) 3 = Inhalation
    2) 4 = Injection
    3) 11 = Oral
    4) 13 = Otic
    5) 15 = Rectal
    6) 17 = Topical
  - COMPOUND INGREDIENT COMPONENT COUNT (NCPDP Field # 447- EC) - must equal the number of NDCs transmitted in the compound segment (Maximum of 25)
  - For each line item (ingredient):

    COMPOUND PRODUCT ID QUALIFIER (NCPDP Field # 488-RE), always **03 = NDC**

    COMPOUND PRODUCT ID (NCPDP Field # 489-TE), **NDC** of ingredient

COMPOUND INGREDIENT QUANTITY (NCPDP Field # 448-ED), quantity of the individual ingredient included in the compound

COMPOUND INGREDIENT DRUG COST (NCPDP Field # 449-EE), cost of the individual ingredient included in the compound

Important Notes

- The Claim Segment Product ID (i.e., NDC) is defined as a mandatory field and, therefore, must be submitted for all claims, including multi-ingredient compounds.
- A non-blank space value is expected in the Claim Segment Product ID field for field validation. The pharmacy submits all zeroes in this field for a multi-ingredient compound. For compound segment transactions, the claim is rejected if all zeroes are not submitted as the Product ID.
- A Submission Clarification Code value of **"8"** only allows a claim to continue processing if at least one ingredient is covered. Non-rebateable ingredients will process with the submission clarification code; but only rebateable ingredients are eligible for reimbursement.
- Each multi-ingredient compound claim counts as one claim towards the **Brand** Rx fill limits, if applicable.
- Pharmacies must transmit the same NDC numbers that are being used to dispense the medication.
- Compounds which contain an antibiotic must also contain another active ingredient. For example, an antibiotic suspension plus flavoring or an injectable antibiotic plus a fluid will not be covered as a compound.
- Coverage of Active Pharmaceutical Ingredients (APIs)
    - An API is defined by 21 C.F.R. § 207.3(a)(4) as a bulk drug substance that "is represented for use in a drug and that, when used in the manufacturing, processing, or packaging of a drug, becomes an active ingredient or a finished dosage form of the drug." APIs may be included in extemporaneously compounded prescriptions and may serve as the active drug component in a compounded formulation.

3.19 PARTIAL FILL FUNCTIONALITY

Partial fill functionality allows pharmacies to bill for partial quantities of a single prescription. The following rules apply:

- Partial fills must be billed via the POS system
- The dispensing fee is prorated according to the quantity dispensed
- Partial fill functionality cannot be used with multi-ingredient compound claims
- Partial fills may not be transferred from one pharmacy to another
- You may not submit two partial fill transactions for the same prescription on the same day; the service date must be different for each partial fill.

The following sections list the NCPDP fields that are required to submit initial, subsequent and final claims using the partial fill functionality.

- **Initial Claims** – complete these fields on an initial partial fill claim.
    - Quantity Dispensed (Field 442-E7): Enter the actual quantity dispensed for this claim
    - Days Supply (Field 405-D5): Enter the number of days supply that was dispensed for this claim
    - Dispensing Status (Field 343-HD): Enter "P" in this field
    - Quantity Intended to be dispensed (Field 344-HF): Enter the total quantity that was prescribed

- Days Supply Intended to be dispensed (Field 345-HG): Enter the total days supply that was prescribed

- **Subsequent Claims** – Complete these fields on a subsequent partial fill claim
  - Associated Prescription/Service Reference Number (Field 456-EN): Enter the prescription number from the initial partial fill
  - Associated Prescription/Service Date (Field 457-EP): Enter the date of service of the most recent partial fill in the series.
  - Quantity Dispensed (Field 442-E7): Enter the actual quantity dispensed for this claim.
  - Days Supply (Field 405-D5): Enter the number of days supply that was dispensed.
  - Dispensing Status (Field 343-HD): Enter "P" in this field.
  - Quantity Intended to be Dispensed (Field 344-HF): Enter the total quantity that was prescribed.
  - Days Supply Intended to be Dispensed (Field 345-HG): Enter the total days supply that was prescribed.
- **Final Claim** – Complete these fields on a final partial fill claim:
  - Associated Prescription/Service Reference Number (Field 456-EN): Enter the prescription number from the initial partial fill
  - Associated Prescription/Service Date (Field 457-EP): Enter the date of service of the most recent partial fill in the series.
  - Quantity Dispensed (Field 442-E7): Enter the actual quantity dispensed for this claim.
  - Days Supply (Field 405-D5): Enter the number of days supply dispensed
  - Dispensing Status (Field 343-HD): Enter "C" in this field
  - Quantity Intended to be Dispensed (Field 344-HF): Enter the total quantity that was prescribed
  - Days Supply Intended to be Dispensed (Field 345-HG): Enter the total days supply that was prescribed

3.20 INJECTABLE DRUGS

Intravenous (I.V.) therapy drugs claims must be submitted through the pharmacy POS system using the Multi-Ingredient Functionality.

- Dispensing Fees:
  - For outpatient antibiotic therapy, a daily dispensing fee of $22.40 will be applied to the claim.
  - For recipients in Long-Term Care, a daily dispensing fee of $16.80 will be applied to the claim. This fee will be multiplied by the number of days the therapy was provided.
- Supplies
  - I.V. therapy supplies, enteral nutrition/supplies, Standard Total Parenteral Nutrition (TPN) solution and supplies are billed on CMS-1500 claim form or through the 837P electronic transaction. Medications added to TPN Solution immediately prior to administration are billed through the pharmacy POS system.
  - For coverage and limitations, see the Billing Guidelines for Provider Type 33, MSM Chapter 1200, Section 1203.2 and MSM Chapter 1300.

3.21 REFILLS

Dispense refills pursuant to the orders of the physician, but not more than one year from the date of the original prescription.

Early refills may be dispensed only when 80% of the prescription is used for non-controlled drugs and 90% for controlled drugs. Recipients must use drugs in accordance with the prescriber's orders.

3.22 VACATION FILL

To override an Early Refill denial message for a non-controlled substance (Reject Code 88) where the prescriber has authorized a vacation fill, enter '03' as the Submission Clarification Code (Field 420-DK).

3.23 REASON FOR SERVICE CODE (CONFLICT CODE)

A Reason for Service Code (Reject Code E4) defines the type of utilization conflict that was detected (Field 439).

- Professional Service codes and Result of Service codes are required for Severity Level One Conflict codes.

3.24 LOST MEDICATION

The recipient is responsible for payment to replace lost, stolen or otherwise destroyed medication even if a physician writes a new prescription for the drug. Prior authorization may be granted in a life-threatening situation for maintenance medication (refer to MSM Chapter 1200).

4.0 PROSPECTIVE DRUG UTILIZATION REVIEW (PRODUR)

Prospective Drug Utilization Review (ProDUR) encompasses the detection, evaluation, and counseling components of pre-dispensing drug therapy screening. The ProDUR system assists the pharmacist in these functions by addressing situations in which potential drug problems may exist. ProDUR performed prior to dispensing helps pharmacists ensure that their patients receive appropriate medications. This is accomplished by providing information to the dispensing pharmacist that may not have been previously available. Because Catamaran's ProDUR system examines claims from all participating pharmacies, drugs which interact or are affected by previously dispensed medications can be detected. ProDUR edits can detect the following potential problems: therapeutic duplication, early refills, high dose, drug-drug interactions, drug-inferred diagnosis interactions, drug-gender edits, and geriatric or pediatric precautions.

Catamaran recognizes that the pharmacist uses his/her education and professional judgment in all aspects of dispensing. ProDUR is offered as an informational tool to aid the pharmacist in performing his/her professional duties. If a pharmacist assesses a potential drug therapy problem, and determines that the prescription should be dispensed, the pharmacist can override the ProDUR edit at point of sale using Pharmacy Professional Service (PPS) Codes (See table below). Exceptions include ProDUR edits involving: narcotic

analgesics, sedative hypnotics, benzodiazepines or skeletal muscle relaxants. ProDUR edits for these four classes require a call to the call center in order to obtain an override.

Pharmacy Professional Service Codes		
Response Field		**Response Codes**
Conflict Code	**DD**	**Drug-Drug Interaction**
	HD	**High Dose**
	TD	**Therapeutic Duplication**
	DC	**Drug-Disease**
	LD	**Low Dose**
	MN	**Insufficient Duration**
	MX	**Excessive Duration**
	PA	**Drug-Age**
Intervention Code	**M0**	**Prescriber consulted**
	P0	**Patient consulted**
	R0	**Pharmacist consulted other source**
Outcome Code	**1A**	**Filled As Is, False Positive**
	1B	**Filled Prescription As IS**
	1C	**Filled, With Different Dose**
	1D	**Filled, With Different Directions**
	1E	**Filled, With Different Quantity**
	1G	**Filled, With Prescriber Approval**

4.1 THERAPEUTIC AND CLINICAL EDITS

Therapeutic Duplication

A Therapeutic Duplication edit has been enabled for specific therapeutic classes as a safety precaution. Claims encountering this edit are denied with an NCPDP "88" Reject - TD. Additional information is shared as outlined in Section 4.3 below.

Therapeutic Duplication Alert Classes*		
ACE Inhibitors	Antipsychotics	H2RAs
ACE Inhibitors/CCB	Benzodiazepines (Anxiety)	Leukotrienes
Alpha Blockers	Benzodiazepines (Insomnia)	Statins (lipotropics)
Angiotensin Receptor Blockers	Beta Blockers	Fibrates (lipotropics)
Antiarthritics (NSAIDS, COX-II)	Bile Salt Sequestrants	Narcotic Analgesics
Antidepressants (SSRI, SNRI)	Calcium Channel Blockers	Quinolones
Antidepressants (TCAs)	PPIs	Skeletal Muscle Relaxants
Antihistamines		

*The above list may not be all inclusive and is subject to change

4.2 CALL CENTERS

Catamaran's Technical Call Center is available 24 hours per day, seven days a week. The telephone number is (866) 244-8554. Alert message information is available from the Technical Call Center after the message appears. If you need assistance with any alert or denial messages, it is important to contact the Technical Call Center about ProDUR messages at the time of dispensing. The Technical Call Center can provide claims information on all error messages, which are sent by the ProDUR system. This information includes: NDCs and drug names of the affected drugs, dates of service, whether the calling pharmacy is the dispensing pharmacy of the conflicting drug, and days supply.

The Technical Call Center is not intended to be used as a clinical consulting service and cannot replace or supplement the professional judgment of the dispensing pharmacist. Catamaran has used reasonable care to accurately compile ProDUR information. Because each clinical situation is unique, this information is intended for pharmacists to use at their own discretion in the drug therapy management of their patients.

A second level of assistance is available if a provider's question requires a clinical response. To address these situations, Catamaran clinical pharmacists are available for consultation and are located at the Clinical Call Center. The telephone number is (855) 455-3303. The Clinical Call Center is available 24 hours a day, seven days a week.

4.3 PRODUR ALERT/ERROR MESSAGES

ProDUR is an integral part of the Nevada Medicaid Pharmacy Program's claims adjudication process. ProDUR includes: reviewing claims for therapeutic appropriateness before the medication is dispensed; reviewing the available medical history; focusing on those patients at the highest severity of risk for harmful outcome; and intervening and/or counseling when appropriate.

All ProDUR alert messages appear at the end of the claims adjudication transmission. Alerts appear in the following format:

Format	Field Definitions
Reason for Service	Up to three characters. Code transmitted to pharmacy when a conflict is detected (e.g., ER, HR, TD, DD).
Severity Index Code	One character. Code indicates how critical a given conflict is.
Other Pharmacy Indicator	One character. Indicates if the dispensing provider also dispensed the first drug in question. 1 = Your Pharmacy 3 = Other Pharmacy
Previous Date of Fill	Eight characters. Indicates previous fill date of conflicting drug in YYYY/MM/DD format.
Quantity of Previous Fill	Five characters. Indicates quantity of conflicting drug previously dispensed.
Database Indicator	One character. Indicates source of ProDUR message. 1 = First Data Bank 4 = Processor Developed
Other Prescriber	One character. Indicates the prescriber of conflicting prescription. 0 = No Value 1 = Same Prescriber 2 = Other Prescriber

5.0 PROVIDER REIMBURSEMENT

5.1 SWITCHING FEES

Catamaran does NOT charge any switching fees for any claims. Pharmacies may be charged switching fees by their individual "claims switching service." Pharmacies are encouraged to consult with their claims switching service for further details.

5.2 AMBULATORY/LTC NETWORK PHARMACY PAYMENT ALGORITHMS

Pricing for all drugs and supplies (except diabetic, family planning supplies and immunizations) is always the "lesser of":

- Wholesale Acquisition Cost (WAC) + 2% + Dispensing Fee
- Federal Upper Limit (FUL) + Dispensing Fee
- Maximum Allowable Cost (MAC) + Dispensing Fee
- Department of Justice (DOJ) – 15% + Dispensing Fee
- Gross Amount Due (Field 430-DU) (Submitted)
- Usual and Customary (Field 425-DQ) (Submitted)
- Actual Acquisition Cost (AAC) (Submitted)

Pricing for Diabetic and Family Planning Supplies is always the "Lesser of":

- Wholesale Acquisition Cost (WAC) + 8% + $1.54 Dispensing Fee
- Gross Amount Due (Field 430-DU)
- Usual and Customary (Field 425-DQ)

Actual Acquisition Cost (AAC)

For products that do not have WAC, FUL, MAC or DOJ pricing on file, a pharmacy will be prompted to submit their actual acquisition price. The pharmacy should submit the actual invoiced cost of the medication for the quantity submitted.

The Point of Sale system will return the message "PLEASE SUBMIT PHARMACY ACQUISITION PRICE AND SUBMIT PRIOR AUTH #00000000012" if no other pricing is on file for the submitted NDC. The pharmacy should submit the following:

- The calculated actual acquisition cost in the "Gross Amount Due" (430-DU) field
- The "PA Type Code" (461-EU) field should be "1"
- The "PA Number Submitted" (462-EV) field should be "00000000012"

Compounds (Other than Home I.V. antibiotics)

Each individual **ingredient is priced as above + the applicable dispense fee. The lesser of calculated amount, Usual and Customary, and Gross Amount** Due are reimbursed. There are no additional repackaging fees.

5.3 AMBULATORY/LTC NETWORK PHARMACY DISPENSING FEES

- Dispensing fee is currently $4.76 per claim.

5.4 PHARMACIST ADMINISTERED IMMUNIZATIONS

Effective April 17, 2012, Nevada Medicaid and Nevada Check Up will reimburse pharmacies for administering adult and childhood immunizations.

Requirements

- The administering pharmacist must be appropriately certified by the Nevada State Board of Pharmacy.
- Records must be kept on file for auditing.
- Pharmacies are responsible for physician oversight of the program and other state licensing requirements per Nevada Board of Pharmacy Rules.
- Pharmacies must enter immunization given in the Nevada WebIZ Website.
- Pharmacies must enroll in the Vaccines for Children Program(VFC). VFC vaccines are provided by the Nevada State Health Division for recipients who are under 19 years of age at no cost to the provider.
- The following is a list of covered immunizations:

COVERED VACCINES
• **Influenza**
• **Tetanus, diphtheria, pertussis (Td/Tdap)**
• **Varicella**
• **HPV (Male and Female) (Provided through VFC program through age 18)**
• **Zoster (only covered for recipients 50 years old and greater, not included in VFC)**
• **Measles, Mumps, Rubella (MMR)**
• **Pneumococcal**
• **Meningococcal**
• **Hepatitis A**
• **Hepatitis B**
• **Inactivated Poliovirus**
• **Haemophilus influenza type b**
• **Rotavirus**

Reimbursement

- **The administration fee is $7.80 if administered in the pharmacy. If dispensed and administered off site, the pharmacy will be reimbursed the standard dispensing fee.**
- All claims should be submitted through the Pharmacy Point of Sale System.
- **Pharmacies will not be reimbursed an ingredient cost for VFC Program Immunization, but pharmacies will receive the administration fee**.
- Ingredient cost will be reimbursed using the lesser-of logic payment algorithm.

Claims Submission for Pharmacist Administered Immunizations

- For POS claims:
  - Submit ingredient cost submitted (409-D9)
  - Submit Dispensing Fee Submitted (412-DC)
  - Submit Patient Paid Amount (433-DX)
  - It is not required, but Incentive Amount (433-E3) may be submitted
  - Submit Gross Amount Due (430-DU)
  - All other fields are the same as standard POS claims.
- Response for POS claims:
  - You will only be reimbursed what is allowed according the payment algorithm.
  - If the recipient is 18 years old or less, a zero ingredient cost (506-F6) will be returned, if the recipient is 19 years old or over, the ingredient cost will be reimbursed based on the algorithm above.
  - The administration fee will be returned in the Incentive Fee field (521-FL) for all claims for immunizations.

For more information:

Visit: http://health.nv.gov/Immunization.htm or http://health.nv.gov/vaccine_VFCProgram.htm for information specific for Vaccine for Children (VFC).

All vaccines administered must be documented in Nevada's WebIZ – the Statewide Immunization Information System. Please visit: http://health.nv.gov/Immunization_WebIZ_Info.htm for enrollment information.

6.0 PROVIDER EDUCATION

- Provider Educators are available to assist Nevada Medicaid providers who may have questions regarding the pharmacy program (i.e., Preferred Drug List (PDL), Point-of-sale messaging, etc).
- In addition to ensuring PDL compliance, the overall objective for provider educators is to improve provider awareness of the Nevada Medicaid pharmacy program policies and procedures.
- Regular training sessions are held via teleconference throughout the year. Please refer to the Pharmacy Announcements/Training webpage at http://www.medicaid.nv.gov for dates and times.
- E-mail Nevada.Medicaid@sxc.com or call (775) 335-8537 to request training or ask questions.

7.0 APPENDIX D – QUANTITY LIMITS

Please refer to Appendix D (below) for Quantity Limits associated with some medications. If more than the listed quantity is needed for treatment, please call the Catamaran Clinical Call Center for a prior authorization: (855) 455-3303.

8.0 APPENDIX E – DRUGS NOT REQUIRING WHOLE QUANTITIES

Please refer to Appendix E (below) for a list of medications that do not require whole units of measure on the claim. Partial units may be billed to allow the remaining quantity to be administered to another recipient instead of wasted. This applies to outpatient retail claims billed through point of sale (POS) and physician administered drugs (PAD).

Appendix D - Quantity Limits

Brand Name	Generic Name	Strength	Dosage Form	Limit
Analgesics				
Celebrex® (COX-II)	Celecoxib	All Strengths	Capsule	400mg per day
Lidoderm®	Lidocaine	5%	Transdermal patch	90 patches per rolling 30 days
Toradol	Ketorolac	10mg	Tablet	20 tablets per 6 months
Acetaminophen containing products		All Strengths	All	3,000mg Acetaminophen per day
Anticoagulants				
Lovenox®	Enoxaparin	30mg/0.3ml	Solution for Injection	18ml/Rx
Lovenox®	Enoxaparin	40mg/0.4ml	Solution for Injection	24ml/Rx
Lovenox®	Enoxaparin	60mg/0.6ml	Solution for Injection	36ml/Rx
Lovenox®	Enoxaparin	80mg/0.8ml	Solution for Injection	48ml/Rx
Lovenox®	Enoxaparin	100mg/ml	Solution for Injection	60ml/Rx
Lovenox®	Enoxaparin	120mg/0.8ml	Solution for Injection	48ml/Rx
Lovenox®	Enoxaparin	150mg/ml	Solution for Injection	60ml/Rx
Pradaxa®	Dabigatran	75mg and 150mg	Capsule	60 tabs/30 days
Antiemetics				
Aloxi®	Palonosetron HCL	0.25mg/5ml	Solution for Injection	35 mls/30 days
Anzemet®	Dolasetron	50 mg	Tablet	4 tabs/Rx
Anzemet®	Dolasetron	100 mg	Tablet	2 tabs/Rx
Anzemet®	Dolasetron	20mg/ml	Solution for Injection	35 mls/30 days
Cesamet®	Nabilone	1 mg	Capsule	180 caps/30 days
Kytril®	Granisetron	1 mg	Tablet	2 tabs/Rx
Kytril®	Granisetron	1 mg/5 ml, 30 ml	Oral Solution	1 bottle/Rx
Sancuso®	Granisetron transdermal	3.1 mg/24 hr (7 day patch)	Transdermal patch	1 patch/Rx
Zofran®	Ondansetron	4 mg	Tablet and ODT	12 tabs/Rx
Zofran®	Ondansetron	8 mg	Tablet and ODT	6 tabs/Rx
Zofran®	Ondansetron	24 mg	Tablet	1 tab/Rx
Zofran®	Ondansetron	4 mg/5 ml, 50 ml per bottle	Oral Solution	1 bottle/Rx
Zofran®	Ondansetron	2mg/ml	Solution for Injection	350 mls/30 days
Zofran®	Ondansetron	4mg/2ml	Solution for Injection	6 mls/claim
Zofran®	Ondansetron	40mg/20ml	Solution for Injection	20 mls/claim
Zuplenz®	Ondansetron	4 mg	Dissolving Film	12 films/Rx
Zuplenz®	Ondansetron	8 mg	Dissolving Film	6 films/Rx
Emend®	Aprepitant	80mg	Capsule	2 caps/Rx
Emend®	Aprepitant	125mg	Capsule	1 cap/Rx
Zofran®	Ondansetron	4mg	ODT	12 tabs/Rx
Zofran®	Ondansetron	8mg	ODT	6 tabs/Rx

Appendix D - Quantity Limits

Brand Name	Generic Name	Strength	Dosage Form	Limit
Antimigraine Agents				
Amerge®	Naratriptan	1mg	Tablet	9 tabs/month
Amerge®	Naratriptan	2.5mg	Tablet	9 tabs/month
Axert®	Almotriptan	6.25mg	Tablet	6 tabs/month
Axert®	Almotriptan	12.5mg	Tablet	6 tabs/month
Frova®	Frovatriptan	2.5mg	Tablet	9 tabs/month
Imitrex	Sumatriptan	25mg	Tablet	18 tabs/month
Imitrex	Sumatriptan	50mg	Tablet	9 tabs/month
Imitrex	Sumatriptan	100mg	Tablet	9 tabs/month
Imitrex	Sumatriptan	6mg	Injection Kit	4 injections/month
Imitrex	Sumatriptan	5mg	Nasal Spray	12 units/month
Imitrex	Sumatriptan	20mg	Nasal Spray	6 units/month
Maxalt	Rizatriptan	5mg	Tablet	12 tabs/month
Maxalt	Rizatriptan	10mg	Tablet	12 tabs/month
Maxalt-MLT	Rizatriptan	5mg	ODT	12 tabs/month
Maxalt-MLT	Rizatriptan	10mg	ODT	12 tabs/month
Zomig®	Zolmitriptan	2.5mg	Tablet	12 tabs/month
Zomig®	Zolmitriptan	5mg	Tablet	6 tabs/month
Zomig-ZMT	Zolmitriptan	2.5mg	ODT	12 tabs/month
Zomig-ZMT	Zolmitriptan	5 mg	Nasal Spray	12 tabs/month
Chemotherapy Agents				
Avastin®	Bevacizumab	100mg/4ml	Solution for Injection	12 mls/claim
Avastin®	Bevacizumab	400mg/16ml	Solution for Injection	32 mls/claim
	Bleomycin Sulfate	All Strengths	Vial	30 vials/7 days
	Cytarabine	20mg/ml 5ml vial	Solution for Injection	15 mls/claim
	Cytarabine	20mg/ml 50ml vial	Solution for Injection	250 mls/claim
Herceptin®	Trastuzumab	440mg vial	Solution for Injection	3 vials/claim
Lupron®	Leuprolide Acetate Kit	All Strengths	Solution for Injection	2 kits/30 days
Navelbine®	Vinorelbine Tartrate	All Strengths	Solution for Injection	36 mls/30 days
Taxol	Paclitaxel	100mg/16.7ml	Solution for Injection	50.1mls/claim
Taxol	Paclitaxel	150mg/25ml	Solution for Injection	75mls/claim
Taxol	Paclitaxel	30mg/5ml	Solution for Injection	15mls/claim
Taxol	Paclitaxel	300mg/50ml	Solution for Injection	150mls/claim
Diabetic Supplies				
	Lancets			200 lancets/month
	Alcohol Swabs			200 swabs/month
	Battery for Monitor			1 battery/year
	Blood Glucose Monitor			1 meter every 2 years
	Blood Glucose Strips			200 strips/month
	Insulin Syringes			100 syringes/month
	Keto-Stix			100 strips/month
	Control Solution			1 solution set/month

Appendix D - Quantity Limits

Brand Name	Generic Name	Strength	Dosage Form	Limit
Erythropoiesis Stimulating Agents				
Aranesp®	Darbepoetin Alfa	All Strengths	Solution for Injection	1500 mcg/30 days or 3 ML per claim
Epogen®/Procrit®	Epoetin Alfa	All Strengths	Solution for Injection	500,000 units/30 days or 3 ML per claim
Neulasta®	Pegfilgrastim	6mg/0.6ml	Solution for Injection	1.2 mls/7 days
Omontys®	Peginesatide	10mg/ml	Solution for Injection	3 ML per claim
Omontys®	Peginesatide	20mg/2ml	Solution for Injection	4 ML per claim
Hepatitis C Agents				
Incivek®	Telaprevir	375 mg	Tablet	168 tabs per rolling 25 days
Victrelis®	Boceprevir	200 mg	Capsule	336 caps per rolling 25 days
Multiple Sclerosis Agents				
Copaxone®	Glatiramer Acetate	20mg	Kit	1 kit/Rx
Rebif®	Interferon Beta-1A	All Strengths	Solution for Injection	6 vials/Rx
Ampyra®	dalfampridine	10mg	Tablet	60 tabs/30 days
Opioids				
Actiq®	Fentanyl	All Strengths	Lozenge	120 lozenges per rolling 30 days
Avinza®	Morphine Sulfate	All Strengths	Capsule	1 capsule/day
Demerol	Meperidine Hydrochloride	All Strengths	Solution for Injection	30 mls/day
Duragesic®	Fentanyl	All Strengths	Transdermal patch	1 patch every 3 days
Duragesic	Fentanyl	All Strengths	Patch	1 patch every 2 days if failure to achieve pain relief is documented and clinical notes are provided to the clinical call center.
Fentora®	Fentanyl	All Strengths	Buccal tablet	120 tabs per rolling 30 days
Kadian®	Morphine Sulfate	All Strengths	Capsule	2 caps/day
MS Contin	Morphine Sulfate	All Strengths	Tablet	3 tabs/day
OxyContin®	Oxycodone	All Strengths	Tablet	3 tabs/day
Stadol®	Butorphanol	All Strengths	Nasal Spray	2 per rolling 30 days
Respiratory				
Daliresp®	Roflumilast	500mcg	Tablet	30 tabs/25 days
Duoneb	Ipratropium/Albuterol	0.5-2.5mg/3ml	Nebulizer Solution	360 ml/month
Flovent®	Fluticasone	100mcg	Rotadisk	1 inhaler/month
Flovent®	Fluticasone	250mcg	Rotadisk	1 box/month
Flovent®	Fluticasone	50mcg	Rotadisk	1 box/month

Appendix D - Quantity Limits

Brand Name	Generic Name	Strength	Dosage Form	Limit
Serevent® Diskus®	Salmeterol	50mcg	Diskus	1 box (60 inhalations per month)
Xopenex®	Levalbuterol	(All Strengths)	Nebulizer Solution	4 boxes (288ml) per month
Xopenex	Levalbuterol	0.31 and 0.63mg		Every 6 hours (see monthly max above)
Xopenex	Levalbuterol	1.25mg		Every 8 hours (see monthly max above)
Suboxone/Subutex				
Suboxone®	Buprenorphine/ Naloxone	8mg/2mg	SL tab	60 tabs/30 days
Suboxone®	Buprenorphine/ Naloxone	2mg/0.5mg	SL tab	90 tabs/30 days
Subutex®	Buprenorphine	8mg	SL tab	60 tabs/30 days
Subutex®	Buprenorphine	2mg	SL tab	90 tabs/30 days
Miscellaneous				
Adenocard	Adenosine	All Strengths	Solution for Injection	255 ml/30 days
Benadryl®	Diphenhydramine HCL	All Strengths	Solution for Injection	5 mls/day
Botox®	Onabotulinumtoxina	All Strengths	Solution for Injection	4 vials/30 days
Brilinta®	ticagrelor	All Strengths	Tablet	60 tabs/25 days
Colcrys®	Colchicine	0.6mg	Tablet	120 tabs/30 days - FMF 60 tabs/30 days - Chronic
Crestor®	Rosuvastatin	10mg	Tablet	2 tabs/day
Crestor®	Rosuvastatin	20mg	Tablet	1 tab/day
Depo-Provera	Medroxyprogesterone	150 mg	Solution for Injection	2 ml/3 months
Elidel®	Pimecrolimus	1%	Tube	30 GM per rolling 30 days with a 25% tolerance for refills
Haldol®	Haloperidol Decanoate	All Strengths	Solution for Injection	20 mls/30 days
Kalydeco™	Ivacaftor	150mg	Tablet	60 tabs/25 days
Makena®	Hydroxyprogesterone Caproate	250mg/ml	Solution for Injection	1 vial/30 days
Protopic®	Tacrolimus	All Strengths	Tube	30 gm per rolling 30 days with a 25% tolerance for refills
Regranex®	Becaplermin	0.01%	Tube	15 gm tube per claim, 2 tubes in lifetime
Sedative/Hypnotics Non-Barbiturate				30 tabs/30 days
Smoking Cessation Products				180 days/year
Solu-Medrol®	Methylprednisolone	All Strengths	Solution for Injection	12 ml/30 days
Synagis®	Palivizumab	100mg	Vial	4 vials/Rx

Appendix D - Quantity Limits

Brand Name	Generic Name	Strength	Dosage Form	Limit
Versed	Midazolam Hydrochloride	All Strengths	Solution for Injection	100 mls/day
	Triamcinolone Acetonide	All Strengths	Solution for Injection	16 mls/30 days
	Blood Factor per unit (Antihemophilic Factor, Human or Recombinant)	All Strengths	Unit	10,000 units/day

Appendix E - Drugs Not Requiring Whole Quantities

Brand Name	Generic Name	Strength	Unit of Measure	Description
ALIMTA®	PEMETREXED DISODIUM FOR IV SOLN 100 MG (BASE EQUIV)	100 MG/Vial	1 EA	Vial
ALIMTA®	PEMETREXED DISODIUM FOR IV SOLN 500 MG (BASE EQUIV)	500 MG/Vial	1 EA	Vial
ARANESP®	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 25 MCG/ML	25 MCG/ML	1 ML	Vial
ARANESP®	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 40 MCG/ML	40 MCG/ML	1 ML	Vial
ARANESP®	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 60 MCG/ML	60 MCG/ML	1 ML	Vial
ARANESP®	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 100 MCG/ML	100 MCG/ML	1 ML	Vial
ARANESP®	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 150 MCG/0.75ML	150 MCG/0.75ML	0.75 ML	Vial
ARANESP®	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 200 MCG/ML	200 MCG/ML	1 ML	Vial
ARANESP®	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 300 MCG/ML	300 MCG/ML	1 ML	Vial
AVASTIN®	BEVACIZUMAB IV SOLN 100 MG/4ML (FOR INFUSION)	100 MG/4ML	4 ML	Vial
AVASTIN®	BEVACIZUMAB IV SOLN 400 MG/16ML (FOR INFUSION)	400 MG/16ML	16 ML	Vial
CLOLAR®	CLOFARABINE IV SOLN 1 MG/ML	1 MG/ML	20 ML	Vial
CYTARABINE	CYTARABINE INJ PF 20 MG/ML	20 MG/ML	5 ML	Vial
CYTARABINE	CYTARABINE INJ PF 20 MG/ML	20 MG/ML	50 ML	Vial
ELLENCE®	EPIRUBICIN HCL INJ 50 MG/25ML (2 MG/ML)	2 MG/ML	25 ML	Vial
ELOXATIN®	OXALIPLATIN IV SOLN 100 MG/20ML	100 MG/20ML	20 ML	Vial
EPOGEN®/PROCRIT®	EPOETIN ALFA INJ 2000 UNIT/ML	2000 UNIT/ML	1 ML	Vial
EPOGEN®/PROCRIT®	EPOETIN ALFA INJ 3000 UNIT/ML	3000 UNIT/ML	1 ML	Vial
EPOGEN®/PROCRIT®	EPOETIN ALFA INJ 4000 UNIT/ML	4000 UNIT/ML	1 ML	Vial
EPOGEN®/PROCRIT®	EPOETIN ALFA INJ 10000 UNIT/ML	10000 UNIT/ML	1 ML, 2 ML	Vial
EPOGEN®/PROCRIT®	EPOETIN ALFA INJ 20000 UNIT/ML	20000 UNIT/ML	1 ML	Vial
ERBITUX®	CETUXIMAB IV SOLN 200 MG/100ML (2 MG/ML)	2 MG/ML	100 ML	Vial
FOLEX®	METHOTREXATE SODIUM INJ PF 25 MG/ML	25 MG/ML	40 ML	Vial
GAMMAGARD®	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN	5 GM/50ML	50 ML	Vial
HECTOROL®	DOXERCALCIFEROL INJ 4 MCG/2ML (2 MCG/ML)	2 MCG/ML	1 ML	Vial
HECTOROL®	DOXERCALCIFEROL INJ 4 MCG/2ML (2 MCG/ML)	2 MCG/ML	2 ML	Amp
HECTOROL®	DOXERCALCIFEROL INJ 4 MCG/2ML (2 MCG/ML)	2 MCG/ML	2 ML	Vial
INFED®	IRON DEXTRAN INJ 50 MG/ML (ELEMENTAL IRON)	50 MG/ML	2 ML	Vial
LASIX®	FUROSEMIDE INJ 10 MG/ML	10 MG/ML	10 ML	Vial
LIDOCAINE	LIDOCAINE HCL LOCAL INJ	0.01	2-50ML	Vial

Appendix E - Drugs Not Requiring Whole Quantities

Brand Name	Generic Name	Strength	Unit of Measure	Description
LIPODOX®	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	2 MG/ML	10-25 ML	Vial
OMONTYS®	PEGINESATIDE ACETATE SOLN INJ 10 MG/ML	10 MG/ML	1 ML	Vial
OMONTYS®	PEGINESATIDE ACETATE SOLN INJ 20 MG/2ML	20 MG/2ML	2 ML	Vial
ONCASPAR®	PEGASPARGASE INJ 750 UNIT/ML	750 UNIT/ML	5 ML	Vial
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE INJ 2 MEQ/ML	2 MEQ/ML	5 ML	Vial
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE INJ 2 MEQ/ML	2 MEQ/ML	10 ML	Vial
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE INJ 2 MEQ/ML	2 MEQ/ML	15 ML	Vial
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE INJ 2 MEQ/ML	2 MEQ/ML	20 ML	Amp
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE INJ 2 MEQ/ML	2 MEQ/ML	20 ML	Vial
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE INJ 2 MEQ/ML	2 MEQ/ML	30 ML	Vial
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE INJ 2 MEQ/ML	2 MEQ/ML	250 ML	Glass Cont
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE INJ 2 MEQ/ML	2 MEQ/ML	250 ML	Vial
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE INJ 2 MEQ/ML	2 MEQ/ML	500 ML	Glass Cont
PROCRIT®	EPOETIN ALFA INJ 40000 UNIT/ML	40000 UNIT/ML	1 ML	Vial
THYROGEN®	THYROTROPIN ALFA FOR INJ 1.1 MG	1.1 MG/Vial	1 EA	Vial
VECTIBIX	PANITUMUMAB IV SOLN 100 MG/5ML	100 MG/5ML	5 ML	Vial
VENOFER®	IRON SUCROSE INJ 20 MG/ML (FE EQUIV)	20 MG/ML	2.5 ML	Vial
VENOFER®	IRON SUCROSE INJ 20 MG/ML (FE EQUIV)	20 MG/ML	5 ML	Vial
VENOFER®	IRON SUCROSE INJ 20 MG/ML (FE EQUIV)	20 MG/ML	10 ML	Vial
XGEVA®	DENOSUMAB INJ 120 MG/1.7ML	120 MG/1.7ML	1.7 ML	Vial
ZOFRAN®	ONDANSETRON HCL INJ 4 MG/2ML (2 MG/ML)	2 MG/ML	2 ML	Vial
ZOFRAN®	ONDANSETRON HCL INJ 40 MG/20ML (2 MG/ML)	2 MG/ML	20 ML	Vial
ZOMETA®	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION 4 MG/5ML	4 MG/5ML	5 ML	Vial