



Department of Health and Hospitals Bureau of Health Services Financing

MEMORANDUM

TO:

Prescribing Provider

FROM:

Undersecretary

RE:

Monthly Prescription Limit

DATE:

November 9, 2010

Monthly Prescription Limit

Effective for services beginning December 1, 2010, the Department of Health and Hospitals, Bureau of Health Services Financing will establish a four-prescription limit per recipient per calendar month in the Medicaid Pharmacy Program.

The following federally mandated recipient groups are exempt from the four-prescription monthly limitation:

- 1. Persons under the age of twenty-one (21). The exemption will expire the month following the recipient's 21st birthday;
- 2. Persons living in long term care facilities such as nursing homes and ICF-DD facilities. The exemption will expire the month following the recipient's discharge date;
- 3. Pregnant Women. (This information will be conveyed by the prescriber to the pharmacist either verbally or with a notation on the written prescription).

Recipients who are not exempt from the four-prescription monthly limitation will be allowed a maximum of four-prescriptions per calendar month. The four-prescription monthly limit can be overridden when the prescribing practitioner authorizes the medical necessity of the drug and follows the process listed below. Claims, including those for emergency prescriptions and prior authorized prescriptions, which are in excess of four per calendar month per recipient, will be denied.

Override Process for the Four Prescription Limit per Month

When a prescribing practitioner communicates to the pharmacy in writing, by phone, or electronically for each prescription over 4 per month the following:

- · "Medically Necessary Override" and
- An "ICD-9-CM Diagnosis Code", the override will occur. (A valid ICD-9-CM Diagnosis Code
 that directly relates to each drug prescribed over four is required. ICD-9-CM literal description is
 not acceptable).

When a pharmacist dispenses the prescription with the above requirements, the four-prescription limit per month will not apply. If multiple prescriptions are written on the same prescription form, each prescription over four requires the "Medically Necessary Override" and the numeric ICD-9-CM Diagnosis Code. Overrides will apply to the original prescription and its refills when the requirements are followed, up to the program's maximum which is up to 5 refills or 6 months from the date of the prescription.

Printed statements without the prescribing practitioner's signature, check-off boxes or stamped signatures are not acceptable documentation. An acceptable statement and ICD-9-CM are required for each prescription in excess of four for that month. Prescribers are required to maintain documentation to support the override of a prescription limitation.

The "Medically Necessary Override" requirement does not replace the "Brand Necessary" written requirement needed to prescribe a "Brand Necessary" drug product when the prescriber certifies that a specified brand is medically necessary for a particular recipient. If "Brand Necessary" is needed in addition to the "Medically Necessary Override", both required statements shall be written on the prescription.

When a prescribing practitioner issues a prescription to a pregnant woman, he/she shall indicate on the prescription that the recipient is pregnant. In the case of a telephoned prescription, the information that the recipient is pregnant shall be communicated to the pharmacist and the pharmacist must document on the prescription that the recipient is pregnant.

Electronic Clinical Drug Inquiry (e-CDI) Application

The e-CDI provides a clinical drug inquiry application which provides a four-month drug history dispensed to Medicaid recipients by all types of prescribers. This data is available 24 hours a day, updated on a daily basis, only accessible by an authorized Medicaid provider and is available in a print friendly version. This application is available in the secured provider site of www.lamedicaid.com.

The major benefits of the e-CDI data are:

- Allows you to evaluate a Medicaid recipient's drug usage over a four month period;
- Displays whether the recipient has been prescribed similarly clinically effective drugs;
- Facilitates assessment of your patient, based on your clinical expertise and knowledge, the drug(s) that have been prescribed by yourself and/or other providers---determining whether to discontinue some of the drugs, prescribe less costly drugs, or prescribe drugs that are more clinically appropriate;
- Assist the prescriber in deciding if a Medicaid recipient requires more than 4 prescriptions per month based upon your clinical assessment of the patient's disease state or medical condition.

The Medicaid Clinical Data Inquiry (e-CDI) data can be accessed by:

- Step 1: Using your Internet browser, access the Internet Web page: www.lamedicaid.com;
- Step 2: Click on the red "provider Log-ln" button in the upper left margin of the home page;
- Step 3: Enter "your 7-digit Medicaid Provider ID number" in the data entry box;
- Step 4: Follow the instructions for establishing "your online account" with lamedicaid;
- Step 5: Follow the instructions for "activation of your online account";
 - NOTE: Provider enrollment instructions are available in a print friendly version for steps
 - 4 & 5 by clicking the provider instructions link;
- Step 6: Follow the instructions for the "use of the e-CDI link to view recipient prescription Information".
 - NOTE: Instructions for step 6 are available in a print friendly version.
 - NOTE: For assistance with any of the above steps, please call 1-877-598-8753.

We strongly encourage you to take advantage of this state-of-the-art Internet accessible recipient prescription drug history.

Thank you for your continued support of the Medicaid Pharmacy Benefits Management Program for providing the best health care including the most clinically appropriate and cost effective drug regimes, to our Medicaid patients.