



Grandfathering Discontinuation & 90-Day Supply at Retail Pharmacy

Grandfathering Discontinuation

Effective 9/30/14, the grandfathering of non-preferred medications will be discontinued.

Prescriptions that are currently non-preferred will reject upon adjudication with the following message displayed: **"Use Submission Clarification Code 2 for Grandfathering PA (submission clarification code field 42Ø-DK)."** The new preferred medications will also be displayed for your convenience and for ease of communication with prescribers. Pharmacies will be able to administer a **one-time transition fill** to affected members by utilizing this PA override.

Provider action needed:

- Use PA code for one-time transition fill.
- Contact prescriber for **EITHER** new prescription for next month **OR** the prescriber can submit a Prior Authorization to Magellan for members' current therapy.

90-Day Supply at Retail Pharmacy

We are pleased to announce the continuation of our 90-day supply of certain generic medications at retail pharmacies. Please see the attached listing for medications included in the program.

- If a prescription for one of the medications requiring a 90-day supply is submitted for **less than** a 90-day supply, and member **has had at least 90 days** of therapy in the last 180 days, the claim will **DENY** and the following messaging will be displayed - **"Disp 90d Rx or use ovr code."**

Provider action needed:

- Contact the prescriber for 90-day supply
- If the prescriber does not feel it is appropriate to give the member a 90-day supply of this medication or if the member currently resides in a Long term Care Facility, please enter authorization code **303030 in the Prior Authorization Number Field (462-EV) for a 30-day supply override. (**Note: This code will have to be entered EACH MONTH to override the 90 day fill if prescriber denies 90-day authorization**)**
- If you cannot contact the prescriber in a reasonable time, please enter authorization code **909090 in the Prior Authorization Number Field (462-EV)** to authorize a one-time fill. **(**Note: This authorization is valid once per medication per year and is not valid if authorization code 303030 has been used for the same medication previously**)**



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- If a PHP member **has not had** at least a 90-day supply in the last 180 days, the medication **will not** fill for greater than a 30-day supply.

It is important that our Pharmacy Network partners make every effort to obtain the proper authorization so that members receive the appropriate supply of medication.

Magellan will monitor the use of the authorization codes to ensure proper utilization and to assess the effectiveness of the initiative. Please contact the Magellan helpdesk at 1-800-846-7971 if you have any questions or concerns regarding these initiatives. We appreciate your cooperation and support.

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