

MOLINA HEALTHCARE Of CALIFORNIA

	Policy and Procedure No. PD-04 Revised
	Department: Pharmacy
	Title: Polypharmacy Management
	Effective Date: 8/1/2009
	Reviewed and Revised Date:
	Reviewed Only Date:
Signature:	Lines of Business:
Date:	Medi-Cal

I PURPOSE

The purpose of this Policy and Procedure is to improve the quality of care for members by minimizing the provision of unnecessary service and by decreasing polypharmacy.

II POLICY

- A. Subject to the exclusions and exemptions described in Sections II.C and II.D of this policy, prior authorization is required for members to fill more than eight (8) prescription medication fills per month.
- B. The prior authorization requirement shall apply to the number of prescriptions filled in a calendar month per member, regardless of where the prescription is filled, including duplicate medications or refills.
- C. The prior authorization requirement for more than eight (8) prescription medications shall not apply to the following members:
 - 1. A member receiving:
 - a. Treatment of Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS);
 - b. Immunosuppressants for transplants; or
 - c. Chemotherapy medication for cancer treatment.
 - 2. A member with a chronic illness, as determined by MHC in accordance with Section III.D of this policy.
- D. The following categories of prescribed medications do not count toward the eight (8) prescription medication limit :

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1. Prescribed medication that must be submitted on paper, claims with required attachments and compounded prescription claims;
2. Prescribed medication for a newborn that uses the mother's identification number;
3. Prescriptions submitted and subsequently reversed;
4. Family planning drugs (i.e., oral contraceptives);
5. Certain prescribed medication or medication classes, not mentioned above, as determined by MHC on a case-by-case basis.

III PROCEDURE

- A. If a pharmacy attempts to process a prescription for a non-exempt prescribed medication after the member has exceeded 8 prescriptions per month, it shall receive a message at the point of service (POS) to notify the pharmacy that the prescription requires prior authorization.
- B. MHC shall require authorization through the PA process for:
 1. Prescribed medication fills that exceed eight (8) in a calendar month for a member; and
 2. A prescribed medication that is exempt from the prescription limit pursuant to Section II.C and II.D of this policy and otherwise subject to all other MHC requirements, including but not limited to, a prescribed medication that:
 - a. Is outside Step Therapy limitations;
 - b. Is outside Contingent Therapy limitations;
 - c. Exceeds dispensing quantity limits; or
 - d. Exceeds frequency of billing limits.
- C. The pharmacy department shall apply routine evaluation procedures for any PA requests submitted for a prescription exceeding the prescription limit.
- D. In accordance with Section II.C of this policy, MHC may exempt a member from the prior authorization requirement in accordance with the following procedures:
 1. A prescribing provider may request that a member with a chronic illness receiving more than eight (8) chronically medically necessary prescribed medications be exempted from the prior authorization process by providing diagnosis information, in writing, to MHC.
 2. Upon receipt of an exemption request, MHC may allow the Member to be exempt from the prior authorization process pending the evaluation of the request by a Pharmacy Director or Medical Director.
 3. If MHC approves the request for exemption, it may review the member's profile at a later time to reconsider the exemption.
 4. If MHC denies the request for exemption, MHC may contact the prescribing provider with recommendations to change the medication regimen. In the case of such a denial, MHC will follow [Policy - 07].

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IV FORMS

Rx Limit Exemption Form

V REFERENCE

- A. Medi-Cal Provider Pharmacy Manual
- B. Title 22, California Code of Regulations, Section 51455
- C. California Welfare and Institutions Code, Section 14133.22