

Pharmacy



Members who are eligible for a Medicaid managed care organization (MCO) may elect coverage with Humana – CareSource. This coverage includes retail prescription drugs, many of which are administered in the patient's home.

Medicaid health partners who prescribe for Humana – CareSource members must contact the MCO for medication prior authorizations. Prescribing providers are required to be Medicaid-enrolled providers.

Details of MCOs Administering Prescription Drug Coverage:

- Copayment requirements — Members are not required to pay a copayment for prescription drugs. Some medical supplies are now covered under the MCO plan, including diabetes supplies, spacers, peak flow meters and condoms.
- Other medical supplies and durable medical equipment (DME) — To support member access and convenience, other medical supplies, such as wound care supplies and enteral feeds, can be filled by the Humana – CareSource pharmacy benefit manager for a limited time, until a DME provider can be contracted.
- Medications administered in the provider setting — Medications that are administered in a provider setting, such as a physician office, hospital outpatient department, clinic, dialysis center or infusion center will be billed to the MCO. Prior authorization requirements now exist for many injectables.
- Transition period —There is a 30 day transition period for MCO members transferring from one MCO to another. After the 30-day transition period has ended, prior authorization may be applicable depending on the member's

medications. To avoid disruption to a member's medication(s) it is extremely important to quickly identify which drugs require prior authorization. Please check the website for what medications require prior authorization or call 1-855-852-7005 before the next refill.

A "quick list" of preferred drugs is available at **CareSource.com/KY**.

Formulary

Humana – CareSource uses evidence-based guidelines to ensure health care services and medications meet the standards of excellent medical practice and are the lowest cost alternative for the member. Humana – CareSource uses a Preferred Drug List (PDL) or formulary. Some drugs require prior authorization. The online formulary contains information about prior authorizations, quantity limits, step therapy protocols and therapeutic interchanges for most drug classes.

Pharmaceutical Management Procedures

More information about how to use our pharmaceutical management procedures is available in the introduction of the formulary. If you have questions regarding our pharmaceutical management procedures, please call Humana – CareSource at **1-855-852-7005**.

Limits & Quotas

Some drugs have limits on how much can be given at one time. Quantity limits are based on patient safety and approved recommended dose frequencies.

Step Therapy, Therapeutic Interchange and Generic Substitutions

Certain drugs will be covered only if step therapy criteria is met. Members may need to try one drug before taking another; a medicine on the formulary must be tried before a nonformulary drug is approved by Humana – CareSource. Through a process of generic substitution, a pharmacy will provide, if available, a generic drug in place of a brand-name drug. Members can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. If a brand-name product is requested when a generic equivalent is available, a prior authorization request will need to be submitted. Additionally, if a member has a drug allergy or intolerance, or a certain drug might not be effective and a nonformulary agent is requested, referred to as a therapeutic interchange, a prior authorization request would be required.

Network Pharmacy

Our pharmacy directory gives you a complete list of our network pharmacies and all of the pharmacies that have agreed to fill covered prescriptions for Humana – CareSource plan members. Please visit our website for a complete list of network pharmacies at **CareSource.com/KY**.

For questions pertaining to pharmacy prior authorization requests, please contact us at **1-855-852-7005** or fax 1-866-930-0019.

Tell us the Medical Reasons for Exceptions

Typically, our preferred drug list includes more than one drug for treating a particular condition. These different possibilities are called alternative drugs. If an alternative drug would be just as effective as the drug you are requesting and would not cause more side effects or other health problems, we generally will not approve a request for an exception.

You must give us a written statement that explains the medical reasons for requesting an exception. For a faster decision, include this medical information when you ask for the exception.

Approval/Denial of Drug Exceptions

If we approve your request for an exception, the approval period will be communicated to you. The approval period is valid as long as you continue to prescribe the drug for your patient and that drug continues to be safe and effective for treating the condition.

If we deny your request for an exception, you can ask for a review of our decision by making an appeal. Please review the “Appeals” section of this manual for details on how to submit appeals.

APPEALS

An appeal is a request to change a previous decision made by Humana – CareSource. A member may file an appeal if he or she disagrees with a health care services decision, prescription drugs or payment for services and/or prescription drugs. Members also may file an appeal if he or she disagrees with a decision to stop services he or she is receiving. For example, a member may ask for an appeal if our plan doesn't pay for a particular drug, item or service he or she wants to receive.

Our members' health and satisfaction are important to us. When you have a problem or concern, we hope you'll try an informal approach first.

Please contact us for grievances, organization determinations, coverage determinations and appeals questions. We will work with you to try to find a satisfactory solution.

Tamper-resistant Prescriptions

In compliance with The Centers for Medicare and Medicaid Services, Kentucky Board of Pharmacy Statutes and Regulations (902 KAR 55:105), and to prevent Medicaid prescription fraud, we ask prescribers and pharmacies to adhere to Kentucky Medicaid tamper-resistant prescription requirements on all hand-written and hard-copy prescriptions. Excluded from this requirement are faxed, electronic and phoned prescriptions.

For a prescriptions to be considered “tamper resistant,” prescriptions must contain one or more industry-recognized features:

- designed to prevent unauthorized copying of a completed or blank prescription form
- designed to prevent erasure or modification of information written on the prescription by the prescriber
- designed to prevent use of counterfeit prescription forms

Medicaid medications are reimbursable only if they include the following security features:

1. Void pantograph background screened at five percent in Pantone green shall be printed across the entire front of the prescription blank.
2. Artificial watermark placed on the backside of script so that it shall only be seen at a forty-five (45) degree angle. The watermark shall consist of the words "Kentucky Security Prescription," and appear horizontally in a step-and-repeated format in five lines on the back of the prescription using 12 point Helvetica bold type style.
3. Opaque Rx symbol shall appear in the upper right-hand corner, 1/8 of an inch from the top of the prescription blank and 5/16 of an inch from the right side of the prescription blank. The symbol shall be 3/4 of an inch in size and disappear if the prescription is lightened.
4. Six (6) quantity check off boxes printed on the form and the following quantities shall appear and be marked:

<input type="checkbox"/> 1-24	<input type="checkbox"/> 50-74	<input type="checkbox"/> 101-105
<input type="checkbox"/> 25-49	<input type="checkbox"/> 75-100	<input type="checkbox"/> 151 and over
5. The following statement shall be printed on the bottom of the prescription blank:
Prescription is void if more than one (1) prescription is written per blank.
6. Refill options shall appear below any logo on the left side of the prescription blank in the following order: Refill NR 1, 2, 3, 4, 5, and be marked if the prescribed drug is a schedule III, IV or V controlled substance.
7. Size of the prescription blank shall be 4 1/4 inches high and 5 1/2 inches wide.
8. A prescription shall bear the preprinted, stamped, typed or manually printed name, address and telephone number of the prescribing practitioner.
9. A prescription blank for a controlled substance shall provide space for the patient's name and address, the practitioner's signature and the practitioner's DEA registration number.
10. A prescription blank for a controlled substance shall not contain:
 - a. Advertisement(s) on the front or back of the prescription blank.
 - b. The preprinted name of a controlled substance.
 - c. The written, typed or rubber-stamped name of a controlled substance until the prescription blank is signed, dated and issued to a patient.