



Medicaid Pharmacy Guidance Regarding the Declared Disaster Emergency in the State of New York - COVID-19

As of 3/20/2020

Updates are highlighted

The following guidance is effective until the official [Declared Disaster Emergency in the State of New York over COVID-19](#) has ended.

- **90 Day Supplies & Medication Delivery:** Medicaid covers a 90-day supply for most prescription and over the counter (OTC) maintenance medications, **in accordance with State and federal laws.** Where practicable, practitioners and pharmacists should utilize 90-day supplies of long-term maintenance medications for individuals in quarantine or those that have been [identified by the CDC](#) as being at a higher risk for developing serious illness from COVID-19. In the event of supply chain interruptions, medications for these populations should be prioritized.
 - ✓ **To ensure adequate supply for high-demand products, practitioners and pharmacists should continue to prioritize 90-day supplies for the populations mentioned above. This will assist with addressing the demand while ensuring a safe and stable supply chain.**

Pharmacies that choose to provide delivery to individuals quarantined may confirm receipt of the medications by the member through a phone call, text or email, in lieu of getting a signature. Such confirmation should be documented and retrievable upon audit.

- ✓ **If confirmation of delivery was initiated by one of the methods above, but the member could not be reached via phone, text or email, this should be documented within the pharmacy's processing system as "Emergency COVID-19-Unable to Confirm Delivery."**

Medicaid Managed Care questions regarding policy, and billing guidance for 90-day supplies and medication delivery should be directed to the enrollee's [Medicaid Managed Care plan](#).

- **Drug Supplies**

- ✓ **Prescription drug supplies are being monitored for potential backorders and prior authorization requirements may be removed for alternative available products, in order to improve access.**
- ✓ **Over the Counter (OTC) products are also being monitored and coverage for certain products/forms may be added, as is needed.**

Medicaid Managed Care plans will be provided applicable guidance to ensure consistent handling of potential drug supply issues across the Medicaid program

- **Transfers:** If a Medicaid member has had a prescription filled from a pharmacy that is inaccessible or traveling to that pharmacy is not feasible, he/she can obtain a new prescription/fiscal order from the prescriber or a refill of the prescription can be transferred to another Medicaid participating pharmacy (where allowed by law).
- **Early Fills:** Early refills for members in need of medications due to quarantine or outbreak (*controlled substances and non-controlled substances*) will be allowed, per the provider's discretion, **in accordance with State and federal laws**. An early fill response will be returned when a prescription claim is transmitted prior to the date when either 75 percent of the previous supply would have been used or an extra 10 days' supply of medication has been obtained over the last 90 days if taken according to the prescriber's directions. During the *Declared Disaster Emergency in the State of New York*, a pharmacy can override edit 01642 or edit 02242 "Early Fill Overuse" denial at the point of sale by using the following combination:

NCPDP FIELD 439-E4 REASON FOR SERVICE CODE AD = Additional Drug Needed

NCPDP FIELD 420-DK SUBMISSION CLARIFICATION CODE 07 = Medically Necessary - *use to indicate the service is provided as a result of Immediate Urgent Care or Emergency.*

In addition to using the above override codes, pharmacists are required to also document the **Declared Disaster Emergency in the State of New York** within the pharmacy's processing system.

Contact the eMedNY Call Center at (800) 343-9000 for questions regarding billing.

For questions on this policy providers may e-mail the pharmacy mailbox at: ppno@health.ny.gov or call (518) 486-3209.

Medicaid Managed Care questions regarding policy and billing guidance for early fill should be directed to the enrollee's Medicaid Managed Care plan.