

## **Making Your Calls to the Unisys MEP (Medication Exception Process) Center Fast and Productive *Understanding the Common Pharmacy Edits***

In this present age of inpatient customers, understaffed pharmacies, and rapidly changing drug landscape, the last thing a busy pharmacist provider needs is to call for a prior authorization (PA) on a Monday morning, wait for 3 minutes only to be told that the claim has a duplicate edit code, refill-too-soon, or a drug-drug interaction (ddi). Some of these could be avoided by a brief review of the “offending” edit.

### **405/407 – Therapeutic duplication**

This edit is usually due to the pharmacist filing a claim for a drug that is in the same therapeutic class or category with an existing medication on the patient’s profile. A review of the other drugs on the profile similar to the one being processed could provide an answer to this edit. In the event the original script was filled in a different pharmacy, then there is no way to know this and the pharmacist provider would have to depend on the MEP representative for guidance. Again, the patient could also be a good resource whenever possible.

Edit **407** applies to duplication of HIV medications in a specific class.

### **417 – Mandatory Generic**

This edit will post when a pharmacist inputs a brand name claim for a product that has a multisource generic equivalent available. If the prescriber indicates “brand medically necessary” on the prescription, the pharmacist should alert the provider to contact Unisys MEP to justify the use of the brand medication and obtain a PA if approved. If this was in error (pharmacist not aware of generic availability), a quick review of available generic NDCs for the product should resolve this.

### **537 – Maximum dose**

This edit posts when the dose or part of the combination drug (e.g. acetaminophen in Percocet®) exceeds the daily drug quantity. A quick review of the claim or verification of dose with the prescriber would save time. There are of course some exceptions – when the prescriber confirms the need to dispense dose as prescribed. The MEP representative would then decide if the request is within clinical reason.

### **577 – General Assistance (GA)**

The State of NJ established this edit as part of clinical monitoring of the GA population. Unless it is associated with another edit (e.g. duplication [405] or ddi [916]), this claim requires the MEP representative to conduct a general profile review.

### **830 - Refill-too-soon (same pharmacy)**

Self-explanatory. Given that some patients have multiple medications, the pharmacist can avoid this call by a quick review of the patient’s profile to determine when the next refill is due. Remember that for General Assistance (GA) patients, the original script must be 90% depleted prior to refill. For Medicaid, PAAD and Senior Gold patients, it must be 85% depleted. Please note that this edit cannot be overridden by the MEP representative.

### **832 – Refill-too-soon (another pharmacy)**

Same as 830 except that the original script was filled in another pharmacy. A quick review of refill history with the patient (if available) would save time with this call. This edit also cannot be overridden.

### **916 – Drug-drug interaction**

These edits are due to confliction drugs on the patient’s profile. Having the necessary information from the prescriber helps to expedite this type of call.

### **2007 – Prior Authorization (PA) required**

This edit posts for some drugs that need to meet certain DURB-established criteria. Sometimes simple knowledge of the patient’s diagnosis especially for first-fill would help expedite the call.