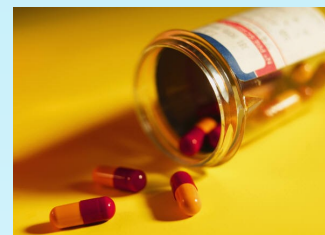


# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202095    AUGUST 27, 2020

## IHCP announces requirement for pharmacies to use Quantity Prescribed (460-ET) field

Effective immediately, the Indiana Health Coverage Programs (IHCP) is requiring pharmacies to enter the prescribed quantity from the prescription of a Schedule II drug in the new Quantity Prescribed (460-ET) field of the *National Council for Prescription Drug Programs (NCPDP) Version D.0 Transaction Payer Sheet*. This requirement applies to all retail pharmacy transactions for Schedule II drugs with dates of service (DOS) on or after September 21, 2020.



This change is in response to the new NCPDP guidance on the use of the Quantity Prescribed (460-ET) field. It is based upon the Centers for Medicare & Medicaid Services (CMS) *Final Rule CMS-0055-F: Modification of the Requirements for the Use of Health Insurance Portability and Accountability Act of 1996 (HIPAA) National Council for Prescription Drug Programs (NCPDP) D.0 Standard*. The *Final Rule CMS-0055-F* establishes the requirement for use of the Quantity Prescribed field for all Schedule II drugs.

The Quantity Prescribed field (460-ET) in Table 1 has been added to the Claim Segment section of the *NCPDP Version D.0 Transaction Payer Sheet*. This change provides guidance on the use of the Quantity Prescribed (460-ET) field for all retail pharmacy transactions for Schedule II controlled substances exchanged between HIPAA covered entities.

*Table 1 – Field added to NCPDP Version D.0 Transaction Payer Sheet*

Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
460-ET	Quantity Prescribed		RW	Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document)

*Note: The Quantity Prescribed value submitted for compound claims containing one or more Schedule II ingredients represents the prescribed quantity for the final compounded product and not the quantity for the Schedule II ingredient.*

Effective September 21, 2020, the IHCP will begin rejecting claims that do not have the Quantity Prescribed field completed for Schedule II prescription claims. This policy change applies to pharmacy benefits delivered under both the fee-for-service (FFS) and managed care delivery systems.

This modification is important to ensure the availability of a greater quantum of data that may help prevent impermissible refills of Schedule II drugs, which will help to address the public health concerns associated with prescription drug abuse in the United States.

For more information, see the updated *Companion Guide: NCPDP Version D.0 Transaction Payer Sheet*, available under the quick links on the OptumRx Indiana Medicaid website (accessible from the [Pharmacy Services](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers)).

Watch future IHCP publications for more details on this requirement.



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