

Medicaid Pharmacy Benefits

The Family and Social Services Administration (FSSA) Indiana Medicaid website provides information on Medicaid benefits, including pharmacy benefits, and accessing services. General information (revised) from the Indiana Medicaid website (<http://www.indianamedicaid.com/>) is provided below to offer guidance on Medicaid pharmacy benefits. To view the full version of this information, access the Indiana Medicaid website.

If after reviewing this information, you have questions or a child in out-of-home care experiences issues with his/her Medicaid pharmacy benefits, please contact MEU at MedicaidUnit@dcs.in.gov.

A. Overview of Medicaid Pharmacy Benefits

<https://www.in.gov/medicaid/members/338.htm>

A pharmacy, including a mail order pharmacy that accepts Indiana Medicaid must be used to obtain a prescription. Each health plan uses specific large chain pharmacies, and some require use of a mail pharmacy for maintenance medications.

If you need help finding a pharmacy that accepts Indiana Medicaid, contact: OptumRx's Clinical/Technical Help Desk at 1-855-577-6317, or click here for the [provider search](#).

Tip: Always remember to present your Hoosier Health Card to your pharmacy provider.

Tip: Do not wait until you are out of medicine to request a refill. Please call your doctor or pharmacy a few days prior to being out of your medication.

B. Covered Medications

What is covered by the pharmacy benefit?

- Prescriptions drugs approved by the U.S. Food and Drug Administration (FDA)
- Over the counter (OTC) items. Not every OTC item is covered; only those listed on the OTC Drug Formulary or the Pharmacy Supplements Formulary are covered.
- Self-injectable drugs (including insulin)

Note: You will be able to also get needles, syringes, blood glucose monitors, test strips, lancets, and glucose urine testing strips at your pharmacy.

- Drugs to help you quit smoking

What is not covered?

- Medications that do not have an FDA-approved use
- Medications that are not medically necessary

- Experimental or investigational medications
- Medications to help you get pregnant
- Medications used for weight loss
- Cosmetic or hair-growth medications
- OTC medications not on the OTC Drug Formulary

Note: OTC items are not covered under Hoosier Healthwise Package C

Note: HIP, Hoosier Healthwise, and Hoosier Care Connect members must check with their managed care entity to find out what pharmacy benefits are covered.

Over the counter drug formulary:

https://inm.rxportal.mycatamaranrx.com/rxclaim/INM/20161001_OTC_Drug_Formulary.pdf

Pharmacy supplements formulary:

https://inm.rxportal.mycatamaranrx.com/rxclaim/INM/20161102_OTC_Supplements_list.pdf

Generic Drugs

Your pharmacist will give you generic drugs if your doctor's prescription allows. Generic drugs are as good as brand name drugs and are less costly. Generic substitution under the program is required (refer to Preferred Drug List for exceptions), as set out Indiana code. Generic drugs must be dispensed when available. If generic drugs are not available, brand name drugs may be dispensed. Brand name drugs may also be dispensed, even if generic drugs are available, if Indiana Medicaid determines the brand name drugs are less costly to the Indiana Medicaid program. Generic and preferred drugs must be used when available for your medical condition unless your physician provides a medical reason that you must use a different drug.

Preferred Drug List (PDL)

Your pharmacy benefit has a Preferred Drug List or PDL. The PDL shows some of the drugs covered under the pharmacy benefit. A team of doctors and pharmacists update this list four times a year. Updating this list ensures that the drugs are safe and useful for you and cost effective for the Indiana Medicaid program. Drugs are listed on the PDL as either preferred or nonpreferred; preferred drugs typically do not require prior authorization, whereas nonpreferred drugs generally do require prior authorization.

Preferred Drug List: [https://inm.rxportal.mycatamaranrx.com/rxclaim/INM/20170101_INM_PDL\(2\).pdf](https://inm.rxportal.mycatamaranrx.com/rxclaim/INM/20170101_INM_PDL(2).pdf)

Supply Limit

Drugs you take for a long time (often called maintenance drugs) have higher supply limits, while drugs you take for a shorter time (non-maintenance drugs) are likely to have a 34 day supply limit. Maintenance drugs are taken for illnesses such as asthma, diabetes, and high blood pressure. Non-maintenance drugs are generally taken for short term illness such as a cold, influenza or an infection.

Prior Authorization

You may need a drug that requires prior authorization. In this case, your doctor will need to provide information about your health, and then a decision will be made about whether or not Indiana Medicaid can pay for the drug.

Your doctor must submit a prior authorization request if:

- A drug is listed as nonpreferred on the PDL.
- Certain conditions must be met prior to you receiving the drug.
- The prescription is beyond the limit typically allowed.
- There are other drugs that should be tried first.

For drugs that require prior authorization, you may get up to a 72 hour supply while waiting for the decision. The prior authorization decision will be made within 24 hours of receipt of the request (not including Sunday or some holidays), and your doctor will be notified of the decision.

Your Appeal Rights

If a prior authorization request is denied, your provider can appeal. See the Pharmacy Member Handbook for more information.

C. Drug Co-Payments

<https://www.in.gov/medicaid/members/297.htm>

Provided below is information on drug co-payments for various Medicaid plans. There are times in which you may not have a co-pay such as:

- Prescriptions for members under the age of 18
- Prescriptions related to a pregnancy
- Prescriptions related to family planning (birth control and preventive supplies)
- Prescriptions while in an emergency room or nursing home
- Prescriptions while in a hospital
- Prescriptions dispensed as an emergency supply

Traditional Medicaid and Hoosier Care Connect:

You will pay \$3 for each prescription.

Hoosier Healthwise (Package C):

The co-pays are \$3 for each generic drug and \$10 for each brand name drug prescription.

HIP (Healthy Indiana Plan) and Presumptive Eligibility (PE) members:

If you are enrolled with HIP Basic, your co-pays may range from \$4 to \$8. If you'd like to learn more about the Healthy Indiana Plan, you should go to the [Healthy Indiana Plan website](#).