

# Operations Memorandum - Medicaid

## OPS111101

November 28, 2011

**SUBJECT: Changes to Pharmacy Benefits for Adults Ages 21 and Older**

**TO: Executive Directors**

**FROM: Richard Wallace, Director, Bureau of Operations**

### **Purpose**

To inform County Assistance Offices (CAOs) that effective January 3, 2012, changes are being made to Medical Assistance (MA) pharmacy benefits for adults ages 21 and older.

### **Background/Discussion**

Based on changes to state law, the Department of Public Welfare (DPW) is making changes to MA pharmacy benefits for adults ages 21 and over in the Fee-for-Service delivery system. This includes ACCESS Plus.

The changes do **not** apply to the following:

1. Individuals under 21 years of age;
  2. Individuals living in a Long Term Care or intermediate care facility;
- or
3. Individuals who are pregnant.

MA physical health Managed Care Organizations (MCOs) have the option to impose the same or lesser pharmacy limits for their members. If the MA physical health MCOs impose the same or lesser limits, they will issue individual notices to their members to inform them of their pharmacy benefit changes.

Individuals will be eligible for six prescription drugs each month.

This change also applies to individuals who have prescriptions not covered by Medicare Part D.

Individuals with Medicare Part D must get prescription drugs through a Medicare Part D Prescription Plan. MA only covers some prescription drugs that are not covered by Medicare Part D, such as barbiturates and benzodiazepines. DPW will grant a benefit limit exception to any of the pharmacy limits described in the notice when one of the following circumstances applies:

1. DPW determines the individual has a serious chronic illness or other serious health condition and denial of the exception will jeopardize the life of the individual;
2. DPW determines the individual has a serious chronic illness or other serious health condition and denial of the exception will result in the rapid, serious deterioration of the health of the individual;
3. DPW determines that granting a specific exception is a cost-effective alternative for the MA Program; or
4. DPW determines that granting an exception is necessary in order to comply with Federal law.

The Office of Medical Assistance Programs (OMAP) developed a notice to explain the changes and benefit limit exception process. Notices will be centrally printed and mailed to the payment name of each household that has one or more adult members with Fee-for-Service pharmacy benefits. Mailing of these notices started on November 21, 2011.

A copy of the notice is included as an [attachment](#) for informational purposes. OMAP is developing a list of Frequently Asked Questions which will be made available to the CAO separately. CAO staff should use this information to assist any individual who may contact the CAO with questions about changes to pharmacy benefits.

MA recipients may also call the MA Recipient Service Center at 1-800-657-7925 with questions about the pharmacy benefit changes.

### **NEXT STEPS**

1. Share this information with appropriate staff.
2. Contact your Area Manager with any questions.
3. Changes in Pharmacy Benefits will be incorporated into the Medical Assistance Eligibility Handbook, Chapter 338, Appendix G.