



South Carolina Medicaid Pharmacy Services Program

PARTICIPATING PHARMACIES

Most pharmacies located in South Carolina participate in the SC Medicaid Pharmacy Services program. Also, many pharmacies in Georgia and North Carolina located near the SC state line are enrolled to provide service to You. Click on the link below to locate participating pharmacies near You.

<http://southcarolina.fhsc.com/beneficiaries/medicaid/rxlocator.asp>

If You are traveling out-of-state and need to have a prescription filled, ask the pharmacist if he/she is enrolled in the SC Medicaid Pharmacy Services program. You should note that if an out-of-state pharmacy chooses not to enroll in the SC Medicaid Pharmacy Services program, then Medicaid reimbursement cannot be made to that provider and You will be responsible for payment. It is also important to know that SC Medicaid does not have the ability to refund monies directly to You; only the provider of service may be reimbursed.

PROGRAM DESCRIPTION

The basic objective of the SC Department of Health and Human Services' (SC DHHS) Medicaid Pharmacy Services program is to provide needed drugs for the purpose of saving lives in an emergency or a short term illness, for sustaining life in chronic or long term illness, or for limiting the need for hospitalization. With certain exceptions, most generic prescriptions and over-the-counter (OTC) medications are routinely covered. However, most brand name drugs for which generic products are available are not routinely covered. Some drugs (including most brand name medications) require prior authorization before they may be billed to Medicaid, and in those instances, the doctor must request approval before the drug is dispensed.

DAYS' SUPPLY OF MEDICATION PER PRESCRIPTION

SC DHHS provides coverage for a maximum 31 days' supply per prescription or refill.

COVERED PRESCRIPTIONS PER MONTH

Children (until the date of their 21st birthday) are allowed an unlimited number of covered prescriptions per month while adult beneficiaries are limited to four prescriptions/refills per month. Some drugs, however, do not count toward the monthly prescription limit. Adult beneficiaries enrolled in certain waiver programs are routinely allowed more than four prescriptions per month. If You are enrolled in a waiver program, You may contact the Magellan Medicaid Administration Beneficiary Call Center at 1-800-834-2680 (toll-free) to determine Your eligibility to receive more than four prescriptions per month. Current waiver programs which allow six prescriptions/refills per month are the HIV/AIDS (SCHIVA) waiver program, the VENT (SCVENT) waiver program and the Mental Retardation/Related Disabilities (SCDMRX) waiver program. The Head and Spinal Cord Injuries (SCHSCX) waiver program allows seven prescriptions/refills per month.

EXCEPTIONS TO THE MONTHLY PRESCRIPTION LIMIT

Routine exceptions to the monthly prescription limit for adult beneficiaries are:

- ◆ Insulin syringes used for injectable drugs that are self-administered or administered in the beneficiary's home. (Most home-administered injectable products such as insulin and certain other injectable pharmaceuticals are counted toward the monthly prescription limit.)

- ◆ Aerosolized pentamidine
- ◆ Clozapine therapy
- ◆ Family planning drugs, supplies, and devices

PRESCRIPTION LIMIT OVERRIDE

A prescription limit override process allows for the monthly prescription limit for adult beneficiaries to be exceeded **IF** . . .

- ◆ the monthly prescription limit has already been met, **and**
- ◆ the adult patient has one of the following medical conditions*, **and**
- ◆ the prescription is for an *essential* drug used in the patient's treatment plan

*The specified medical conditions are:

- ◆ Acute sickle cell disease
- ◆ Behavioral health disorder
- ◆ Cancer
- ◆ Cardiac disease (including high cholesterol)
- ◆ Diabetes
- ◆ End stage lung disease
- ◆ End stage renal disease
- ◆ HIV/AIDS
- ◆ Hypertension (i.e., high blood pressure)
- ◆ Life threatening illness (not otherwise specified)
- ◆ Organ transplant
- ◆ Terminal stage of an illness

Your pharmacist determines whether the prescription meets the override criteria as outlined above.

COPAYMENTS

Unless otherwise exempted, SC Medicaid beneficiaries over the age of 19 are subject to a \$3.40 per prescription/refill copayment.

The following beneficiaries and/or services are exempt from the copayment requirement:

- ◆ Beneficiaries from birth to the date of their 19th birthday
- ◆ Institutionalized individuals
- ◆ Beneficiaries enrolled in the Family Planning pay category
- ◆ Beneficiaries who are members of a Federally Recognized Indian Tribe
- ◆ Beneficiaries enrolled in the Health Opportunity Account (HOA) program
- ◆ Beneficiaries who are pregnant
- ◆ Beneficiaries enrolled in the Medicaid Hospice benefit

NON-COVERED MEDICATIONS, SUPPLIES AND PRODUCTS

Regardless of circumstance, the following medications, supplies and products are excluded from coverage under SC Medicaid Pharmacy Services' program.

- ◆ Anti-hemophilia factor products dispensed by pharmacies other than the SC DHEC
- ◆ Brand name drugs when a generic is available unless your doctor has obtained prior authorization for the brand name product
- ◆ Cough and Cold medications
- ◆ Diabetic supplies such as alcohol wipes and lancets
- ◆ Erectile Dysfunction (ED) products used to treat impotence
- ◆ Fertility products
- ◆ Immunizing agents *except for* influenza and pneumococcal vaccines for those adult beneficiaries 21 years of age or older

- ◆ Injectable products administered in a physician’s office, outpatient clinic or infusion center [Note: Your doctor is responsible for purchasing such drugs and should bill SC Medicaid through their respective Medicaid program.]
- ◆ Investigational pharmaceutical products
- ◆ Medical devices/machines or supplies such as home intravenous (IV) supply items including nebulizers and IV flushes
- ◆ Medications which are not rebated by the manufacturer
- ◆ Nutritional supplements
- ◆ Oral hydration therapies for adult beneficiaries
- ◆ Products that are considered to be “less than effective” by the Food and Drug Administration. These drugs are usually referred to as “DESI” drugs.
- ◆ Products used for cosmetic purposes or hair growth
- ◆ Products obtained via a Patient Assistance Program (PAP)
- ◆ Weight control products

COORDINATION OF BENEFITS

In some instances, You may have one or more insurance carriers providing health care and prescription drug coverage. In that situation, SC Medicaid is always the payer of last resort.

If other prescription drug coverage is in effect, Your pharmacist must file the claim to the primary insurance carrier(s) before filing the claim with SC Medicaid. If there is an allowable difference remaining, he/she may then file the claim as secondary to SC Medicaid. Although, the other insurance carrier’s usual copayment amount may be more expensive, You are only responsible for paying the Medicaid copayment (if applicable) of \$3.40 per prescription/refill regardless of the reimbursement amount received from the primary insurance carrier(s).

IMPORTANT NOTE TO SC MEDICAID BENEFICIARIES REGARDING COORDINATION OF BENEFITS

If You have other prescription drug coverage, show the pharmacist Your insurance card each time You have a prescription filled. Also, be sure to let Your Medicaid eligibility caseworker and pharmacist know if Your other insurance coverage ends.

