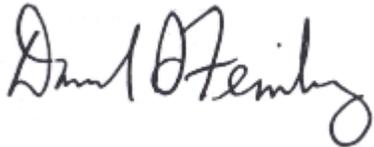


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	NUMBER: 24-05-05	ISSUE DATE: August 26, 2005	EFFECTIVE DATE: August 29, 2005
SUBJECT: Copayment Changes for Brand Name and Generic Prescription Drugs		BY:  David S. Feinberg Deputy Secretary for Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to inform providers of pharmacy services of changes in the amount of the copayment for brand name and generic prescription drugs for certain categories of Medical Assistance (MA) recipients.

SCOPE:

This bulletin applies to all providers of pharmacy services who render services in the MA fee-for-service (FFS) delivery system. The bulletin does not apply to providers who render services to MA recipients in either the HealthChoices or voluntary MA managed care delivery system.

BACKGROUND:

Under the Department's regulations, certain MA recipients are responsible for copayments for specified services, including pharmacy services. See 55 Pa.Code § 1101.63(b). The copayment requirements do not apply to recipients who are under the age of 18, pregnant or residents of nursing facilities or to drugs dispensed by physicians or Certified Registered Nurse Practitioners (CRNPs). The current copayment for pharmacy services for MA recipients other than General Assistance (GA) recipients is \$1.00 for each prescription and refill. See 55 Pa.Code § 1101.63(b)(5). For GA recipients, the current copayment for pharmacy services is \$2.00 for each prescription and refill. See 55 Pa.Code § 1101.63(b)(6).

DISCUSSION:

The Department has issued regulations that will change the amount of the copayments for pharmacy services for MA and GA recipients, effective August 29, 2005. The new copayments do not apply to State Blind Pension recipients, whose copayments for brand name and generic drugs will continue to be \$1.00 for each prescription and refill.

Copayments continue to not apply to recipients who are under the age of 18, pregnant, or residents of nursing facilities. Copayments also continue to not apply to drugs dispensed by physicians or CRNPs. The copayment exception for pregnant women applies through the post-partum period, which begins on the last day of the pregnancy and ends on the last day of the month that includes the 60th day after the end of the pregnancy. For example, a woman who delivers on January 1 is exempt from all copayment requirements until March 31. A woman who delivers on March 1 is exempt from all copayment requirements until April 30.

Managed care organizations (MCOs) in both the HealthChoices and voluntary managed care delivery systems may but are not required to impose copayments for pharmacy services, up to the amounts imposed in the Department's regulations. MA providers who render services to MA recipients in the HealthChoices or voluntary MA managed care delivery system will be notified by each MCO of the copayments that the MCO has elected to impose.

PROCEDURES:

Effective August 29, 2005, recipient copayments for pharmacy services for MA and GA recipients 18 years of age will be as follows:

- \$3.00 per prescription and \$3.00 per refill for brand name drugs, including multi-source brand name drugs;
- \$1.00 per prescription and \$1.00 per refill for generic drugs.

To exempt the prescription from the copayment based on pregnancy, a provider must indicate on the claim that the recipient is pregnant or in the post-partum period. To indicate that a woman is pregnant or in the post-partum period, pharmacy providers should submit claims indicating a value of '2' in the Pregnancy Indicator field on the National Council for Prescription Drug Programs, Inc. (NCPDP) Version 5.1 format and Batch Standard Version 1.1 format in field identification number 335-2C.

The following services are currently excluded from the copayment requirements for MA recipients except GA recipients, as specified in 55 Pa. Code §1101.63(b)(3), and will remain excluded for MA recipients other than GA recipients:

- drugs, including immunizations, dispensed by a physician or a CRNP
- antihypertensive agents
- antidiabetic agents
- anticonvulsants
- cardiovascular preparations
- antipsychotic agents, except those that are also schedule C-IV antianxiety agents
- antineoplastic agents
- antiglaucoma agents
- antiParkinson drugs
- HIV/AIDS-specific drugs

In accordance with 55 Pa. Code § 1101.63(b)(8), a provider may not refuse to fill the prescription because of the recipient's inability to pay the copayment amount.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.