

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

December 1, 2005

CATEGORICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist

a. Prescribed Drugs

- (1) Each recipient age 21 or older may have up to six (6) prescriptions each month under the program. The first three prescriptions do not require prior authorization. The three additional prescriptions must be prior authorized. Family Planning, tobacco cessation and EPSDT prescriptions do not count against the prescription limit.
- (2) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
- (3) The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 C.F.R. §423.104 (f) (1) (ii) (A) – to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D.

The following excluded drugs, set forth on the Arkansas Medicaid Website (www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrpinfo.aspx#1927d), are covered:

- a. select agents when used for weight gain:
Androgenic Agents
 - b. select agents when used for the symptomatic relief of cough and colds:
Antitussives; Antitussive-Decongestants; Antitussive-Expectorants
 - c. select prescription vitamins and mineral products, except prenatal vitamins and fluoride:
B 12; Folic Acid
 - d. select nonprescription drugs:
Antiarthritics; Antibacterials and Antiseptics; Antitussives; Antitussives-Expectorants; Analgesics; Antipyretics; Antacids; Antihistamines; Antihistamine-Decongestants; Antiemetic/Vertigo Agents; Antimalarial; Diabetic Therapy; Electrolytes and Miscellaneous Nutrients; Emollients; Fat Soluble Vitamins; Gastrointestinal Agents; General Inhalation Agents; Hematinics; Laxatives; Ophthalmic Agents; Respiratory Aids; Sympathomimetics; Topical Antibiotics; Topical Antifungals; Topical Antiparasitics; Vaginal Antifungals;
 - e. select agents when used to promote smoking cessation:
Nicotine Gum; Nicotine Patches; Generic Zyban
 - f. all barbiturates
 - g. all benzodiazepines
- (4) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3) or 1927(d) apply. The State permits coverage of participating manufacturers' drugs, even though it may be using a formulary or other restrictions. Utilization controls will include prior authorization and may include drug utilization reviews. Any prior authorization program instituted after July 1, 1991 will provide for a 24-hour turnaround from receipt of the request for prior authorization. The prior authorization program also provides for at least a 72 hour supply of drugs in emergency situations.

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