

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

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

Prescription Drugs**Payment:**

Payment is made from Title XIX funds to pharmacies with whom the Agency has a contract on behalf of categorically needy recipients up to a maximum of six (6) prescriptions (new or refill) with a limit of two (2) brand name per month per eligible recipient. A brand limit override is available for one additional brand prescription based on medical necessity and established criteria. The policy regarding the monthly two (2) brand name limitation and the one (1) brand limit override is effective January 1, 2012.

Exceptions:

- (1) For persons served by a 1915(c) home and community based services waiver, payment is made from Title XIX funds for up to a maximum of six (6) prescriptions (new or refill) with a limit of three (3) brand name per month per eligible recipient.
- (2) Prescription drugs under EPSDT, antineoplastics, antiretroviral agents for persons diagnosed with acquired immune deficiency syndrome (AIDS)/human immunodeficiency virus (HIV), certain prescriptions which require frequent monitoring, contraceptives, drugs used for medication assisted treatment, ~~naloxone~~ **naloxone-opioid overdose reversal agents**, prenatal vitamins, drugs used for tobacco cessation products, and hemophilia drugs are not limited to either the six (6) prescriptions per month or the two (2) brand name drugs per month limit.

Limitations:4-

- (1) Prescription quantities are limited to a 34-day supply unless (1) the medication is included in the Maintenance Drug List, in which case, a 90-day supply may be dispensed or (2) the drug has a recommended dispensing quantity less than either of those limits. Drug classes listed on the Maintenance Drug List include anticoagulation, asthma, diabetic, hormone, cardiovascular, thyroid, and seizure. A complete list of the selected drugs included on the Maintenance Drug List can be viewed on the agency's website at www.okhca.org.
- (2) Some prescription drugs may require prior authorization as determined by the Drug Utilization Review Board (DUR).
- (3) Only prescription drugs whose manufacturers have a rebate agreement with CMS are covered.
- (4) Investigational drugs are not covered, including FDA approved drugs being used in post-marketing studies.

Prior Authorization

The prior authorization process provides for a response by telephone or other telecommunications device within 24 hours of receipt of a completed prior authorization request. In emergency situations, providers may be reimbursed for a 72-hour supply of medication.

Revised **03-01-2024**TN# **24-0003**

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Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OK - 22 - 0038

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Inpatient Hospital Services	10.00	\$	Day	Up to \$75.00 maximum	Remove
Add	Outpatient Hospital Services	4.00	\$	Visit		Remove
Add	Organized Outpatient Clinic Services	4.00	\$	Visit		Remove
Add	Ambulatory Surgery Services	4.00	\$	Visit		Remove
Add	Physicians Services	4.00	\$	Visit	\$0 copay for the administration of Advisory Committee on Immunization Practices (ACIP) recommended Vaccines	Remove
Add	Physician Assistant/ Anesthesiologist Assistant	4.00	\$	Visit		Remove
Add	Advanced Practice Nurse Services	4.00	\$	Visit		Remove
Add	Optometrist Services	4.00	\$	Visit		Remove
Add	Dental Services	4.00	\$	Visit		Remove
Add	Durable Medical Equipment Services	4.00	\$	Item	Blood glucose testing supplies & insulin syringes have \$0 copay.	Remove
Add	Home Health Agency Services	4.00	\$	Visit		Remove
Add	Rural Health Clinic (RHC) Services	4.00	\$	Visit		Remove
Add	Federally Qualified Health Center (FQHC) Services	4.00	\$	Visit		Remove
Add	Medicare Part B Crossover Claims	1.00	\$	Visit		Remove
Add	Behavioral health and substance abuse services - inpatient	10.00	\$	Day	Up to \$75.00 maximum	Remove



Medicaid Premiums and Cost Sharing

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Behavioral health and substance abuse services - outpatient	3.00	\$	Visit		Remove
Add	Laboratory and X-ray Services	4.00	\$	Visit		Remove
Add	Prescription Drugs	4.00	\$	Prescription	Limited to the drug benefit under the state plan. Tobacco cessation products have \$0 copay. Prenatal vitamins have \$0 copay. Birth control has a \$0 copay. Opioid overdose reversal agents have \$0 copay. Medication assisted treatments for opioid use have \$0 copay.	Remove
Add	Preferred generic drugs for HCBS waiver members	0.00	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$0 - \$10.00 for HCBS waiver members	0.65	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$10.01 - \$25.00 for HCBS waiver members	1.20	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$25.01 - \$50.00 for HCBS waiver members	2.40	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued at \$50.01 or more for HCBS waiver members	3.50	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	State Plan Personal Care Services	4.00	\$	Visit		Remove
Add	Physical Therapy/ Occupational Therapy/ Speech and Audiologist Therapy (PT/OT/ST)	4.00	\$	Visit		Remove
Add	Alternative Treatment for Pain Mangement	4.00	\$	Visit		Remove
Add	Prosthetics and Orthotics	4.00	\$	Prescription		Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:	<input type="text"/>	Remove Service or Item
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Medicaid Premiums and Cost Sharing

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add							Remove

Add Service or Item

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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