

ASTHMA: Uncovering the Answers to Medicaid and CHIP Health Insurance

1Q: Are asthma medications included on the DMAS and MCOs' preferred drug list (PDL)?

A: Yes. Individuals who have Medicaid or CHIP (previously known as SCHIP) receive their healthcare benefits (including prescription drugs) through a managed care organization (MCO) or directly through the Department of Medical Assistance Services (DMAS) through the fee-for-service (FFS) system. All of the MCOs and the FFS system have their own preferred drug list, which include asthma medications. The terms "preferred drug list" and "formulary" are used interchangeably in various communications to and from health professionals.

2Q: What happens if a prescription is written for a medication that is not on the PDL?

A: If a prescription is written for a medication that is not on the PDL, the pharmacist will be prompted at the point-of-sale that he/she is required to contact the physician to initiate the "authorization" process. The physician is then required to call the patient's pharmacy benefit administrator (contingent upon whether the patient is enrolled in an MCO or FFS) to request the authorization. The steps involved in the authorization process *may* delay the patient from having their medication timely. However, there are some special circumstances where the pharmacist may dispense a 72 hour supply of a non-preferred, prescribed medication while the authorization is pending, but this should not be an expectation.

3Q: Which asthma medications are on the preferred drug list?

A: It is important to find out the current PDL directly from the patient's MCO or FFS system, as each has its own list, frequency, and process for updating their respective PDL. If a brand name drug is on a PDL, it should **not** be assumed that the generic for the same medication is also on the PDL. Also, if a medication is on the PDL for one of the MCOs (or FFS), it should not be assumed that it will be on all MCO and FFS PDLs. The PDL set by each MCO can usually be accessed through their respective website or by calling the customer service number that is listed on the health insurance card. The DMAS' PDL (for FFS population) can be accessed at http://www.dmas.virginia.gov/pharm-pdl_program.htm.

4Q: What are the out-of-pocket costs for asthma medications?

A: Out-of-pocket costs for each filled prescription for people with Medicaid or CHIP range from \$0.00 - \$10.00. Several factors may impact on the out-of-pocket cost (usually referred to as a "co-pay") that the enrollee will be required to pay. These factors include: whether the enrollee is in an MCO or FFS; if the medication is a brand-name or a generic; and if the prescription is filled through a retail pharmacy or through mail service (for a supply of up to 90 days). However, the out-of-pocket cost should not exceed \$10.00.

Note: Mail order is available only for eligible MCO enrollees (FFS does not have mail order service).

5Q: What is the quantity limit for each asthma medication?

A: Providers may write prescriptions to enable refills for up to a year. Members may refill a prescription when 75% of the drug has been used, which is usually *at or* around day 25 (when it is a 34 day supply). Pharmacies can provide up to a 34 day supply for each prescription (and refill). Some prescriptions (for eligible MCO enrollees only) may be filled for up to a 90 day supply. Pharmacies will check the member's eligibility and coverage at the point of sale as the applicable PDL may have changed since the last refill. Keep in mind that in Virginia, students are permitted to have their inhaler(s) on school property during school hours and, so long as the physician deems it as medically necessary, a prescription for asthma medications may include a quantity of more than one.

6Q: Where and how can patients obtain nebulizers, peak flow meters, and spacers?

A: Spacers, nebulizers, and peak flow meters are considered “durable medical equipment” (DME). There are companies that are considered DME providers AND many pharmacies are also DME providers. DME billing (for equipment) is different from pharmacy billing (for medications). To find out which pharmacies (or DME companies that are not a pharmacy) accept FFS Medicaid/CHIP, please go to: http://www.dmas.virginia.gov/provider_search.ASP. If the patient has coverage through an MCO, check the MCO website or contact the customer service number to find out who the participating pharmacies and/or DME companies are. Also, the patient may ask the pharmacist directly if his/her health insurance is accepted by the pharmacy for the DME and ask “does this pharmacy participate and bill through DME?” The patient should be educated by the prescribing physician and pharmacist on how to properly use their DME.

7Q: What are the quantity limits on nebulizers, peak flow meters, and spacers for asthma?

A: Depending upon FFS or MCO coverage, there are quantity limits on DME for asthma management. Usually, there is a maximum allowable number that can be obtained over a specified amount of time. There are processes in place with the MCOs and FFS whereby if a patient needs more than the allowable number to better manage their asthma, they may be able to receive approval through the MCO or FFS program. The additional number may be allowed and covered so long as it is medically necessary and, is determined through the FFS or MCO authorization process, to be “approved.” Contact the member's MCO (or FFS) for authorization instructions and/or coverage details.

8Q: What are the out of pocket costs for DME for asthma management?

A: There are no out-of-pocket costs for peak flow meters and spacers so long as the quantity limits and proper preauthorization requirements are adhered to. There may be up to a \$5.00 co-pay for a nebulizer.

9Q: What other resources are available for asthma management?

A: All of the MCOs and the FFS program have tailored “disease management programs” to help people with certain chronic conditions (including asthma) manage their health. The programs are administered via personalized phone calls and direct mail and are available at no cost for eligible members. The member should call the customer service number on their insurance card and ask to obtain information on how to be included in the asthma disease (or condition) management program.

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