

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201952 SEPTEMBER 24, 2019

## IHCP revises Presumptive Eligibility copays for drugs and pharmacy supplements

Effective November 1, 2019, the Indiana Health Coverage Programs (IHCP) will require Presumptive Eligibility (PE) members to pay copays for legend drugs, over-the-counter (OTC) drugs, and pharmacy supplements. A review of IHCP pharmacy benefit claims determined that drug and supplement copays were inadvertently not being applied to PE members.

The IHCP [Presumptive Eligibility](#) provider reference module specifies that the Adult PE benefit plan includes all covered services available under the Healthy Indiana Plan (HIP) basic benefit plan, including copayments for covered services. See Table 1 for the list of copay amounts that will be applied to these agents. Copays will be applied effective for dates of service (DOS) on or after November 1, 2019, unless otherwise noted.



Table 1 – Drug and pharmacy supplement copays for DOS on or after November 1, 2019

Drugs and supplements	Copays
Preferred	\$4
Nonpreferred	\$8

Presumptively eligible American Indian/Alaska Native, pregnant women, or those whose out-of-pocket expenses exceed 5% of the member's annual household income will not be assessed a copay.

The fee-for-service (FFS) Preferred Drug List (PDL), FFS OTC Drug Formulary, and the FFS Pharmacy Supplements Formulary can be accessed on the OptumRx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Please direct questions about the FFS PDL, the FFS OTC Drug Formulary, the FFS Pharmacy Supplements Formulary, or this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. Questions regarding pharmacy benefits for members in HIP, Hoosier Healthwise and Hoosier Care Connect should be referred to the managed care entity with which the member is enrolled.

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