

# **You have important legal rights if Medicaid or your Medicaid HMO will not pay for an ongoing prescription or for a new prescription.**

## **What are my legal rights if Medicaid does not pay for my prescription?**

You must be given a written notice by your pharmacist stating: 1) why your prescription was denied; 2) what you can do about the denial; 3) if Medicaid must continue coverage of your medication; and 4) a fair hearing request form. You have the right to challenge the prescription denial through a hearing.

## **What is the Preferred Drug List (PDL)?**

The Preferred Drug List (PDL) is a list of drugs that Medicaid will cover without Prior Authorization (PA). As of July 2005, there is a new procedure called "Step Therapy" which means Medicaid recipients will generally need to try drugs that are on the PDL before getting a drug that is not on the PDL.

## **What is Prior Authorization (PA)?**

Prior Authorization (PA) means that Medicaid or your Medicaid HMO must approve payment for the drug before you can get it. Drugs that are not on the PDL require a Prior Authorization - either an initial PA requesting an exception to the PDL before Step Therapy or a PA after trying Step Therapy. Also, there is a small list of drugs called Protocol Drugs that require Prior Authorization because the Medicaid Agency has found that they are subject to misuse or abuse.

## **What if the drug is not on the Preferred Drug List (PDL)?**

You must contact your doctor's office because only your doctor (or doctor's staff) can help you get the original prescription. If your doctor does not know the number to call to get your prescription approved, the doctor can call the Pharmacy Help Desk at 1-800-603-1714. Also it may be fine for you to try one of the drugs that is on the PDL but your doctor needs to approve that switch.

## **What if I need a drug that is not on the PDL and should not go through Step Therapy?**

If your doctor has reason to believe you need a drug not on the PDL and that you should not go through Step Therapy, the doctor must file a Prior Authorization (PA) request for a Step Therapy Exception. Your doctor has to submit a written request to the Medicaid Agency (AHCA) explaining that you need an exception from the PDL because either: 1) there are no acceptable clinical alternatives on the PDL to treat your condition; 2) the alternatives on the PDL have been ineffective in treating your disease; or 3) based on historical evidence and what your doctor knows about you and the drug, the drugs on the PDL are likely to be ineffective. Your doctor must also provide any clinical documentation they have to support this request.

## **What if I try the drugs on the PDL but they do not work; or they do not work as well as the drug not on the PDL?**

Then your doctor has to file a Prior Authorization (PA) request explaining that you have failed the drugs on the PDL.

**What should I do if the reason for non-coverage is that my prescription has a generic but I need the brand name drug for medical reasons?**

Your doctor needs to fill out a form called Request for Multi-Source Brand Drug, which is located on the Internet at: [www.fdhc.state.fl.us/medicaid](http://www.fdhc.state.fl.us/medicaid), choose Pharmacy Services, then Current Information, then Request for Multi-Source Brand Drug Form. Take that form to your doctor.

**What if my doctor's Prior Authorization request is denied or delayed; or what if I cannot get my medicine for another reason and the pharmacist cannot fix the problem?**

You should contact the Ombudsman toll-free by phone at 1-866-490-1901; by fax at 1-866-490-1902; or by e-mail at [FloridaOmbudsman@acs-inc.com](mailto:FloridaOmbudsman@acs-inc.com). Ask for the name of the person you speak with and keep a record of their name and the dates and time of your call.

**What is the Ombudsman?**

Medicaid has an office called the Ombudsman Project to help fix prescription coverage problems. When you call the Ombudsman, the staff may not be able to talk with you right away. You may need to leave a voice mail message with the following information: (1) your name; (2) date of birth; (3) Medicaid number; (4) your phone number; (5) name of the prescription; (6) name and phone number of pharmacy and prescribing doctor; (7) reason given for non-coverage; and (8) when to call you back. If you are in an HMO, the Ombudsman will give you another number to call. Either the Ombudsman Project or your HMO should respond to your call within three days.

**What if the Ombudsman does not fix the problem?**

If you gave the Ombudsman's office all the information it asked for, and it could not or would not fix the problem or return your calls, you can request a fair hearing. You need to use the Fair Hearing Request Form on the pamphlet your pharmacist gave you and follow all the directions on the pamphlet.

**When can I get a 3-day supply of my denied prescription?**

You should get an immediate 3-day supply at the pharmacy if: (1) your prescription was for the same prescription that Medicaid or your Medicaid HMO paid for the previous month; or (2) the pharmacist believes that any delay in providing your medication would cause serious or permanent harm to your health, or result in hospitalization or emergency room treatment; or (3) you have a serious contagious disease.

**Can I continue to get my prescription after the 3-day supply is gone?**

Yes. You can get continuous coverage until you get a written decision after your fair hearing, but you must: 1) check the box on the fair hearing request form stating that you want ongoing coverage; 2) request the hearing within 10 days of receiving your denial notice; 3) fax the hearing request to the Fair Hearing Office at 1-850-487-0662 and Ombudsman at 1-866-490-1902 to ensure ongoing coverage of your medicine.

**What should I do if I need help getting Medicaid or my Medicaid HMO to pay for my prescriptions?**

Call the Medicaid Prescription Drug Helpline at 1-800-436-6001 for assistance if Medicaid or your Medicaid HMO will not cover your prescription. Call as soon as possible to prevent a disruption of your prescription drug coverage. When you call, have the name of your prescription and the names, addresses and phone numbers for your pharmacy and doctor.