

XVI. PHARMACY SERVICES

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16.1 MISSOURI CARE PREFERRED DRUG LIST (PDL)

With the assistance of a Pharmacy Benefit Manager (PBM), the Missouri Care preferred drug list (PDL) is developed to assist Providers in selecting medically appropriate, high quality, and cost-effective drugs for members. This list applies only to prescription medications dispensed by participating pharmacies to outpatient members; it does not apply to inpatient medications.

Providers are required to prescribe and use generic substitution whenever appropriate. When generic products are not available, name-brand medications should be prescribed in accordance to the PDL. Prior Authorization and quantity limit restrictions of medications may apply. Drugs which in the Provider’s judgment are Medically Necessary but not included in the current preferred drug list, may be approved by the Chief Medical Officer (CMO) or designee if there are no currently available generic or preferred substitutions that are tolerated by the member.

Prior Authorization requests for medications should be submitted via fax on the Missouri Care Pharmacy Prior Authorization Request Form. These forms are available at www.missouricare.com.

Missouri Care covers most over-the-counter therapeutic agents that are prescribed by a Provider.

16.2 DEA/BNDD NUMBERS

Providers agree to maintain a current DEA and BNDD number throughout the term of this Agreement and comply with all applicable controlled substance regulations. Documentation of both certificates must be on file in the Provider’s credentialing file.

16.3 CO-PAYMENTS FOR MEMBERS

Co payment requirements do not apply to Missouri Care members.

Participating Pharmacies should collect the appropriate member dispensing fees as follows:

Ingredient Cost for Each Item of Service	Member Participation in Pharmacy Professional Dispensing Fee
\$10.00 or Less:	\$0.50
\$10.01 to \$25.00:	\$1.00
\$25.01 or More:	\$2.00

All members are subject to the appropriate member dispensing fee, except the following are excluded:

- (A) Members under age 19;
- (B) Covered Pharmacy Services related to Early and Periodic Screening, Diagnosis and Treatment (EPSDT);
- (C) Institutionalized members residing in a skilled nursing facility, psychiatric hospital, residential care facility, adult boarding home;
- (D) Foster children
- (E) Covered Pharmacy Services related to family planning;
- (F) Emergency Services;
- (G) Covered Pharmacy Services provided directly to pregnant women directly related to pregnancy or a complication of the pregnancy.