

# Medical Assistance Pharmacy Benefit Changes

## PHILADELPHIA COORDINATED HEALTH CARE

123 S. Broad Street, 22nd Floor  
Philadelphia, PA 19109

Please visit the following  
website for additional  
information:

[www.dpw.state.pa.us](http://www.dpw.state.pa.us)



Enhancing Access to  
Community Health Care

Please visit us on our  
website at [www.pchc.org](http://www.pchc.org)

### Community Outreach Department

Phone: 215-546-0300

Fax: 215-790-4976

Monique Shaw, MPH  
Outreach Projects Manager  
Ext. 3230

E-mail: [mshaw@pmhcc.org](mailto:mshaw@pmhcc.org)

Julio Nieves  
Individual, Family & Community  
Outreach Specialist  
Ext. 3387

Email: [jnieves@pmhcc.org](mailto:jnieves@pmhcc.org)



Philadelphia Coordinated Health Care  
a core program of PMHCC, Inc.

Enhancing Access to Community Health Care

Southeastern PA Health Care Quality Unit

Effective January 3, 2012 many adults, age 21 and older, will be experiencing changes to their pharmacy benefits under Medical Assistance (MA). MA consumers in “fee-for-service” (consumers who use the ACCESS card to get their prescriptions) will be **limited to six prescription drugs per month**. Managed care plans, on the other hand, may choose whether or not to implement this change; therefore, consumers with a managed care plan will need to contact their plan to see **if and when** this change will be implemented. This benefit change **will not affect** MA recipients who are under 21, pregnant, or residents of a nursing home or ICF (intermediate care facility). Such pharmacy benefit changes were designed to reduce MA program spending; however, exceptions will be granted for drugs that are deemed cost-effective or necessary to prevent serious harm to a consumer’s health. Therefore, some drugs will be automatically exempt from this policy; including: drugs to treat certain illnesses or drugs for consumers with a certain diagnosis. However, for those drugs that are not automatically exempt, a **\*\*benefit limit exceptions process (BLE)** has been instituted; whereby, the Department of Public Welfare (DPW) or managed care plans may approve medications exceeding the 6 per month limit. To request this BLE, the consumer’s doctor or health care provider will be required to submit documentation showing that the exception will be either cost-effective or necessary to avoid jeopardizing their patient’s life. A response to all requests are required within 24 to 72 hours. Denied requests must be issued in writing with an explanation of the denial and appeal rights. Consumers denied a medication under this policy are eligible for a 5 day emergency supply at the discretion of their pharmacists. It is important to note: **written notices to consumers regarding any changes to benefits are required by law to be sent at least 30 days before the change is to go into effect.**

*Questions about this benefit change may be directed to PCHC or the Medical Assistance Recipient Service Center at 800-657-7925.*

**\*\* BLE (Benefit Limit Exceptions) is a process by which DPW or managed care plan may approve services that are not typically covered under the scope of services for recipients. Requests for BLE’s must include documentation supporting the need for the medication.**