

PHARMACY

Section 5

Pharmacy Benefit Retail, outpatient pharmacy services is a non-covered benefit, but is covered by the state Medicaid Fee-For-Service. Harmony Health Plan shall provide pharmacy services for injectable drugs administered in a provider's office and infusion products.

Injectable and Infusion Services Injectable products and all infusion drug requests require a Drug Evaluation Review (DER) and are supplied by a specialty vendor. Specialty drugs require a DER and are not available through the retail pharmacy network.

- Family planning services related to the injection or insertion of a contraceptive drug or device are covered.
- Vaccines are covered by the Vaccines for Children program. Harmony Health Plan covers vaccines for ages 21 and older.
- Gardasil is covered by the Vaccines for Children program through age 20. Harmony Health Plan will cover Gardasil for ages 21 through 26.
- Synagis is covered by the state.

Coverage Limitations The following is a list of **non-covered (excluded)** drugs and/or categories:

- Drugs used for the treatment of obesity;
- Drugs used for the treatment of infertility;
- Drugs used for the treatment of erectile dysfunction;
- Drugs used for cosmetic purposes;
- Drugs used to promote hair growth;
- Experimental drugs; and/or
- DESI drugs or drugs that may have been determined to be identical, similar or related.

Providers must obtain vaccines through the Vaccine For Children program through the state of Illinois. The administration of the vaccine is a reimbursable expense that can be allocated for reimbursement depending on the provider's contract.

**Food
Supplements,
Nutritional
Supplements and
Infant Formulas**

Food supplements, nutritional supplements and infant formulas are covered only when no other means of nutrition is feasible or reasonable and medical necessity for the supplement is established. Prior authorization for these items is required. Authorization will not be granted if medical necessity is not established, or when convenience of the member or the member's caretaker is the primary reason for the supplement request. Coverage for these items is not available in cases of routine or ordinary nutritional needs or in cases where the item is to be used for other than nutritional purposes.

Hyperalimentation and total parenteral nutritional products are covered services that do not require prior authorization. These services do require faxing a completed DER request in order to facilitate dispensing from a contracted home infusion therapy vendor.