
Overview

Pharmacy services (including physician injections) shall be reimbursed by the state agency on a fee-for-service basis according to the terms and conditions of the MO HealthNet program.

Harmony shall coordinate with the state agency as necessary to ensure that members receive pharmacy services without interruption. In addition, Harmony shall provide information to members about appropriate prescription drug usage and shall monitor and manage providers' prescribing patterns through activities such as educating providers regarding practice patterns and intervening with providers whose practice patterns appear to be operating outside industry or peer norms.

The carve out of pharmacy services is defined to include all medications and pharmaceuticals administered on an outpatient basis, including physician-administered drugs, covered over-the-counter (OTC) products, all drugs dispensed by outpatient pharmacies, medications administered in the outpatient department of a hospital, or other outpatient clinics, according to the terms and conditions of the MO HealthNet Pharmacy Program. The MO HealthNet Pharmacy Program covers a select list of OTC products. The list of covered OTC products may be found on the internet at http://dss.mo.gov/mhd/cs/pharmacy/pdf/otc_coveredproducts.pdf. The MO HealthNet Pharmacy Program will cover diabetic medication (oral and injectable), for syringes and for diabetic testing equipment and directly related supplies such as strips, calibration solution, lancets, and alcohol pads. For pharmacy services provided in a home health setting, the MO HealthNet Pharmacy Program will cover the pharmacy service when billed on a pharmacy claim form including all of the appropriate information such as, but not limited to, the National Drug Code, quantity, and dosage form. Harmony shall be responsible for the home health visit and all supplies incidental to the administration of the medication.

The carve out of pharmacy services does not include pharmacy services provided during or incident to an inpatient hospital stay or during or incident to an observational unit status.

**Pharmacy
Lock-In
Program**

Members identified as over-utilizing certain therapeutic classes or receiving duplicative therapy within the pharmacy benefit will be placed in pharmacy lock-in status for a minimum of one year. While in lock-in, the member will be restricted to one pharmacy to obtain their medications. Other pharmacies will not be paid if they fill prescriptions for the member. Members identified will also be referred to case management.

Pharmacy lock-in will be under the review of the P&T Committee who shall determine the need for lock-in according to established procedures and Federal Regulations regarding such action.