

28.14 SPECIAL APPROVAL, ANTIPSYCHOTIC (ATYPICAL) DRUG MANAGEMENT AND TESTING

Individuals for whom antipsychotic (atypical) drugs have been prescribed, and who are not eligible for Medicaid due solely to failure to meet a spenddown, may have the cost of the medication paid by the Department. To qualify, it must be established that the cost of the antipsychotic drugs, if paid by the client, would reduce the family's income to below 100% of the Federal Poverty Level (FPL) for a family of the same size. The individual must have been denied Medicaid for the above reason within 6 months of the date of the client's request for payment. In addition, the Worker must review the case every 6 months to determine if the client remains ineligible for failure to meet spenddown. If he continues to be ineligible for Medicaid, due solely to failure to meet a spenddown, at the time he requests payment of the antipsychotic (atypical) drugs, special approval is considered.

The Worker must submit a completed DFA-SP-1 to the DFA **Medicaid** Policy Unit to have the client considered for this special approval. The form must contain all of the information specified in Section 27.3,A with the following additions:

- The average monthly out-of-pocket cost of Antipsychotic Drugs
- The average monthly cost of lab tests
- The name of facility which will perform the lab tests

No verification of the information submitted is required, unless the client does not know the information, or the Worker has reason to doubt the client's statement.

Once the eligibility decision is made, the local office is notified by DFA **Medicaid** Policy Unit. The local office must notify the client of the decision in writing. BMS will notify the client and the provider of how to obtain payment for medication/treatment and provide a list of medications covered, medical ID number and dates of coverage. No medical card is issued.

A list of all antipsychotic (atypical) drugs may be found on the BMS website http://www.wvdhhr.org/bms/sPharmacy/bms_Pharmacy_main.asp by clicking on Preferred Drug List.

NOTE: Certain recipients of benefits from the Division of Children and Adult Services (CAS) are eligible to receive coverage for immunosuppressant drugs through FACTS. During the application or renewal process, the Worker must inquire if the Special Pharmacy applicant is receiving medical coverage through CAS. If the Worker believes the individual may be receiving duplicate coverage or services through both FACTS and RAPIDS the Worker must electronically notify the DFA Medicaid Policy Unit with the following information:

- Applicant/Recipient's Name
- Date of Birth
- Social Security Number
- Client's FACTS ID (if known)