

## 28.2 SPECIFIC ELIGIBILITY REQUIREMENTS

The individual must have been denied Medicaid due solely to failure to meet a spenddown within 6 months of the date of the client's request for payment. If he is unable to meet a spenddown, special approval is considered. To qualify for Special Pharmacy, it must be established that the cost of the antirejection or antipsychotic medication paid by the client reduces the family's gross income to below 100% of the Federal Poverty Level (FPL) for a family of the same size.

**NOTE:** Individuals eligible for or receiving Qualified Medicare Beneficiary (QMB) coverage are not eligible for Special Pharmacy coverage.