## Redline Version

12a. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A and Part B.

<u>All</u> Pprescribed drugs must be listed in the Hawaii Medicaid Drug Formulary. All other prescribed drugs are covered in the Hawaii Medicaid Drug Formulary except for those specifically excluded require prior authorization. However, certain medications may be considered preferred and, pursuant to 42 U.S.C. section 1936r-8 (d) (5), strategies may be utilized to ensure prescribing and dispensing of the least expensive, comparatively effective prescription drug.

(1) Those drug products produced by manufacturers who have entered into and comply with an agreement under Section 1927(a) of the Act may be considered for payment by being included in the Hawaii Medicaid Drug Formulary or may require prior authorization approval. Pursuant to 42 U.S.C. section 1396r-8 (d) (5), certain medications may require prior authorization.

The Medicaid agency does not provide coverage for the following <u>drugs or classes of drugs or their medical uses are</u> excluded or otherwise restricted <del>drugs or classes of drugs or their medical uses</del>, subject to restriction under <u>Section</u> 1927(a) <u>of the Act</u>, to <u>for</u> all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit - Part D-:

The following excluded drugs are not covered:

- (a) Used for cosmetic purposes or hair growth;
- (b) With associated tests or monitoring purchased exclusively from the manufacturer or designee as a condition of sale;
- (C) Which are classed as "less than effective" as described in Section 107(c)(3) of the Drug Amendments of 1962 or are identical, similar or related; and
- (d) Agents used to promote fertility.
- (2) The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit - Part D.

TN No. <u>05-</u> 00611	-		
xxx Supersedes	Approval Date:	_ <del>Dec 9 2005_</del>	Effective Date: <u>01/01/06 January</u> 1, 2012
TN No. <u>03-</u> <u>00405-</u> <u>006_</u>			<u>., 20.2</u>