



**Covered Benefit: Pharmaceuticals**

CMP Published: Yes  No

CPG Published: Yes  No

Link to [Neighborhood Pharmacy Resources](#)

Definition: The majority of pharmaceutical prescriptions and over the counter medications are dispensed at contracted retail pharmacy locations. The pharmacy services documented below include contraceptives, injectables, oral, inhalant, infusion, topical and other medications, rendered in the outpatient or inpatient setting and billable to Neighborhood through the medical claims system.

Benefit Packages: RItE Care, Children with Special Health Care Needs, Substitute Care, and Rhody Health Plan, Extended Family Planning (EFP).

Coverage Limitations:

- Rhody Health Plan (RHP) members do not have weight loss medications as part of their covered benefit package; however, these medications are typically provided through the retail pharmacy.
- Drugs, injectables, and contraceptives have distinct covered limits, which align with industry standard.
- Extended Family Planning (EFP) members have a limited benefit plan. Refer to the EFP benefit coverage summary for more information on covered contraceptives and injectables.

Exclusions<sup>1</sup>:

- Drug products not listed in the Drug Formulary or specifically listed as “not covered” are not covered.
- Any drug products used for cosmetic purposes are not covered.
- Experimental drug products, or any drug product used in an experimental manner are not covered, unless mandated by laws pertaining to the treatment of cancer.
- Medications for infertility treatment or erectile dysfunction (ED) are not covered.
- Medical marijuana is not covered.

Coverage Includes:

- Contraceptives
- Injectable and Infusion Drugs
- Other Oral, Inhalant, and Topical Drugs
- Chemotherapy
- Other medications rendered in the inpatient and outpatient settings

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<sup>1</sup> NHPRI RItE Care Formulary, Rhody Health Plan Formulary, [www.nhpri.org](http://www.nhpri.org)



- Lupron for Childhood Precocious Puberty (CPP)

Episodes of care can occur across multiple settings:

- Office (11)
- Home (12)
- Urgent Care Centers (POS 20)
- Emergency Rooms (POS 23)
- Inpatient (POS 21)
- Outpatient (POS 22)
- Ambulatory Surgical Centers (POS 24)
- Federally Qualified Health Center (50)

**Table 2 Pharmacy Drug and Injection Limits as of 09/13/10**

HCPC code	Description	HCPCS Code Dosage	Qty limit
J0585	Injection, onabotulinumtoxina, 1 unit (Botox)	1 UNIT	qty limit of 400 units every 60 days
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg [Depo-Provera]	150mg	qty limit of 1 unit every 60 days
J7300	Intrauterine copper contraceptive [ParaGuard]	1 UNIT	qty limit of 1 unit per 365 days
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	1 unit	qty limit of 1 unit per 365 days
J7303	Contraceptive supply, hormone containing vaginal ring, each	1 UNIT	qty limit of 1 unit every 15 days
J7304	Contraceptive supply, hormone containing patch, each	1 UNIT	qty limit of 1 unit per visit (1 PATCH/WEEK FOR 3 WKS THEN 1 WK OFF-ORTHO EVRA); 1 APPLIED IN THE OFFICE, SCRIPT FOR REMAINDER

Notes:

Immunizations and vaccinations are covered in the Immunizations and Vaccinations Benefit Coverage Summary. Please see the Immunization and Vaccination Benefit Coverage Summary for more details.

Synagis is billed through a preferred pharmacy vendor.

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