

Illinois Department of Healthcare and Family Services Pharmacy Information for ACEs and CCEs

Federal law requires Medicaid programs to cover all drugs manufactured by manufacturers who have signed rebate agreements with the federal government. This means Medicaid covers virtually all drugs.

Medicaid must allow any willing provider to provide services to a Medicaid beneficiary. Almost all pharmacies in Illinois participate, so there is broad access to pharmacy services. Mail order pharmacies are allowed in the HFS system and beneficiaries may choose this option.

Prior Authorization

HFS controls utilization through prior approval. This is generally required for drugs for which the department wants to control utilization because of financial concern, clinical reasons, or concerns about abuse, misuse, or diversion. [Prior approval status of individual drugs is listed here.](#)

Illinois Medicaid also has [a Preferred Drug List](#). Non-preferred drugs require prior approval. In general, beneficiaries must use preferred products *unless* the prescriber gives a clinical reason a patient must use the non-preferred product. Often, if prior approval is denied, an alternative drug is available without prior approval. If a prescriber determines the patient cannot use the drugs available without prior approval, the prescriber may request prior approval and provide this rationale.

Four-Prescription Policy

HFS has a four-prescription policy. After a beneficiary fills four prescriptions within 30 days period, subsequent prescriptions will require prior approval. This helps ensure patients are not taking multiple drugs to treat the same condition or drugs that interact with each other. [See more on this policy here.](#)

Exceptions

Pharmacies can dispense a 72 hour supply of any drug in an emergency if the prior authorization system isn't available. For further information, [see the Pharmacy Handbook \(PDF\)](#). Also, HFS allows a 90-day supply of contraceptives, prenatal vitamins, and certain maintenance drugs (as [listed here \(PDF\)](#)).

Prior Approval Process and Appeals

Prior approval may be requested by phone, fax, or the MEDI website. The preferred method is the MEDI website. This process bypasses the HFS data entry component and allows prescribers to enter the request directly into the department's prior authorization database. Prescribers can also check the status of requests using the MEDI system. [See more here on the prior approval process.](#) Beneficiaries can appeal denials by contacting Fair Hearings. See the Grievances and Appeals document for details.

Vaccines

HFS covers [all ACIP recommended vaccines for adults](#). We also reimburse pharmacies for flu vaccine administration for adults ([see billing instructions here \(PDF\)](#)). Children must obtain vaccines through the Vaccines for Children (VFC) Program. Through this program, providers obtain vaccines free of charge from IDPH. The provider bills HFS for vaccine administration only using the vaccine product code. Currently, pharmacies are not a participating provider. See more [in the Healthy Kids Handbook \(PDF\)](#).

Billing Details

Certain injectable drugs must be billed through the pharmacy program, and not allowed to be billed through the medical billing process. Those drugs include injectable long acting antipsychotics, biologic response modifiers, Synagis, and Xolair. See [the practitioner fee schedule](#) to determine whether drugs are covered through the medical program.