

Over the Counter or Out of Reach?

A Report on Evolving State Medicaid Policies for Covering Emergency Contraception

Prepared by the
National Health Law Program

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About NHeLP:

The National Health Law Program (NHeLP) is a public interest law firm that seeks to improve health care for the working and unemployed poor, children, people with disabilities and people of color. NHeLP works with public interest law offices, disability and legal aid programs, community-based organizations, the private bar, health care providers and individual clients to maintain the health care safety net.

The *Initiative to Promote Reproductive Health Care for Low-Income Women* is NHeLP's strategy to protect and expand low-income women's access to reproductive health services. Through the *Initiative*, NHeLP develops legal and policy strategies that build upon our Medicaid and civil rights expertise and, along with other health and women's advocates and policy makers, uses these strategies to overcome barriers to care.

If you have questions or would like to learn more about us, please visit our website:
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Jane Perkins
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Introduction

Plan B[®] emergency contraception (EC) is a safe, effective method to prevent unintended pregnancies if the tablets (two in number) are taken as soon as possible after unprotected sexual intercourse or contraceptive failure. Plan B[®] is most effective if taken within 72 hours, but can be used up to 105 hours after the event.¹ Ensuring access to EC for all women is important, as use of EC is estimated to prevent two million unintended pregnancies and one million abortions each year.²

On August 24, 2006, the FDA announced that Plan B[®] could be sold over-the-counter (OTC) to women age 18 and older. More accurately, the FDA approval creates a category of “behind-the-counter” status in which Plan B[®] can only be sold in pharmacies, must be kept behind the pharmacy counter, and purchasers must show a photo ID to obtain it. Significantly, however, a prescription is not required for women over age 18.³

Women under age 18 still require a prescription in order to get the drug.⁴ This “dual-label” classification has raised a number of questions regarding how states are covering Plan B[®] for Medicaid-eligible women.

The FDA announcement could have a significant effect on states’ coverage of Plan B[®] for women who receive Medicaid. For example, states could implement policies that will ensure that Plan B[®] is available to the same extent and in the same manner for all women, including Medicaid beneficiaries. On the other hand, the FDA announcement could result in state Medicaid programs introducing policies that complicate access to Plan B[®] or that exclude coverage altogether for low-income women.

Over the Counter or Out of Reach identifies the nature and extent of each state’s current written policies affecting Medicaid coverage of Plan B[®] emergency contraception. Advocates can use the attached chart and resource list as they determine how their state and others are responding to the FDA’s approval for distributing Plan B[®] over-the-counter.

This report should be used in conjunction with a forthcoming publication from the National Institute for Reproductive Health, which will provide additional information about state Medicaid coverage of over-the-counter emergency contraception.⁵ Advocates should also continue to use the 2005 publication, *Emergency Contraception & Medicaid: A State-by-State*

¹ See Princeton Univ. Office of Population Research, The Emergency Contraception Website, at <http://ec.princeton.edu/questions/dose.html>, accessed May 22, 2007.

² See Pharmacy Access Partnership, *Why EC and Pharmacies*, at <http://www.go2ec.org/WhyECAndPharmacies.htm>, accessed May 10, 2007.

³ U.S. Food and Drug Administration, *Plan B: Questions and Answers* (Aug. 24, 2006, updated Dec. 14, 2006), available at <http://www.fda.gov/cder/drug/infopage/planB/planBQandA20060824.htm>, accessed May 22, 2007.

⁴ U.S. Food and Drug Administration, *FDA Approves Over-The-Counter Access for Plan B for Women 18 and Older Prescription Remains Required For Those 17 and Under*, available at <http://www.fda.gov/bbs/topics/NEWS/2006/NEW01436.html>, accessed May 1, 2007.

⁵ Please visit <http://www.prochoiceny.org> to download the report.

Analysis and Advocate's Toolkit, from the National Institute for Reproductive Health, the National Health Law Program, the National Latina Institute for Reproductive Health Access, and Ibis Reproductive Health. The *Toolkit* provides an overview to the Medicaid coverage rules, discusses the range of issues that women on Medicaid face in accessing emergency contraception, and identifies specific steps advocates can take at the local level to address barriers to Medicaid coverage.

Medicaid's Drug Coverage Rules⁶

Federal law requires states that participate in Medicaid to cover certain services and gives them the option to cover others.⁷ Prescribed drugs are listed as an optional service.⁸ All states participate in Medicaid, and all cover prescribed drugs.

In 1990, Congress amended the Medicaid Act to establish specific reimbursement and coverage policies for covered outpatient drugs.⁹ Among other things, the Act provides that if the state “permits coverage of drugs which may be sold without a prescription (commonly referred to as “over-the-counter” drugs), if they are prescribed by a physician (or other person authorized to prescribe under State law), such a drug shall be regarded as a covered outpatient drug.”¹⁰ Under this general rule, then, states that permit coverage of over-the-counter drugs must treat them as covered outpatient drugs for Medicaid purposes when they are prescribed by a physician or other person authorized under state law. Notably, however, the Medicaid Act includes a number of options that allow states to exclude or restrict coverage of outpatient drugs. These include when:

- the drug is not prescribed for a “medically accepted indication.” A medically accepted indication is defined as a use that is either approved by the FDA (on-label use) or an off-label use that is supported by citation in a congressionally-designated drug compendia;¹¹
- the use of the drug is excluded from the state’s drug formulary because it does not have a significant clinical advantage over other drugs included in the formulary.¹²
- the drug is included on the Medicaid Act’s listing of excludable drugs, which, notably, can include *nonprescription drugs*.¹³

⁶ For additional discussion, see Jane Perkins, National Health Law Program, *Medicaid Coverage of Outpatient Prescription Drugs* (Feb. 27, 2007); National Health Law Program, *An Advocate's Guide to the Medicaid Program* (June 2001) (update forthcoming Fall 2007), at <http://www.healthlaw.org>.

⁷ See 42 U.S.C. §§ 1396a(a)(10), 1396d(a) (2006).

⁸ *Id.* at § 1396d(a)(12).

⁹ See Omnibus Budget Reconciliation Act of 1990, Pub. L. No. 101-508, 42 U.S.C. § 4401 (2006), 104 Stat. 1388, 1388-143-161 (1990) (adding 42 U.S.C. §§ 1396a(a)(54), 1396r-8).

¹⁰ 42 U.S.C. § 1396r-8(k)(4).

¹¹ See 42 U.S.C. §§ 1396r-8(d)(1)(B)(i), 1396r-8(g)(1)(B)(i) (designating DRUGDEX, American Hospital Formulary Services, and US Drug Pharmacopeia-Drug Information or its successor compendia).

¹² See 42 U.S.C. § 1396r-8(d)(4)(c).

States can also limit access to drugs through utilization and cost control policies, including:

- *Prior authorization.* States are allowed to require prior approval of a drug before it is dispensed *if* the system provides for responses to prior authorization requests within 24 hours and, except for excluded drugs, provides for the dispensing of at least a 72-hour supply of the drug in an emergency situation.¹⁴
- *Prescription limits.* States are allowed to impose limits, with respect to all drugs in a therapeutic class, on the minimum or maximum quantities per prescription or on the number of refills, if such limits are necessary to discourage waste.¹⁵
- *Cost sharing (e.g. copayments).* Family planning services and supplies are excluded from cost sharing.¹⁶ For most other services, however, a new law allows states to select preferred and non-preferred prescription drugs, based on the cost of the drug, and to impose different copayments based on the status of the drug and the poverty level status of the recipient. For example, a person with income at or above 150 percent of the federal poverty level (\$15,315 for one person in 2007 in the 48 contiguous states and District of Columbia) can be charged a copayment equal to 20 percent of the cost of a non-preferred drug. And, if the person's family income exceeds the federal poverty level (\$10,210 for one person), the pharmacy can deny the prescription unless the copayment is paid.¹⁷

The Medicaid/EC Interplay

The following chart assesses states' current written policies governing EC coverage for Medicaid beneficiaries. There is great variation among states. Sixteen states have implemented written policies since August 2006 to address coverage of EC as an OTC drug. Most of the remaining states had policies on EC coverage pre-dating the FDA announcement, and these policies remain in effect in those states.

For all states, the vast majority reimburse OTC drugs only when there is a prescription for the drug. The dual-label status of Plan B[®] (women over age 18 get OTC coverage, while women under age 18 require a prescription) is, thus, creating significant coverage disparities in these states. For example, the Georgia Medicaid program, which allows very limited coverage for OTC drugs, has revised its provider manual to exclude coverage of Plan B[®] for women 18

¹³ *Id.* at § 1396r-8(d)(2) (listing anorexia, weight loss or weight gain drugs; fertility drugs; drugs used for cosmetic purposes or hair growth; drugs used for symptomatic relief of cough or colds, drugs used to promote smoking cessation, prescription vitamins and fluoride preparation; *nonprescription drugs*; barbiturates, benzodiazepines, and drugs which the manufacturer seeks to tie to associated tests or monitoring services); *see also Id.* at § 1396r-8(d)(3).

¹⁴ *See* 42 U.S.C. § 1396r-8(d)(5).

¹⁵ *Id.* at § 1396r-8(d)(6).

¹⁶ *See* 42 U.S.C. §§ 1396o(a)(2)(D), 1396o(b)(2)(D), 1396o-1(b)(3)(B).

¹⁷ *See* 42 U.S.C. § 1396oA (added by section 6042 of the Deficit Reduction Act of 2005).

and older while covering the drug for women 17 and under who have a doctor's prescription.¹⁸ Arkansas will cover two tablets per prescription.¹⁹ In other states, such as North Carolina, Medicaid will cover EC for women only if they have a doctor's prescription for the drug, regardless of their age.²⁰

Nine states have policies that allow pharmacists to prescribe emergency contraception to anyone who needs a prescription through collaborative agreements with physicians or the state. In these states, women and teens can get EC directly from the pharmacy. These "Pharmacy Access" states are Alaska, California (limited to one 2-tablet pack/dispensing and 6 dispensings/year), Hawaii, Maine, Massachusetts, New Hampshire, New Mexico, Washington and Vermont. A few states, such as Illinois, New York and Oregon, have taken the lead by announcing that Medicaid will cover Plan B[®] as an OTC drug for women over age 18 without the need for a prescription.²¹ At the other end of the spectrum, Mississippi excludes EC from Medicaid coverage.²²

Thus, state policy regarding coverage of emergency contraception is evolving as a result of the August 2006 FDA announcement. Although some states have made clear policy decisions on Medicaid coverage of EC, few have provided true OTC access to recipients. In most states, requirements for prescriptions are creating access barriers to the drug. Problems are also created by state policies that exclude non-prescription coverage altogether or that subject EC to onerous prior authorization requirements.

State Medicaid Chart Explanation

The following chart provides a 50-state snapshot of EC/Plan B[®] coverage policies. This analysis applies written policies contained in state statutes, regulations, policy bulletins, and provider manuals. The chart does not include information about developing policies that are not yet in a final written format or the activities of the few states that are working to provide EC OTC administratively with no written policies or procedures.

¹⁸ See Georgia Dep't of Community Health, Family Planning Manual (latest revision April 1, 2007), available at:

https://www.ghp.georgia.gov/wps/output/en_US/public/Provider/MedicaidManuals/Family_Planning_Manual_2007-03-16.PDF section 901.10, accessed April 20, 2007.

¹⁹ See Ark. Dep't of Health and Human Services, Memo to Providers (Feb. 6, 2007), available at <https://www.medicaid.state.ar.us/Download/provider/pharm/PMemo01-07.doc>, accessed May 28, 2007.

²⁰ See NC Dep't of Health and Human Services, Medicaid Pharmacy Newsletter (January 2007), available at:

<http://www.ncdhhs.gov/dma/pharmnews/0107pharm.pdf>, accessed April 24, 2007.

²¹ See N.Y. Dep't of Health Office of Medicaid Management, Provider Update (March 2007), available at: http://www.health.state.ny.us/health_care/medicaid/program/update/2007/2007-03.htm#eli, accessed April 24, 2007.

²² See Mississippi Div. of Medicaid, Family Planning (Waiver), and Family Planning (Non-Waiver) (2006), available at <http://www.dom.state.ms.us/ProviderManuals/toc.aspx>, accessed May 29, 2007.

To determine the nature and extent of written policies, researchers used both hard copy and internet-based legal and Medicaid agency resources. Research occurred during the December 1, 2006 through May 15, 2007 time period.

The chart shows the coverage availability for EC/Plan B[®] for each individual state. (Note: States often use the terms emergency contraception (EC), Plan B[®], and levonorgestrel (.75mg) interchangeably in written documents). The columns (1-8) are organized to answer a series of questions that proceed from left to right, beginning with the status of EC state coverage as reported in the 2005 *Advocate's Toolkit* and ending with questions that address states' general coverage policies for over-the-counter drugs.

A 50-state resource list follows the chart. Using the citations on the resource list, advocates can obtain copies of the written policies referred to in the chart. Be aware that states are frequently implementing policy changes, frequently by amending their provider manuals and/or lists of covered drugs. The resource list can be used to track new policy developments.

These abbreviations are used in the chart and resource list:

- Emergency Contraception (EC)
- Prior Authorization (PA)
- Prescription (Rx)
- Preferred Drug List (PDL)
- Over-the-Counter (OTC)

The following is a more detailed explanation of each column from left to right:

1. Did the state cover Rx EC/Plan B[®] in 2005?

The information in this column reflects the data reported in the 2005 publication by the Institute for Reproductive Health Access, the National Health Law Program, National Latina Institute for Reproductive Health, and Ibis Reproductive Health in the advocate's guide: *Emergency Contraception & Medicaid: A State-by-State Analysis and Advocate's Toolkit*. The results reported in Column 1 were obtained from online sources and surveyed state resources.

2. Is there a clear state policy after August 2006 that Medicaid will cover EC/Plan B[®] as an OTC drug?

The information listed in this column indicates whether the state has issued a current policy regarding Medicaid reimbursement of EC/Plan B[®] since the FDA approved Plan B[®] as an OTC drug for women age 18 and over. While a few states have revised regulations, this information most commonly was found on the administering agency's website as a provider bulletin or an update, which may also reflect any limits on reimbursement or whether a prescription is still required. Additionally, a few states have already revised their provider manuals or regulations to reflect their policies.

3. Is EC/Plan B[®] included on a Medicaid drug list, formulary, or PDL updated after August 2006?

The information listed in this column reflects whether Plan B[®] was found on a state Medicaid drug coverage list that had been updated since August 24, 2006, when the FDA approved Plan B[®] as an OTC drug for women age 18 and over. States use several different methods of listing reimbursable drugs in the Medicaid program, including lists or formularies that assign drug payment amounts, quantity limits, age and gender limits, and preferred drug lists. If Plan B[®] is found on any one of these types of lists, it is noted in the chart as indicative of coverage. Additionally, where the state policy has included any limitations to reimbursement, it is noted in the chart.

4. Is a prescription required for EC/Plan B[®] reimbursement under a 2005 or post-August 2006 pharmacy policy?

This column shows whether, depending on reported state policies from 2005 or a post-August 2006 policy, a prescription for Plan B[®] is currently required for reimbursement.

5. Is a PA required for EC/Plan B[®] reimbursement under a 2005 or post-August 2006 policy?

This column shows if, depending on the reported policies from 2005 or a post-August 2006 policy, a prior authorization request is required. Prior authorizations are generally needed when a drug is not included on the Medicaid drug list.

The information reported in the following three columns (6-8) gives an overview of the state's over-the-counter (OTC) drug reimbursement policy. States that have set forth a clear coverage policy of Plan B[®] post-August 2006 were not included in this research section. This information is intended to aid advocates in predicting the likelihood Plan B[®] will be covered as an OTC drug depending on the state's general policy concerning OTC pharmacy benefits.

6. Are OTC drugs broadly covered under the state Medicaid pharmacy program?

This column provides information on how broadly a state covers OTC drugs in its pharmacy program. Most often, states publish a list of specific OTC drugs or therapeutic categories that limit Medicaid coverage. Please note, some states combine their drug lists to include both covered prescription drugs and OTC drugs so that if Plan B[®] is noted as included on a drug list in Column 3, this may extend to OTC drug coverage as well.

7. Do OTC drugs generally require a prescription for reimbursement?

As shown in this column, all states generally require a prescription for reimbursement of OTC drugs under Medicaid pharmacy programs.

8. Is reimbursement possible through PA for OTC drugs not specifically listed in agency regulations or documents?

This column provides information on whether an OTC drug may be reimbursed under Medicaid with prior authorization, even if the drug is not listed as a covered drug in the state's regulations, drug listings, or other policies.

Chart: State Medicaid Coverage of Emergency Contraception (EC) as an Over-the-Counter (OTC) Drug

Chart can be found at <http://www.healthlaw.org/link.cfm?8428>

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State Resources for Plan B Medicaid Coverage

Alabama

Alabama Medicaid Agency: <http://www.medicaid.alabama.gov>

Medicaid Statute

Medicaid Program: Ala. Code §§ 22-6 *et seq.* (West, Westlaw through 2006 Sess.).

Medicaid Regulations

Family Planning Drugs: Ala. Admin. Code r. 560-X-14.08 (2003).

Pharmaceutical Services: Ala. Admin. Code r. 560-X-16 *et seq.* (2006).

Provider Manuals

Pharmacy Billing: Ala. Medicaid Agency, Provider Manual 5 (2007), *available at* http://www.medicaid.alabama.gov/documents/Billing/5-G_Manuals/5G-2_Provider.Manual_April.2007/Apr07_27.pdf.

Family Planning Services: Ala. Medicaid Agency, Provider Manual at C (2007), *available at* http://www.medicaid.alabama.gov/documents/Billing/5-G_Manuals/5G-2_Provider.Manual_April.2007/Apr07_C.pdf.

Medicaid Drug List

PA Drugs Criteria and Forms: Ala. Medicaid Agency, Criteria/Instruction Booklet for Forms 369 and 351 (2007), *available at* http://www.medicaid.alabama.gov/programs/pharmacy_svcs/pa_overrides.aspx?tab=4.

Alaska

Alaska Medical Assistance, Fiscal Agent: <https://alaska.fhsc.com/default.asp>

Medicaid Statutes

Medical Services to Be Provided: Alaska Stat. § 47.07.030 (2004).

Payment for Prescribed Drugs: Alaska Stat. § 47.07.065 (1989).

Medicaid Regulations

Family Planning Services: Alaska Admin. Code tit. 7, §§ 43.825 *et seq.* (1999).

Prescribed Drugs and Medical Supplies: Alaska Admin. Code tit. 7, §§ 43.590 *et seq.* (2005).

Provider Manuals

Pharmacy Provider Billing Manual: Alaska Med. Assistance Program (2005), *available at* https://alaska.fhsc.com/Downloads/Providers/BillingManual_pharmacy.pdf.

Family Planning Provider Billing Manual: Alaska Med. Assistance Program (2005), *available at* https://alaska.fhsc.com/Downloads/Providers/BillingManual_FamilyPlanning.pdf.

Arizona

Arizona Health Care Cost Containment System (AHCCCS): <http://www.ahcccs.state.az.us/site>

Medicaid Statute

Covered Health and Medical Services: Ariz. Rev. Stat. § 36-2907 (2005).

Medicaid Regulations

Other Medical Professional Services (family planning): Ariz. Admin. Code § R-9-22-215 (2002).

Pharmaceutical Services: Ariz. Admin. Code § R-9-22-209 (2002).

Provider Manuals

Prescription Medication / Pharmacy Services: AHCCCS (2004), *available at* <http://www.ahcccs.state.az.us/Regulations/OSPpolicy/chap300/Chap300.pdf>.

Pharmacy Services: AHCCCS Fee-for-Service Provider Manual (2004), *available at* http://www.ahcccs.state.az.us/Publications/GuidesManuals/provman/FFSChap_12Pharmacy_2003_On-line.pdf.

Professional and Technical Services--Family Planning: AHCCCS Fee-for-Service Provider Manual (2005), *available at* http://www.ahcccs.state.az.us/Publications/GuidesManuals/provman/FFSChap_10Prof-TechSvcs_2003_On-line.pdf.

Arkansas

Arkansas Medicaid: <https://www.medicaid.state.ar.us>

Medicaid Statute

Continuing Prescription Drug Coverage: Ark. Code Ann. § 20-77-402 (1983).

Provider Manual

Professional Manual: Arkansas Medicaid Comprehensive Provider Manual (2007), *available at* https://www.medicaid.state.ar.us/Download/provider/amprcd/searcharea/manuals/physicn/PHYSICN_II.pdf.

Medicaid Drug Lists

Pharmacy Program: Fiscal Integrity Audits list (2007), *available at* <https://www.medicaid.state.ar.us/Download/provider/pharm/ClaimEdits.xls>.

OTC Drug List (2006), *available at* <https://www.medicaid.state.ar.us/Download/provider/pharm/otclist.xls>.

Agency Bulletin

Ark. Dep't of Health and Human Services Memo to Providers (Feb. 6, 2007), *available at* <https://www.medicaid.state.ar.us/Download/provider/pharm/PMemo01-07.doc>.

California

Medi-Cal Agency: <http://www.medi-cal.ca.gov>

Medicaid Statutes

Family Planning Services: Cal. Welf. & Inst. Code Ann. § 14005.15 (West 2001).

Prescribed Drugs: Cal. Welf. & Inst. Code Ann. § 14133.22 (West 2001).

Medicaid Regulations

Pharmaceutical Services and Prescribed Drugs: Cal. Code Regs. tit. 22, § 51313 (West 2007).

Limitations on the Coverage of Drugs: Cal. Code Regs. tit. 22, § 51313.3 (West 2007).

Provider Manuals

Medi-Cal Billing and Policy: Pharmacy (2007), *available at* http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/2tocpharm_p00.doc.

Family Planning (2006), *available at* http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/famplanning_m00o03.doc.

Medicaid Drug List

OTC Drug List (Levonorgestrel revision eff. April 1, 2007), *available at* http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/drugscdlp2_p00.doc.

Agency Bulletin

Medi-Cal Update: Medi-Cal List of Contract Drugs (Dec. 2006), *available at* <http://files.medi-cal.ca.gov/pubsdoco/publications/bulletins/ph/archive/pdf/ph20061229.pdf>.

Family Planning Waiver Website

Family PACT Drug and Supply List (2003), *available at* <http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/FPACT/familypact22.doc>.

Colorado

Department of Health Care Policy and Financing (HCPF): <http://www.chcpf.state.co.us/HCPF/Various.asp>

Medicaid Statutes

Family Planning Services Coverage: Colo. Rev. Stat. § 25.5-5-102 (2006).

Prescription Drug Benefits: Colo. Rev. Stat. § 25.5-5-503 (2006).

Medicaid Regulations

Family Planning Services: 10 Colo. Code Regs. § 2505-10-8.730 (2007).

Drug Benefits: 10 Colo. Code Regs. § 2505-10-8.830 (2007).

Provider Manuals

Pharmacy: Colorado Medical Assistance Program (2007), *available at* http://www.chcpf.state.co.us/ACS/Pdf_Bin/Pharmacy_Billing_Information_0307.pdf.

PA criteria, *available at* http://www.chcpf.state.co.us/ACS/Pdf_Bin/Appendices_042307.pdf.

Provider Specialty Manuals: Family Planning Services (2007), *available at* http://www.chcpf.state.co.us/ACS/Pdf_Bin/CO1500_Specialty_Manuals_033007.pdf.

Medicaid Drug List

The Department of Health Care Policy and Financing is in the process of implementing a PDL, set for January 2008. *Available at* <http://www.chcpf.state.co.us/HCPF/Pharmacy/TIMELINE%20AND%20PROCESS%20FOR%20IMPLEMENTING%20THE%20PDL.html>.

Connecticut

The Connecticut Department of Social Services (DSS): <http://www.ctmedicalprogram.com>

Medicaid Statutes

Medical Assistance Program: Conn. Gen. Stat. § 17b-192 (2005).

Reimbursement of Legend and OTC Drugs: Conn. Gen. Stat. § 17b-280 (2006).

Medicaid Regulations

Medical and Remedial Care and Services: Conn. Agencies Regs. § 17-134d-2 (West 2006).

Prescription Drug Billing: Conn. Agencies Regs. § 17-134d-81 (West 2006).

Provider Manuals

Pharmacy Services Claim Submission Instructions: Conn. Medical Assistance Program (2006), *available at* http://www.ctmedicalprogram.com/prmanuals/ch8pharm_hipaa.pdf.

Physician Services Regulation / Policy: Conn. Medical Assistance Program (1999), *available at* <http://www.ctmedicalprogram.com/prmanuals/ch7physician.pdf>.

Attorney General Bulletin

“Attorney General Says State Has Authority to Remove Pharmacies From Network Refusing to Dispense Plan B Contraception Drug” (Mar. 2, 2006), *available at* <http://www.ct.gov/ag/cwp/view.asp?A=2341&Q=310578>.

Delaware

Delaware Health and Social Services (DHSS): <http://www.dmap.state.de.us/home/index.html>

Medicaid Statute

Categories of Assistance: Del. Code Ann. tit. 31, § 505 (1995).

Provider Manuals

Pharmacy Provider Specific Policy Manual: Del. Medical Assistance Program (2007), *available at* <http://www.dmap.state.de.us/downloads/manuals/Pharmacy.Provider.Specific.pdf>.

Practitioner Provider Specific Policy Manual: Del. Medical Assistance Program (2007), *available at* <http://www.dmap.state.de.us/downloads/manuals/Practitioner.Provider.Specific.pdf>.

District of Columbia

Department of Health (DOH):

http://doh.dc.gov/doh/cwp/view,a,3,q,573226,dohNav_GID,1807,dohNav,33345.asp

Medicaid Statute

Medicaid Benefits: D.C. Code § 4-204.05 (1982).

Provider Manual

Provider Billing Manual: Department of Health, Medical Assistance Administration (2006), *available at* http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/medicaid/pdf/oposrv/new_physicians_billing_manual_062004.pdf.

Medicaid Drug List

Pharmacy PDL: Department of Health, Medical Assistance Administration (2007), *available at* http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/medicaid/pdf/dc_2-5-07_posting.pdf.

Florida

Florida Medicaid, Fiscal Agent: <http://floridamedicaid.acs-inc.com/index.jsp>

Medicaid Statutes

Family Planning: Fla. Stat. § 408.905 (2006).

Optional Medicaid Services—Prescribed Drugs: Fla. Stat. § 408.906 (2006).

Medicaid Regulations

Prescribed Drug Services: Fla. Admin. Code Ann. r. 59G-4.250 (2006).

Temporary Contraceptive Methods (Family Planning Program): Fla. Admin. Code Ann. r. 64F-7.006 (West 2007).

Provider Manuals

Prescribed Drug Services: Medicaid Provider Reimbursement Handbook (2006), *available at* http://floridamedicaid.acs-inc.com/XJContent/RH_06_060601_Prescribed_Drug_ver1.1.pdf?id=000003957903.

Federally Qualified Health Centers—Family Planning Services: Medicaid Provider Reimbursement Handbook (2007), *available at* http://floridamedicaid.acs-inc.com/XJContent/CL_07_070101_CHD_Clinic_ve1.1.pdf?id=000004260707.

Medicaid Drug List

Pharmacy PA Forms: Florida Agency for Healthcare Administration, *available at* http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/paforms.shtml.

Georgia

Georgia Health Partnership (GHP): <https://www.ghp.georgia.gov/wps/portal>

Medicaid Statute

Intention of the General Assembly (implementation of the Medicaid State Plan):
Ga. Code Ann. § 49-4-157 (1999).

Medicaid Regulation

Division of Medical Assistance: Ga. Comp. R. & Regs. 350-1-.02 (1989).

Provider Manual

Policies and Procedures for Family Planning Clinic Services: Ga. Dep't of Community Health, Division of Medical Assistance (2007), *available at*

https://www.ghp.georgia.gov/wps/output/en_US/public/Provider/MedicaidManuals/Family_Planning_Manual_2007-03-16.PDF.pdf.

Medicaid Drug List

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