

FREQUENTLY ASKED QUESTIONS

Q. What do I do if I go to the pharmacy and the pharmacist tells me that my medicine is not covered?

A. If your pharmacist tells you that your medicine is not covered; there may be another drug that is covered in the Prescription Drug List (PDL). If the drug is not on the PDL, have the pharmacist call your doctor to ask for a covered drug. You can ask your pharmacist to call PHPMM's pharmacy Call Center at (877) 205-2300.

Q. What if my medication is not on the Prescription Drug List and it's after business hours?

A. Call our Customer Service Department at (517) 364-8540 or (800) 661-8299 as listed on the back of your member ID card. You will be given a phone number for the answering service that can call the on-call nurse. The nurse will work with you to solve the problem.

Q. Why do I have a co-payment?

A. All Medicaid Members that are 21 years of age and older are required by the Michigan Department of Community Health to pay a \$3.00 co-pay for brand named drugs and \$1.00 for generic drugs as of July 1, 2006. You do not pay a co-pay if:

- * You are under the age of 21
- * You are using Family Planning drugs (Birth Control),
- * Over-the-Counter drugs or Pregnancy related drugs (Prenatal Vitamins).

Q. How can I get an Over-the-Counter (OTC) drug for free?

A. Your Doctor must write a prescription for the Over-the-Counter (OTC) drug. Give the prescription to the Pharmacy with your PHPMM card. The Pharmacy will be able to bill the prescription for you without a co-pay. Not all OTC drugs are covered. Members can contact PHPMM Customer Service at (800)661-8299 find out if a drug is covered. Please see the attached list of the top 100 OTC medications that are covered.

Q. Why do some drugs have to be billed to my green First Health Medicaid card ?

A. This is a requirement of the Michigan Department of Community Health as of October 1, 2005. The following list of medication must be billed using your **green First Health Medicaid card**. Some of the drugs have a star by them. The star means your Doctor will need to call the number on your First Health Medicaid card to receive a prior authorization for these drugs.

All Medications Listed Below Must Be Billed To First Health		
Drug Name		
ABILIFY		
AGENERASE	HALOPERIDOL LACTATE (Haldol)	SUBOXONE (Requires Authorization from FirstHealth)
AKINETON	HIVID	SUSTIVA
ANTABUSE (Requires Authorization from FirstHealth)	INVIRASE	SYMBYAX
BENZTROPINE MESYLATE (Cogentin)	INTELENCE	THIORIDAZINE HCL (Mellaril)
CAMPRAL (Requires Authorization from FirstHealth)	KALETRA	THIOTHIXENE (Navane)
CHLORPROMAZINE HCL (Thorazine)	KEMADRIN	TIPRANAVIR/APTIVUS
CLOZAPINE	LEXIVA	TRIFLUOPERAZINE HCL (Stelazine)
COMBIVIR	LOXAPINE	TRIHEXYPHENIDYL HCL (Artane)
CRIXIVAN	LOXAPINE SUCCINATE	TRIZIVIR
EMTRIVA	MOBAN	TRUVADA
EPIVIR	NORVIR	VIDEX
EPZICOM	RESCRIPTOR	VIDEX EC
FLUPHENAZINE DECANOATE (Prolixin)	RETROVIR	VIRACEPT
FLUPHENAZINE HCL (Prolixin)	REVIA / DEPADE (Requires	VIRAMUNE

	Authorization from FirstHealth)	
FORTOVASE	REYATAZ	VIREAD
FUZEON	RISPERDAL	ZERIT
GEODON	RISPERDAL CONSTA	ZIAGEN
HALOPERIDOL (Haldol)	SELZENTRY	ZYPREXA
HALOPERIDOL DECANOATE (Haldol)	SEROQUEL	ZYPREXA ZYDIS

**First Health must give a prior authorization for this drug before you can fill the prescription.

Q. What is the difference between brand name and generic drugs?

A. Generic drugs are drugs that have the same ingredients as the brand name, but they often cost less. Generic drugs can become available only after the rights on the brand name drug expire. At that time, other companies can make a similar drug. Before a generic drug can be sold, the Federal Drug Administration (FDA) must be sure that the drug has the same ingredients in the same dose as the brand name.

Q. Do I have to pay for “over the counter” medicine?

A. For many conditions, an over-the-counter medicine might be all you need. These drugs are covered under your prescription benefit. You will need a prescription from your doctor to get them at no cost.

What is a Prescription Drug List?

The PDL is a list of generic and brand-name prescription medicines that can be used to treat you outside of a hospital. The Food and Drug Administration (FDA) has approved all drugs on the list. A team of doctors and pharmacists meet to review and update the list.

Your prescription benefit gives you with many choices. This is meant to help you understand those choices. It will also help you to ask your doctor or pharmacist the right questions regarding your medicine needs. We want to give you information that will help you make good choices about your medicine.

You can find our complete Prescription Drug List (PDL) by clicking [here](#). Together with your doctor, you may use this list to make your choices and pick the right medicine to meet your needs. Keep in mind that your Certificate of Coverage explains your benefit.

Our doctors know to order any drug that is needed for the patient from the PDL. Your doctor can ask for an authorization for a medicine that is not on the PDL. Your doctor may call Customer Service at 1.800.832.9186 or 517.364.8500 and ask to be faxed an authorization form. The doctor will be told of the decision. If a request is denied, other medicines will be suggested.

Medicines listed on the PDL are covered. The Medicines are picked due to safety and quality standards first, then by cost. The PDL contains more than 800 drugs. The PDL often requires the use of generic drugs.

Copies of PHPMM's Family Care [Prescription Drug List](#) are currently being printed and will be available in the near future.

Effective July 1, 2006, there will be changes to the PHPMM-FC co-pay

New co-pay amounts are:

Prescription Drugs: \$1.00 for generic drugs and \$3.00 for brand name drugs