

Coverage of Prescription Drugs

HPSJ covers prescription drugs for Medi-Cal members. However, some drugs may have restrictions or other limits. HPSJ treatment limitations for mental health drugs are not more restrictive than the treatment limitations for drugs used for medical conditions.

Quantity Limits/Day Supply Limit

HPSJ covers medically necessary drugs prescribed by your provider for a 30-day supply in a 30-day period. If you require a drug for more than a 30-day supply, your provider must first get authorization from HPSJ.

In an emergency after hours or on weekends or holidays, your pharmacist may dispense up to a 3-day supply of necessary outpatient prescription medications (unless that medication is not covered) while waiting for authorization from HPSJ.

Certain drugs may have limits, such as:

- The number of pills that can be dispensed at one time;
- The number of times a prescription can be filled or refilled in a certain period of time; or,
- The smallest or largest amount allowed to be prescribed.

If your doctor believes your medical condition requires that your medications not be limited, he/she must first request authorization from HPSJ and describe why it is medically necessary.

Brand Name / Generic Drugs

HPSJ has a mandatory generic drug program. A generic drug has the same active ingredient as the brand name version of the drug. All generic drugs are carefully tested and approved by the Food and Drug Administration (FDA) to make sure they are as safe and effective as the brand name.

If you are prescribed a drug that is available as a generic drug, HPSJ requires that the generic drug be filled. If your doctor writes a prescription for you and that only the brand name drug is to be filled, the doctor must submit an authorization to HPSJ and give a reason why you need the brand name drug.

Prior Authorization / Step Therapy

Some medications may be only used for certain medical conditions or situations. If so, HPSJ may require that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. If your provider prefers you try Drug B first, then your provider can submit an authorization to HPSJ for Drug B to be covered.

Formulary / Non-Formulary Drugs

The HPSJ pharmacy benefit uses a set formulary. A formulary is the list of medications your provider can use that will be covered by HPSJ. It lists safe and effective medications that offer the best value without sacrificing quality of care. To see what drugs are on the formulary, call HPSJ's Customer Service Department at:

(209) 942-6320, or
1-888-936-PLAN (7526), toll-free
(209) 942-6306 (TTY/TTD)

HPSJ has a special committee that meets four (4) times a year to review and update the formulary. For example, if a more effective drug for treating asthma becomes available, HPSJ may add the new drug. NOTE: Just because a drug is on the HPSJ formulary does not guarantee your doctor will prescribe that drug for your condition.

Emergency Supply of Medications:

Providers who want to prescribe drugs that are not on the formulary must first get authorization from HPSJ. HPSJ will respond to your provider's requests for prior authorization within 24 hours. If your provider feels you need this drug right away and it is after hours, or on a weekend or holiday, you can get a limited supply of the drug right away until HPSJ has had a chance to review the request.

In such an emergency, a pharmacy may give you up to a 3-day supply of covered outpatient prescription medications.

Non-HPSJ Medi-Cal Covered Benefits

Some drugs or conditions are not covered through HPSJ but are still covered under the Medi-Cal fee-for-service program, including:

- AIDS/HIV
- Hemophilia
- Certain psychiatric conditions
- Treatment of addiction or substance abuse

For these conditions, please talk to your doctor and pharmacy about coverage through Medi-Cal Fee-For-Service. Please see Section 6 of your Benefit Booklet, "Your Medi-Cal Benefits Not Covered by HPSJ" for full details.

California Children's Services (CCS)

CCS is a California program for children up to 21 years old with certain health conditions. Medications used to treat these conditions are the responsibility of the CCS program and are not a part of the HPSJ Medi-Cal Pharmacy Benefit. CCS covered prescriptions include conditions such as heart disease, cancer, and diseases affecting the eyes, stomach, muscles, or other conditions.

Not Covered by HPSJ

Some drugs are not covered under the Medi-Cal Benefit. This may include (but is not limited to) drugs for the following conditions:

- Infertility
- Erectile Dysfunction
- Non-FDA Approved Treatment
- Cosmetic or Hair Growth
- Dietary or Herbal Supplements
- Drugs Covered by Medicare Part D (if you have Medicare D)

If you have any questions about these or other drugs, please call HPSJ at (209) 942-6320. We are happy to help!