



<b>Details of state limits on prescriptions for Medicaid recipients</b>		
<b>State</b>	<b>Description of limit</b>	<b>Source/link</b>
Alabama	Recipients are limited to four-brand name drugs. There is no limit on generic and covered over-the-counter prescriptions. Medicaid-eligible recipients under age 21 and eligible nursing facility residents are excluded	<a href="#">Rules on pharmaceutical services</a>
Arkansas	Each Medicaid-eligible beneficiary age 21 years and older is limited to three Medicaid-paid prescriptions per calendar month. Family planning-related drugs (birth control) do not apply toward the limit, and the cap does not apply to individuals in long-term-care facilities. The state also considers extensions to the limit on a case-by-case basis.	<a href="#">Rules on pharmaceutical services</a>
California	A “treatment authorization request” is required any time an individual is prescribed more than six prescriptions per month. However, some drugs for cancer, AIDS and family planning are exempt from this policy.	<a href="#">Rules on pharmacy benefits</a> and <a href="#">this FAQ document</a>
Illinois	Prior approval is required for any prescriptions above and beyond four a month.	<a href="#">Description of state’s four-prescription policy</a>
Kansas	There is a limit of four single-source prescription claims per beneficiary per month; however, pharmaceuticals on the state’s “preferred drug list” (lower-cost drugs determined not to compromise safety, effectiveness or clinical outcomes) do not count toward this limit	<a href="#">Information on preferred drug list</a>
Kentucky	Members are allowed four prescriptions per rolling 26 days; a fifth prescription requires prior authorization. There are exceptions to the cap: anyone 18 and under; long-term-care residents and certain <a href="#">types of medications</a> (see link for full list)	<a href="#">4 prescription drug limit policy</a>
Louisiana	The state has a limit of four prescriptions per month. Three groups are exempt: people under 21, pregnant women and individuals living in long-term-care facilities. Otherwise, a “medically necessary override” must be submitted and approved.	<a href="#">Memo on prescription drug limit</a>
Maine	In the absence of prior authorization, a provider must substitute a generic or therapeutically equivalent drug for a brand-name drug. This policy does not apply for brand-name drugs prescribed to anyone under the age of 18 or pregnant women. It also doesn’t apply to federally required drugs as well as those used to fight cancer or AIDS. Antipsychotic drugs are exempt as well.	<a href="#">MaineCare Benefits Manual</a>
Mississippi	Outpatient prescription drug coverage is limited to five drugs monthly (patients in a medical or long-term-care facility are exempted); of the five drugs, only two may be a brand-name medication. Beneficiaries up to 21 years old may receive more than the monthly limit with proof of medical necessity.	<a href="#">Newsletter of state Medicaid program</a>

North Carolina	Anyone 21 years of age and older can only receive up to eight prescriptions per month. Recipients under the age of 21 or residents of an intermediate care facility or intellectual and developmental disability center are not limited. At the discretion of the pharmacist, the eight-prescription limit may be increased to three additional prescriptions. Recipients needing more than 11 prescriptions per month are limited to using one pharmacy each month and must enroll in a Recipient Opt-In Program.	<a href="#">Consumer's Guide to North Carolina Health Care Coverage Programs</a>
Oklahoma	Recipients are limited to six covered prescriptions per month (four generic and two brand-name). When available, generic drugs must be prescribed. There is no monthly limit for birth control, some drugs for HIV/AIDS, some cancer drugs and some stop-smoking products. The cap does not apply to people under the age of 21.	<a href="#">FAQs about prescription drug coverage</a>
South Carolina	Children (under the age of 21) are allowed an unlimited number of covered prescriptions per month; adult beneficiaries are limited to four prescriptions/refills per month. Some drugs, however, do not count toward the monthly prescription limit: insulin, birth control, clozapine (used to treat schizophrenia) and aerosolized pentamidine (used to treat pneumonia). Adult beneficiaries enrolled in certain waiver programs are routinely allowed more than four prescriptions per month. In addition, the limit does not apply for individuals with certain medical conditions, including: behavioral health problems, HIV/AIDS, cancer, end-stage lung and renal disease, life-threatening illnesses, the terminal stage of an illness, organ transplant, heart disease, hypertension, acute sickle cell disease and diabetes.	<a href="#">Pharmacy Services Program</a>
Tennessee	The state has a five-prescription limit per month for prescription drugs and refills. Of these 5 prescriptions per month, only two can be brand-name drugs. At least three must be generic. This limit does not apply to individuals under the age of 21 or in long-term-care facilities.	<a href="#">Q&amp;A on prescription limitation</a>
Texas	Under the Texas Medicaid Vendor Drug Program, the state allows up to three outpatient prescriptions a month per adult for Medicaid recipients living in the community. This cap does not apply to recipients in an inpatient hospital, residents of a nursing facility, managed care recipients and people under the age of 21. In addition, family planning drugs and insulin syringes are not subject to this limit.	<a href="#">Overview of program by Texas comptroller</a>
Utah	For adults enrolled in the Primary Care Network (a state-run Medicaid waiver program that focuses on providing insurance and preventative care to low-income residents who otherwise would not be covered), prescriptions are limited to four per month. This limit does not apply to the general Medicaid population. The Medicaid program does require that generic drugs be prescribed. A physician must receive prior authorization to prescribe a brand-name drug.	<a href="#">Table of benefits</a>
West Virginia	The state has implemented a Medicaid redesign program known as Mountain Health Choices. Its target population is TANF children and adults with children; Mountain Health Choices does not include other Medicaid populations such as those with a disability. For those enrolled in Mountain Health Choices (the goal of which is to foster health care personal responsibility) two different types of plans are offered: basic and advanced. The basic plan (which children and families are entered into by default if a plan is not chosen) limits the number of prescriptions to three per month. Prior authorization is needed for prescriptions above this limit.	<a href="#">Medicaid redesign overview</a>