Turning 19 and Medicaid Prescription Coverage

When a participant turns 19, they may move from children's Medicaid to an adult Medicaid program. This change does not automatically end Medicaid coverage. It also does not mean they can only receive four prescriptions each month.

What Is the Four Prescription Policy?

Illinois Medicaid has a Four Prescription Policy for most members age 19 and older.

- This policy means that the first four prescriptions filled in a 30-day period are generally covered without prior authorization. If more than four prescriptions are needed, Medicaid may require a review before covering the additional medications.

The review helps make sure:

- Medications are medically necessary.
- The medications do not interact or conflict with each other.
- There is no duplicate or inappropriate medication use.

If the additional medications are medically necessary, Medicaid may approve coverage through the prior authorization process.

Before the Participant Turns 19

- Review all current medications with the prescribing provider.
- Ask if prior authorization will be needed for medications beyond the first four prescriptions.
- Watch for Medicaid notices about eligibility or coverage changes.

If Prior Authorization Is Needed

- The prescribing provider must submit the prior authorization request to Medicaid.
- Providers can contact the Illinois Department of Healthcare and Family Services (HFS) Drug Prior Approval Hotline at (800) 252-8942 for assistance.

For more information about the Four Prescription Policy, including forms, visit: **https://hfs.illinois.gov/medicalproviders/pharmacy/fourprescriptionpolicy.html.**

- If you have questions about Medicaid benefits, contact the HFS Health Benefits Hotline at (800) 226-0768.
- If you are working with the Division of Specialized Care for Children (DSCC) and have questions or concerns, DSCC staff may contact the Benefits Management and Research (BMR) Team for assistance.

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