

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**CHANGES MADE TO STATES' MEDICAID
PROGRAMS TO ENSURE BENEFICIARY
ACCESS TO PRESCRIPTIONS DURING THE
COVID-19 PANDEMIC**

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Office of Inspector General

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Report in Brief

Date: October 2021
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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

On March 13, 2020, the President of the United States declared that the COVID-19 pandemic was a national emergency. That same day, in accordance with section 1135(b) of the Social Security Act (the Act), the Secretary of HHS invoked his authority to waive or modify certain requirements of Titles XVIII, XIX, and XXI of the Act.

To limit the spread of the virus, Federal, State and local governments urged individuals to stay at home and for individuals who test positive to quarantine, among other preventive measures. As a result, the usual and customary ways that many individuals obtained prescription drugs were altered and access to those prescription drugs reduced.

Our objective was to identify actions that selected States took or planned to take to ensure that Medicaid beneficiaries continued to receive prescription drugs during the COVID-19 pandemic.

How OIG Did This Audit

We designed a questionnaire that sought information on specific policy changes affecting Medicaid beneficiaries' access to prescription drugs during the pandemic. We judgmentally selected 23 States and the District of Columbia (called the "24 States" in our report) to answer our questionnaire regarding actions the States had taken or planned to take to ensure that beneficiaries continued to receive prescription drugs.

Changes Made to States' Medicaid Programs To Ensure Beneficiary Access to Prescriptions During the COVID-19 Pandemic

What OIG Found

Most States from which we obtained information responded that, as a result of the pandemic, they had implemented changes to ease restrictions on prior authorizations and early refill requirements, made changes to their prescription quantity limits to allow pharmacies to dispense increased quantities of some prescription drugs, and removed the requirement of obtaining a signature upon receipt of a prescription.

In addition, most States from which we obtained information responded that they have implemented changes that give physicians greater flexibility to prescribe drugs to both new and established patients following telehealth episodes during the COVID-19 pandemic. All 24 States in our survey indicated that they are providing updated guidance to all stakeholders to ensure that beneficiaries can obtain their prescriptions.

What OIG Recommends and Centers for Medicare & Medicaid Services Comments

We summarized the selected States' actions to share the information with the Centers for Medicare & Medicaid Services and States for their use. This report contains no recommendations.

The Centers for Medicare & Medicaid Services did not have any comments on the draft report.

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INTRODUCTION

WHY WE DID THIS AUDIT

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 pandemic in the United States constituted a national emergency. To limit spread of the virus among the population, Federal, State, and local governments began urging individuals to stay at home and for individuals who tested positive to quarantine, among other preventive measures. As a result, the usual and customary ways that many individuals obtain prescription drugs were altered, and access to those prescription drugs was at risk of being reduced. We reviewed State plan amendments (SPAs) and Section 1135 waivers that were submitted to the Centers for Medicare & Medicaid Services (CMS) and approved by CMS near the onset of the COVID-19 pandemic to gain an understanding of how the States were addressing beneficiary access to prescription drugs during the pandemic. The SPAs and waivers often did not specifically address access to prescription drugs. Therefore, we performed this audit to (1) identify actions that selected State Medicaid agencies had taken or planned to take to ensure that more than 75 million Medicaid beneficiaries maintained access to prescription drugs during the COVID-19 pandemic and (2) provide this information to CMS and all States.¹

OBJECTIVE

Our objective was to identify actions that selected States took or planned to take to ensure that Medicaid beneficiaries continued to receive prescription drugs during the COVID-19 pandemic.

BACKGROUND

COVID-19 Pandemic

On the same day the President declared that the COVID-19 pandemic was a national emergency, pursuant to section 1135(b) of the Social Security Act (the Act), the Secretary of the Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act.^{2, 3} CMS made these waivers and modifications to ensure that sufficient health care items and services were available to meet the needs of individuals enrolled in the respective programs during the COVID-19 pandemic. In addition, these waivers and modifications ensured that health care providers that furnish such items and services in good faith, but are unable to comply with one or more requirements as a

¹ We did not evaluate the States' actions for effectiveness, nor did we verify that the States implemented these changes. We summarized the States' actions to share the information with CMS and States.

² Titles XVIII, XIX, and XXI of the Act established the Medicare program, the Medicaid program, and the Children's Health Insurance Program, respectively.

³ The Secretary of the Department of Health and Human Services declared a public health emergency on January 31, 2020.

result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will end, and the waivers will terminate, upon termination of the public health emergency.

After the national emergency was declared, most States issued mandatory stay-at-home orders, which limited the circumstances under which a person could leave his or her residence.⁴ Also, if an individual was confirmed to have tested positive for COVID-19, he or she usually was required to isolate away from others; and an individual who had known exposure to a person with COVID-19 usually was required to quarantine for 14 days. As a result, many Medicaid beneficiaries had limited access to in-person visits with physicians to obtain prescriptions and limited access to a retail pharmacy to obtain prescription drugs.

Prescription Drugs

A prescription drug is a substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease, and must be prescribed by a physician, filled by a pharmacy, prescribed for and intended for use by one person, and regulated by the FDA. Prescription drugs are classified as either controlled or non-controlled. Controlled drugs may have more prescribing and dispensing limitations than non-controlled drugs.⁵

Schedule I drugs have no currently accepted medical use. Schedule II drugs have a high potential for abuse, which may lead to severe psychological or physical dependence. When progressing from Schedule II to Schedule V, the drugs in each schedule have a lower potential for abuse. Limitations for prescribing and dispensing Schedule II drugs are greater than for drugs included in Schedules III through V.

Prescription drugs not included among the five schedules are considered non-controlled drugs. Additionally, some prescription drugs are medications prescribed to treat chronic, long-term conditions and are taken on a regular basis. These types of prescription drugs are commonly referred to as “maintenance drugs.” Maintenance drugs may be either controlled or noncontrolled.

HOW WE CONDUCTED THIS AUDIT

We judgmentally selected 23 States and the District of Columbia to identify what actions they

⁴ In most States, non-essential travel was discouraged or prohibited for the duration of the stay-at-home order.

⁵ Drugs may be included among five schedules based on whether they have a currently accepted medical use in the United States, their relative abuse potential, and their likelihood of causing dependence when abused. Drugs listed on these five schedules may be referred to as “controlled drugs.”

had taken or planned to take to ensure that Medicaid beneficiaries continued to receive prescription drugs during the COVID-19 pandemic.⁶

We designed a questionnaire that sought information on specific policies affecting Medicaid beneficiaries' access to prescription drugs. The questionnaire consisted of seven questions about the actions a State had taken or planned to take to ensure that Medicaid beneficiaries continued to receive prescription drugs during the COVID-19 pandemic. The questionnaire asked the States to identify any changes they had made to the policies affecting prior authorizations, early refills, prescription quantity limits, signature requirements, and prescriptions ordered using telehealth. The questionnaire also asked the States to describe how they were providing updated COVID-19-related guidance during the pandemic and to describe any other changes they made or planned to make to ensure beneficiary access to prescription drugs. We sent the questionnaire to the selected States, then discussed each State's responses with State officials to gain an understanding of State policies and controls related to prescription drug accessibility during the COVID-19 pandemic. This report includes only a summary of the answers to our questionnaire. We did not assess whether these policy changes improved beneficiary access to prescription drugs, and we do not make any recommendations.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

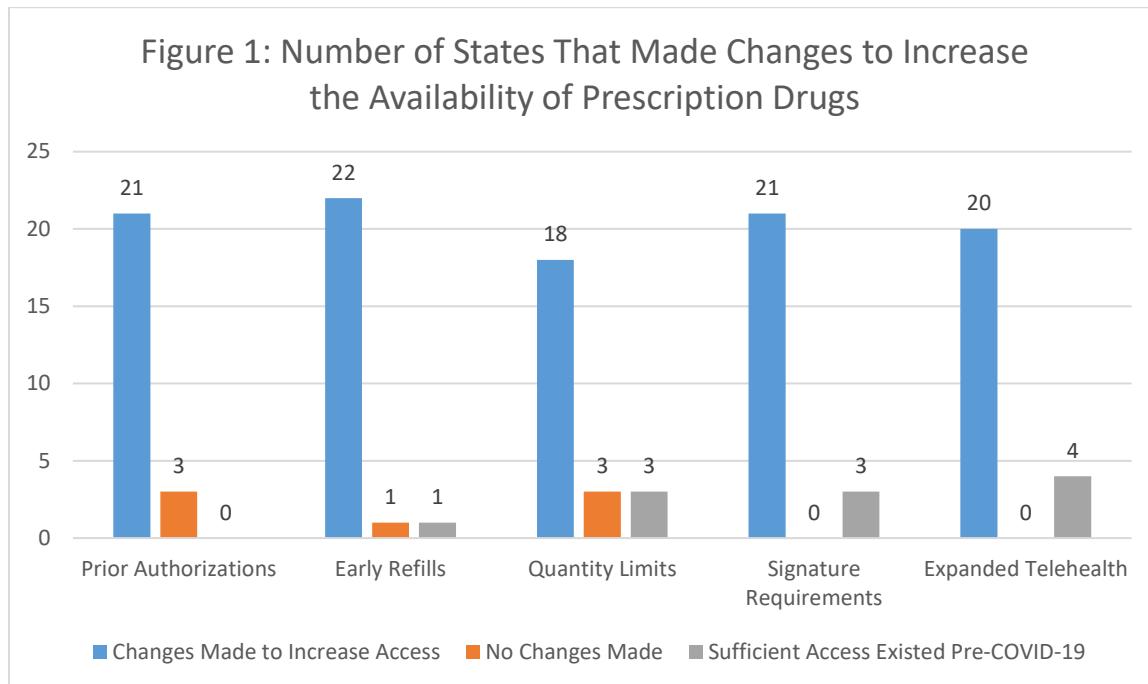
Appendix A contains the details of our audit scope and methodology, and Appendix B contains a summary of the States' responses to our questionnaire.

RESULTS OF AUDIT

The 24 States we obtained information from described actions they have taken or planned to take to ensure that Medicaid beneficiaries continued to have access to prescription drugs during the COVID-19 pandemic. We obtained information regarding prior authorizations, early refills, prescription quantity limits, signature requirements, and prescriptions ordered using telehealth. We also asked the States to describe how they were providing updated COVID-19-related guidance during the pandemic and to describe any other changes they made or planned to make to ensure beneficiary access to prescription drugs. Below, we summarize the results of our questionnaire and provide some examples of the changes States said that they made.

⁶ We refer to the 23 States we selected and the District of Columbia as the "24 States" throughout this report. We interviewed officials from Arkansas, California, Colorado, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Texas, Virginia, the District of Columbia, West Virginia, and Wisconsin.

Figure 1 shows how many States made changes to their Medicaid rules to increase beneficiary access to prescription drugs.



HAS THE STATE CHANGED ANY PRIOR AUTHORIZATION REQUIREMENTS

Prior authorizations are approvals that may be required before a beneficiary may have a prescription filled for a drug that is covered by Medicaid. Of the 24 States from which we obtained information, 20 responded that they had implemented changes, 1 responded that it planned to implement changes but had not as of the date of our interview, and 3 responded that they did not have plans to implement changes.

Twenty-one of the twenty-four States with prior authorization requirements in place before COVID-19 relaxed, or planned to relax, those requirements.

Examples of changes made to prior authorization requirements during the COVID-19 pandemic include:

- Virginia stated that it extended current prior authorizations for any prescriptions that were set to expire before a certain date.

- The District of Columbia and New Mexico stated that they extended all existing prior authorizations through the termination of the emergency declaration.
- New York stated that it may remove prior authorization requirements for “alternative available products.” Additionally, it stated that it extended approved prior authorizations for many maintenance drugs.
- Colorado stated that it deferred prior authorization requirements on all drugs for which there was an existing 12-month prior authorization approval in place. Specifically, Colorado stated that each prior authorization may be extended one time for 90 days on a case-by-case basis. Colorado also told us that new prior authorizations and existing prior authorization approvals of less than 12 months were not eligible for deferment.
- Maryland stated that it stopped enforcement of prior authorization requirements for certain types of drugs, such as drugs not on its preferred drug list.

HAS THE STATE MADE CHANGES TO ALLOW EARLY REFILLS

States set early refill limits as a way of preventing beneficiaries from getting their prescriptions refilled before they use most of their existing supply. Before the COVID-19 pandemic, many States required beneficiaries to use from 70 percent to 90 percent of their non-controlled prescription drugs before they could be refilled. For controlled drugs, many States reported that they required beneficiaries to use from 70 percent to 100 percent of their prescription drugs before they could be refilled. Of the 24 States from which we obtained information, 22 responded that they had implemented changes, 1 responded that it did not have plans to implement changes, and 1 responded that it had a policy allowing early refills before the COVID-19 pandemic. For States that implemented changes, there was considerable variability in what the States allowed, but generally they relaxed the requirements related to early refill limits to allow beneficiaries to obtain prescription drug refills earlier than normal.

Twenty-two of the twenty-four States with early refill limits in place before COVID-19 relaxed the requirements related to these limits.

Examples of changes to early refill limits made during the COVID-19 pandemic include:

- Texas, New Mexico, and several other States stated that they relaxed requirements to allow early refills only for non-controlled drugs.

- Five States (Illinois, Iowa, Kansas, Michigan, and Ohio) stated that they permitted pharmacists to approve early refill requests from the patient by using the Submission Clarification Code (SCC) 13. SCC 13 was developed as a pharmacy billing standard following Hurricane Katrina and may be used to indicate that the prescription is being filled based on an emergency need or natural disaster. Three of these States stated that they allowed SCC 13 to be used for controlled and non-controlled drugs (Illinois, Iowa, and Ohio) while two allowed it to be used only for non-controlled drugs (Kansas and Michigan).
- Virginia stated that it suspended early refill limits on drugs prescribed for 34 days of supply or less, and there was no restriction on how early a prescription could be filled.⁷
- Maryland stated that it waived early refill limits during the COVID-19 pandemic for all drug prescriptions of controlled and non-controlled drugs, allowing Medicaid beneficiaries a one-time early refill on their prescription drugs.
- Nebraska stated that it allowed a one-time early refill of prescription drugs during the COVID-19 pandemic, excluding Schedule II controlled drugs.
- Missouri stated that it changed early refill limits for all controlled and non-controlled drugs from 85 percent to 50 percent.
- New York stated that, because of quarantine rules that were in effect, it allowed early refills for beneficiaries who needed prescription drugs.

HAS THE STATE INCREASED THE QUANTITY LIMIT FOR PRESCRIPTION DRUGS

State Medicaid programs limit their coverage of quantities for certain drugs to promote safe and appropriate use of prescription drugs and to contain costs.⁸ Of the 24 States from which we obtained information, 18 responded that they implemented changes, 3 responded that they did not plan to implement changes, and 3 responded that they allowed pharmacies to dispense 90-day (or more) supplies of prescription drugs prior to the COVID-19 pandemic and therefore made no changes.⁹ For States that implemented changes, they generally increased

⁷ Prescriptions for 90 days were still subject to the 75-percent early refill limit.

⁸ For example, the Maryland Medicaid program (1) limits coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing, (2) sends a message to the pharmacy if a prescription is less than the minimum or higher than the maximum allowed dose, (3) limits coverage of prescriptions to a specific number of units in a defined amount of time, and (4) limits use to the highest strength formulation rather than multiple units of lower strength formulations for drugs with different strengths that all have the same or nearly the same unit cost.

⁹ Colorado, Ohio, and Nebraska all allowed a 90-day (or more) supply for certain drugs; therefore, they made no changes to their quantity limit policies.

beneficiaries' prescription quantity limits to allow beneficiaries to make fewer trips to a

Eighteen of the twenty-four States increased their quantity limits due to the COVID-19 pandemic. Three States allowed 90-day prescriptions prior to COVID-19 and therefore made no changes, and three other States with shorter quantity limits made no changes.

pharmacy during the COVID-19 pandemic. However, many of the States from which we had obtained information had slightly different rules or restrictions for the different drug classifications.

Examples of the changes States made to prescription quantity limits during the COVID-19 pandemic include:

- Several States, including Indiana, Louisiana, and the District of Columbia stated that they increased the prescription quantity limits on maintenance drugs (controlled and non-controlled) from 30 days to 90 days.
- Minnesota, New Jersey, Texas, and West Virginia stated that they increased the prescription quantity limits on maintenance drugs, authorizing up to 90 days of supply for non-controlled maintenance drugs.
- Oklahoma stated that it increased prescription quantity limits to 90 days on maintenance drugs and on some drugs used to treat COVID-19.
- Virginia stated that it increased prescription quantity limits on non-Schedule II drugs from 34 days to 90 days.
- Illinois stated that it increased prescription quantity limits to 90 days for many generic maintenance drugs, as well as insulin and HIV drugs.

HAS THE STATE MADE CHANGES TO THE REQUIREMENT OF A SIGNATURE UPON RECEIPT OF PRESCRIPTION DRUGS

Before the COVID-19 pandemic, many States required a beneficiary's signature upon receipt of a prescription drug (beneficiary signature requirement). Of the 24 States from which we obtained information, 21 responded that they had made a change to remove the beneficiary signature requirement, and 3 responded that they did not have a beneficiary signature requirement before the COVID-19 pandemic and, therefore, a change was not necessary.

Several States responded that the pharmacies are required to note “COVID-19” or similar language in lieu of the beneficiary signature. States that provided reasons for removing the beneficiary signature requirement during the pandemic mentioned the need to maintain social distancing directives and to reduce exposure to COVID-19 from electronic signature pads.

Twenty-one of the twenty-four States removed the requirement of a beneficiary signature when receiving prescription drugs. The remaining three States did not have a signature requirement before COVID-19 and therefore made no changes.

CAN A PHYSICIAN PRESCRIBE TO A NEW AND/OR ESTABLISHED PATIENT BASED SOLELY ON A TELEHEALTH EPISODE

Telehealth is used to improve a beneficiary’s access to care by permitting two-way, real-time interactive communication between a patient and a physician or practitioner at a distant site. Before COVID-19, States’ Medicaid rules varied on the use of telehealth for prescribing drugs. Some States allowed physicians to order prescriptions only for patients who had an established relationship with the physician; other States restricted what classifications of drugs could be prescribed using telehealth. Of the 24 States from which we obtained information, 20 responded that they have implemented changes that give physicians greater flexibility to prescribe drugs to new or established patients, or both, using telehealth, and 4 responded that they already had policies permitting physicians significant flexibility to prescribe drugs using telehealth before the COVID-19 pandemic; therefore, no changes were necessary.

Twenty States stated that they granted physicians more flexibility in prescribing drugs using telehealth. The other four States stated that they already had flexible policies in place, so no changes were made.

Examples of changes to telehealth policy in response to the COVID-19 pandemic include:

- Louisiana stated that it made changes to allow physicians to prescribe both controlled and non-controlled drugs to new and established patients based solely on a telehealth episode. Before the pandemic, Louisiana allowed only established patients to receive prescriptions using telehealth episodes, and only for non-controlled drugs.
- Nebraska stated that it expanded its telehealth programs to allow visits by new patients in addition to established patients during the COVID-19 pandemic. Nebraska noted that

drugs may be prescribed based on medical necessity but that requirements for prescribing Schedule II and III drugs were not changed.

- Indiana and West Virginia stated that they expanded their telehealth programs to allow prescriptions for controlled and non-controlled drugs using audio-only (telephone) telehealth visits for established patients only.¹⁰
- Illinois and Michigan stated that they already allowed prescriptions using telehealth for new and established patients but expanded to allow prescriptions using audio-only (telephone) telehealth visits for all prescription drugs.

IS THE STATE PROVIDING UPDATED GUIDANCE TO PROVIDERS, PHARMACIES, MEDICAID BENEFICIARIES, AND MANAGED CARE ORGANIZATIONS

Before the COVID-19 pandemic, each State Medicaid program was responsible for providing guidance to pharmacies, providers, Medicaid beneficiaries, and managed care organizations (MCOs). All 24 States we obtained information from indicated that they provided updated guidance through various means.

All of the States stated that they provided Medicaid guidance related to ensuring that beneficiaries have access to prescriptions during the COVID-19 pandemic.

For example:

- Every State explained that they posted updated Medicaid guidance to State websites.
- Many States stated that they held frequent conference calls or webinars, or both, with providers, pharmacy groups, hospitals, MCOs, and other stakeholders to provide updated guidance.
- Several States stated that they issued updated guidance via provider notices or bulletins, memorandums, or faxes to providers and stakeholders.

¹⁰ West Virginia stated that providers should use their best judgement on what services may be performed in this setting and must work within the scope of their license.

HAS THE STATE MADE ANY OTHER CHANGES TO ENSURE MEDICAID BENEFICIARIES HAVE ACCESS TO AND CAN OBTAIN PRESCRIPTION DRUGS

Most of the States we obtained information from provided some details about additional changes and actions they have taken because of the COVID-19 pandemic.

Additional changes made by the States during the COVID-19 pandemic included:¹¹

- Several States waived some or all beneficiary pharmacy co-pays during the public health emergency.¹²
- Several States stated that they were monitoring drug supply shortages. For example, Minnesota stated that the increased availability of 90-day prescription refills due to the pandemic has increased drug shortage issues.
- Several States stated that they were monitoring the drug supply and making changes to formularies¹³ or preferred drug lists when necessary to ensure that pharmacies could fill prescriptions. For example, a few States said that because there was a shortage of preferred Albuterol rescue inhalers, they changed the preferred drug list to allow additional generic types of Albuterol inhalers.¹⁴
- Maryland stated that it permitted MCOs to adjust formularies to protect quantities of drugs potentially used to treat COVID-19.
- The District of Columbia stated that it put new quantity limits on drugs used to treat COVID-19 to protect drug availability.
- Indiana and Texas stated that they implemented an expedited pharmacy provider Medicaid enrollment process.

¹¹ The policy changes listed here are not a complete list of all other changes the States made in response to the COVID-19 pandemic. Some States provided more details than others on the questionnaire about additional changes made to ensure beneficiary access to prescriptions.

¹² Three States (Indiana, Louisiana, and Ohio) waived co-pays for all members for all drugs. Four States (Colorado, Michigan, Pennsylvania, and West Virginia) waived co-pays for certain products with the potential to aid in the treatment of COVID-19 symptoms. Oklahoma waived co-pays if a confirmed diagnosis of COVID-19 was entered on the claim submission.

¹³ A formulary is a list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits (e.g., a State Medicaid plan).

¹⁴ Albuterol is used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease.

- West Virginia stated that it allowed advanced registered nurse practitioners to write prescriptions for Schedule II drugs if they received special authorization from the West Virginia Board of Nursing and updated their Drug Enforcement Administration registrations.
- Three States (Illinois, Ohio, and Pennsylvania) said that they have temporarily allowed coverage of over-the-counter (OTC) analgesics and fever reducers and prescription and OTC cough and cold medications.

CONCLUSION

We summarized the selected States' actions to share the information with CMS and States for their use. This report contains no recommendations.

CMS COMMENTS

CMS did not have any comments on the draft report.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We sent a questionnaire and obtained information from officials at 24 judgmentally selected State agencies. We asked the States to identify what actions they have taken or planned to take to ensure that Medicaid beneficiaries continued to receive prescription drugs during the COVID-19 pandemic. We designed questions that would seek information on specific policies, such as whether a State was changing its prior authorization requirements or increasing the maximum allowable number of days of supply on a prescription. We received responses for all 24 questionnaires and summarized the responses (Appendix B).

We did not assess the internal control structure of any of the State agencies because we determined that internal controls were not significant to the audit objective.¹⁵

We performed our audit work from April 2020 through June 2021.

METHODOLOGY

To accomplish our objective, we:

- reviewed Section 1135 waivers submitted by our selected States and approved by CMS;¹⁶
- reviewed SPAs submitted by our selected States and approved by CMS;¹⁷
- developed a questionnaire regarding prescription drug accessibility;
- sent the questionnaire to the selected States and held discussions with State officials to obtain answers to the questionnaire and to gain an understanding of State policies and controls related to prescription drug accessibility during the COVID-19 pandemic;
- summarized responses from the States;

¹⁵ Our objective required us to identify actions taken by selected States and did not require us to evaluate the effectiveness of the States' actions.

¹⁶ Section 1135 waivers approved by CMS and posted on CMS's website at <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/federal-disaster-resources/index.html>. Accessed on July 24, 2020.

¹⁷ State plan amendments approved by CMS and posted on the Medicaid.gov website at <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>. Accessed on July 24, 2020.

- had State officials verify that the information summarized was complete and accurate; and
- issued a draft report on which CMS had no comments.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: QUESTIONNAIRE RESPONSES

For this questionnaire, we interviewed officials from Arkansas (AR), California (CA), Colorado (CO), Illinois (IL), Indiana (IN), Iowa (IA), Kansas (KS), Louisiana (LA), Maryland (MD), Michigan (MI), Minnesota (MN), Missouri (MO), Nebraska (NE), New Jersey (NJ), New Mexico (NM), New York (NY), Ohio (OH), Oklahoma (OK), Pennsylvania (PA), Texas (TX), Virginia (VA), the District of Columbia (DC), West Virginia (WV), and Wisconsin (WI). See below for each State's responses to our questionnaire.

Question	Yes, Implemented	Plan to, but not implemented yet	Not Planned	Policy existed Pre- COVID- 19, no change necessary	N/A
Has the State changed any prior authorization requirements?	20	1	3	0	0
Has the State made changes to allow early refills?	22	0	1	1	0
Has the State increased the quantity limit for prescription drugs (for example, from a 30-day to 90-day limit)?	18	0	3	3	0
Has the State made changes to the requirement of a signature upon receipt of prescription drugs?	21	0	0	0	3 ¹⁸
Can a physician prescribe medication to a new and/or established patient based solely on a telehealth episode?	20	0	0	4	0
Is the State providing updated COVID-19-related guidance to providers, pharmacies, Medicaid beneficiaries, and MCOs? Please explain below.	24	0	0	0	0
Has the State made any other changes not addressed above to ensure that Medicaid beneficiaries have access to and can obtain prescription drugs?	19	1	4	0	0

¹⁸ Three States responded that they did not have a beneficiary signature requirement before the COVID-19 pandemic and, therefore, a change was not necessary.