

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202302

JANUARY 10, 2023

## IHCP reminds providers of counseling requirements

The Indiana Health Coverage Programs (IHCP) reminds pharmacy providers of the following counseling requirements according to *Indiana Administrative Code 856 IAC 1-33*:



- An offer of counseling must be communicated verbally or, only if necessary for an individual patient, printed or written, to the individual for whom a prescription was issued, their caregiver, or their authorized agent.
- The offer of counseling must inform the patient, their caregiver, or authorized agent that a pharmacist is available to counsel, give information, or answer questions regarding their prescription. According to the pharmacist's professional judgement, and depending upon the situation, the matters that may be discussed during counseling may include, but are not limited to, the following:
  - The name and description of the medication.
  - The route, dosage form, route of administration, and duration of drug therapy.
  - Special directions and precautions.
  - Common adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur.
  - Techniques for self-monitoring drug therapy.
  - Proper storage.
  - Prescription refill information.
  - Action to be taken in the event of a missed dose.
- If the patient is not present and has not authorized the giving of information to another or the drug or device is being mailed or delivered to the patient, the offer of counseling must be made in writing and include the pharmacy's phone number.
- The patient's declining of counseling must be documented in either written or electronic format and must be retained in the pharmacy area or other secure pharmacy-controlled area for a period of not less than two (2) years.
  - Requesting or accepting a waiver for counseling for all prescriptions both present and future is not permitted. An offer must be made with each prescription dispensing.
- The requirements for patient counseling do not apply to patients residing in institutional facilities.

*continued*

These requirements may be subject to audit and recovery.

For more information, direct fee-for-service (FFS) questions to the OptumRx Pharmacy Audit Department by email at [RxAudit.INM@Optum.com](mailto:RxAudit.INM@Optum.com). Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise should be referred to the managed care entity (MCE) with which the member is enrolled.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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