* Please enter your pharmacy and pharmacy NPI number in your database of prescribers*

**OTC Plan B Coverage Medicaid Exemption**

Female patient requests OTC Morning After Pill & is 17 years of age or older

Does patient have Medicaid

Yes

Write and submit claim for One Step, The Next Choice, Plan B or Ella

Sample:

Patient name: Last, First  
Date: Today

Rx: One Step, The Next Choice, or Plan B
Sig: Follow Package Directions (Medicaid Supplement Number 09-05)
Dispense: #1 box
Prescriber: Pharmacy and Pharmacy NPI (not the Pharmacist NPI)

No

Proceed with cash sale at register

Claim must be run through Medicaid plans to include Blue Cross Blue Shield salud, Lovelace salud, Molina salud, or Presbyterian salud

Claim accepted for zero dollar patient co-pay and medication dispensed to patient

Reference: Medicaid Supplement #09-05