

Administrative Policy Statement Ohio MyCare						
Policy Name		Polic	cy Number	Date Effective		
Medicaid-Covered Pharmacy Product Reviews		AD-11421		1/1/2025		
Policy Type						
Medical	ADN	MINISTRATIVE	Pharmacy	Reimbursement		

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Effective Date: 1/1/2025



Medicaid-Covered Pharmacy Product Reviews

B. Background

Ohio MyCare covers Medicaid-covered drugs and products that are not covered by Medicare Part D through a member's Medicaid benefit. Some of these Medicaid-covered products (i.e. OTC products and non-Part D drugs) are covered automatically through the required Ohio Additional Demonstration Drug File list, with no restrictions. Some of these products do not carry product-specific review criteria but still require a medical necessity review.

CareSource, in partnership with our Pharmacy Benefit Manager, Express Scripts, will review these products per the policy below upon prior authorization request.

C. Definitions

- Hierarchical Ingredient Code List unique primary active ingredient or combination of active ingredients
- OAC Ohio Administrative Code
- ORC Ohio Revised Code

D. Policy

- If a Medicaid-covered drug or product not covered by Medicare Part D requires review and product-specific criteria is not present, approval will be provided if the following criteria are met:
 - A. Trial of at least three preferred alternatives within the same Hierarchical Ingredient Code List or Specific Therapeutic Class; AND
 - B. Submission of two peer-reviewed medical articles citing efficacy and safety of the drug or product

E. Conditions of Coverage

If approval is warranted, authorization will be placed for 1 year.

F. Related Policies/Rules

OAC 5160-9-03 - Pharmacy services: covered drugs and associated limitations.

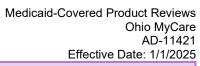
<u>ORC 5167.12</u> - Requirements when prescribed drugs are included in care management system.

OAC 5160-58-03.1 - MyCare Ohio plans: primary care and utilization management.

G. Review/Revision History

	DATES	ACTION
Date Issued	10/31/2024	Policy Composed
Date Revised		





Date Effective	01/01/2025	
Date Archived		

H. References

N/A

