



## Administrative Policy Statement Ohio MyCare

Policy Name	Policy Number	Date Effective
Medicaid-Covered Pharmacy Product Reviews	AD-11421	1/1/2025
Policy Type		
Medical	<b>ADMINISTRATIVE</b>	Pharmacy
		Reimbursement

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### Table of Contents

Administrative Policy Statement.....	1
A. Subject.....	2
B. Background.....	2
C. Definitions .....	2
D. Policy .....	2
E. Conditions of Coverage.....	2
F. Related Policies/Rules .....	2
G. Review/Revision History .....	2
H. References .....	3



## A. Subject

### 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

- I. 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.

[ORC 5167.12](#) - 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