



# Numbered Advisory Memorandum

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Originator(s):  
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Number: 10-FY12-2

Subject:  Allocations  
 Certification  
 Licensure  
 Medicaid  
 Policy and/or Procedure  
 Other Critical Information

Approval(s)   
Donald C. Anderson, Deputy Director, Administrative  
Services Division

To: RPHs, Boards, Provider Agencies,  
Shareholder Organizations

Contact(s):  
Office of Health Integration at (614)387-2799 or  
Medicaid@mh.ohio.gov

Required Action:  No  Yes, by this date:

All ODMH policy memoranda are posted on the ODMH Web site at [mentalhealth.ohio.gov/partner-resources](http://mentalhealth.ohio.gov/partner-resources)

## Title: Ohio Department of Job and Family Services (ODJFS) Medicaid Pharmacy Coverage Changes

The purpose of this communication is to provide information on the ODJFS Medicaid Pharmacy Program Changes implemented on October 1, 2011.

### Medicaid Care Plan Pharmacy Coverage

ODJFS transitioned the management of the pharmacy benefit to the Medicaid Managed Care Plans (MCP). These changes will impact Medicaid eligible clients and their family members who receive health care through one of the MCP. Medicaid eligible persons enrolled in a MCP should have already received new member ID cards and updated prescription coverage information. If persons enrolled in Medicaid MCP have not received their new cards, they should contact their MCP.

Medicaid MCP will cover the drugs listed on the Ohio Medicaid list of covered drugs; however, MCPs may have preferred drugs and prior authorization requirements that differ from each other and from the fee-for-service program. Providers are encouraged to visit the MCP web pages available as part of the [Pharmacy Information for Managed Care Plan Members](#). It includes an overview of pharmacy changes, the MCP Pharmacy Information Guide with the MCP's pharmacy information websites as well as a link to a universal Prior Authorization (PA) fax form that will be accepted by all Medicaid MCPs. Providers may use this universal form or the specific form available on each MCP's website.

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## **Injectable Atypical Antipsychotic Medications**

A MCP Pharmacy Reference Guide related to Injectable Antipsychotics is attached to this communication though ODJFS prefers providers directly contact the MCP websites as information is subject to change.

## **Psychiatrist Exemption**

The purpose of this section is to clarify information contained in the ODMH 7-FY12-4 Numbered Advisory Memorandum.

Prior authorization is prohibited when an antidepressant or antipsychotic drug is administered or dispensed in a standard tablet or capsule form, or a long-acting injectable antipsychotic when

- *Prescribed by a psychiatrist practicing at an ODMH certified community mental health agency* - This exemption does not extend to certified nurse practitioners or certified nurse specialists that prescribe medication. Please note the process for identifying these psychiatrists has not changed. The community mental health agencies are to notify ODMH when a psychiatrist joins an agency. ODMH will confirm the psychiatrist is on the list or updates the list of psychiatrists practicing at ODMH certified community mental health agencies and submits them to ODJFS. ODJFS passes this information to the MCPs.
- *And prescribed for use approved by the FDA.* - Scripts written outside FDA labeling indications (dose, quantity, gender, age, diagnosis, etc.) may require prior authorization

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## **Change to fee-for-service Medicaid Preferred Drug List (PDL)**

ODJFS has made changes to the PDL which are applicable to persons who receive the pharmacy coverage through the Medicaid fee-for-service payment system. Please reference [the Ohio Medicaid Drug Program](#) for additional information including the [Ohio Medicaid List](#) which provides the ability to search by drug code or name to see if a prior authorization is required.

Questions can be submitted to [Medicaid@mh.ohio.gov](mailto:Medicaid@mh.ohio.gov).

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