





BALDWIN'S OHIO ADMINISTRATIVE CODE  
5101. DEPARTMENT OF JOB AND FAMILY SERVICES  
5101:3. DIVISION OF MEDICAL ASSISTANCE  
CHAPTER 5101:3-9. PHARMACY SERVICES  
Copr. West Group 2003 No Claim to U.S. Govt Works

Rules are current through November 30, 2002  
Appendices are current through December 31, 2000

5101:3-9-03 COVERED DRUGS AND ASSOCIATED LIMITATIONS

(A) Drugs covered by the Ohio medicaid program are limited to those that are manufactured or labeled by companies participating in the federal medicaid rebate program, dispensed by duly enrolled providers and which fall into one of the following categories:

(1) Legend and over-the-counter drugs listed in the "ohio [sic] medicaid formulary," hereinafter referred to as the "formulary" and contained in appendix A of rule 5101:3-9-12 of the Administrative Code.

(2) Legend and over-the-counter drugs not included in the formulary but which have been authorized by the department, or its designee, in accordance with paragraph (B) of this rule.

(3) Compounded prescriptions in accordance with paragraph (C) of this rule.

(B) Authorization of drugs.

(1) Nonformulary drugs, other than those excluded in paragraph (D) of this rule, that are essential for treatment require prior authorization.

(2) Nonformulary drugs where there is a formulary alternative may be authorized when it is documented that a formulary drug cannot be used. The prescribing physician will be required to document the medical necessity.

(C) Compounded drugs

(1) Compounded drugs must be submitted to the department or its designee using each national drug code (NDC) that is a part of the compound. When a diluent for a liquid compounded drug is not found on the formulary, providers must use the dummy NDC, 9999999902, to bill for the diluent. When a base for a compounded cream or ointment is not found on the formulary, providers must use the dummy NDC, 9999999903, to bill for the base.

(2) Component drugs, other than 9999999902 and 9999999903, that are not on the formulary will require prior authorization.

(D) Noncovered drugs

(1) Drugs for the treatment of obesity

(2) Drugs for the treatment of infertility

(3) DESI drugs or drugs that have been determined to be identical, similar, or related

(4) Drugs being used for non-fda [sic] approved indications unless there is compelling clinical evidence to support the experimental use.

**(E) Dispensing limitations****(1) Days supply**

- (a) Acute medications are limited to a thirty-four day supply.
- (b) Chronic maintenance medications are limited to a one hundred two day supply.

**(2) Maximum quantity**

Maximum prescription quantities are included in informational updates supplied to providers and represent the largest number of units per drug that may be dispensed at any one time for a single prescription.

(3) Claims submitted that exceed either the days supply limit or maximum quantity limit shall be denied. Denials may be overridden by the department or its designee in cases where medical necessity has been determined.

**(F) Refill prescriptions**

All refills must be dispensed in accordance with state and federal requirements and shall be subject to the following limitations.

- (1) When billing the department for refills, the same prescription number as the original prescription must be used, except where prohibited by federal or state regulations.
- (2) Refill prescriptions must be dispensed pursuant to the orders of the physician, but not more than one year from the date of the original prescription. Refills must not exceed eleven refills, with the exception of birth control pills which may be refilled a maximum of twelve times.
- (3) Controlled drugs other than "schedule II" drugs may be refilled, pursuant to the orders of the physician, up to five times or for a period of six months, whichever comes first, after which time a new prescription must be written.
- (4) Schedule II drugs cannot be refilled.
- (5) Refills requested before seventy-five percent of the days supply has been utilized will be denied, other than in cases where the dosage of a noncontrolled drug has been increased and has a new prescription number. Denials may be overridden by the department or its designee for the following documented reasons:
  - (a) Previous supply was lost
  - (b) Previous supply was stolen
  - (c) Previous supply was destroyed
  - (d) Pharmacist entered previous wrong days supply
  - (e) Vacation, travel
  - (f) Multiple supplies of same medication are needed (for example in a workshop setting)
  - (g) Hospital or police kept the medication
  - (h) Brand or generic was ineffective and the patient was switched to generic or brand.

(G) Unit dose

Drugs may be dispensed in unit dose packaging, but if the NDC number for such packaging is not listed in the Ohio medicaid drug payment system, the NDC number of the closest comparable bulk package that is listed in the payment system must be used for billing purposes.

(H) Vaccines, inoculations, and immmizations are covered as a pharmacy benefit only for residents of long term care facilities, otherwise these services will be reimbursed as physician services.

(I) Selected pharmaceuticals, including injectable drugs, are not covered as an outpatient pharmacy benefit if they are administered in a provider setting, other than a long term care facility. For example, an injectable drug provided in a physician's office must be billed as a physician claim.

CREDIT(S)

HISTORY: 1999-2000 OMR 1646 (R-E), eff. 5-1-00; 1999-2000 OMR 1344 (R-E\*), eff. 2-3-00; 1997-98 OMR 641 (R-E), eff. 10-1-97; 1985-86 OMR 1202 (R-E), eff. 5-9-86; 1977-78 OMR 2-59 (E), eff. 4-7-77

RC 119.032 rule review date(s): 2-11-05; 10-1-02

< General Materials (GM) - References, Annotations, or Tables >

HISTORICAL NOTES

Note: Effective 5-1-00, 5101:3-9-03 contains provisions of former 5101:3-9-01.

CROSS REFERENCES

RC 5101.02, Director as executive head of department

RC 5111.01, Participation in medical assistance program

RC 5111.02, Reimbursement of medical providers; rulemaking powers

OH ADC 5101:3-9-03

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