



Important Change to Coverage of Prescription Drugs and Medical Supplies for Ohio Medicaid Consumers

The Ohio Department of Job and Family Services (ODJFS) is implementing a carve-out of the pharmacy benefit from the Ohio Medicaid managed care plans (MCPs). Effective February 1, 2010, prescription drug coverage for MCP members will be handled by Ohio Medicaid rather than the MCPs.

Highlights of the change:

- This change is only for prescription drugs that are administered in the patient's home or in a home health setting, not for any drugs that are administered in a provider setting such as physician office, hospital outpatient department, clinic, dialysis center or infusion center.
- Prior authorization and claims payment will be handled by ACS, Ohio Medicaid's pharmacy vendor.
- Some medical supplies, such as diabetic testing supplies, supplies for injection of insulin and other drugs, inhaler spacers and peak flow meters, will only be able to be billed by pharmacies and will no longer be covered when billed by any other provider type.
- Medicaid consumers will be subject to a \$2.00 co-payment for most brand name prescriptions and a \$3.00 co-payment for drugs requiring prior authorization. There is no co-payment for generic drugs that do not require prior authorization. Certain specified groups of Medicaid consumers are exempt from paying co-payments.
- All written prescriptions must be tamper-resistant. Prescriptions transmitted via telephone, fax, or e-prescribing, in accordance with Ohio Board of Pharmacy regulations, are exempt from this requirement.

For further information on the pharmacy carve-out, please review the ODJFS Medical Assistance Letter, entitled "Announcement of Changes to Coverage of Prescription Drugs and Certain Medical Supplies," posted online at <http://www.odjfs.state.oh.us/lpc/calendar/fileLINKNAME.asp?ID=MAL561>. Instructions on registering to receive email notification of future communications from ODJFS are at the bottom of the document.

Questions?

Molina Healthcare will provide you with information and assistance throughout this transition. If you have any immediate questions, please contact the Provider Services Representative for your region or call the Provider Services Department at 1-800-642-4168. A representative will be available to assist you from 8:00 a.m. – 5:00 p.m., Monday – Friday.