



Numbered Advisory Memorandum

Date Issued: July 25, 2011

Number: 7-FY12-4

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

To: RPHs, Boards, Provider Agencies
Shareholder Organizations

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Required Action: No Yes, by this date:

All ODMH policy memoranda are posted on the ODMH Web site at mentalhealth.ohio.gov/partner-resources

Title: Psychotropic Medication Exemption Language in Am. Sub. H.B. 153

The purpose of this communication is to provide updated information regarding the Medicaid pharmacy benefit and the psychiatrist prior authorization exemptions for certain prescriptions. Effective October 1, 2011, Ohio Medicaid managed care plans (MCPs) will assume responsibility for the pharmacy benefit and certain changes to Ohio Medicaid Prescription Coverage will be implemented. These changes affect clients and their family members who receive health care through one of the following MCPs:

- AMERIGROUP Community Care
- Buckeye Community Health Plan
- CareSource
- Molina Healthcare of Ohio
- Paramount Advantage
- UnitedHealthcare Community Plan of Ohio
- WellCare

Also, the Ohio Department of Job and Family Services psychiatrist exemption from prior authorization of select psychotropic medication prescriptions has been codified and addressed in the following excerpt from Am. Sub. H.B. 153:

Am. Sub. H.B. 153, Sec. 5111.172.

(B) The department shall not permit a health insuring corporation to impose a prior authorization requirement in the case of a drug to which all of the following apply:

(1) The drug is an antidepressant or antipsychotic.

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(2) The drug is administered or dispensed in a standard tablet or capsule form, except that in the case of an antipsychotic, the drug also may be administered or dispensed in a long-acting injectable form.

(3) The drug is prescribed by either of the following:

(a) A physician whom the health insuring corporation, pursuant to division (C) of section 5111.17 of the Revised Code, has credentialed to provide care as a psychiatrist;

(b) A psychiatrist practicing at a community mental health agency certified by the department of mental health under section 5119.611 of the Revised Code.

(4) The drug is prescribed for a use that is indicated on the drug's labeling, as approved by the federal food and drug administration.

This means that if Ohio Medicaid paid to refill a prescription on or after April 1, 2011 and the client needs to refill the prescription on or after October 1, 2011, a prescription meeting the following criteria can be refilled without MCP prior authorization.

- If it is for a standard tablet/capsule antidepressant or antipsychotic, or an injectable antipsychotic, it can be refilled without MCP prior authorization on or after October 1, 2011 if:
 - The drug is prescribed by a psychiatrist who has a contract with the client's MCP or whom the client sees at a Community Mental Health Center.
 - The drug is prescribed for use approved by the FDA.
- If it does not meet the criteria listed above, for consumers enrolled with a managed care plan on October 1, 2011, the prescription can only be refilled without MCP prior authorization before January 31, 2012.

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ADM 041
Rev 7/1/2010