



# Administrative Policy Statement OHIO MEDICAID

Policy Name	Policy Number	Date Effective
Medical Necessity for DAW	PAD -00050H-MCD	03/15/2023
Policy Type		
Medical	<b>ADMINISTRATIVE</b>	Pharmacy
		Reimbursement

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make the determination.

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## A. Subject

CareSource uses a formulary medication list that is established, reviewed and approved by the CareSource Pharmacy and Therapeutics (P&T) Committee and the regulatory bodies in each state in which CareSource functions. The formulary is reviewed routinely, and medication can be removed from the formulary list when the brand becomes generically available or when it is no longer cost effective compared to other existing or newer products.

For new drugs or new indications for drugs, the P&T Committee generally reviews for formulary status decision after 180 days from market. CareSource will follow the guidance of the state Medicaid programs in the states that it services to enforce clinically appropriate lower cost agents as first line therapy for our formulary agents.

## B. Background

The intent of CareSource Pharmacy Policy Statements is to encourage appropriate selection of members for therapy according to product labeling, clinical guidelines, and/or clinical studies as well as to encourage use of formulary agents. The CareSource Pharmacy Policy Statement is a guideline for determining health care coverage for our members with benefit plans covering prescription drugs. Pharmacy Policy Statements are written on selected prescription drugs requiring prior authorization or step therapy. The Pharmacy Policy Statement is used to be interpreted in conjunction with the member's specific benefit plan.

### **NOTE**





Periodic Screening, Diagnosis, and Treatment (ESPDT) on a case-

