

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED CATEGORICALLY NEEDY**

- 12a. **Prescribed drugs, dentures, and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

**Prescription Drugs****Payment:**

Payment is made from Title XIX funds to pharmacies with whom the Agency has a contract on behalf of categorically needy recipients up to a maximum of six (6) prescriptions (new or refill) with a limit of two (2) brand name per month per eligible recipient. A brand limit override is available for one additional brand prescription based on medical necessity and established criteria. The policy regarding the monthly two (2) brand name limitation and the one (1) brand limit override is effective January 1, 2012.

**Exceptions:**

- (1) For persons served by a 1915(c) home and community based services waiver, payment is made from Title XIX funds for up to a maximum of six (6) prescriptions (new or refill) with a limit of three (3) brand name per month per eligible recipient.
- (2) Prescription drugs under EPSDT, ~~antineoplastics, antiretroviral agents for persons diagnosed with acquired immune deficiency syndrome (AIDS)/human immunodeficiency virus (HIV), certain prescriptions which require frequent monitoring, contraceptives, drugs used for medication assisted treatment, naloxone, prenatal vitamins, drugs used for tobacco cessation products, and hemophilia drugs~~ are not limited to either the six (6) prescriptions per month or the two (2) brand name drugs per month limit when medically necessary.
- (3) Certain prescription drugs are exempt from the six (6) prescriptions per month and two (2) brand name drugs per month limit. A complete list of the selected drugs exempt from monthly limits can be viewed on the agency's website at [www.okhca.org/rx](http://www.okhca.org/rx).

**Limitations:**

- (1) Prescription quantities are limited to a 34 day supply unless (1) the medication is included in the Maintenance Drug List, in which case, a 90 day supply may be dispensed or (2) the drug has a recommended dispensing quantity less than either of those limits. Drug classes listed on the Maintenance Drug List include anticoagulation, asthma, diabetic, hormone, cardiovascular, thyroid, and seizure. A complete list of the selected drugs included on the Maintenance Drug List can be viewed on the agency's website at [www.okhca.org](http://www.okhca.org)~~www.okhca.org~~[/rx](http://www.okhca.org/rx).
- (2) Some prescription drugs may require prior authorization as determined by the Drug Utilization Review Board (DUR).
- (3) Only prescription drugs whose manufacturers have a rebate agreement with CMS are covered.
- (4) Investigational drugs are not covered, including FDA approved drugs being used in post-marketing studies.

**Prior Authorization**

The prior authorization process provides for a response by telephone or other telecommunications device within 24 hours of receipt of a completed prior authorization request. In emergency situations, providers may be reimbursed for a 72 hour supply of medication.

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