



**Date Issued:** October 26, 2011

**Follow-up to Advisory Memo Number:** 10-FY12-2

**Title:** Ohio Department of Job and Family Services Medicaid Pharmacy Coverage

The purpose of this follow-up communication is to make sure the resources embedded in the following hyperlinks can be easily accessed.

- Providers are encouraged to visit the MCP web pages available as part of the [Pharmacy Information for Managed Care Plan Members](#).
- **Change to fee-for-service Medicaid Preferred Drug List (PDL)**  
ODJFS has made changes to the PDL which are applicable to persons who receive the pharmacy coverage through the Medicaid fee-for-service payment system. Please reference [the Ohio Medicaid Drug Program](#) for additional information including the [Ohio Medicaid List](#) which provides the ability to search by drug code or name to see if a prior authorization is required.

### **Injectable Atypical Antipsychotic Medications**

A MCP Pharmacy Reference Guide related to Injectable Antipsychotics is attached to this communication though ODJFS prefers providers directly contact the MCP websites as information is subject to change.

Questions can be submitted to [Medicaid@mh.ohio.gov](mailto:Medicaid@mh.ohio.gov).

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