4123-6-21.3 **Outpatient medication formulary.**

(A) The administrator hereby adopts the formulary indicated in the appendix to this rule, developed with the recommendation of the bureau's pharmacy and therapeutics committee, effective ~~August 1, 2021~~February 1, 2022.

(B) Except as otherwise provided in paragraph (F) of this rule, the formulary indicated in the appendix to this rule shall constitute the complete list of medications that are approved for reimbursement by the bureau for the treatment of a work related injury or disease in an allowed claim when dispensed to an injured worker by a registered pharmacist from an enrolled outpatient pharmacy provider.

(C) The formulary indicated in the appendix to this rule also contains specific reimbursement, prescribing or dispensing restrictions that have been placed on the use of listed drugs. The formulary will be reviewed and updated as necessary. The most current version will be electronically published by the bureau.

(D) The administrator will consider current medical literature and best practices and the recommendations of the bureau’s pharmacy and therapeutics committee when making additions, deletions, or modifications of coverage of medications listed in the formulary.

(E) The bureau shall provide an expedited review process for clinically or therapeutically unique medications when necessary.

(F) Notwithstanding paragraph (B) of this rule, in cases of medical necessity supported by medical documentation and evidence of need the bureau may reimburse for:

(1) New drugs approved for use in the United States by the food and drug administration (FDA) on or after the effective date of the formulary, and for new indications approved by the FDA on or after the effective date of the formulary for existing drugs that are not on the formulary, with prior authorization, for a period not to exceed one hundred eighty days from the adjudication date of the first prescription for the requested drug.

(2) Antineoplastic drugs prescribed for treatment of an allowed cancer condition in a claim.

(3) Antiretroviral drugs prescribed for:

(a) treatment of an allowed condition of human immunodeficiency virus in a claim; or

(b) post exposure treatment in an allowed claim or pursuant to section 4123.026 of the Revised Code.

(G) Notwithstanding the appendix to this rule, in cases of medical necessity supported by medical documentation and evidence of need the bureau may reimburse for new dosage forms or strengths approved by the FDA on or after the effective date of the formulary for existing drugs that are on the formulary, with prior authorization, for a period not to exceed one hundred eighty days from the adjudication date of the first prescription for the requested drug.

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Five Year Review (FYR) Dates: 5/1/2025

CERTIFIED ELECTRONICALLY

Certification

01/19/2022

Date

Promulgated Under: 119.03
Statutory Authority: 4121.12, 4121.121, 4121.30, 4121.31, 4121.44, 4121.441, 4123.05, 4123.66
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