

51313 Pharmaceutical Services and Prescribed Drugs

(a)

Drugs on the Medi-Cal List of Contract Drugs are covered, subject to limitations specified in this Section and Section 51313.3 when prescribed by a licensed practitioner within the scope of the practitioner's practice as defined by California law.

(b)

Drugs shall be furnished in quantities not to exceed a 100 calendar day supply except for sodium fluoride tablets, drops and solutions or when necessary to comply with minimum quantities specified in section 51513.

(c)

Drugs not on the Medi-Cal List of Contract Drugs and not excluded in Section 51313.3 are covered subject to prior authorization in accordance with Section 51003. (1) Authorization may be granted when: (A) The clinical condition of the patient requires the use of an unlisted drug and listed drugs have been adequately considered or tried and do not meet the medical needs of the patient. (B) The use of an unlisted drug results in a less expensive treatment than would otherwise occur. (2) Authorization for prescribed drugs shall be granted for a specific quantity of medication and number of refills, if any, in accordance with the beneficiary's medical need and the chronicity of the condition. (3) Prescribed drugs dispensed on an emergency basis are exempt from prior authorization. However,

any such emergency service shall conform to the definition in section 51056(a)

and the provider shall comply with the provisions of section 51056(b). (4)

Authorization for unlabeled use of drugs shall not be granted unless the requested unlabeled use represents reasonable and current prescribing practices. The determination of reasonable and current prescribing practices shall be based on:

(A) Reference to current medical literature. (B) Consultation with provider organizations, academic and professional specialists.

(1)

Authorization may be granted when: (A) The clinical condition of the patient requires the use of an unlisted drug and listed drugs have been adequately considered or tried and do not meet the medical needs of the patient. (B) The use of an unlisted drug results in a less expensive treatment than would otherwise occur.

(A)

The clinical condition of the patient requires the use of an unlisted drug and listed drugs have been adequately considered or tried and do not meet the medical needs of the patient.

(B)

The use of an unlisted drug results in a less expensive treatment than would otherwise occur.

(2)

Authorization for prescribed drugs shall be granted for a specific quantity of medication and number of refills, if any, in accordance with the beneficiary's medical need and the chronicity of the condition.

(3)

Prescribed drugs dispensed on an emergency basis are exempt from prior authorization. However, any such emergency service shall conform to the definition in section 51056(a) and the provider shall comply with the provisions of section 51056(b).

(4)

Authorization for unlabeled use of drugs shall not be granted unless the requested unlabeled use represents reasonable and current prescribing practices. The determination of reasonable and current prescribing practices shall be based on: (A) Reference to current medical literature. (B) Consultation with provider organizations, academic and professional specialists.

(A)

Reference to current medical literature.

(B)

Consultation with provider organizations, academic and professional specialists.

(d)

Drugs listed under Sections 51510(c), 51510.1(b), 51510.2(b)(4), .3(b)(4) and 51511(c) are covered for the treatment of skilled nursing facility or intermediate care facility inpatients (including developmentally disabled, developmentally disabled/habilitative, and developmentally disabled/nursing), subject to the requirements of subdivisions (a), (b) and (c) except for drugs which are included in the daily facility rate as specified in Sections 51510, 51510.1, 51510.2, 51510.3 and 51511.

(e)

Drugs for the treatment of hospital acute care or hospital extended care inpatients, including discharge medications, are covered as encompassed in the formulary of the hospital and are not subject to the limitations of (a) through (c) above.(1) The quantities furnished as discharge medications shall not exceed a 10 days supply. (2) The charges shall be incorporated in the hospital's claim for inpatient services.

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The charges shall be incorporated in the hospital's claim for inpatient services.

(f)

Drugs administered for chronic outpatient hemodialysis in renal dialysis centers and community hemodialysis units are covered, but are payable only when included in the all-inclusive rate set forth in section 51509.2.

(g)

Drugs included under Prudent Purchase of Drug contracts, as set forth in section 51513.6 are covered subject to the conditions set forth in section 51513.6 and the other provisions of this section.