

5101:3-9-02

Appendix A

Amend

## Supplies Billed by Ohio Medicaid Pharmacy Providers

Item Description	Medicaid Coverage Status	Covered for Dual Eligible	Prior-Authorization	Maximum Units	Reimbursement
Alcohol wipes or swabs	H	Y	N	200 per month	\$0.02
Blood glucose monitor for home use	H	N	N	1 per four years	<del>\$55.00</del> *
<del>Blood glucose monitor with integrated lancing/blood sample</del>	<del>H</del>	<del>N</del>	<del>Y</del>	<del>1 per four years</del>	<del>\$160.27</del>
<del>Blood glucose monitor with integrated voice</del>	<del>H</del>	<del>N</del>	<del>Y</del>	<del>1 per four years</del>	<del>\$550.00</del>
Blood glucose test or reagent strips for home blood glucose monitor	H	N	N	<del>200</del> 100 per month	<del>\$0.70</del> *
Blood ketone test or reagent strips	H	Y	N	20 per month	<del>\$3.44</del> *
Contraceptive supply, condom, female	H	Y	N	36 per month	\$2.10
Contraceptive supply, condom, male	H	Y	N	36 per month	\$0.40
Insulin delivery device, reusable pen; 1.5ml size	H	N	N	1 per year	\$40.00
Insulin delivery device, reusable pen; 3ml size	H	N	N	1 per year	\$40.00
Lancets	H	N	N	200 per month	<del>\$0.07</del> *
Lancing Device	Y	N	N	1 per year	<del>\$13.75</del> *
Needles only, sterile, any size, including pen needles	H	N	N	100 per month	<del>\$0.25</del> *
Normal, low high calibration solution/chips (for blood glucose monitor)	H	Y	N	1 bottle per three months	<del>\$6.25</del> *
Peak Expiratory Flow Rate Meter	H	Y	N	1 per three years	\$22.00
Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler	H	Y	N	1 per year	\$23.00
Syringe with needle, sterile less than or equal to 1 cc	H	Y	N	200 per month	<del>\$0.23</del> *
Urine test or reagent strips or tablets	H	Y	N	200 per month	\$0.26

\* Reimbursement will be calculated in accordance with paragraph (B)(2) of rule 5101:3-9-05 of the Administrative Code

Effective ~~February 1, 2010~~ July 1, 2013