12.a. Prescribed drugs. (continued)

   i. the pharmacy is registered with the Department by filing an addendum to the provider agreement;

   ii. a minimum 30-day supply of the drug is dispensed, although a lesser quantity may be dispensed for an acute course of medication therapy for a specified time period;

   iii. the national drug code from the drug stock container used to fill the unit dose package is identified to the Department;

   iv. the unit dose package containing the drug meets the packaging standards set forth in Minnesota Statutes that govern the return of unused drugs to the pharmacy for reuse and documentation that unit dose packaging meets permeability standards of the Board of Pharmacy; and

   v. the pharmacy provider credits the Department for the actual acquisition cost of all unused drugs that are eligible for return and reuse.

11. Delivery charges for a drug are not covered.

12. Medical assistance covers drugs purchased through the federal 340B drug pricing program by 340B covered entities and dispensed by 340B covered entities, and contract pharmacies owned by the 340B covered entity when the 340B contract pharmacy requests in writing and receives approval from the Department, to use these drugs for Minnesota Medicaid beneficiaries. Drugs acquired through the federal 340B drug pricing program and dispensed by other 340B contract pharmacies are not covered.

13. Drugs that are considered investigational, drugs that are provided to a recipient during the clinical trial designed to test the efficacy of the provided drug, or drugs that have not been approved for general use by the U.S. Food and Drug Administration are not covered. The Department covers stiripentol as a specialty pharmacy product for children with certain medical conditions.

Drug Formulary:

All drugs and compounded prescriptions made by a manufacturer that are covered under a signed rebate agreement with CMS are included in the drug formulary, with the following limitations on coverage:

Over-the-counter drugs must be listed in the Department’s “Health Care Programs Provider Manual,” on a remittance
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