

**TITLE 29. PUBLIC WELFARE**  
**CHAPTER 9. MEDICAID PROGRAM**

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**§ 29-914. D.C. MEDICAID PRIOR APPROVAL REQUIRED FOR SELECTED PHARMACEUTICALS PROVIDED TO D.C. MEDICAID AMBULATORY CARE PATIENTS**

914.1 Prior authorization from the D.C. Medicaid program shall be required for the dispensing of the following prescribed drugs to D.C. Medicaid ambulatory care patients:

(a) Oxycodone HCl and Aspirin (more commonly known as Percodan);

(b) Flurazepam (more commonly known as Dalmane); and

(c) Oxycodone and Acetaminophen (more commonly known as Percocet and Tylox).

914.2 Pharmacists shall request authorization from the Department of Human Services Office of Health Care Financing prior to dispensing to D.C. Medicaid patients any of the prescribed drugs identified in subsection 914.1 of this rule.

914.3 For purposes of this section, the phrase "Ambulatory Care Patients" means a patient served through a system of primary care provided through outpatient facilities including services provided to patients who reside in intermediate care facilities for the mentally retarded. Ambulatory care does not include services provided in inpatient hospitals, skilled nursing facilities, intermediate care facilities or health maintenance organizations.