Prior Authorization (PA) and Step Therapy (ST) Frequently Asked Questions (FAQ)

1. **Who can submit a request for prior authorization (PA)?**
   Only the prescribing provider or an authorized member of the prescribing provider’s staff may request a PA.
   The only exception is in circumstances of requesting an alternative dosage form for a patient who is tube fed, in which a pharmacist may also request a PA if no comparable preferred drug is available.

2. **How can I determine if a particular medication requires a PA?**
   One way to determine this is to search for the medication in the drug look up tool available online at: [https://druglookup.ohgov.changehealthcare.com/DrugSearch](https://druglookup.ohgov.changehealthcare.com/DrugSearch).
   In the drug look up tool, there is a column labeled “Prior Authorization Required”. This column will display “No” for those medications that do not require PA and will display “Yes” for those that do require a PA for coverage.
   Note: Some products may require other overrides if therapy exceeds the allowable daily dose, package size, or age, per the program. Providers must show medical necessity for these limits to be overridden.
   Drugs that do not display on the tool are not covered under the Ohio Medicaid program.
   Another way to determine if a medication requires a PA is on the Unified Preferred Drug List (UPDL) available online at: [https://pharmacy.medicaid.ohio.gov/drug-coverage](https://pharmacy.medicaid.ohio.gov/drug-coverage).
   If the medication is non-preferred, it will appear in the right-hand column which will require a PA. If the medication is a preferred product but has a “PA” or “ST” indication next to it, this means that the medication requires either additional clinical information for approval (PA) or this medication requires step therapy (ST) prior to approval. See question 8 for the definition of ‘step therapy’.

3. **How can I determine what criteria must be met for the PA to be approved?**
   The criteria for approval of these medications can be found in either the UPDL Criteria or Additional Therapeutic Classes with Clinical Criteria documents. Both documents are available online at [http://pharmacy.medicaid.ohio.gov/drug-coverage](http://pharmacy.medicaid.ohio.gov/drug-coverage). New drugs or drugs not listed in either document generally require a PA to demonstrate use in accordance with FDA-approved labeling.

4. **How will I know if a new medication is Preferred or Non-Preferred?**
   Following introduction to the market, new drugs, new formulations or indications of existing drugs, generally require PA until the Pharmacy and Therapeutics Committee completes a review of the product. Requests for PA will be handled for these drugs either within the existing categories (if available) or in accordance with FDA-approved labeling.

5. **How do samples influence the PA process?**
   It is not guaranteed that a PA request for sampled medication will be approved if a preferred agent must be tried and failed first. However, any medications that the patient has trialed should be included on the PA form.

6. **When should a prescriber request a PA?**
   If a medication requires a PA, it must be obtained before the drug may be dispensed. All requests must be submitted either in writing by a facsimile device (1-800-396-4111) or verbally by telephone (1-877-518-1546). Prescribers are encouraged to complete this before your patient finishes their appointment.
7. **How can a prescriber submit a PA?**

   Requests can be made by using the PA forms available at [http://pharmacy.medicaid.ohio.gov/prior-authorization](http://pharmacy.medicaid.ohio.gov/prior-authorization) and faxing them to 1-800-396-4111. PAs are also accepted over the phone at 1-877-518-1546.

   Requests should identify the necessary quantity and days’ supply for the requested medication. Requests for more than the approved amount or days’ supply will require a new PA.

   See Ohio Administrative Code 5160-9-03 (C) for additional information.

8. **What is Step Therapy?**

   Step therapy means that when there are multiple drugs available to treat a medical condition, certain medications must be tried before others.

9. **How will I know if a medication requires Step Therapy?**

   Step Therapy medications can be found in the Unified Preferred Drug List (UPDL). The UPDL document is available online at [http://pharmacy.medicaid.ohio.gov/drug-coverage](http://pharmacy.medicaid.ohio.gov/drug-coverage). Medications that require step therapy will be indicated with “ST” after the drug name. New drugs or drugs not listed generally require a PA to demonstrate use in accordance with FDA-approved labeling.

10. **What is a Step Therapy Exemption?**

    In accordance with Ohio Revised Code 5164.7514, an exception to any Ohio Medicaid Step Therapy criteria may be requested by a prescribing provider if they believe the patient qualifies. Consider doing this before your patient finishes their appointment.

11. **Who can request a Step Therapy Exemption?**

    The Step Therapy Exemption must be requested by the prescribing provider or an authorized member of the prescribing provider’s staff.

12. **How can a prescriber request a Step Therapy Exemption?**

    Requests can be made by filling out the Step Therapy Exemption form available at [http://pharmacy.medicaid.ohio.gov/prior-authorization](http://pharmacy.medicaid.ohio.gov/prior-authorization). Supporting documentation is required for each exemption based on the nature of the exemption requested. Fax the completed form to 1-800-396-4111 for review.

13. **How will I know if my Step Therapy Exemption has been approved?**

    From the time a Step Therapy Exemption request is received, it will be granted or denied within 24 hours. Notice of the decision will be faxed back to the prescribing provider.

    See Ohio Revised Code 5164.7514 Step Therapy Exemption Process.