Prior Authorization (PA) and Step Therapy Frequently Asked Questions

1. Who can submit a request prior authorization (PA)?
   Only the prescribing provider or a member of the prescribing provider’s staff may request PA except in circumstances of requesting an alternative dosage form for a patient who is tube fed.

   A pharmacist may request PA for an alternative dosage form of a drug to be administered through a tube for patients who are tube fed, if no comparable preferred drug is available.

2. How can I determine if a particular medication requires PA?
   The first step is to search for the medication in the drug look up tool available online at: https://druglookup.ohgov.changehealthcare.com/DrugSearch. Drugs that do not display on the tool are not covered under the Ohio Medicaid program.

   Preferred drugs display “No” under the ‘Prior Authorization Required’ column and do not require PA. Preferred products may require other overrides if therapy exceeds the allowable daily dose, package size, or age, per the program. Providers must show medical necessity in order for these limits to be overridden.

   Non preferred drugs display “Yes” under the ‘Prior Authorization Required’ column.

3. How can I determine what criteria must be met in order for the PA to be approved?
   The criteria for approval of these medications can be found in either the Preferred Drug List (PDL) or Additional Therapeutic Classes with Clinical Criteria documents. Both documents are available online at 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 not?
   Following introduction to the market, new drugs, new formulations or indications of existing drugs, generally require PA until the Pharmacy and Therapeutics Committee complete 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.

6. When should a prescriber request PA?
   PA of drugs that require a PA must be obtained before the drug may be dispensed. All requests must be submitted either in writing by facsimile device (1-800-396-4111) or verbally by telephone (1-877-518-1546). Consider doing this before your patient finishes the appointment.

7. How can a prescriber submit PA?
   Requests for PA can be made by using the PA forms available at 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?
   When multiple drugs are available to treat a medical condition, preferred medications must be tried before other medications.

9. How will I know if a medication requires Step Therapy?
   Step Therapy medications can be found in the Preferred Drug List (PDL). The PDL document is available online at http://pharmacy.medicaid.ohio.gov/drug-coverage. 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 the prescribing provider believes the patient qualifies. Consider doing this before your patient finishes the appointment.

11. **Who can Request a Step Therapy Exemption?**
The Step Therapy Exemption must be requested by the prescribing provider.

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. 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.