

Medication Approval: When Your Rx Needs Prior Authorization

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Ohio

Bureau of Workers'
Compensation

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Webinar Overview

Elements of the prior authorization form (MEDCO-31)

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Elements of the prior authorization form (MEDCO-31)

Request for Prior Authorization of Medication (MEDCO-31)

- Injured worker information
- Prescriber information
- Medication requested and conditions being treated
- Post surgical medication request
- Justification for request
- Prescriber signature and date

How to located a MEDCO-31

- BWC website (www.bwc.ohio.gov)
- Provider page
- Forms
- [Link to MEDCO-31 form](#)

Instructions

- The prescriber should only complete this form.
- Please fax completed form to 866-213-6066.
- To speak with a customer service representative, call 877-543-6446.

Injured worker information	
Request date	BWC claim number
Injured worker name	
Injured worker date of injury	

Injured worker information

Prescriber information	
Prescriber	Prescriber NPI
Prescriber phone	Prescriber fax number

Prescriber information

Medication requested and conditions being treated

Medication requested and conditions being treated (Required)

Medication name	ICD code(s)	ICD code description(s)
1.		
2.		
3.		
4.		

Non-sterile compound
 Sterile compound pain pump
 Sterile compound other
 Brand name drug: The injured worker has a documented, systemic allergic reaction, which is consistent with known symptoms or clinical findings of a medication allergy and has tried other generic drug(s).
A copy of the signed prescription that lists all active pharmaceutical ingredients and indicates the usual and customary cost of the prescription must accompany a non-sterile compound.

Post surgical medication request

Post surgical medication request

Date of scheduled surgery

Justification for the request


Justification for request (Required - attach separate sheet if needed.)

Please document how the medication(s) requested is/are related to the treatment of or the control of symptoms associated with the allowed conditions in the claim.

Justification for the request is VERY important and often times this section is left blank or minimal information is provided to support prior authorization approval.

Prescriber signature and date

Prescriber signature (required)	Signature date
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When is a
MEDCO-31
required

A MEDCO-31 is required when any of these criteria are met:

- More than 270 days since the date of injury or last paid pharmacy bill.
- More than 60 days from the date of injury for a medical only claim.
- Medication for post-surgical care.
- Medication is on the always required list.
- Medication is not related (relatedness) to an allowed claim condition.
- Brand name medication requested when a generic is available.
- Dose exceeds quantity limits as outlined in the outpatient formulary.

Medications that
always require
prior authorization

Medication list

- Tier-2 and Tier-3 long-acting opioids (Fentanyl, Xtampza ER, methadone, oxymorphone ER, Exalgo)
- Benzodiazepines after first 30 days
- Muscle relaxant Metaxalone
- Muscle relaxants after 90 days (excluding baclofen and dantrolene)
- All topical and sterile compounds
- Peripherally-acting narcotics for constipation (Amitiza, Movantik, Symproic)
- Orally disintegrating tablets
- Sustained release gabapentin or pregabalin (Gralise, Horizant)
- Lidocaine products (5% patches, 5% ointment)
- Dronabinol

Relatedness and Prior Authorization

Relatedness is . . .

- A systematic match between an allowed claim condition and what the drug is indicated to treat.
- Applied to most medications on the BWC outpatient formulary.
- Not applied to claims coded as a catastrophic injury.

When is prior authorization required?

- If relatedness is established at the point of service, no prior authorization (PA) is required.
- If relatedness is not established at the point of service, a PA is required.

Relatedness and Prior Authorization Examples

Example 1 – sildenafil prescription

- Pharmacy submits bill to PBM.
- Relatedness applied, allowed claim conditions are post-concussive syndrome, laceration of scalp, and cervical strain.
- Prior authorization is require.

Example 2 – sildenafil prescription

- Pharmacy submits bill to PBM.
- Relatedness applied, allowed claim conditions are asthma, COPD, and impotence.
- Prior authorization is not required.

Formulary and Drug look-up

Outpatient medication formulary

- Ohio Administrative Code 4123-6-21.3
- Formulary appendix is a listing of medication by generic name
- Includes any restrictions
- BWC website (www.bwc.ohio.gov)
- [Link to formulary rule](#)

Drug look-up tool

- BWC website (www.bwc.ohio.gov)
- Provider → Pharmacy Benefits → Outpatient drug formulary → Drug formulary look-up
- [Drug look-up](#)

Drug look-up tool example

CHANGE HEALTHCARE BWC Drug Search

Drug Search Help

Drug Search

Drug Search

Please Note: This site should be used for **REFERENCE ONLY**. It is not to be used to verify payment for Workers Compensation. Coverage should be based on the response received from the pharmacy or other information on this site.

Drug Name
Xtampza

Drug Code
9 or 11 digits

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Prior Authorization Required

Drug Search Help

Drug Search / Search Results

Search Results

The information on this site was last updated on **9/13/2019**.

Filter Search Results
Search results for: Xtampza

Showing all 6 search results for **Xtampza**

Drug Code	Brand Status	Product Description	Route of Administration	Package	Prior Authorization Required	Active Allowed Plan Diagnosis Required
55700055730	Brand	XTAMPZA ER CAP 13.5MG	OR	30 EA BOTTLE	Yes	No
24510011510	Brand	XTAMPZA ER CAP 13.5MG	OR	100 EA BOTTLE	Yes	No
24510012010	Brand	XTAMPZA ER CAP 18MG	OR	100 EA BOTTLE	Yes	No
24510013010	Brand	XTAMPZA ER CAP 27MG	OR	100 EA BOTTLE	Yes	No

Drug look-up tool example

CHANGE HEALTHCARE BWC Drug Search

Drug Search | Help

Drug Search

Drug Search

Please Note: This site should be used for **REFERENCE ONLY**. It is not to be used to verify payment of a particular pro Workers Compensation. Coverage should be based on the response received from the pharmacy claims processor and information on this site.

Drug Name
Omeprazole

Drug Code
9 or 11 digits

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Relatedness

CHANGE HEALTHCARE BWC Drug Search

Drug Search | Help

Drug Search / Search Results

Search Results

The information on this site was last updated on **9/13/2019**.

Filter Search Results
Search results for: Omeprazole

Showing 1 - 500 of 596 search results for **Omeprazole**

Drug Code	Brand Status	Product Description	Route of Administration	Package	Prior Authorization Required	Active Allowed Plan Diagnosis Required
68084055595	Generic	OMEPRAZOLE CAP 10MG	OR	1 EA BLISTER	No	Yes
33261011706	Generic	OMEPRAZOLE CAP 10MG	OR	6 EA BOTTLE	No	Yes
33261011707	Generic	OMEPRAZOLE CAP 10MG	OR	7 EA BOTTLE	No	Yes
33261011714	Generic	OMEPRAZOLE CAP 10MG	OR	14 EA BOTTLE	No	Yes
33261011721	Generic	OMEPRAZOLE CAP 10MG	OR	21 EA BOTTLE	No	Yes

Drug look-up tool example

Non-formulary Medication

The screenshot shows the search interface of the CHANGE Healthcare BWC Drug Search tool. At the top left is the logo 'CHANGE HEALTHCARE' and the title 'BWC Drug Search'. Below the logo are navigation links for 'Drug Search' and 'Help'. The main heading is 'Drug Search'. A 'Please Note' box states: 'This site should be used for REFERENCE ONLY. It is not to be used to verify Workers Compensation. Coverage should be based on the response received from the pharmacy information on this site.' There are two search input fields: 'Drug Name' with 'Oxycontin' entered and a 'Search' button, and 'Drug Code' with '9 or 11 digits' entered and a 'Search' button. A copyright notice '© 2019 Change' is visible at the bottom right of the page.

The screenshot shows the search results page of the CHANGE Healthcare BWC Drug Search tool. At the top left is the logo 'CHANGE HEALTHCARE' and the title 'BWC Drug Search'. Below the logo are navigation links for 'Drug Search' and 'Help'. The main heading is 'Search Results'. A note states: 'The information on this site was last updated on 9/13/2019.' There is a 'Filter Search Results' section with a dropdown menu showing 'Search results for: Oxycontin' and an 'Apply' button. Below this, it says 'Showing all 0 search results for Oxycontin'. A table with the following columns is shown: Drug Code, Brand Status, Product Description, Route of Administration, Package, Prior Authorization Required, and Active Allowed Plan Diagnosis Required. The table is currently empty. A 'Drug Search' link is located at the bottom center. At the bottom right, there is a copyright notice '© 2019 Change Healthcare, All rights reserved.', the Ohio Bureau of Workers' Compensation logo, and the version number 'v.1.2.4'.

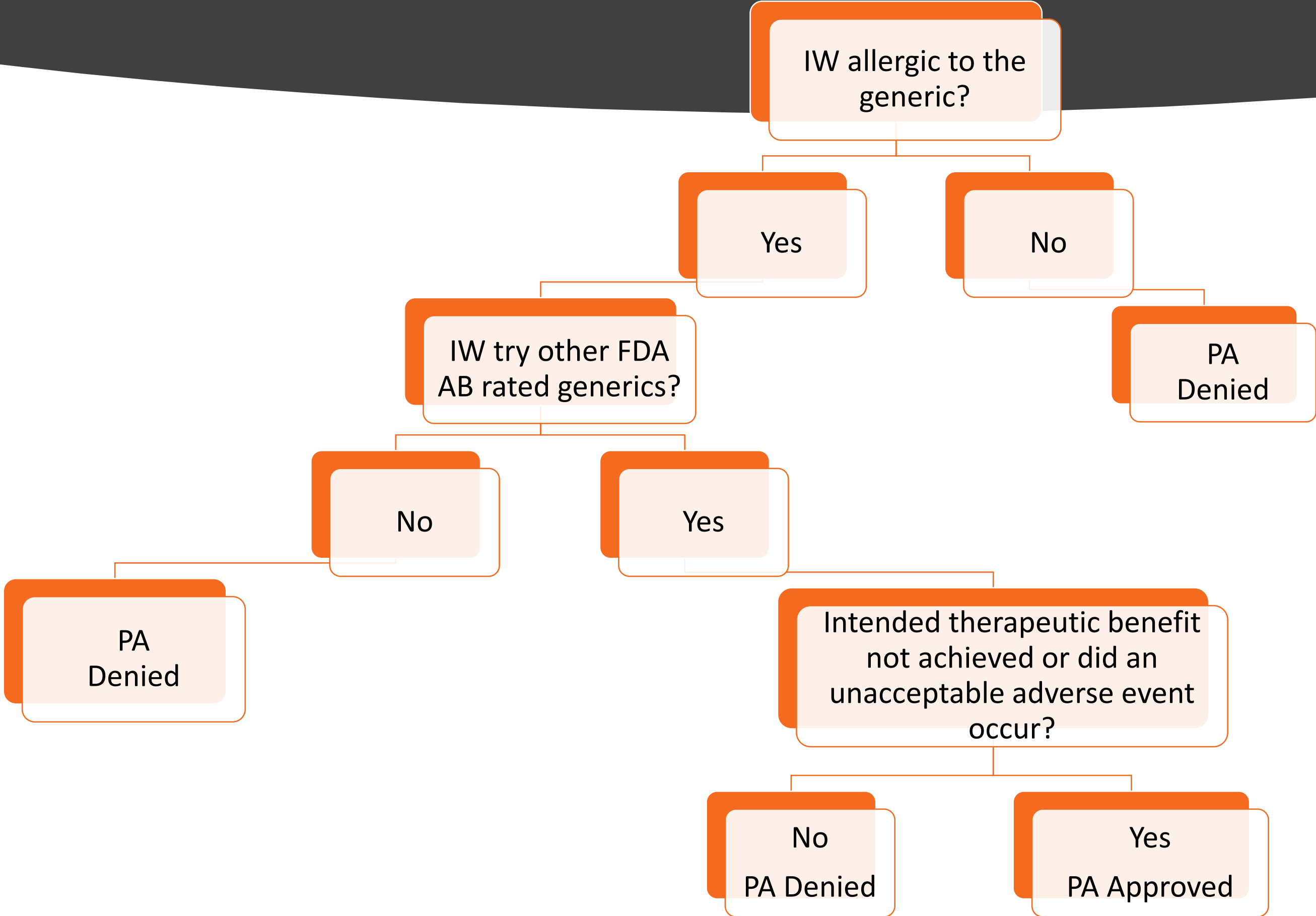
Brand
authorization
when a generic is
available

Payment for outpatient medication

Ohio Administrative Code 4123-6-21 (J)(1) and (2)

- Injured worker (IW) has a documented, systemic allergic reaction which is consistent with known symptoms or clinical findings of a medication allergy; and
- IW has been prescribed, and has tried, other A code drugs in the therapeutic class and the intended therapeutic benefit has not been achieved or an unacceptable adverse event has occurred
- If criteria is not met and IW chooses brand name medication, the IW will be charged a copay.
- Copay = brand medication cost – generic cost.

Brand name prior authorization process



Questions