



Pharmacy Guide for WellCare of Ohio Medicaid Providers

PRIOR AUTHORIZATION LIST AND PREFERRED DRUG LIST

The Prior Authorization List includes PDL and non-PDL drugs that require prior authorization.

The PDL and PA lists can be viewed at ohio.wellcare.com.

Click on *For Providers*, then on the *Pharmacy* tab at the top of the page.

Preferred Drug List

The Preferred Drug List (PDL) is a standardized prescribing reference and clinical guide of prescription drug products selected by WellCare's Pharmacy & Therapeutics (P&T) Committee. The selection of drugs is based on the drugs' efficacy, safety, side effects, pharmacokinetics, clinical literature and cost-effectiveness profile.

Prior Authorization

WellCare's prior authorization (PA) process is designed to minimize adverse drug events, ensure appropriate utilization and clinical monitoring, and maintain the highest level of pharmaceutical care for your patients.

Prior authorization is required for any of the following:

- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity maximum
- Prescriptions that exceed \$1,000 per prescription (some exceptions apply), and/or plan limitations
- Most self-injectable and infusion medications
- Medications not listed on the PDL
- PDL medications identified as having a quantity limit (QL), a step edit (SE) or needing prior authorization (PA)
- Request for a brand-name drug when a generic exists
- Drugs with a step edit and the first-line drug is inappropriate

Obtaining a Prior Authorization

Submit all requests to the Pharmacy Department following these three easy steps:

1. Complete a Coverage Determination Request form located in the Forms section of the Provider Manual and online at ohio.wellcare.com.
2. Fax the form to WellCare's Pharmacy Department at 1-877-277-6892.
3. Include pertinent medical history when submitting a PA form for medical exception.

Our standard is to respond to PA requests within 24 hours.





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Emergency Supply/After-Hours Prescription Requests

If a member is in need of a prescription that requires a prior authorization during weekends or after hours, a three-day emergency supply may be authorized at a network pharmacy. This does not include excluded drugs as defined in the Provider Manual.

During weekends and after normal business hours, Walgreen's Health Initiatives (WHI) is accessible to health care providers.

Situations requiring emergency prescription fills include:

- When the member leaves a hospital emergency room (ER) with a prescription from a non-network physician.
- When the member needs a pharmaceutical product for a condition that will be life-threatening if a prescription is not obtained immediately.
- When a member is discharged from an institution (rehab facility, long-term care facility, etc.) and requires a prescription that, if not obtained, may result in a hospitalization.

Please see the Ohio Medicaid Provider Manual for additional information.

Pharmacy forms and more in-depth information can be found on the *Pharmacy* tab on ohio.wellcare.com.



**WellCare of Ohio
Pharmacy Services:**
Monday–Friday
8am–9pm Eastern
(including after hours
and weekends)
1-800-678-3184

Prior Authorization Fax:
1-877-277-6892

