



Requesting Authorization for Injectables in Ohio

Effective Feb. 1, 2010, prescription drug coverage for medication obtained at the pharmacy by members changed for all Ohio Medicaid members. Coverage for these medications is now provided by the Medicaid fee-for-service (FFS) program.

Drugs administered in a provider setting such as a physician office, hospital, outpatient department, clinic, dialysis center, or infusion center will still be covered by Unison Health Plan and previous prior authorization requirements will still apply.

The following drugs still require prior authorization:

- Antipsychotics and other psychiatric or substance abuse injectables *
- Blood Modifiers
- Botulinum toxin
- Enzymes and enzyme inhibitors
- Hormonal Therapy
- Immunologic agents
- Oncology chemotherapy
- Orthopedic Agents
- Recombinant products

For antipsychotic and other psychiatric injectable medications, please contact our Behavioral Health department at: 866-261-7692 for prior authorization.

For all other requests for drugs administered in a provider setting, please contact our Utilization Management department at: 800.366.7304 for prior authorization.

Once a prior authorization is obtained, Providers can either:

- **Call Medmark @ 888-456-7274, our specialty pharmacy.** Medmark will bill Unison, thus the authorization will be entered for Medmark. They may require the provider to submit paperwork/prescription/over the phone information.

OR

- Buy and bill the medications. If they buy and bill, the provider will bill Unison, thus the authorization will be entered for the provider.

*** Specific information re: Injectable Psychotropics:**

Risperdal Consta: J2794 Injection, risperidone, long acting, 0.5 mg.

Par providers do not require an authorization for Risperdal.

CMHCs and non-par providers do need to have an authorization.

- Unison is in the process of obtaining required information from the CMHCs, including W-9 forms, to allow the CMHCs to bill as a par provider, until this information is obtained and loaded, an authorization is needed.

All providers & Medmark require prior authorization for:

Vivitrol: J2315 Injection, naltrexone, depot form 1mg

Invega: 96365: Each additional Sequential IV push of a new substance/drug.

Zyprexa Relprevv: 96365 Each additional Sequential IV push of a new substance/drug.

Authorizations can be entered for up to 1 year.