

NYRx Prior Authorization Submission Guide

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Introduction

NYRx, the New York State Medicaid Pharmacy program, covers medically necessary FDA-approved prescription and non-prescription drugs for Medicaid members. Certain drugs/drug categories require the prescribers to obtain prior authorization before NYRx will cover the cost of the drug. Information on prior authorization requirements can be found on the [NYRx Preferred Drug List \(PDL\)](#). To review a list of preferred products that generally do not require prior authorization when prescribed according to FDA labeling, unless otherwise indicated, refer to the [NYRx Preferred Drug Quick List](#).

Purpose

The purpose of this guide is to provide detailed information and answer questions about NYRx prior authorization submission.

Frequently Asked Questions

1. What is prior authorization?

Prior authorization is a utilization management process used to determine if a medication meets the criteria for coverage of cost by NYRx. The NYRx program requires prior authorization for non-preferred drugs and for select drugs or drug classes where additional information is needed to ensure appropriate and medically necessary use that is not likely to result in adverse medical consequences. Preferred products and coverage criteria are determined and based on recommendations by the [New York State Drug Utilization Review Board \(DURB\)](#).

2. Where can prior authorization requirements be found?

Details about prior authorization requirements can be found on the [NYRx Preferred Drug List \(PDL\)](#). Program criteria requirements are indicated by red superscripts within the PDL and specify the criteria requirements for a specific drug or drug class. Refer to the [NYRx Preferred Drug Program \(PDP\)](#) or the [NYRx Drug Utilization Review Board \(DURB\)](#) for more information. In most cases, preferred products will not require a prior authorization when prescribed according to the FDA labeling. Prescribers should review the criteria before requesting prior authorization and prescribe preferred products when clinically appropriate. When submitting a prior authorization, it is important to include all necessary member, prescriber, and clinical information.

Note: NYRx recognizes diagnoses by ICD-10 code included in a member's electronic medical record (EMR) and previous drug history in NYRx claims data. When required information is found at the time of pharmacy claim submission, a prior authorization is automatically generated. The provider

does not need to initiate a prior authorization. Providers should include all applicable diagnosis codes in a member's electronic medical record (EMR) and submit their claims in a timely manner to decrease the need to manually obtain prior authorization.

3. What do I need to know about claim submissions with ICD-10?

Important reminders to providers and pharmacies to help streamline NYRx pharmacy claim submission:

- NYRx recognizes diagnoses by ICD-10 code included in a member's Medicaid claim history.
- When all required criteria are found in Medicaid claim history at the time of pharmacy claim submission, a prior authorization is automatically generated.
- Providers should include all applicable diagnosis codes in a member's electronic medical record (EMR) and submit their claims to Medicaid in a timely manner to decrease the need to obtain prior authorization from NYRx.
- For information on NYRx prior authorization criteria, refer to the [NYRx Preferred Drug List \(PDL\)](#).
- For additional information on ICD codes, refer to the [ICD Search Tool](#).

4. What information is required when submitting a prior authorization?

- Both fax and phone requests require the prescriber or their authorized agent to provide the following:
 - Member's name
 - Member's date of birth
 - Member's Medicaid client identification number (CIN)
 - Prescriber's name
 - Prescriber's national provider identifier (NPI)
 - Prescriber's phone number
 - Prescriber's fax number
 - Drug being requested (name, strength, direction, quantity, and refills)
- For non-preferred drugs confirmation of one or more of the following:
 - Treatment failure with a preferred agent
 - Adverse reaction with a preferred agent

- Documented history of successful therapeutic control with the non-preferred agent and transition to a preferred agent is contraindicated.
- Drug Utilization Review (DUR) criteria requirements may include:
 - Diagnosis (ICD-10)
 - Age
 - Frequency/Quantity/Duration
 - Step Therapy
- Brand Less Than Generic (BLTG) Program:
 - A prior authorization for the generic version of a drug in the BLTG program should not be submitted unless there is a contraindication to the use of the brand-named product.
 - Pharmacies should use the brand name drug and submit DAW code 9 (Substitution Allowed by Prescriber but Plan Requests Brand).
- Prior authorizations should not be submitted for drugs if the diagnosis provided is one excluded by [federal and/or state legislation](#).
- Prior authorizations should not be submitted for drugs that do not require prior authorization.

5. Who can obtain a prior authorization?

Only a prescriber with an active NPI and enrolled in NYRx*, or their authorized agent may obtain a prior authorization.

*Unlicensed Interns, Residents, and Foreign Physicians in Training Programs are eligible to prescribe and request prior authorization for Medicaid members in NYRx, the Medicaid Pharmacy program, without enrollment as a Medicaid provider. For further information related to Unlicensed Prescribers, please see [NYRx OPRA Notification](#).

6. Who is considered an authorized agent?

An authorized agent is an employee of the prescribing practitioner who has access to the patient's medical records. For example, a nurse, medical assistant, etc. Prior authorization submitted by third parties, outside of the parameters listed here, will not be accepted.

7. Can a pharmacy submit a prior authorization?

- No, pursuant to Social Security Law, only the prescriber or their authorized agent can obtain prior authorization.
- If the pharmacist or prescriber determines an emergency condition exists, they may request an emergency 72-hour authorization by calling the NYRx clinical call center. An emergency

condition is defined as a condition that places the health or safety of the person afflicted with such condition or other person(s) in serious jeopardy.

8. Does the pharmacist need to input the prior authorization number to receive a paid claim?

Effective December 29, 2011, pharmacy providers will no longer have to validate prior authorizations, and prior authorization numbers will no longer need to be written on a prescription or submitted on a claim.

9. What happens when a member gets to the pharmacy and is told that their drug requires prior authorization?

The pharmacist may contact the prescriber and work with them to switch to a preferred product or advise them that they will need to contact the NYRx Clinical Call Center to obtain prior authorization. Enrollees may also contact their prescriber to discuss their prescriptions.

Note: NYRx is the payor of last resort. If a member has other insurance, claims must be submitted and are subject to the criteria requirements of all other payors prior to submitting to NYRx. If a member's primary insurance has paid toward the prescription, NYRx will not require prior authorization to pay secondary.

10. How can a prior authorization be submitted?

- By Phone:
 - A provider or their authorized agent may request a prior authorization by phone by calling the NYRx Clinical Call Center at 1-877-309-9493 to initiate a prior authorization. The NYRx Clinical Call Center is operational 24 hours a day, 7 days per week.
 - Most prior authorizations initiated via phone call have a determination made within the initial phone call.
- By Fax:
 - Prescribers or their authorized agents may submit a [standard prior authorization fax form](#) or [drug-specific worksheet](#) by fax to 1-800-268-2990.
 - Fax requests are responded to with a fax back to the number indicated on the fax form within 24 hours.
- Duplicate prior authorization requests **should not** be submitted within a 24-hour period.
- If you have questions regarding the status of a prior authorization, we recommend asking the pharmacy to rerun the claim or call the provider's office for an update.

- For complex pharmacy issues in need of the support of clinical liaisons, please contact the NYRx Education & Outreach Call Center at 1-833-967-7310, Monday – Friday, 8:00 AM – 5:00 PM ET, excluding holidays.

11. Where can a prior authorization be submitted for a DMEPOS-covered product or enteral formula?

- Prior authorizations for Durable Medical Equipment (DME) should be submitted directly to DMEPOS via [ePACES](#).
- For guidelines related to DME prior authorizations, refer [NYRx Durable Medical Equipment, Prosthetics, Orthotics, and Supplies](#) and [New York State Medicaid Program Durable Medical Equipment Prior Approval Guidelines](#).
- For [enteral formulas](#), the ordering physician can access the [Enteral Web Portal](#) or use the telephonic IVR system, 1-866-211-1736

12. Which drugs have a specific prior authorization form?

Unless the drug has a specific prior authorization form, the standard form can be utilized for submission.

The following drugs have a specific prior authorization [form](#):

- [Anabolic Steroids Prior Authorization Worksheet for Prescribers](#)
- [Continuous Glucose Monitor \(CGM\) Prior Authorization Worksheet](#)
- [esketamine \(Spravato®\) Prior Authorization Worksheet for Prescribers](#)
- [Growth Hormone - Adults \(18 Years and Older\) Prior Authorization Worksheet for Prescribers](#)
- [lidocaine patch Prior Authorization Worksheet for Prescribers](#)
- [Opioid Agents Prior Authorization Worksheet for Prescribers](#)
- [oxazolidinone antibiotics \(Sivextro®, Zyvox®\) Prior Authorization Worksheet for Prescribers](#)
- [palivizumab \(Synagis®\) Prior Authorization Worksheet for Prescribers](#)
- [phosphodiesterase type-5 \(PDE-5\) Inhibitors for PAH Prior Authorization Worksheet for Prescribers](#)
- [Preferred Insulin Pump or Patch Prior Authorization Worksheet](#)
- [Pubertal Suppressants/Cross-Sex Hormones Prior Authorization Worksheet for Prescribers](#)
- [somatropin \(Serostim®\) Prior Authorization Worksheet for Prescribers](#)
- [Topical Compounds Prior Authorization Worksheet for Prescribers](#)

Note: Anabolic steroids, adult growth hormones, Serostim, Spravato, Synagis, and Xyrem/Xywav forms require a signature from the provider which can be written, a stamp, or electronic.

Note: Prior authorization requests for anabolic steroids can only be initiated by fax and must be on the [Anabolic Steroids Prior Authorization Worksheet for Prescribers](#), which requires a prescriber's signature. This does not apply to anabolic steroids used as Hormone Replacement Therapy in the treatment of Gender Dysphoria.

13. What is the review time for prior authorizations?

Prior authorizations received via fax are responded to within 24 hours. Prior authorizations received via phone are generally resolved on the initial phone call.

14. Is more than one prior authorization submission necessary?

- No, more than one prior authorization submission is not required. If more information is needed, a request for that information will be sent from the NYRx Clinical Call Center to the provider's office directly.
- Submitting more than one prior authorization for the same case within a 24-hour period may result in slower processing of the request.

15. How is notification provided that a prior authorization has been approved?

Prior authorization fax requests are responded to by fax back to the fax number provided on the fax form as soon as the information is available. Prior authorization phone requests are provided information during the phone call.

16. What should a pharmacy do if a claim continues to reject requesting a prior authorization?

Pharmacies should make sure to update the date of service when reprocessing the claim. Pharmacies can also reach out to the prescriber directly to ensure a prior authorization has been submitted.

17. When should a pharmacy send a request to a prescriber for a prior authorization?

When the primary rejection at POS indicates to call the NYRx Clinical Call Center for a prior authorization.

18. When should a pharmacy not send a request to a prescriber for a prior authorization?

When the primary rejection **does not** indicate to call the NYRx Clinical Call Center for a prior authorization. Examples include:

- Drugs in the Brand Less Than Generic program. The pharmacist should dispense the brand name drug using DAW 9 (Substitution Allowed by Prescriber but Plan Requests Brand) and not request the prescriber submit a prior authorization for the generic version unless there is a contraindication to use of the brand-named product.
- When prior authorizations are for Durable Medical Equipment (DME).

19. What opportunities are available to learn more about NYRx, the Medicaid Pharmacy Program?

For a full list of opportunities available to learn more about NYRx, the Medicaid Pharmacy Program, please visit our [website](#).

Resources

- [NYRx Education & Outreach Website](#)
- [NYRx Excluded Diagnoses](#)
- [NYRx Preferred Drug List](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.