

Prior Authorization Instructions for Prescribers

New York State Medicaid Program Mandatory Generic Drug Program

Prior Authorization Call Line: 1-877-309-9493

Program Information

- Brand name drugs with an A-rated generically and therapeutically equivalent product (as determined by the FDA) must be prior authorized.
- A prior authorization is not required from the Mandatory Generic Program for brand name drugs when there is no A-rated generic.
- The following drugs are exempt from the Mandatory Generic Program requirements and do not require prior authorization:

| | | | | |
|------------|-----------|-------------|------------|-----------|
| Clozaril® | Coumadin® | Dilantin® | Gengraf® | Lanoxin® |
| Levoxy® | Neoral® | Sandimmune® | Synthroid® | Tegretol® |
| Unithroid™ | Zarontin® | | | |
- The prescriber or an agent of the prescriber must call the prior authorization call line to initiate a prior authorization for a brand name drug. *An authorized agent is an employee of the prescribing practitioner and has access to the patient's medical records (i.e. nurse, medical assistant).*
- A voice interactive call line is utilized to obtain a prior authorization. Prescribers or their agents should be prepared to answer the questions below and document the drug name, the reason the brand name drug is being requested, and the prior authorization number in the patient's medical record. The prescriber must write "DAW" and "Brand Medically Necessary" on the face of the prescription.

Prescriber Procedure

- To initiate the prior authorization process, the prescriber must call the prior authorization phone line at **1-877-309-9493** and select **Option 1** for Prescriber.
- Select **Option 1 again** to obtain a prior authorization for a brand name drug. Please be prepared to provide the following information when calling:
 - Prescriber's National Provider Identifier (NPI)
 - Enrollee's ID number
 - Brand name drug name
- Select the medical reason you are prescribing the brand name drug:
 - Allergy to generic drug inactive ingredient(s)
 - Adverse reaction to generic drug inactive ingredient(s)
 - Documented history of successful therapeutic control with brand name drug
- If uncertain which selection to make or if assistance with the prior authorization process is required, select **Option 3** for support.

- Once authorization is given and a prior authorization is obtained, the number must be written on the face of the prescription. You must also write “DAW/Brand Medically Necessary” on the face of the prescription.

For billing questions, call 1-800-343-9000.

For clinical concerns or Mandatory Generic Program questions, visit www.nyhealth.gov and <http://newyork.fhsc.com> or call 1-877-309-9493.

For Medicaid pharmacy policy and operations questions, call 1-518-486-3209.