

NEW YORK STATE MEDICAID PROGRAM
PRIOR AUTHORIZATION INSTRUCTIONS FOR PHARMACY

Prior Authorization Call Line 1-877-309-9493

PROGRAM INFORMATION

Preferred Drug Program

- ◆ Drugs identified as "Preferred" do not require prior authorization. **Preferred drugs will be added to the Preferred Drug List (PDL) on an ongoing basis.**
- ◆ Drugs identified as non-preferred require prior authorization.
- ◆ A list of preferred and non-preferred drugs is available at www.nyhealth.gov and at <http://newyork.fhsc.com>.

Clinical Drug Review Program

- ◆ Drugs included in the CDRP require prior authorization.
- ◆ A list of CDRP drugs is available at www.nyhealth.gov and at <http://newyork.fhsc.com>.

Mandatory Generic Program

- ◆ Brand-name drugs with an A-rated therapeutically equivalent product (as determined by the FDA) must be prior authorized. A prior authorization is not required from the Mandatory Generic program when there is no A-rated generic.

PHARMACY PROCEDURE

To initiate the prior authorization process, the pharmacist must call the prior authorization phone line at **1-877-309-9493**

Select **Option "2"** for Pharmacist

Preferred Drug Program

Select **Option "1"** to validate a prior authorization for a non-preferred drug. The prior authorization number ends with the letter "W".

Clinical Drug Review Program

Select **Option "1"** to validate a prior authorization for a CDRP drug. The prior authorization number ends with the letter "W".

Mandatory Generic Program

Select **Option "2"** to validate a prior authorization for a brand-name drug. The prior authorization number does not end with the letter "W".

Please be prepared to provide the following information by completing the pharmacy worksheet:

- ◆ Prior authorization number
 - ◆ Enrollee's ID number – 2 letters, 5 numbers, 1 letter
 - ◆ Pharmacy 10-digit National Provider Identifier (NPI)
 - ◆ Pharmacy category of service (for Mandatory Generic program only)
 - ◆ 10-digit telephone number starting with area code
 - ◆ 11-digit NDC of the drug you are dispensing
 - ◆ Quantity of the fill as a whole number
 - ◆ Number of refills ordered
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- ◆ You will hear a message that you have authorization to dispense the drug.
 - ◆ Pharmacists may enter multiple prior authorizations during one telephone call.
 - ◆ Use the same prior authorization number on claims for refills – you do not need to call the prior authorization line again for refills of this prescription.

SUBMITTING A CLAIM

- ◆ After the prior authorization is complete, there will be a slight delay while the information is transmitted to our fiscal agent. **Until that transfer occurs, the prescription cannot be adjudicated on-line.** We recommend you wait approximately two minutes before you begin your claim submission.
- ◆ When billing a prescription, the prior authorization number must be entered into the prior authorization code field. Do **NOT** enter the "W" in the prior authorization field when submitting a claim.
- ◆ No more than two claims with prior authorization numbers can be submitted for payment in one transaction. Refer to the ProDUR/ECC Provider Manual for complete instructions.

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

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

For Medicaid pharmacy policy and operations questions, call (518) 486-3209

**NEW YORK STATE MEDICAID PROGRAM
PRIOR AUTHORIZATION VALIDATION WORKSHEET FOR PHARMACY**

Prior Authorization Call Line 1-877-309-9493

PRIOR AUTHORIZATION NUMBER
Prior Authorization Number (11- digit): _____
ENROLLEE INFORMATION
Enrollee Identification Number: _____ (2 letters, 5 numbers, 1 letter)
PHARMACY INFORMATION
Pharmacy National Provider Identifier (NPI): _____
Pharmacy Category of Service: _____ (0161, 0441, 0288)
Pharmacy Telephone Number with Area Code: (____)- _____ - _____
NDC (11-digit): _____
Quantity (per fill): _____
Number of Refills: _____

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