Second Generation Antipsychotics (SGA) Prior Authorization (PA) Instructions  
New York State FFS Medicaid Program

**Prior Authorization Call Line:** 1-877-309-9493 **Prior Authorization Fax Line:** 1-800-268-2990

# Prescriber Procedure

* Please refer to the Preferred Drug List (PDL) for a listing of the preferred and non-preferred SGAs and Coverage Parameters prior to requesting PA: <https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf>
* Prescribers or agents of the prescriber may request PA for a non-preferred drug or a preferred drug subject to step therapy or frequency/quantity/duration limits either by contacting the call center or by using the PA form. An authorized agent is an employee of the prescribing practitioner and has access to the patient's medical records (i.e. nurse, medical assistant)
  + To initiate the PA process via phone, the prescriber must contact the clinical call center at 1-877-309-9493, select Option “1” for Prescriber and then select Option “1” again to reach an agent.
  + To initiate the PA process via fax, a completed PA request form should be sent to 1-800-268-2990. To expedite the process, please be certain to complete the form in its entirety, including case specific diagnosis. Fax requests may take up to 24 hours to process. The PA form is available at: <https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf>
* Be prepared to provide the following information when calling for a SGA PA:
* Prescriber’s NPI
* Enrollee’s Medicaid ID number
* Drug name, strength, directions, quantity and number of refills
* Clinical rationale for use of the SGA
* Be prepared to answer the following questions. You may not need to answer all questions, depending on your patient’s case:
  + What is the patient’s diagnosis?
  + Are you a psychiatrist or is there documentation of an evaluation by a psychiatrist?
  + Has the patient experienced a treatment failure with the preferred SGA?
  + Has the patient experienced an adverse drug reaction with a preferred SGA?
  + Is there a documented history of successful therapeutic control with a non-preferred SGA and transition to a preferred SGA is medically contraindicated?

**Additional Notes**

* There are FQD and Age Limits for some of the SGAs. Please refer to the PDL for additional information, prior to requesting PA for this class: <https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf>
* Please be prepared to provide clinical rationale/documentation in the following cases:
  + If a patient is below the drug-specific minimum age
  + If the patient does not have an FDA Approved or Compendia-supported diagnosis for the SGA
* Please consider providing the following information if it is relevant and applies to the patient:
  + Transition of Care Hospital and/or Residential Treatment Facilities Information (contact, phone number, length of stay)
  + Life Situations Information such as foster care transition, etc.
* In some cases, you may be transferred to a pharmacist to complete the PA request. If the patient is under the drug-specific minimum age and is not established on the medication, the prescriber may be required to have a peer-to-peer review with a medical director to further discuss the clinical rationale for prescribing outside FDA approved guidelines.
* At any time during the PA process, the prescriber can request a peer-to-peer review with the medical director to discuss your patient, the clinical criteria and the medication that is being requested.
* If a peer-to-peer review is required or is requested, please note that the medical director will contact the prescriber within 24 hours. It is important to provide detailed and accurate contact information and hours of availability so the medical director can reach the prescriber promptly.