

**NEW YORK STATE MEDICAID PROGRAM  
PRIOR AUTHORIZATION INSTRUCTIONS FOR PRESCRIBERS**

**MANDATORY GENERIC DRUG PROGRAM**

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

**PROGRAM INFORMATION**

- ◆ With the exception of drugs subject to the Preferred Drug Program, 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®  
Levoxyl®  
Unithroid™**

**Coumadin®  
Neoral®  
Zarontin®**

**Dilantin®  
Sandimmune®**

**Gengraf®  
Synthroid®**

**Lanoxin®  
Tegretol®**

- ◆ 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.
- ◆ A voice interactive call line is utilized to obtain a prior authorization. Fax requests are not permitted for the Mandatory Generic Program.
- ◆ 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. A copy of the prior authorization worksheet must be maintained 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 "2"** to obtain a prior authorization for a brand-name drug. Please be prepared to provide the following information when calling:
  - ◆ Prescriber's Medicaid ID number or license number
  - ◆ Recipient's Medicaid ID number
  - ◆ Brand- name drug name
- ◆ Select the medical reason you are prescribing the brand-name drug,
  1. Allergy to generic drug inactive ingredient(s)
  2. Adverse reaction to generic drug inactive ingredient(s)
  3. Documented history of successful therapeutic control with brand-name drug
- ◆ 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](http://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 WORKSHEET FOR PRESCRIBERS**

**MANDATORY GENERIC DRUG PROGRAM**

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

**PRESCRIBER INFORMATION**

Provider ID Number (MMIS) \_\_\_\_\_  
OR license \_\_\_\_\_  
NYS Physician /PA/Resident: 0 0 \_\_\_\_\_  
NYS Optometrist: U \_\_\_\_\_ or V \_\_\_\_\_  
NYS Nurse Practitioner/Midwife: F \_\_\_\_\_  
NYS Dentist: 0 0 0 \_\_\_\_\_  
NYS Podiatrist: 0 0 0 0 \_\_\_\_\_  
OR  
Out-of-State License: \_\_\_\_\_  
(Use your state abbreviation in the first two spaces.)

**RECIPIENT INFORMATION**

Recipient Medicaid ID # (2 letters, 5 numbers, 1 letter): \_\_\_\_\_

**MEDICAL INFORMATION**

DRUG NAME \_\_\_\_\_

**REASON BRAND-NAME DRUG IS REQUIRED**

The patient's medical record documents the following primary reason for the brand-name prescription.  
(Indicate the number that corresponds with the primary reason the brand-name drug is required)

1. Allergy to generic drug inactive ingredient(s)
2. Adverse reaction to generic drug inactive ingredient(s)
3. Documented history of successful therapeutic control with brand-name drug \_\_\_\_\_

**PRIOR AUTHORIZATION NUMBER**

Record the prior authorization number here for your records and on the top of the patient's "BRAND" prescription.  
REMEMBER: YOU MUST ALSO WRITE "DAW" AND "BRAND MEDICALLY NECESSARY" ON THE PRESCRIPTION.

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