

**NEW YORK STATE MEDICAID PROGRAM
PRIOR AUTHORIZATION INSTRUCTIONS FOR PHARMACY
PHARMACY EMERGENCY SUPPLY / GENERIC UNAVAILABLE**

Prior Authorization Call Line 1-877-309-9493

EMERGENCY SUPPLY

Mandatory Generic Program and Preferred Drug Program

- ◆ If a prior authorization number has not been obtained by the prescriber and the pharmacist or recipient has attempted but is unable to reach the prescriber, the pharmacist may obtain a prior authorization for up to a 72 hour emergency supply of a brand-name or non-preferred drug. (Subject to State laws and Medicaid restrictions).
- ◆ The pharmacist is expected to follow-up with the prescriber to determine future needs. Once a 72 hour supply prior authorization number is given and a 72 hour supply is dispensed, the prescription is no longer valid for the remaining quantity and refills.

GENERIC NOT AVAILABLE IN THE MARKETPLACE

- ◆ If the pharmacist has attempted to provide an A-rated generic for a brand-name product and the generic is unavailable for purchase in the marketplace, the pharmacist must obtain a prior authorization for the brand-name product.
- ◆ The prior authorization is effective for the original dispensing and up to five refills within six months (subject to other State laws and Medicaid restrictions).

PHARMACY PROCEDURE

- ◆ To initiate and complete the prior authorization process, the pharmacist must call the prior authorization phone line at **1-877-309-9493** and select **Option "2"** for Pharmacist.

EMERGENCY SUPPLY

Mandatory Generic Program

- ◆ Select Option "2" for a prior authorization that does not include the letter "W".
- ◆ Select Option "3" for Mandatory Generic prior authorization.
- ◆ Select Option "6" for Pharmacist
- ◆ Select Option "2" when a prior authorization number is not written on the prescription.
- ◆ Select Option "1" for Emergency supply and respond to the following questions
 1. Are you unable to reach the ordering prescriber to discuss the brand-name prescription?
 2. Is the brand-name drug needed on an emergency basis?

Preferred Drug Program

- ◆ Select **Option "3"** when you need to obtain an emergency 72 hour supply
- ◆ A call center representative will then ask the following questions
 1. Are you unable to reach the ordering prescriber to discuss the non-preferred prescription?
 2. Is the non-preferred drug needed on an emergency basis?

GENERIC NOT AVAILABLE IN THE MARKETPLACE:

- ◆ Select Option "2" for a prior authorization that does not include the letter "W".
- ◆ Select Option "3" for Mandatory Generic prior authorization.
- ◆ Select Option "6" for Pharmacist
- ◆ Select Option "2" when a prior authorization number is not written on the prescription
- ◆ Select Option "2" for Generic not available in the marketplace and respond to the following question
 1. Is the generic drug currently available in the marketplace?

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

- ◆ Prescriber Medicaid ID number or license number
- ◆ Recipient's Medicaid ID number
- ◆ Pharmacy 8 digit Medicaid MMIS number
- ◆ Pharmacy category of service
- ◆ 10-digit telephone number starting with area code
- ◆ 11-digit NDC of drug you are dispensing
- ◆ Quantity of the fill as a whole number (not to exceed three days for an emergency supply)
- ◆ Number of refills ordered (No refills for an emergency supply)

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.
- ◆ 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.

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

PHARMACY EMERGENCY SUPPLY / GENERIC UNAVAILABLE WORKSHEET

Prior Authorization Call Line 1-877-309-9493

EMERGENCY SUPPLY	
Are you unable to reach the ordering prescriber to discuss the brand- name prescription?	YES ____ NO ____
Is the brand-name drug needed on an emergency basis?	YES ____ NO ____
GENERIC NOT AVAILABLE IN THE MARKETPLACE	
Is the generic drug currently available in the marketplace?	YES ____ NO ____
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): _____	
PHARMACY INFORMATION	
Pharmacy MMIS number: _____	
Pharmacy Category of Service (COS): _____ (0161, 0441, 0288)	
Pharmacy Telephone Number with Area Code: _____ - _____ - _____	
NDC (11 digit): _____	
Quantity (not to exceed 72 hour supply for an): _____	
Number of Refills (No refills for emergency supply): _____	
PRIOR AUTHORIZATION NUMBER	
Record the prior authorization number here for your records and on the top of the patient's prescription. RETAIN THIS WORKSHEET	_____

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 (518) 486-3209