

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

Prior Authorization Call Line (877) 309-9493

Affected Drug	Status effective April 30, 2003
• Clarinex	Prior authorization required
• Allegra/Allegra D	Prior authorization required
• Zyrtec/Zyrtec D	Prior authorization required
• Semprex-D	Prior authorization required
• loratadine (Claritin, Alavert, etc.)	No prior authorization
• diphenhydramine (Benadryl, etc.)	No prior authorization
• brompheniramine (Bromphed, etc.)	No prior authorization
• chlorpheniramine (Chlor-Trimeton, etc.)	No prior authorization

Second generation prescription antihistamines must be prior authorized effective April 30, 2003. The prescriber will obtain the prior authorization number and write it on the new prescription. Pharmacists must call the prior authorization call line to validate the prior authorization number for new prescriptions, or the claim will not be paid.

BE PREPARED TO RESPOND TO THESE QUESTIONS WHEN YOU CALL.

Prior Authorization Number (8 digits)	_____
Client Identification Number - (2 letters, 5 numbers, 1 letter)	_____
Pharmacy MMIS Number	_____
Pharmacy Category of Service (COS) - (0161, 0441, 0288) Free-standing pharmacies usually have a COS of 0441	____
Pharmacy Telephone Number with Area Code	____ - ____ - _____
NDC (11-digit)	_____
Quantity (per fill)	_____
Number of Refills	_____

For billing questions, contact (800) 343-9000.
 For policy questions, contact the
 Pharmacy Policy and Operations Staff at (518) 486-3209.

INSTRUCTIONS ON REVERSE SIDE

NEW YORK STATE MEDICAID PROGRAM
ANTI-HISTAMINE PRIOR AUTHORIZATION VALIDATION
PHARMACY INSTRUCTIONS

Prior Authorization Call Line (877) 309-9493

The prescriber must initiate the prior authorization.

PHARMACY RESPONSIBILITY

- ◆ Call (877) 309-9493 prior to dispensing - information can be entered either by voice or by using the phone keypad.
 - Choose option '9 Other Drugs' and you will be prompted to select for Antihistamines.
 - Choose option '6' for Pharmacy.

PRIOR AUTHORIZATION NUMBER - Enter the prior authorization number.

CLIENT IDENTIFICATION NUMBER - Enter the client identification number.
(2 letters, 5 numbers, 1 letter)

PHARMACY MMIS NUMBER - Enter your eight-digit Medicaid MMIS number.

PHARMACY CATEGORY OF SERVICE - Enter category of service (COS)
Free-standing pharmacies usually have a COS of 0441.

PHARMACY TELEPHONE NUMBER - Enter the 10-digit telephone number with area code.

NDC - Enter the 11-digit NDC of the drug you are dispensing.

QUANTITY - Enter the whole number quantity of a single fill.

NUMBER OF REFILLS - Enter the number of refills ordered.

- ◆ 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 electronic claim submission.
- ◆ When billing a prescription electronically, the prior authorization number must be entered into the prior authorization code field. This field has **12 values** (NCPDP format). The number must be entered as **"1" followed by the eight-digit prior authorization number followed by three zeroes/copy exemption values.** Paper claims have an eight-value prior authorization field.
- ◆ No more than two claims requiring prior authorization numbers can be submitted for payment in one claim's transmission. Refer to the ProDUR/ECC Provider Manual for complete instructions.
- ◆ Prior authorization does not guarantee payment. Payment is subject to patient eligibility and other Medicaid guidelines.
- ◆ Technical questions regarding electronic on-line claims adjudication - call (800) 343-9000.

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For clinical concerns or policy questions, contact the Pharmacy Policy and Operations Staff at (518) 486-3209.