

**NEW YORK STATE MEDICAID PROGRAM
BRAND-NAME PRIOR AUTHORIZATION VALIDATION
PHARMACY INSTRUCTIONS**

Prior Authorization Call Line 1-877-309-9493

The prescriber must initiate the prior authorization **and** write "DAW" **and** "Brand (Medically) Necessary" on the prescription.

PHARMACY RESPONSIBILITY

- ◆ Call 1-877-309-9493 - information can be entered either by voice or by using the phone keypad.
 - Choose option '3' for Brand-Name Prior Authorization.
 - 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 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 telephone number with area code.

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

QUANTITY - Enter the whole number quantity of the 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/copay 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 transaction. Refer to the ProDUR/ECC Provider Manual for complete instructions.
- ◆ Technical questions regarding electronic on-line claims adjudication - call 1-800-343-9000.

NOTE: Do not use these instructions when seeking prior authorization for emergency supplies or when the brand-name drug must be dispensed because the generic version is unavailable for purchase in the marketplace. Use the special instructions and worksheet entitled, PHARMACY EMERGENCY SUPPLY/GENERIC UNAVAILABLE.

**For billing questions, contact 1-800-343-9000.
For clinical concerns or policy questions, contact the
Pharmacy Policy and Operations Staff at (518) 486-3209.**

**NEW YORK STATE MEDICAID PROGRAM
 BRAND-NAME PRIOR AUTHORIZATION VALIDATION
 PHARMACY WORKSHEET**

Prior Authorization Call Line 1-877-309-9493

Brand-name drugs with an A-rated generic and therapeutically equivalent product (as determined by the FDA) must be prior authorized effective November 17, 2002. 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.

The following drugs are exempt from the mandatory generic requirements and do not require prior authorization:

Coumadin® Dilantin® Neoral® Gengraf® Sandimmune®
Clozaril® Lanoxin® Tegretol® Zarontin®

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	_____

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INSTRUCTIONS ON REVERSE SIDE
