NEW YORK STATE MEDICAID PROGRAM
ANTIHISTAMINE PRIOR AUTHORIZATION REQUEST
PRESCRIBER WORKSHEET

Prior Authorization Call Line (877) 309-9493

Second generation prescription antihistamines must be prior authorized effective April 30, 2003. **First generation antihistamines and second generation OTC antihistamines do not require prior authorization.** A voice interactive call line is utilized to obtain prior authorization when appropriate.

Be prepared to respond to these questions when you call:

A. PRESCRIBER IDENTIFIER	**Complete one of the following prescriber identifiers:**
Ordering Practitioner Medicaid ID number **OR** license NYS Physician/PA/Resident NYS Optometrist NYS Nurse Practitioner/Midwife NYS Dentist NYS Podiatrist **OR** Out-of-State Prescriber License	MMIS ID Number __ __ __ __ __ __ __ __ **OR** license 0 0 __ __ __ __ __ __ U__ __ __ __ __ __ or V__ __ __ __ __ __ F __ __ __ __ __ __ 0 0 0 __ __ __ __ __ 0 0 0 0 __ __ __ __ **OR** __ __ __ __ __ __ __ __ **(Use your state abbreviation in the first two spaces.)**
B. CLIENT IDENTIFICATION NUMBER (2 letters, 5 numbers, 1 letter)	__ __ __ __ __ __ __ __
C. PRESCRIBER TELEPHONE NUMBER	(__ __ __) __ __ __ - __ __ __ __
D. ANTIHISTAMINE NAME - Select the numeric value for the prescribed antihistamine. 1. Clarinex 2. Allegra/Allegra D 3. Zyrtec/Zyrtec D 4. Semprex D	☐
E. DIAGNOSIS: Select the numeric value for the patient diagnosis. (1) perennial allergic rhinitis (2) seasonal allergic rhinitis (3) chronic idiopathic urticaria	☐
F. JUSTIFICATION: 1. Is patient under 24 months? 2. Has patient experienced treatment failure or adverse drug reaction with an OTC second generation antihistamine? 3. Is there a documented medical condition that prohibits use of an OTC second generation antihistamine?	 Yes ___ No ___ Yes ___ No ___ Yes ___ No ___
Record the prior authorization number here for your records and on the top of the patient's prescription.	__ __ __ __ __ __ __ __

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

INSTRUCTIONS ON REVERSE SIDE

NEW YORK STATE MEDICAID PROGRAM
ANTIHISTAMINE PRIOR AUTHORIZATION REQUEST
PRESCRIBER INSTRUCTIONS

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

- Prescriber writes prescription for second generation prescription antihistamine.
- Prescriber or agent calls (877) 309-9493. 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 second generation prescription antihistamines.

A. PRESCRIBER IDENTIFIER:
Choose Prescriber Option

Residents and physician assistants must use the MMIS/License number of their supervising physician. Do not use a hospital/clinic or group MMIS number.

- Enter your personal Medicaid identification number (MMIS)

OR

- License Number
  - Choose '1' for Physician/Physician Assistant/Resident
  - Choose '2' for Optometrist
  - Choose '3' for Nurse Practitioner/Midwife
  - Choose '4' for Dentist
  - Choose '5' for Podiatrist

B. CLIENT IDENTIFICATION NUMBER - Enter the patient's Medicaid client identification number (2 letters, 5 numbers, 1 letter). Follow the prompts.

C. PRESCRIBER TELEPHONE NUMBER: enter your ten digit telephone number (area code/number).

D. ANTIHISTAMINE NAME – Select the numeric value for the drug you are prescribing.

E. DIAGNOSIS – Select the numeric value that represents patient diagnosis.

F. JUSTIFICATION - Enter Yes or No to the following questions:

- Is patient under 24 months?
- Has patient experienced treatment failure or adverse drug reaction with an OTC second generation antihistamine?
- Is there a documented medical condition that prohibits use of an OTC second generation antihistamine?

- **A prior authorization number will be returned; write it legibly on the face of the prescription.**
- Do not fax a copy of this worksheet, it may be kept in the patient's medical chart for future reference.
- The Antihistamine Prior Authorization Worksheet should be reproduced for future prescribing.

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