

**NEW YORK STATE MEDICAID PROGRAM
BRAND-NAME PRIOR AUTHORIZATION INDIVIDUAL PATIENT REQUEST
PHARMACY EMERGENCY SUPPLY/GENERIC UNAVAILABLE INSTRUCTIONS**

Prior Authorization Call Line 1-877-309-9493

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

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

Emergency Supply - Pharmacist completes Sections A, B, and D

Unavailability of a Generic Version - Pharmacist completes Sections A, C, and D

- ◆ Call 1-877-309-9493 - information can be entered either by voice or phone keypad.
- ◆ Choose '3' for Brand-Name Prior Authorization.
- ◆ Choose '6' for Pharmacy.
- ◆ When asked to enter the prior authorization number, press the star (*) key.
- ◆ Choose '1' for Emergency Situation **OR** '2' for Generic Version Not Available.

SECTION A - Emergency Supply AND Unavailability of a Generic Version

- Enter the prescriber's Medicaid MMIS number or license number - follow the prompts.
- Enter the client identification number - 2 letters, 5 numbers, 1 letter.
- Enter the pharmacy's Medicaid MMIS number, category of service (COS) and telephone number. (Free-standing pharmacies usually have a COS of 0441).
- Enter the 11-digit NDC of the drug you are dispensing.

SECTION B - Complete this section ONLY for Emergency Supply

- Are you able to reach the ordering prescriber?
- Is the brand-name drug needed on an emergency basis?
- Enter the whole number quantity of the fill. Quantity should be no more than a three (3)-day supply or the nearest unbreakable unit. There are no refills.

SECTION C - Complete this section ONLY for Unavailability of a Generic Version

- Is the generic drug available in the marketplace?
- Enter the quantity of the fill.
- Enter the number of refills.

SECTION D - Emergency Supply AND Unavailability of a Generic Version

- You will hear a message that you have authorization to dispense the drug and a prior authorization number will be issued. Write it on the face of the prescription and on the worksheet.

Note: Pharmacists may enter multiple prior authorizations during one telephone call.

SUBMITTING A CLAIM

- ◆ After the prior authorization call is complete, there will be a slight delay while the information is transmitted to our fiscal agent. **Until that transmission 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.

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 PHARMACY EMERGENCY SUPPLY/GENERIC UNAVAILABLE WORKSHEET**

PHARMACISTS: Use this worksheet ONLY when filling for an emergency supply or when the brand-name drug must be dispensed because the generic version is unavailable for purchase in the marketplace. Be prepared to respond to these questions when calling 1-877-309-9493.

SECTION A - Prescriber Identifier Ordering Prescriber Medicaid ID number OR NYS Physician/PA/Resident NYS Optometrist NYS Nurse Practitioner/Midwife NYS Dentist NYS Podiatrist OR Out-of-State Prescriber License	Complete one of the following prescriber identifiers: MMIS ID Number _____ OR 0 0 _____ U _____ or V _____ F _____ 0 0 0 _____ 0 0 0 0 _____ OR _____ (Use the first two spaces for the state the prescriber's license originates from.)
Client Identification Number	_____
Pharmacy MMIS Number	_____
Pharmacy Category of Service (COS) (0161, 0441, 0288)	_____
Pharmacy Telephone Number with Area Code	_____-_____-_____
NDC (11-digit)	_____

SECTION B – 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 _____
Quantity (not to exceed three days for an emergency supply)	_____

SECTION C – Generic Unavailable in the Marketplace Is the generic drug currently available in the marketplace?	Yes _____ No _____
Quantity	_____
Number of Refills	_____

SECTION D - Prior Authorization Number Record the prior authorization number here for your records and on the top of the patient's "BRAND" prescription. <u>Retain Worksheet.</u>	_____
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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.