NEW YORK STATE MEDICAID PROGRAM
BRAND-NAME PRIOR AUTHORIZATION INDIVIDUAL PATIENT REQUEST
PRESCRIBER INSTRUCTIONS

Prior Authorization is NOT necessary for:
1. A generic drug.
2. A brand-name drug when there is no 'A' rated generic.
3. A brand-name drug **without** "DAW/Brand (Medically) Necessary" written on the prescription. The patient will receive the generic product.

Prior Authorization Call Line   1-877-309-9493

- Prescriber writes prescription for brand product, designates "DAW" **and** writes "Brand (Medically) Necessary".
- Prescriber or agent calls 1-877-309-9493. Information can be entered either by voice or by using the phone keypad.
- Choose the Brand-Name Prior Authorization - option '3'.

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. BRAND-NAME DRUG - Clearly state the name of the brand-name drug you are prescribing.

D. REASON BRAND-NAME DRUG IS REQUIRED:
Enter the medical reason you are prescribing the brand-name drug, rather than the generic.
1. Allergy to generic drug inactive ingredient(s)
2. Adverse reaction to generic drug inactive ingredient(s)
3. Documented history of successful therapeutic control with brand-name drug

- **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 should be kept in the patient's medical chart for future reference.
- Phone or fax prescriptions are allowed, but the original prescription, with the prior authorization number written on the prescription, must be sent to the pharmacy within five business days.

The Brand-Name Prior Authorization Worksheet should be reproduced for future prescribing. It will also be available on the Department's website, http://www.health.state.ny.us, click on "Information for Providers", then "Medicaid", then "Medicaid Mandatory Generic Drug Program".

NEW YORK STATE MEDICAID PROGRAM
BRAND-NAME PRIOR AUTHORIZATION INDIVIDUAL PATIENT REQUEST
PRESCRIBER WORKSHEET

Prior Authorization Call Line   1-877-309-9493

Brand-name drugs with an A-rated generically and therapeutically equivalent product (as determined by the FDA) must be prior authorized effective November 17, 2002. A voice interactive call line is utilized to obtain prior authorization when appropriate.

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

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

Be prepared to respond to these questions when you call

A. PRESCRIBER IDENTIFIER	Complete <u>one</u> of the following prescriber identifiers:
Ordering Practitioner Medicaid ID number **OR** NYS Physician/PA/Resident NYS Optometrist NYS Nurse Practitioner/Midwife NYS Dentist NYS Podiatrist **OR** Out-of-State Prescriber License	MMIS ID Number __ __ __ __ __ __ __ __ **OR** 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. BRAND-NAME DRUG	

D. REASON BRAND-NAME DRUG IS REQUIRED

The patient's medical record documents the following primary reason for the brand-name prescription.
(Indicate the number that corresponds with the primary reason the brand-name drug is required)

1. Allergy to generic drug inactive ingredient(s)
2. Adverse reaction to generic drug inactive ingredient(s)
3. Documented history of successful therapeutic control with brand-name drug

Record the prior authorization number here for your records and on the top of the patient's "BRAND" prescription. REMEMBER YOU MUST ALSO WRITE "DAW" AND "BRAND (MEDICALLY) NECESSARY" ON THE PRESCRIPTION.	__ __ __ __ __ __ __ __ __

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.

INSTRUCTIONS ON REVERSE SIDE