

Information for Prescribers Regarding Recent Changes to the Medicaid Prior Authorization Programs

The New York State Department of Health (NYSDOH) recently implemented changes to the fee-for-service prior authorization (PA) process. An automated claim review is now being performed at the pharmacy point-of-sale system. Prior to payment, pharmacy claims are run through specific clinical rules, which have been established by the Medicaid Drug Utilization Review Board (DURB) and the Pharmacy & Therapeutics Committee (P&TC). If clinical rules are met, a PA is generated within the system and no additional action is required by the prescriber.

When a claim fails clinical rules, and the prescriber has determined it would not be clinically appropriate to change the prescription, prescribers (or their authorized agents) must contact the clinical call center at (877) 309-9493 to obtain a PA. Callers will be asked to provide clinical rationale for the request and may also be asked to provide documentation to support medical necessity.

Helpful Hints:

- Properly code all medical claims with the appropriate diagnoses. This will allow the system to search a beneficiary's medical claims history, which could eliminate the need for prescribers to call the clinical call center for PA.
- P&TC recommendations for the Clinical Drug Review Program (CDRP) and DURB recommendations for Step Therapy and Frequency/Quantity/Duration are based on best practice, as established by FDA approved manufacturer labeling, official compendia, and major treatment guidelines. Prescribers can avoid the need to obtain PA by following clinical recommendations, which can be found at:

http://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm

https://newyork.fhsc.com/providers/CDRP_about.asp

http://www.health.ny.gov/health_care/medicaid/program/dur/index.htm

- Using preferred products as shown in the Preferred Drug List (PDL) may also prevent the need to obtain PA. The current PDL can be found at: <https://newyork.fhsc.com/>.