

Prescribers, don't forget that the New York State Medicaid Mandatory Generic Drug Program goes into effect on November 17, 2002



Don't know
what it is?
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Starting Sunday, November 17, 2002, Most brand-name drugs with an A-rated generic equivalent will require a prior authorization to be covered by the Medicaid program.

Prior Authorization is not required for:

- a generic drug
- A brand name drug when there is no 'A' rated generic
- A brand-name drug without "DAW/Brand (Medically Necessary)" written on the prescription. In this situation, the patient automatically receives the generic

If a prescriber feels a brand product, despite having an 'A' rated generic, is medically necessary, he or she needs to do the following:

Write the prescription for a brand product and designate "DAW Brand (Medically Necessary)"

Call the **PRIOR AUTHORIZATION HOTLINE** (877) 309-9493

Choose the 'Brand-Name Authorization' option- '3'

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

Enter the patient's Medicaid client identification number (2 letters, 5 numbers, 1 letter)

Clearly state the name of the brand name drug you are prescribing

Enter the medical reason you are prescribing the brand-name drug rather than the generic product

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

The system will provide you with a prior authorization number. Write this number on the face of the prescription.

Keep the patient's Brand-Name Prior Authorization Worksheet in the patient's chart and document information in the patient's chart.

This procedure will need to be followed for all new prescriptions

The following drugs are exempt from this requirement even though an A-rated generic exists and do not require the prescriber to obtain authorization:

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

All prescriptions filled before November 17, 2002, and subsequent refills, will not need prior authorization. Once the prescription expires the prescriber will need to follow the new procedure. For more information contact the Pharmacy & Policy Operations Staff at DOH at (518) 486-3209.