



Pharmacy

Upcoming Changes to the Fee-for-Service Pharmacy Prior Authorization Process

In this Newsletter:

Upcoming Changes to the Fee-for-Service Pharmacy Prior Authorization Process

Contact Details

1-800-343-9000
emednyalert@csc.com

Upcoming Changes to the Fee-for-Service Pharmacy Prior Authorization Process

On December 29, 2011, the Department will begin phasing in changes to the Medicaid pharmacy fee-for-service (FFS) prior authorization process. System editing will be done at the point-of-sale to allow claims to pay without prior authorization when clinical criteria are met, such as when a beneficiary has been stabilized on an atypical anti-psychotic or when a claim meets clinical rules established by the **Drug Utilization Review Board** or **Pharmacy & Therapeutics Committee**.

Effective December 29, 2011

- All FFS pharmacy claims will be subject to clinical rules at the point-of-sale.
- An automated approval will be issued if all rules associated with the requested product are satisfied; which will result in a paid claim.
- A failed clinical rule will result in a failed claim. A rejection message will be provided at the point-of-sale instructing pharmacy providers to notify the prescriber to change the prescription if appropriate or to obtain prior authorization through the clinical call center at **877-309-9493**.
- Prescribers must obtain prior authorization through the clinical call center for claims that do not meet clinical criteria.

What does this mean for me?

- Pharmacy providers will no longer have to validate prior authorizations.
- Prescribers will only have to obtain prior authorization when clinical criteria are not met.
- Prior authorization numbers will be generated systematically and will no longer need to be written on a prescription or submitted on a claim.

Coming in February, 2012

- Prescribers will be able to enter prior authorization requests through PAXpress®, a web-based pharmacy information system.
- PAXpress® will also allow prescribers to search the Medicaid formulary for the clinical rules attached to specific drugs.
- Prior authorization will continue to be available through the clinical call center at **877-309-9493**.
- To access PAXpress®, prescribers must have an active e-PACES account.

More detailed information on the PAXpress® system will be provided in upcoming Medicaid Update editions. To enroll in e-PACES, visit

<https://www.emedny.org/selfhelp/index.aspx>.

If you are having problems viewing content within this newsletter, please email emednyalert@csc.com for further assistance.

The Department has attempted to ensure that the information contained in these notifications is as accurate as possible. However, no e-mail transmittals or materials provided are intended to constitute legal or medical advice.