

Standard Prior Authorization Form in Medicaid Managed Care/Family Health Plus and Medicaid Fee-for-Service (FFS)

Effective July 8, 2013, Medicaid Managed Care/Family Health Plus and Medicaid FFS will implement a standard prior authorization (PA) request form in accordance § 364-j. of Social Service Law, subdivision 26. This legislation authorizes the development of a standard prior authorization request form or forms to be utilized by all managed care providers for purposes of submitting a request for a utilization review determination for coverage of prescription drug benefits.

The final form was developed with stakeholder input through a series of comment periods involving the Managed Care Plans, provider and advocacy organizations, and State agencies such as the Office of Alcoholism and Substance Abuse Services (OASAS) and the Office of Mental Health (OMH).

The form will be available through the [NY State Medicaid Managed Care and Family Health Plus Pharmacy Benefit Information Center](http://pbic.nysdoh.suny.edu/) for Medicaid Managed Care and Family Health Plus plans at: <http://pbic.nysdoh.suny.edu/> and through Magellan Medicaid Administration for Medicaid FFS at: <https://newyork.fhsc.com/>.

Old versions of PA forms will continue to be accepted as providers transition to the new form.