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Medicaid Pharmacy Prior Authorization Programs Update

On February 11, 2021, the New York State Medicaid Drug Utilization Review (DUR) Board recommended changes to the Medicaid pharmacy prior authorization programs. The Commissioner of Health has reviewed the recommendations of the Board and has approved changes to the Preferred Drug Program (PDP) within the fee-for-service (FFS) pharmacy program.

Effective June 24, 2021, the age limit will change for Growth Hormone criteria:

- Growth Hormone: Prior authorization is required when prescribed for members 18 years of age or older.
 - *Note: Reduction in age from 21 years of age or older.*

For more detailed information on the DUR Board, please refer to:

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

Below is a link to the most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization (PA) Programs. This document contains a full listing of drugs subject to the Medicaid FFS Pharmacy Programs:

https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf.

To obtain a PA, please contact the clinical call center at 1-877-309-9493. The clinical call center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain a PA.

Medicaid enrolled prescribers can also initiate PA requests using a web-based application. PAXpress® is a web-based pharmacy PA request/response application accessible through a new button “PAXpress” located on eMedNY.org under the MEIPASS button.

Additional information is available at the following websites:

<https://www.health.ny.gov> or <http://newyork.fhsc.com> or <http://www.eMedNY.org>.