

## Medicaid Pharmacy Prior Authorization Programs Update

**Effective December 5, 2013**, the fee-for-service pharmacy program will implement the following parameters, including step therapy and frequency/quantity/duration (F/Q/D) requirements. These changes are the result of recommendations made by the Drug Utilization Review Board (DURB) at the September 12, 2013 DURB meeting:

### Buprenorphine and Concurrent Opioids

- Denial of any opioid claim when there is evidence of established oral buprenorphine therapy. Medical necessity rationale for opioid therapy required.

### Short-Acting Opioids

- Duration limit for “opioid naïve” patients:
  - Fifteen day limit on all initial opioid prescriptions. Prior authorization needed to exceed limit.\*

Note: \*will not apply to patients whose claim history contains a diagnosis of sickle cell disease or cancer.

\*buprenorphine containing products are not subject to the duration limit.

### Systemic Immunomodulators

- Confirmation of diagnosis for FDA or compendia supported uses. Absence of covered diagnosis in patient’s claim history will require prescriber contact with clinical call center.
- Step therapy requirement - trial of a disease-modifying anti-rheumatic drug (DMARD) prior to treatment with an immunomodulator (automatic bypass for patients with established immunomodulator therapy).

### Tazarotene

- Confirmation of diagnosis for Medicaid Covered uses. Absence of covered diagnosis in patient’s claim history will require prescriber contact with clinical call center.

For more detailed information on the above DURB recommendations, please refer to the meeting summary at:

[http://www.health.ny.gov/health\\_care/medicaid/program/dur/meetings/2013/09/sum\\_0912\\_13\\_durb\\_fnl\\_dtmtn.pdf](http://www.health.ny.gov/health_care/medicaid/program/dur/meetings/2013/09/sum_0912_13_durb_fnl_dtmtn.pdf)

Below is a link to the most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization 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](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf)

To obtain a PA, please call the prior authorization 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, such as the Medicaid Standardized PA form and clinical criteria for the PDP and Clinical Drug Review Program (CDRP), are available at the following websites:

<http://www.nyhealth.gov> or <http://newyork.fhsc.com> or <http://www.eMedNY.org>