

## Medicaid Pharmacy Prior Authorization Programs Update

On September 18, 2014, the New York State Medicaid Drug Utilization Review Board (DURB) 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 pharmacy program.

### **Effective December 11, 2014, prior authorization (PA) requirements will change for some drugs in the following PDP classes:**

- Anticoagulants, Oral
- Oral Agents for Pulmonary Arterial Hypertension (PAH), formerly titled Endothelin Receptor Antagonists for PAH.

The PDP has also expanded to include additional drug classes. Non-preferred drugs in the following classes will require PA:

- Agents for Opioid Dependence
- Alpha-Glucosidase Inhibitors
- Meglitinides
- Opioid Antagonists
- Sodium Glucose co-transporter 2 (SGLT2) Inhibitors

### **Also effective December 11, 2014, the fee-for-service pharmacy program will implement the following clinical parameters recommended by the DURB:**

- Memantine ER (Namenda XR)
  - Confirm diagnosis for the FDA-approved indications:
    - Dementia or Alzheimer's disease
    - Absence of covered diagnosis in patient's claim history will require prescriber involvement
  - Step Therapy: Trial with memantine immediate-release (when product is commercially available)
- Tetrabenazine (Xenazine)
  - Confirm diagnosis for the FDA and Compendia approved indications in patients  $\geq 18$  years:
    - Chorea associated with Huntington's disease
    - Gilles de la Tourette's syndrome
    - Tardive dyskinesia

- Tasimelteon (Hetlioz)
  - Confirm diagnosis for the FDA-approved indication:
    - Non-24-hour sleep-wake disorder in totally blind patients only
  - Quantity Limit: 1 unit per day (30 units per 30 days)

DURB recommendations regarding Hepatitis C Virus (HCV) clinical criteria made at the September 18, 2014 DURB meeting became effective on October 16, 2014. For details on the HCV criteria, please refer to the following back issue of the Medicaid Update: [http://www.health.ny.gov/health\\_care/medicaid/program/update/2014/oct14\\_mu.pdf](http://www.health.ny.gov/health_care/medicaid/program/update/2014/oct14_mu.pdf)

For detailed information on the DURB recommendations, please refer to the meeting summary at: [http://www.health.ny.gov/health\\_care/medicaid/program/dur/meetings/2014/09/sum\\_09\\_18\\_14\\_durb.pdf](http://www.health.ny.gov/health_care/medicaid/program/dur/meetings/2014/09/sum_09_18_14_durb.pdf)

The following 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 PDP, Clinical Drug Review Program (CDRP), DUR Program, Brand Less than Generic program (BLTG), Dose Optimization Program and the Mandatory Generic Drug Program (MGDP): [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 PA.

Medicaid enrolled prescribers with an active e-PACES account can initiate PA requests through the web-based application PAXpress®. The website for PAXpress is <https://paxpress.nypa.hidinc.com/>. The website may also be accessed through the eMedNY website at <http://www.eMedNY.org>, as well as Magellan Medicaid Administration's website at <http://newyork.fhsc.com>.