



Pharmacy

Medicaid Pharmacy Prior Authorization Programs Update

In this Newsletter:

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Effective June 6, 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 March 21, 2013 DURB meeting:

Long-Acting Beta-2 Agonists

- Quantity limits, as defined in the NYS Medicaid DURB summary, based on specified units per 30 days.
- Prospective DUR edit for all new long-acting beta agonist prescriptions for beneficiaries under FDA or compendia supported age, as defined in the NYS Medicaid DURB summary (electronic bypass for established therapy identified in the claims system). The clinical call center must be contacted to override edit.

Second Generation Antipsychotics in Children

- Confirm diagnosis for the initial prescription for beneficiaries between minimum age, as defined in the NYS Medicaid DURB summary, and 18 years of age (electronic bypass for these beneficiaries for established therapy or any indication supported for second generation antipsychotics for pediatric use). The clinical call center must be contacted to override edit.
- Prospective DUR edit for the initial prescription for beneficiaries younger than the drug-specific minimum age, as defined in the NYS Medicaid DURB summary (electronic bypass for these beneficiaries for established therapy). The clinical call center must be contacted to override edit.

Dronabinol (Marinol)

- Confirm diagnosis for Medicaid covered uses as follows:
HIV/AIDS and eating disorder or Cancer and eating disorder
- Cancer and nausea/vomiting
- Step therapy for beneficiaries with HIV/AIDS, or cancer, AND eating disorder: trial with megestrol acetate suspension prior to dronabinol.
- Step therapy for beneficiaries with diagnosis of cancer and nausea/vomiting: trial with a NYS Medicaid-preferred 5-HT₃ receptor antagonist prior to dronabinol.
- Electronic bypass for covered diagnosis and prior utilization of a first line agent as identified in the claims system.

Topiramate

- Confirm diagnosis to prevent reimbursement for Medicaid excluded uses (electronic bypass for covered diagnosis identified in the claims system).

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/2013/03/sum_0321_13_durb.pdf

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, CDRP, the Drug Utilization Review Program and the Mandatory Generic Drug Program (MGDP):

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

To obtain a prior authorization (PA), please call the prior authorization clinical call center at (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 a

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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>

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