



Medicaid Pharmacy Prior Authorization Programs Update

On October 19, 2017, 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 December 14, 2017, prior authorization (PA) requirements will change for some drugs in the following PDP classes:

- Anti-Emetics
- Glucocorticoids – Oral
- Hepatitis C Agents – Direct Acting Antivirals

Also, effective December 14, 2017, the fee-for-service pharmacy program will implement the following parameters recommended by the DUR Board

Atopic Dermatitis Clinical Updates

- Add edits for new product; crisaborole (Eucrisa)
 - Step Therapy – for members 2 years of age or older with a diagnosis of an FDA-approved or compendia-supported indication.
 - Trial with a prescription topical corticosteroid within the 3 months prior to the prescribing of crisaborole
 - Quantity Limit of 100 grams per 30 days
- Add edits for new product; dupilumab (Dupixent)
 - Step-therapy - for members 18 years of age or older with a diagnosis of an FDA-approved or compendia-supported indication.
 - Trial required with a prescription topical corticosteroid of at least a medium- or high- potency and one other topical prescription agent other than a steroid (within a different class) indicated for Atopic Dermatitis for a combined duration of at least 6 months prior to the prescribing of dupilumab.
 - Quantity Limit of 2 cartons (each carton contains 2 pre-filled syringes) for first 30 days, followed by 1 carton per 30 days thereafter.

Rosacea Management

- Add edits for management of rosacea
 - Diagnosis required for azelaic acid (Finacea), brimonidine (Mirvaso), ivermectin (Soolantra), oxymetazoline (Rhofade), and doxycycline (Oracea)
 - Step therapy – for members with a diagnosis of rosacea
 - Trial with the most cost-effective agent(s) available considering treatment guidelines.

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

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

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

http://www.health.ny.gov/health_care/medicaid/program/dur/meetings/2017/04/summary_durb.pdf

Please note that PA requirements are not dependent on the date a prescription is written. New prescriptions and refills on existing prescriptions require PA even if the prescription was written before the date the drug was determined to require PA.

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

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 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>.