



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

September 18, 2006

Dear Medicaid Prescriber:

This is to inform you of changes being made to the current prior authorization process for Revatio prescriptions written for Medicaid recipients. Effective October 18, 2006, Revatio will require prior authorization through the Medicaid Clinical Drug Review Program (CDRP) and must be obtained by calling our clinical call center. Also effective October 18, 2006, Revatio can be dispensed by any pharmacy enrolled in the Medicaid program once prior authorization is obtained.

The CDRP is aimed at ensuring that specific drugs are utilized in a medically appropriate manner. Under the CDRP, only the prescriber, not their authorized agent, can complete the prior authorization process. Prescribers can call the staffed clinical call center at 1-877-309-9493 and follow the appropriate prompts.

Revatio will only be reimbursed for documented treatment of primary pulmonary arterial hypertension. Prescribers should be prepared to provide the following information to support a prior authorization request for Revatio:

- 1) Are you the practitioner on record primarily responsible for management of the condition requiring use of Revatio for this patient?
- 2) Are you currently board certified in Pulmonary or Cardiovascular disease or is there documentation in the patient's medical record of an evaluation by a physician board certified in Pulmonary or Cardiovascular disease?
- 3) What is the diagnosis documented in the patient's chart that requires treatment with Revatio?
- 4) What is this patient's mean pulmonary artery pressure, either at rest or with exercise, pulmonary artery occlusion pressure, and acute pulmonary vasoreactivity as determined during right heart catheterization? Or the alternative to this question is to fax the RHC report.
- 5) What NYHA/WHO Classification describes this patient's current functional status?

6) Before prescribing this drug, have you inquired about regular or intermittent therapy with nitrates or drugs containing nitrates within the past 180 days, and completed counseling of this patient including strong warning against the use of drugs containing nitrates in conjunction with Revatio?

7) Is this patient currently using an oral erectile dysfunction medication?

8) Have you evaluated for Retinitis Pigmentosa and completed counseling on the risk of ocular disturbances, non-arteric anterior ischemic optic neuropathy (NAION) and potential blindness?

Enclosed you will find clinical criteria, updated prescriber instructions and worksheet. Additional copies are available at http://newyork.fhsc.com/providers/CDRP_forms.asp.

If you have any questions about the Medicaid Pharmacy Clinical Drug Review Program, please call 1-877-309-9493. We appreciate your continued support of our efforts to maintain a quality, cost-effective pharmacy program for Medicaid recipients.

Sincerely,



Marilyn W. Desmond, Assistant Director
Division of Policy and Program Guidance
Office of Medicaid Management

Enclosures