



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 7, 2006

Dear Medicaid Pharmacy Provider:

This letter serves to remind you that several important changes to the Medicaid pharmacy benefit will be implemented on October 18, 2006. These changes include expansion of the Medicaid Preferred Drug Program (PDP) (Phase II), transition of proton pump inhibitors and antihistamines into the PDP, and changes to the current prior authorization process under the Clinical Drug Review Program. These changes will establish a centralized call center which will assist both prescribers and pharmacists in completing a pharmacy prior authorization.

Expansion of the Preferred Drug Program (Phase II):

In addition to the current drugs subject to the PDP, several new categories will be added effective October 18, 2006:

- Leukotriene Modifiers
- Hepatitis C Agents
- Thiazolidinediones
- Prescription Proton Pump Inhibitors (PPI)
- Second Generation Antihistamines
- Long Acting Narcotics
- Serotonin Receptor Agonists (Triptans)
- Beta Blocker Combination Products
- Anti-Emetics
- Calcitonins
- HMG-CoA Reductase Inhibitors (Statins)
- Intranasal Steroids
- Sedative Hypnotics
- Triglyceride Lowering Agents

Note that proton pump inhibitors and second generation prescription antihistamines will be transferred into the PDP on this date. (This change includes the availability of additional proton pump inhibitors which may be prescribed without prior authorization, so please review this information carefully.)

Patients who already have a prescription for a non-preferred drug may continue to obtain the medication without prior authorization for any remaining refills. Prior authorization must be obtained before a new prescription is filled.

Enclosed is an updated listing of preferred and non-preferred drugs for each of the drug classes included in the PDP as of October 18, 2006. Also enclosed is a complete "quick list" of all preferred drugs. As the next phase of drug classes are reviewed and preferred drugs selected, you will be notified. The websites below provide the most current program information as well as complete PDP drug listings.

Clinical Drug Review Program (CDRP): The following changes will occur on October 18, 2006:

- Serostim and Zyvox prior authorization process for prescribers will be moved from the current electronic voice interactive phone system (VIPS) to the staffed Clinical Call Center.
- Prior authorization for Revatio will now be handled through the staffed Clinical-Call Center as well, rather than the special billing process now in place.

Prior Authorization Process: Prescribers initiate the prior authorization process by obtaining a prior authorization number from pharmacy technicians and pharmacists at the Clinical Call Center. Prescriptions for non-preferred and CDRP drugs carry a prior authorization number ending with a "W." The "W" alerts pharmacy providers to select the Clinical Call Center option when validating the prior authorization number. The "W" should not be included in the prior authorization field when submitting a claim. The prior authorization number for non-preferred and CDRP drugs is an 11-digit number.

To validate a prior authorization, contact the prior authorization Clinical Call Center, which is accessible 24 hours per day, 7 days per week.

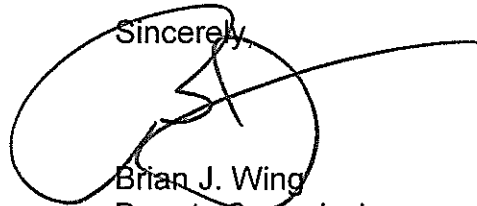
Call 1-877-309-9493 and listen for the appropriate prompts

The Clinical Call Center will be using a new interactive voice response system to validate prior authorizations; however pharmacy technicians and pharmacists will still be available to work with your pharmacy to ensure that Medicaid recipients receive their medications. There are also provisions for a 72-hour emergency supply of necessary medications.

Reminders: to facilitate the prior authorization process, please make sure you have the drug in stock and are able to provide a valid 11- digit NDC number. A prior authorization is good for the life of the prescription (up to six months and 5 refills).

Additional information, such as the most current PDL and prior authorization forms, is available at: www.nyhealth.gov and <https://newyork.fhsc.com>. If you have any questions, please call 1-877-309-9493. Thank you for your continued support of our efforts to provide a quality pharmacy program for Medicaid recipients.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian J. Wing", is written over a circular stamp or seal. The signature is fluid and cursive.

Brian J. Wing
Deputy Commissioner
Office of Medicaid Management

Enclosures