



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 Prescriber:

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 (Phase II) and changes to the current prior authorization process under the Clinical Drug Review Program.

As of October 18, 2006, all pharmacy prior authorizations will be initiated by calling the centralized Clinical Call Center (1-877-309-9493). When you call this center, you will be transferred to live operators for all prior authorization requests other than the Mandatory Generic program. Other changes include:

- Several new drug categories will be added to the Preferred Drug Program (PDP). See listing below.
- Second generation prescription antihistamines and proton pump inhibitors will be transferred into the PDP. (This change includes the availability of additional proton pump inhibitors that may be prescribed without prior authorization, so please review this information carefully.)
- Serostim and Zyvox prior authorization process 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.

Expansion of the Preferred Drug Program (Phase II): In addition to the current types of drugs subject to the PDP, several new categories will be added effective October 18, 2006. Remember that drugs identified by NYS Medicaid as "preferred" do not require prior authorization; **if you prescribe the preferred drug, no additional action is necessary.**

Patients who have a prescription written prior to October 18, 2006 for a non-preferred drug will not need prior authorization to obtain their initial prescription or refills. However, prior authorization for non-preferred drugs written on or after October 18, 2006 will be required.

Prescriptions written on or after October 18, 2006, in the following additional categories will also be subject to the Preferred Drug Program.

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

Enclosed is a revised listing of preferred and non-preferred drugs for all of the drug categories, as well as a complete "quick list" listing only the preferred drugs. As the next phase of drug classes are reviewed and preferred drugs selected, your office will be notified of the updated Preferred Drug List (PDL). The websites below provide the most current program information as well as complete PDP drug listings.

Clinical Drug Review Program (CDRP) Moves to the Clinical Call Center: The CDRP applies prior authorization for certain drugs where the Medicaid Program has concerns about the long term efficacy of the drug, or where there is a potential for overuse and abuse. Prescriptions written on or after October 18, 2006 for the following drugs will require prior authorization under the CDRP using the staffed Clinical Call Line:

- Revatio
- Serostim
- Zyvox

Your office will need to respond to certain clinical questions about your patient's condition, in order to demonstrate your patient's medical need for the specific drug.

Pharmacy Prior Authorization Process: Call **1-877-309-9493** to initiate the pharmacy prior authorization process and **listen for the appropriate prompts as they have changed.** 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 prior authorization number. This number must be noted in your patient's medical record and written on the prescription so that the pharmacy can complete the process.

Reminder: Hospital residents and physician assistants must use the license number of their supervising physician and not the institution's provider number.

Additional information, such as updated prior authorization forms and clinical criteria for the PDP and the CDRP are available at: www.nyhealth.gov and <http://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,



Brian J. Wing
Deputy Commissioner
Office of Medicaid Management

Enclosures