



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Chief of Staff*

August 1, 2008

Dear Pharmacy Provider:

Effective October 1, 2008, Family Health Plus enrollees will obtain their pharmacy benefit through the Medicaid fee-for-service program. Family Health Plus enrollees will receive a Medicaid Benefit Identification Card to obtain their pharmacy benefit.

Pharmacy benefits available for Family Health Plus enrollees by prescription or fiscal order include:

- Prescription drugs
- Insulin and diabetic supplies covered as a pharmacy benefit by Medicaid (e.g., insulin syringes, blood glucose test strips, lancets, alcohol swabs)
- Smoking cessation agents, including over-the counter (OTC) products
- Select over-the-counter medications covered on the Medicaid Preferred Drug List (Prilosec OTC, loratadine, Zyrtec)
- Hearing aid batteries
- Enteral formulae, with prior authorization (1-866-211-1736)

Prescriptions will be subject to all Medicaid requirements. For your information, enclosed is a summary of Medicaid's pharmacy management programs.

Prescriptions originally filled and reimbursed under a Family Health Plus managed care plan may continue to be filled under Medicaid. **However, if the prescription has already been filled 5 or more times or is older than 180 days from the date written, a new prescription will be required.** All controlled substance laws apply.

Prescriptions for drugs not contained on the New York State List of Medicaid Reimbursable Drugs will not be reimbursable, even if they were originally covered by the managed care plan. Prescription drugs not covered by Medicaid cannot be billed to the managed care plan.

Prescription drug co-payments for Family Health Plus enrollees will not change. Co-payments will remain at \$6.00 for brand-name drugs, \$3.00 for generic drugs, \$1.00 for diabetic supplies, hearing aid batteries and enteral formulae, and \$0.50 for select over-the-counter drugs.

Please note that until October 1, 2008, Family Health Plus enrollees will continue to receive their prescription drug benefit through their managed care plan. If you have billing questions, please contact Computer Sciences Corporation at (800) 343-9000. Questions regarding Medicaid pharmacy policy can be directed to my office at (518) 486-3209.

Sincerely,

A handwritten signature in cursive script that reads "Linda Jones".

Linda J. Jones, R.N., Director  
Bureau of Pharmacy Policy and Operations  
Office of Health Insurance Programs

Enclosure

## The New York State Medicaid Pharmacy Management Programs

The New York State Medicaid Pharmacy Program covers medically necessary FDA approved prescription drugs. Prescription drugs require a prescription order with appropriate required information. Certain drugs require the prescriber to obtain prior authorization before a prescription can be dispensed.

There are three different Medicaid Pharmacy Management Programs: the Preferred Drug Program (PDP), the Mandatory Generic Drug Program (MGDP), and the Clinical Drug Review Program (CDRP). Prescribers obtain prior authorization for all of these programs by calling the Medicaid Pharmacy Prior Authorization Clinical Call Center at 1-877-309-9493. Pharmacies must also call to validate.

All beneficiaries who receive pharmacy services through the Medicaid fee-for-service program are subject to the three pharmacy management programs. This includes Medicaid Managed Care members, Family Health Plus members, and Child Health Plus "A" members.

### The Preferred Drug Program (PDP)

The PDP promotes the prescribing of less expensive, equally effective prescription drugs when medically appropriate. The Medicaid Pharmacy and Therapeutics (P&T) Committee reviews drug classes and makes recommendations to the Commissioner of Health regarding the selection of preferred and non-preferred drugs.

Preferred drugs are available without prior authorization. The prescriber, or their authorized agent, must call the clinical call center to initiate prior authorization for non-preferred drugs. They will be asked to provide identifying information and a clinical reason why the patient requires the non-preferred drug.

A complete list of preferred and non-preferred drugs with guidelines stating how to obtain drug prior authorization is available at <https://newyork.fhsc.com> or [www.nyhealth.gov/health\\_care/medicaid/program/pharmacy.htm](http://www.nyhealth.gov/health_care/medicaid/program/pharmacy.htm).

The following drug classes are currently excluded from prior authorization requirements under PDP:

- Atypical anti-psychotics
- Anti-depressants
- Anti-retrovirals used in the treatment of HIV/AIDS

- Anti-rejection drugs used for the treatment of organ and tissue transplant

### The Clinical Drug Review Program (CDRP)

The CDRP is a program designed to ensure medications are used in a medically appropriate manner. Under this program, certain drugs require prior authorization because there may be safety issues, public health concerns, the potential for fraud and abuse, or significant overuse and misuse.

The following drugs are currently managed by the CDRP program. The drugs are Revatio, Serostim, and Zyvox. Additional drugs will be added to the list of drugs managed by the CDRP effective 7/30/08. They are Byetta, Fentora, Actiq, Lidoderm. Request for prior authorization of these drugs must meet specific clinical criteria and written documentation may be required from the prescriber. For certain drugs subject to the CDRP, only the prescriber, not their authorized agent, can initiate the prior authorization process.

### The Mandatory Generic Drug Program (MGDP)

The MGDP is a program that promotes the use of generic medications when appropriate. With the exception of drugs subject to the Preferred Drug Program and other drugs exempt from the MGDP, State statute excludes Medicaid coverage of brand-name drugs when an A-rated generic drug is available, unless a prior authorization is obtained.

The prescriber, or their authorized agent, must call the clinical call center to initiate prior authorization for brand name drugs subject to the MGDP. They will be asked to provide the clinical reason why the patient requires the brand-name drug instead of the generic.

The following drugs are currently exempt from prior authorization requirements under the MGDP:

- Coumadin
- Gengraf
- Sandimmune
- Clozaril
- Lanoxin
- Dilantin
- Neoral
- Zarontin
- Levothyroxine Sodium (Unithroid, Synthroid, LevoxyI)