NEW YORK
state department of
HEALTH

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Medicaid Pharmacy Prior Authorization Programs Update

Effective February 12, 2015, the fee-for-service pharmacy program will implement the following parameters. These changes are the result of recommendations made by the Drug Utilization Review Board (DURB) at the November 20, 2014 DURB meeting:

Metreleptin (Myalept)

- Confirmation of diagnosis for FDA-approved indications:
  - Leptin deficiency in patients with congenital generalized lipodystrophy (CGL) or acquired generalized lipodystrophy (AGL).
- Absence of covered diagnosis in patients claim history will require prescriber involvement.

Oral Pollen/Allergen Extracts (Grastek, Oralair, Ragwitek)

- Confirmation of diagnosis for FDA approved indication:
  - Pollen-induced allergic rhinitis confirmed by positive skin or in vitro testing for pollen-specific IgE antibodies.
- Absence of covered diagnosis in patient's claim history will require prescriber involvement.
- Step Therapy
  - Trial with a preferred intranasal corticosteroid. Override will require prescriber involvement.

Second Generation Antipsychotics (SGAs) utilized in the treatment of Major Depressive Disorder (MDD)

- Diagnosis requirement for all SGA prescriptions.
  - Absence of covered diagnosis in patient's claim history for beneficiaries not currently on therapy will require prescriber involvement.
- Step therapy for all SGAs prescribed for the treatment of MDD in the absence of other psychiatric comorbidities.
  - Trial with at least two (2) different antidepressants.

Ledipasvir/sofosbuvir (Harvoni)

- Activate coverage of Harvoni.
- Continue using clinical criteria* and/or point of service editing as approved at the September 2014 DURB meeting and implemented on October 16, 2014.
  - FDA labeling and compendia supported use
  - Prescriber experience and training

- Patient readiness and adherence
- Disease prognosis and severity

*Clinical criteria was published in the October 2014 Medicaid Update (pages 9-11). Please refer to:
http://www.health.ny.gov/health_care/medicaid/program/update/2014/oct14_mu.pdf

Central Nervous Stimulants and Non-Stimulants utilized in the treatment of Attention Deficit Hyperactivity Disorder (ADHD)

- Diagnosis requirement for an FDA-approved or Compendia supported indication for beneficiaries less than 18 years of age who are starting stimulant or non-stimulant therapy.
  - Absence of covered diagnosis in patient's claim history for beneficiaries not currently on therapy will require prescriber involvement.
- Prescriber involvement is required when initiating stimulant therapy in beneficiaries less than three (3) years of age.
- Prescriber involvement required when initiating non-stimulant therapy for beneficiaries less than six (6) years of age.

For more detailed information on the DURB, please refer:
http://www.health.ny.gov/health_care/medicaid/program/dur/index.htm

Below is a link to the most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization (PA) Programs. This document contains a full listing of drugs subject to the Medicaid FFS Pharmacy Programs:
https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

To obtain a PA, please contact the 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 ® at: https://paxpress.nypa.hidinc.com; through the eMedNY website at http://www.eMedNY.org, as well as Magellan Medicaid Administration's website at http://newyork.fhsc.com.