



## Medicaid Pharmacy Prior Authorization Programs Update

On November 19, 2015, the New York State Medicaid Drug Utilization Review (DUR) Board recommended changes to the Medicaid pharmacy prior authorization programs. **Effective January 21, 2016**, the fee-for-service pharmacy program will implement the following parameters:

### Drugs for Opioid Induced Constipation (OIC)

- Confirm diagnosis for the FDA-approved or compendia-supported indication(s):
  - Absence of covered diagnosis in patient's claim history will require prescriber involvement
- Step therapy:
  - Trial with an osmotic laxative, a stimulant laxative and a stool softener prior to use of lubiprostone (Amitiza®), methylnaltrexone (Relistor®), or naloxegol (Movantik™)
- Quantity limits based on FDA-approved labeling:
  - Lubiprostone (Amitiza®):
    - 2 capsules per day (60 capsules per 30 days)
  - Methylnaltrexone (Relistor®):
    - Single-use vials and syringes (8 mg and 12 mg):
      - 1 vial/syringe per day (30 vials/syringes per 30 days)
    - Kits (contains 7 pre-filled single-use syringes in 8 mg and 12 mg):
      - 4 kits per 28 days
  - Naloxegol (Movantik™):
    - 1 tablet per day (30 tablets per 30 days)

### Kalydeco (ivacaftor), Orkambi (ivacaftor/lumacaftor)

- Confirm diagnosis for the FDA-approved or compendia-supported indication(s). Genetic testing required to verify appropriate mutation.
  - Absence of covered diagnosis in patient's claim history will require prescriber involvement.

### Erythropoietin-Stimulating Agents (ESAs)

- Confirm diagnosis for the FDA-approved or compendia-supported indication(s):
  - Absence of covered diagnosis in patient's claim history will require prescriber involvement

### Daraprim (pyrimethamine)

- Confirm diagnosis for the FDA-approved or compendia-supported indications:
  - Absence of covered diagnosis in patient's claim history will require prescriber involvement.
- Require concurrent utilization of leucovorin.

For more detailed information on the DURB, please refer:

[http://www.health.ny.gov/health\\_care/medicaid/program/dur/index.htm](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](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 can also initiate PA requests using a web-based application. PAXpress® is a web based pharmacy PA request/response application accessible through a new button, “PAXpress”, located on eMedNY.org under the MEIPASS button.

Additional information, such as the Medicaid Standardized PA form and clinical criteria, is available at the following websites:

<http://www.nyhealth.gov> or <http://newyork.fhsc.com> or <http://www.eMedNY.org>