

Medicaid Pharmacy Prior Authorization Programs Update

On April 27, 2016, the New York State Medicaid Drug Utilization Review Board (DURB) recommended changes to the Medicaid Fee-For-Service (FFS) pharmacy prior authorization programs. The Commissioner of Health has reviewed the recommendations of the Board and has approved changes to the Preferred Drug Program (PDP):

Effective May 26, 2016, prior authorization (PA) requirements will change for some drugs in the Hepatitis C – Direct Acting Antivirals class:

- Preferred Agents: ribavirin, Daklinza, Harvoni, Sovaldi, Technivie, Viekira Pak, Zepatier
- Non-Preferred Agents: Copegus, Moderiba, Olysio, Rebetol, Ribapak, Ribasphere

In addition, the Hepatitis C – Direct Acting Antiviral clinical criteria has changed. Disease prognosis and severity has been eliminated. Remaining criteria includes:

- **FDA labeling and compendia supported use**
 - Verification of diagnosis, genotype, dosing and duration, etc.
- **Prescriber experience and training**
 - Prescribed by hepatologist, gastroenterologist, infectious disease specialist, transplant physician or health care practitioner experienced and trained in the treatment of HCV or a healthcare practitioner under the direct supervision of a listed specialist.
AND
 - Clinical experience is defined as the management and treatment of at least 10 patients with HCV infection in the last 12 months and at least 10 HCV- related CME credits in the last 12 months.
OR
 - Management and treatment of HCV infection in partnership (defined as consultation, preceptorship, or via telemedicine) with an experienced HCV provider who meets the above criteria.
- **Patient readiness and adherence**
 - Evaluation by using scales or assessment tools readily available to healthcare practitioners at: <http://www.integration.samhsa.gov/clinical-practice/screening-tools> or <https://prepc.org/> to determine a patient's readiness to initiate HCV treatment, specifically drug and alcohol abuse potential.

Effective June 30, 2016, PA requirements will change for some drugs in the following classes:

- **Non-steroidal anti-inflammatory drugs (NSAIDs) – Prescription**
- **Opioids – Long Acting**
- **Antipsychotics - Injectable**
- **Selective Serotonin Reuptake Inhibitors (SSRIs)**
- **Antibiotics - Topical**
- **Fluoroquinolones – Otic**
- **Antihistamines – Second Generation***
- **Beta-2 Adrenergic Agents – Inhaled Long-Acting**

*cetirizine OTC tablets will remain preferred due to a recent change in pricing as impacted by new Federal Upper Limits (FULs)

The PDP has also expanded to include an additional drug class. Non-preferred drugs in the following class will require PA:

- **Acne Agents – Prescription, Topical**

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 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 can also initiate PA requests using a web-based application. PAXpress® is a web based pharmacy PA request/response application accessible through a button “PAXpress” located on eMedNY.org under the MEIPASS button.

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

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