NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

Medicaid Pharmacy Prior Authorization Programs Update

On July 14, 2022, the New York State Medicaid Drug Utilization Review (DUR) Board recommended changes to the Medicaid 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) within the fee-for-service (FFS) pharmacy program.

Effective November 17, 2022, prior authorization (PA) requirements will change for some drugs in the following PDP classes:

- Antipsychotics, injectable
- Antipsychotics, 2nd generation
- Other Agents for Attention Deficit Hyperactivity Disorder (ADHD)
- Immunomodulators, Systemic
- Glucagon Agents-NEW CLASS

Effective November 17, 2022, criteria for Immunomodulators, Systemic, Aducanumab-avwa (Adulhelm®), botulinum toxins, infliximab (Remicade®) and its biosimilars, and vedolizumab (Entyvio®) will be added:

- Immunomodulators, Systemic will have the following criteria:
    - STEP THERAPY (ST)
        - Trial of a disease-modifying anti-rheumatic drug (DMARD) prior to treatment with an immunomodulator for indications not specified below.
        - Trial of a TNF inhibitor prior to treatment with a JAK inhibitor for indications not specified below.
    - INDICATION-SPECIFIC REQUIREMENTS:
        - Asthma: history and concurrent use of a corticosteroid.
        - Nasal polyps: history and concurrent use of an intranasal corticosteroid.
        - Atopic dermatitis: Trial with a topical prescription product for a duration of at least 3 months
        - For JAK inhibitors: Trial of topical prescription product and systemic product for a combined duration of at least 6 months.

- Aducanumab-avwa (Aduhelm®) will have the following criteria:
    - Before initiating aducanumab (Aduhelm), prescribers must attest that the patient has been diagnosed with mild cognitive impairment due to Alzheimer's Disease or mild Alzheimer's dementia by meeting one of the following:
        - Clinical Dementia Rating (CDR)-Global Score of 0.5 to 1
        - Mini-Mental Status Exam (MMSE) score between 24 and 30
        - Montreal Cognitive Assessment (MoCA) score of at least 18

- Before initiating aducanumab (Aduhelm), prescribers must provide the medical records for the following pre-treatment testing:
  - Genetic testing to assess apolipoprotein E ε4 carrier status AND
  - Positron emission tomography (PET) scan or cerebrospinal fluid (CSF) analysis to confirm the presence of amyloid beta deposits
- Before initiating aducanumab (Aduhelm), prescribers must attest that the patient does not have evidence of any medical or neurological condition other than Alzheimer's Disease that could be contributing to the patient's cognitive impairment.
- Before initiating aducanumab (Aduhelm), prescribers must attest that the patient does not have a history of a clotting disorder and is not taking any form of antiplatelet or anticoagulant medications other than aspirin ≤325 mg/day.
- For continuation of therapy, providers must attest that the patient's score remained stable or improved, utilizing the same baseline assessment tool as outlined in Recommendation 1

- Botulinum toxins will have the following Step Therapy requirements:

Indication	Step Therapy
Chronic sialorrhea*	Glycopyrrolate
Headache prevention in patients with chronic migraine	Two oral agents FDA-approved or compendia-supported for prevention of migraine
Overactive bladder	Antimuscarinic agent or beta-3-adrenoceptor agonist
Neurogenic detrusor overactivity**	Antimuscarinic agent
Urinary incontinence due to detrusor overactivity	Antimuscarinic agent or beta-3-adrenoceptor agonist

*excludes patients with Parkinson's and other neurodegenerative diseases
**excludes patients with multiple sclerosis or spinal cord injury

- Infliximab (Remicade®), infliximab-abda (Renflexis®), infliximab-axxq (Avsola™), and infliximab-dyyb (Inflectra®) will have the following criteria:
  - Trial of a disease-modifying anti-rheumatic drug (DMARD) or tumor necrosis factor inhibitor (TNFi) FDA approved for self-administration prior to initiation of infliximab

- Vedolizumab (Entyvio®) will have the following criteria:
  - Trial of a disease-modifying anti-rheumatic drug (DMARD) or tumor necrosis factor inhibitor (TNFi) prior to initiation of vedolizumab

For more detailed information on the DUR Board, please refer to:
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 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 is available at the following websites:
https://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm or
https://www.health.ny.gov or http://newyork.fhsc.com or http://www.eMedNY.org