



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

September 18, 2006

Dear Medicaid Prescriber:

This is to inform you of changes being made to the current prior authorization process for Serostim prescriptions written for Medicaid recipients. Effective October 18, 2006, prior authorizations for Serostim will be processed through the Clinical Drug Review Program (CDRP) and must be obtained through our clinical call center.

The CDRP is aimed at ensuring specific drugs are utilized in a medically appropriate manner. Under the CDRP, only the prescriber, not their authorized agent, can complete the prior authorization process. Prescribers can call the staffed clinical call center at 1-877-309-9493 and follow the appropriate prompts.

The following is general information about Serostim prior authorization requirements:

- All prescriptions for Serostim must be prior authorized through the staffed clinical call center effective October 18, 2006.
- Prescriptions are limited to a maximum of a 28-day supply. Continuation beyond 28 days of therapy will require a new prescription and a new prior authorization number.
- No refills for Serostim are allowed. To continue treatment, the patient must be re-examined and a positive therapeutic response documented. If a determination to continue Serostim therapy is made, the prescriber must write a new prescription and obtain a new prior authorization number.
- If a patient has received a prior authorization for Serostim recently, the prescriber will be informed of that issuance date. A new prior authorization for Serostim will not be issued unless 75% of the previously authorized product has been used as determined by the previous issuance date.
- The prescriber will be informed if a patient has received three prior authorizations. The manufacturer's product information/package insert states "no significant additional efficacy was observed beyond 12 weeks". If a prescriber determines that continuation of Serostim beyond 12 weeks/three prior authorizations is medically necessary, validating documentation must be available for review.

Under the CDRP, a prior authorization request may be denied when the clinical criteria is not met. Upon request, prescribers should be prepared to provide medical justification, including diagnostic test results, evidence of consultation with specialists, etc., to support the prior authorization request.

Enclosed you will find updated prescriber instructions and worksheet. Additional copies are available at http://newyork.fhsc.com/providers/CDRP_forms.asp.

If you have any questions about the Medicaid Pharmacy Clinical Drug Review Program, please call 1-877-309-9493. We appreciate your continued support of our efforts to maintain a quality, cost-effective pharmacy program for Medicaid recipients.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marilyn W. Desmond".

Marilyn W. Desmond, Assistant Director
Division of Policy and Program Guidance
Office of Medicaid Management

Enclosures