STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

June 4, 2010

Dear Prescriber:

This letter is to inform you of changes to the Medicaid Pharmacy prior authorization programs that may affect you. The New York State Medicaid Clinical Drug Review Program (CDRP) is expanding to require prior authorization for growth hormones for enrollees 21 years of age and older. The purpose of this change is to help ensure appropriate utilization of growth hormones. Therefore, effective June 17, 2010:

- Preferred and non-preferred growth hormones for **enrollees 21 years of age and older** will require prior authorization (PA) under the CDRP (enclosed Quick List for preferred agents)
- There will be no change in the PA process for enrollees under 21 years of age

Enclosed is a list of patients 21 years of age and older that our records indicate have filled a prescription for a growth hormone written by you between 01/01/2010 and 3/31/2010. If you have established medical necessity for use of growth hormones, prior authorization must be obtained. Please contact the clinical call center at 1-877-309-9493 and follow the appropriate prompts. Only the prescriber, not their authorized agent, can initiate the prior authorization process for growth hormones. **Under the CDRP,** fax requests are not permitted.

Prescribers should be prepared to provide the following information to support a prior authorization request for a **growth hormone for enrollees 21 years of age or older**:

1. Does the patient have childhood onset or adult onset growth hormone deficiency or is the patient an adult with short bowel syndrome?

2. Does the patient have any of the following contraindications: acute critical illness; obesity with upper airway obstruction, sleep apnea or severe respiratory impairment (if diagnosed with Prader-Willi syndrome); active malignancy; diabetic retinopathy (unless prescribing Zorbtive); acute respiratory failure (when prescribing Zorbtive)?

3. A signed attestation providing documentation of an FDA-approved diagnosis for the use of growth hormone.

To assist you in completing the CDRP process, enclosed are the clinical criteria, prescriber instructions and worksheet for **Genotropin**®, **Nutropin**®, **Nutropin AQ**®, **Saizen**®, **Humatrope**®, **Norditropin**®, **Omnitrope**®, **Tev-Tropin®, and Zorbtive**®. These documents are also available at:

http://newyork.fhsc.com/providers/CDRP_forms.asp

If you have any questions or wish to obtain additional information, please contact the clinical call center at 1-877-309-9493. Thank you for your continued support of our efforts to provide a quality pharmacy program for Medicaid and Family Health Plus enrollees.

Sincerely,

Mary A. Donohue

PDP Program Manager
Bureau of Pharmacy Policy and Operations
Office of Health Insurance Programs

Enclosures
Quick List 5-17-10/ CDRP Criteria/4-6-10

Please note that SEC. 303. [21 USC §333] of the Federal Food, Drug, and Cosmetic act states that whoever knowingly distributes, or possesses with intent to distribute, human growth hormone for any use in humans other than the treatment of a disease or other recognized medical condition, where such use has been authorized by the Secretary of Health and Human Services under section 505 and pursuant to the order of a physician, is guilty of an offense punishable by not more than 5 years in prison, such fines as are authorized by title 18, United States Code, or both.