

NYS MEDICAID PHARMACY PRIOR AUTHORIZATION (PA) PROGRAMS

The NYS Medicaid Pharmacy Program requires that PA be obtained for certain prescription drugs/supplies through the following initiatives:

- Preferred Drug Program
- Mandatory Generic Drug Program
- Preferred Diabetic Supply Program
- Clinical Drug Review Program

PREFERRED DRUG PROGRAM (PDP)

- Promotes the prescribing of less expensive and equally effective drugs when medically appropriate
- Maintains access to all drugs
- PA is not required for preferred drugs and is required for non-preferred drugs, unless otherwise indicated.
- To obtain PA for a non-preferred drug, call (877) 309-9493, select **option #1** then **option #1**. Input **prescriber NPI and phone number** to be quickly transferred to a certified pharmacy technician.

MANDATORY GENERIC DRUG PROGRAM (MGDP)

- Promotes the use of generic drugs when medically appropriate
- Brand name drugs that are subject to the PDP, CDRP and/or the Brand when Less Than Generic Initiative are not subject to the MGDP.
- To obtain PA for a MGDP drug, call (877) 309-9493, select **option #1** then **option #2** for the automated system.
- The following drugs are exempt from the program and do not require PA:

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|------------|------------------------|
| ▪ Clozaril | ▪ Levothyroxine sodium |
| ▪ Coumadin | ▪ Neoral |
| ▪ Dilantin | ▪ Sandimmune |
| ▪ Gengraf | ▪ Tegretol |
| ▪ Lanoxin | ▪ Zarontin |

PREFERRED DIABETIC SUPPLY PROGRAM (PDSP)

- Preferred blood glucose monitors and corresponding test strips are available without prior approval.
- Preferred Supply List (PSL) is available at: <https://newyork.fhsc.com>
- Non-preferred blood glucose monitors and strips will require prior approval.
- To obtain prior approval for a non-preferred supply, call (800) 342-3005 to reach NYS Department of Health.

CLINICAL DRUG REVIEW PROGRAM (CDRP)

The intent of CDRP:

- To ensure certain drugs are utilized appropriately
- To protect the long-term efficacy of certain drugs and the public's health
- To prevent overuse, abuse, and illegal utilization of certain drugs

Drugs/Classes subject to CDRP:

- An authorized agent* of the prescriber may initiate PA for:
 - Fentanyl Mucosal Agents
 - Abstral, Actiq, fentanyl citrate oral lozenge, Fentora, Onsolis
 - Lidoderm
 - Regranex
 - Topical Immunomodulators
 - Elidel, Protopic

**In some cases, the prescriber will need to complete PA*

- The prescriber must initiate PA for:
 - Adcirca
 - Growth Hormones for 21 years of age and older
 - Revatio
 - Serostim
 - Synagis
 - Xyrem
 - Zyvox

CDRP Prior Authorizations:

- To obtain PA for a CDRP drug, call (877) 309-9493, select **option #1** then **option #1**. Input **prescriber NPI and phone number**, to be quickly transferred to a certified pharmacy technician.
- Please be prepared to provide the following:
 - Beneficiary's ID number
 - CDRP drug name
 - Specific clinical information for each CDRP drug. Clinical criteria forms are available at: https://newyork.fhsc.com/providers/CDRP_forms.asp

RESOURCES

Web Sites:

- <https://newyork.fhsc.com>
 - Information on PA Programs
 - Quick List & Preferred Drug List (PDL)
 - Preferred Supply List (PSL)
 - Clinical Criteria for PDP and CDRP
- www.nyhealth.gov
 - Medicaid Update publication
 - Pharmacy program information
 - P&T Committee information
 - Family Health Plus program information
 - Drug Utilization Review Board information

Phone Numbers:

- **Clinical Call Center for Pharmacy PA:**
 - Telephone: (877) 309-9493
 - Fax: (800) 268-2990 (available for PDP & some CDRP drugs)
- **Diabetic Supply PA Line:** (800) 342-3005
- **Pharmacy Policy:** (518) 486-3209
- **Enteral Therapy PA Line:** (866) 211-1736
- **Medicaid Help Line:** (877) 873-7283
 - Beneficiaries: (877) 309-9493
- **Billing:** (800) 343-9000

For Pharmacy PA Program Questions,
please email:
NYPDPNotices@magellanhealth.com

For Pharmacy Policy Questions,
please email:
PPNO@health.state.ny.us