



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 7, 2006

Dear Medicaid Prescriber:

This letter serves to remind you that several important changes to the Medicaid pharmacy benefit will be implemented on October 18, 2006. These changes include expansion of the Medicaid Preferred Drug Program (Phase II) and changes to the current prior authorization process under the Clinical Drug Review Program.

As of October 18, 2006, all pharmacy prior authorizations will be initiated by calling the centralized Clinical Call Center (1-877-309-9493). When you call this center, you will be transferred to live operators for all prior authorization requests other than the Mandatory Generic program. Other changes include:

- Several new drug categories will be added to the Preferred Drug Program (PDP). See listing below.
- Second generation prescription antihistamines and proton pump inhibitors will be transferred into the PDP. (This change includes the availability of additional proton pump inhibitors that may be prescribed without prior authorization, so please review this information carefully.)
- Serostim and Zyvox prior authorization process will be moved from the current electronic voice interactive phone system (VIPS) to the staffed Clinical Call Center.
- Prior authorization for Revatio will now be handled through the staffed Clinical Call Center as well, rather than the special billing process now in place.

Expansion of the Preferred Drug Program (Phase II): In addition to the current types of drugs subject to the PDP, several new categories will be added effective October 18, 2006. Remember that drugs identified by NYS Medicaid as “preferred” do not require prior authorization; **if you prescribe the preferred drug, no additional action is necessary.**

Patients who have a prescription written prior to October 18, 2006 for a non-preferred drug will not need prior authorization to obtain their initial prescription or refills. However, prior authorization for non-preferred drugs written on or after October 18, 2006 will be required.

Prescriptions written on or after October 18, 2006, in the following additional categories will also be subject to the Preferred Drug Program.

- Leukotriene Modifiers
- Hepatitis C Agents
- Thiazolidinediones
- Prescription Proton Pump Inhibitors (PPI)
- Second Generation Antihistamines
- Long Acting Narcotics
- Serotonin Receptor Agonists (Triptans)
- Beta Blocker Combination Products
- Anti-Emetics
- Calcitonins
- HMG-CoA Reductase Inhibitors (Statins)
- Intranasal Steroids
- Sedative Hypnotics
- Triglyceride Lowering Agents

Enclosed is a revised listing of preferred and non-preferred drugs for all of the drug categories, as well as a complete "quick list" listing only the preferred drugs. As the next phase of drug classes are reviewed and preferred drugs selected, your office will be notified of the updated Preferred Drug List (PDL). The websites below provide the most current program information as well as complete PDP drug listings.

Clinical Drug Review Program (CDRP) Moves to the Clinical Call Center: The CDRP applies prior authorization for certain drugs where the Medicaid Program has concerns about the long term efficacy of the drug, or where there is a potential for overuse and abuse. Prescriptions written on or after October 18, 2006 for the following drugs will require prior authorization under the CDRP using the staffed Clinical Call Line:

- Revatio
- Serostim
- Zyvox

Your office will need to respond to certain clinical questions about your patient's condition, in order to demonstrate your patient's medical need for the specific drug.

Pharmacy Prior Authorization Process: Call **1-877-309-9493** to initiate the pharmacy prior authorization process **and listen for the appropriate prompts as they have changed.** 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 prior authorization number. This number must be noted in your patient's medical record and written on the prescription so that the pharmacy can complete the process.

Reminder: Hospital residents and physician assistants must use the license number of their supervising physician and not the institution's provider number.

Additional information, such as updated prior authorization forms and clinical criteria for the PDP and the CDRP are available at: www.nyhealth.gov and <http://newyork.fhsc.com>. If you have any questions, please call 1-877-309-9493. Thank you for your continued support of our efforts to provide a quality pharmacy program for Medicaid recipients.

Sincerely,



Brian J. Wing
Deputy Commissioner
Office of Medicaid Management

Enclosures

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

All non-preferred drugs in these classes will require prior authorization

ACE Inhibitors

PREFERRED AGENTS

Altace[®] moexipril
benazepril
captopril
enalapril maleate
lisinopril
Mavik[®]

ACE Inhibitors + Calcium Channel Blocker

PREFERRED AGENTS

Lotrel[®]
Tarka[®]

ACE Inhibitors + Diuretic

PREFERRED AGENTS

benazepril/HCTZ
captopril/HCTZ
enalapril maleate/HCTZ
lisinopril/HCTZ
Uniretic[®]

Angiotensin Receptor Blockers

PREFERRED AGENTS

Benicar[®] Diovan[®]
Cozaar[®] Micardis[®]

Angiotensin Receptor Blocker + Diuretic

PREFERRED AGENTS

Benicar HCT[®] Hyzaar[®]
Diovan HCT[®] Micardis HCT[®]

Anti-Emetics - Oral

PREFERRED AGENTS

Kytril[®] (tablet, solution)
Zofran[®] (tablet, solution, ODT)

Antihistamines -Second Generation

PREFERRED AGENTS

OTC loratadine
OTC loratadine-D

ACE Inhibitors

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

| | |
|-----------------------------|-----------------------------|
| <i>Accupril[®]</i> | <i>Prinivil[®]</i> |
| <i>Aceon[®]</i> | <i>quinapril</i> |
| <i>Capoten[®]</i> | <i>Univasc[®]</i> |
| <i>fosinopril sodium</i> | <i>Vasotec[®]</i> |
| <i>Lotensin[®]</i> | <i>Zestril[®]</i> |
| <i>Monopril[®]</i> | |

ACE Inhibitors + Calcium Channel Blocker

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Lexxel[®]

ACE Inhibitors + Diuretic

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

| | |
|---------------------------------|-------------------------------|
| <i>Accuretic[®]</i> | <i>Prinzide[®]</i> |
| <i>Capozide[®]</i> | <i>quinapril/HCTZ</i> |
| <i>fosinopril HCT</i> | <i>Quinaretic[®]</i> |
| <i>Lotensin HCT[®]</i> | <i>Vaseretic[®]</i> |
| <i>Monopril HCT[®]</i> | <i>Zestoretic[®]</i> |

Angiotensin Receptor Blockers

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

| | |
|----------------------------|----------------------------|
| <i>Atacand[®]</i> | <i>Teveten[®]</i> |
| <i>Avapro[®]</i> | |

Angiotensin Receptor Blocker + Diuretic

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

| | |
|--------------------------------|--------------------------------|
| <i>Atacand HCT[®]</i> | <i>Teveten HCT[®]</i> |
| <i>Avalide[®]</i> | |

Anti-Emetics - Oral

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

Anzemet[®]

Antihistamines -Second Generation ^{CC}

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

| | |
|-------------------------------|------------------------------|
| <i>Allegra[®]</i> | <i>fexofenadine</i> |
| <i>Allegra-D[®]</i> | <i>Semprex-D[®]</i> |
| <i>Clarinex[®]</i> | <i>Zyrtec^{®CC}</i> |
| <i>Clarinex-D[®]</i> | <i>Zyrtec-D[®]</i> |

Beta Blockers

PREFERRED AGENTS

acebutolol pindolol
atenolol propranolol
betaxolol timolol maleate
bisoprolol fumarate
labetalol
metoprolol tartrate
nadolol

Beta Blocker + Diuretic

PREFERRED AGENTS

atenolol/chlorthalidone
bisoprolol fumarate/HCTZ
metoprolol tartrate/HCTZ
propranolol/HCTZ

Bisphosphonates - Oral

PREFERRED AGENTS

Fosamax[®] (tablet, solution)
Fosamax[®] Plus D

Calcitonins - Nasal

PREFERRED AGENTS

Miacalcin[®]

Calcium Channel Blockers (DHP)

PREFERRED AGENTS

Afeditab CR[®] Nifedical XL[®]
Dynacirc[®] nifedipine
Dynacirc CR[®] nifedipine ER
felodipine ER nifedipine SA
isradipine Norvasc[®]
nicardipine HCl Sular[®]
Nifediac CC[®]

Hepatitis C Agents

PREFERRED AGENTS

PEG- Intron[®] Pegasys Convenience Pack[®]
PEG- Intron Redipen[®]
Pegasys[®]

Beta Blockers^{CC}

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Blocadren[®] Levadol[®]
Coreg[®] CC Sectral[®]
Corgard[®] Tenormin[®]
Inderal LA[®] Toprol XL[®] CC
Inderal[®] Trandate[®]
InnoPran XL[®] Zebeta[®]
Kerlone[®]
Lopressor[®]

Beta Blocker + Diuretic

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

Corzide[®] Tenoretic[®]
Inderide[®] Timolide[®]
Inderide LA[®] Ziac[®]
Lopressor HCT[®]

Bisphosphonates - Oral

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Actonel[®] Boniva[®]
Actonel[®] with Calcium

Calcitonins - Nasal

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

Fortical[®]

Calcium Channel Blockers (DHP)

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Adalat CC[®] Plendil[®]
Cardene[®] Procardia[®]
Cardene SR[®] Procardia XL[®]

Hepatitis C Agents

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

None

HMG-CoA Reductase Inhibitors (Statins)

PREFERRED AGENTS

| | |
|-----------------------|------------------------|
| Advicor [®] | Lescol XL [®] |
| Altoprev [®] | Lipitor [®] |
| Crestor [®] | Vytorin [®] |
| Lescol [®] | Zocor [®] |

Leukotriene Modifiers

PREFERRED AGENTS

Accolate[®]
Singulair[®]

Narcotics- Long Acting

PREFERRED AGENTS

| | |
|------------------------|--------------------------|
| Duragesic [®] | morphine sulfate SR |
| fentanyl patch | Oramorph SR [®] |
| Kadian [®] | |

Proton Pump Inhibitors

PREFERRED AGENTS

Nexium[®]
Prevacid[®] (capsule)
Prilosec[®] OTC

Sedative Hypnotics / Sleep Agents

PREFERRED AGENTS

Ambien CR[®]
chloral hydrate
estazolam
flurazepam
temazepam
triazolam

Serotonin Receptor Agonists (Triptans)

PREFERRED AGENTS

Imitrex[®] (tablet, nasal, injection)
Maxalt[®] (tablet, MLT)

Steroids- Intranasal

PREFERRED AGENTS

Nasacort AQ[®]
Nasonex[®]

Thiazolidinediones

PREFERRED AGENTS

| | |
|---------------------------|------------------------|
| Actos [®] | Avandamet [®] |
| Actoplus met [®] | Avandaryl [®] |
| Avandia [®] | |

Rev 9/6/06

HMG-CoA Reductase Inhibitors (Statins)

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

| | |
|----------------------------|---------------------------------|
| <i>Caduet[®]</i> | <i>Pravachol[®]</i> |
| <i>lovastatin</i> | <i>pravastatin</i> |
| <i>Mevacor[®]</i> | <i>PravigardPAC[®]</i> |

Leukotriene Modifiers

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

None

Narcotics- Long Acting

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

| | |
|------------------------------|------------------------------|
| <i>Avinza[®]</i> | <i>oxycodone HCL CR</i> |
| <i>MS Contin[®]</i> | <i>Oxycontin[®]</i> |

Proton Pump Inhibitors

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

| | |
|---|--|
| <i>Aciphex[®]</i> | <i>Prilosec[®]</i> |
| <i>omeprazole</i> | <i>Protonix[®]</i> |
| <i>Prevacid NapraPAC[®]</i> | <i>Zegerid[®] (capsule, packet)</i> |
| <i>Prevacid[®] (solutab, suspension)</i> | |

Sedative Hypnotics / Sleep Agents

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

| | |
|----------------------------|-----------------------------|
| <i>Ambien[®]</i> | <i>Prosom[®]</i> |
| <i>Dalmane[®]</i> | <i>Restoril[®]</i> |
| <i>Doral[®]</i> | <i>Rozerem[®]</i> |
| <i>Halcion[®]</i> | <i>Somnote[®]</i> |
| <i>Lunesta[®]</i> | <i>Sonata[®]</i> |

Serotonin Receptor Agonists (Triptans)

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

| | |
|---------------------------|---|
| <i>Amerge[®]</i> | <i>Relpax[®]</i> |
| <i>Axert[®]</i> | <i>Zomig[®] (tablet, nasal, ZMT)</i> |
| <i>Frova[®]</i> | |

Steroids- Intranasal

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

| | |
|--------------------------------|-----------------------------------|
| <i>Beconase AQ[®]</i> | <i>fluticasone</i> |
| <i>Flonase[®]</i> | <i>Nasarel[®]</i> |
| <i>flunisolide</i> | <i>Rhinacort Aqua[®]</i> |

Thiazolidinediones

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

None

Triglyceride Lowering Agents

PREFERRED AGENTS

gemfibrozil
Lofibra[®]

Triglyceride Lowering Agents

NON-PREFERRED AGENTS - PA Required Effective 10/18/06

| | |
|---------------------------|-----------------------------|
| <i>Antara[®]</i> | <i>Omacor[®]</i> |
| <i>fenofibrate</i> | <i>Tricor[®]</i> |
| <i>Lopid[®]</i> | <i>Triglide[®]</i> |

NYS MEDICAID PREFERRED DRUG QUICK LIST- PHASE I and II

These drugs are preferred and do not require prior authorization

ACE Inhibitors

PREFERRED AGENTS

| | |
|---------------------|--------------------|
| Altace [®] | lisinopril |
| benazepril | Mavik [®] |
| captopril | moexipril |
| enalapril maleate | |

ACE Inhibitors + Diuretic

PREFERRED AGENTS

| | |
|-----------------|-----------------------|
| benazepril/HCTZ | lisinopril/HCTZ |
| captopril/HCTZ | Uniretic [®] |
| enalapril/HCTZ | |

Angiotensin Receptor Blockers + Diuretic

PREFERRED AGENTS

| | |
|--------------------------|---------------------------|
| Benicar HCT [®] | Hyzaar [®] |
| Diovan HCT [®] | Micardis HCT [®] |

Antihistamines-Second Generation

PREFERRED AGENTS

OTC loratadine
OTC loratadine-D

Beta Blockers + Diuretic

PREFERRED AGENTS

| | |
|--------------------------|------------------|
| atenolol/chlorthalidone | propranolol/HCTZ |
| bisoprolol fumarate/HCTZ | |
| metoprolol tartrate/HCTZ | |

Calcitonins- Nasal

PREFERRED AGENTS

Miacalcin[®]

Hepatitis C Agents

PREFERRED AGENTS

PEG- Intron[®]
PEG- Intron Redipen[®]
Pegasys[®]
Pegasys Convenience Pack[®]

ACE Inhibitors + Calcium Channel Blocker

PREFERRED AGENTS

Lotrel[®]
Tarka[®]

Angiotensin Receptor Blockers

PREFERRED AGENTS

| | |
|----------------------|-----------------------|
| Benicar [®] | Diovan [®] |
| Cozaar [®] | Micardis [®] |

Anti-Emetics- Oral

PREFERRED AGENTS

Kytril[®] (tablet, solution)
Zofran[®] (tablet, solution, ODT)

Beta Blockers

PREFERRED AGENTS

| | |
|---------------------|---------------------|
| acebutolol | metoprolol tartrate |
| atenolol | nadolol |
| betaxolol | pindolol |
| bisoprolol fumarate | propranolol |

Bisphosphonates- Oral

PREFERRED AGENTS

Fosamax[®] (tablet, solution)
Fosamax[®] Plus D

Calcium Channel Blockers (DHP)

PREFERRED AGENTS

| | |
|--------------------------|---------------------------|
| Afeditab CR [®] | Nifedical XL [®] |
| Dynacirc [®] | nifedipine |
| Dynacirc CR [®] | Nifedipine ER |
| felodipine ER | nifedipine SA |
| isradipine | Norvasc [®] |
| nicardipine | Sular [®] |
| Nifediac CC [®] | |

HMG-CoA Reductase Inhibitors (Statins)

PREFERRED AGENTS

| | |
|-----------------------|------------------------|
| Advicor [®] | Lescol XL [®] |
| Altoprev [®] | Lipitor [®] |
| Crestor [®] | Vytorin [®] |
| Lescol [®] | Zocor [®] |

Leukotriene Modifiers

PREFERRED AGENTS

Accolate[®]
Singulair[®]

Proton Pump Inhibitors

PREFERRED AGENTS

Nexium[®] Prilosec[®] OTC
Prevacid[®] (capsule)

Serotonin Receptor Agonists (Triptans)

PREFERRED AGENTS

Imitrex[®] (tablet, nasal, injection)
Maxalt[®] (tablet, MLT)

Thiazolidinediones

PREFERRED AGENTS

Actos[®] Avandamet[®]
Actoplus met[®] Avandaryl[®]
Avandia[®]

Narcotics- Long Acting

PREFERRED AGENTS

Duragesic[®] morphine sulfate SR
fentanyl patch Oramorph SR[®]
Kadian[®]

Sedative Hypnotics/ Sleep Agents

PREFERRED AGENTS

Ambien CR[®] flurazepam
chloral hydrate temazepam
estazolam triazolam

Steroids- Intranasal

PREFERRED AGENTS

Nasacort AQ[®]
Nasonex[®]

Triglyceride Lowering Agents

PREFERRED AGENTS

gemfibrozil
Lofibra[®]