



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 Pharmacy Provider:

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 (PDP) (Phase II), transition of proton pump inhibitors and antihistamines into the PDP, and changes to the current prior authorization process under the Clinical Drug Review Program. These changes will establish a centralized call center which will assist both prescribers and pharmacists in completing a pharmacy prior authorization.

Expansion of the Preferred Drug Program (Phase II):

In addition to the current drugs subject to the PDP, several new categories will be added effective October 18, 2006:

- 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

Note that proton pump inhibitors and second generation prescription antihistamines will be transferred into the PDP on this date. (This change includes the availability of additional proton pump inhibitors which may be prescribed without prior authorization, so please review this information carefully.)

Patients who already have a prescription for a non-preferred drug may continue to obtain the medication without prior authorization for any remaining refills. Prior authorization must be obtained before a new prescription is filled.

Enclosed is an updated listing of preferred and non-preferred drugs for each of the drug classes included in the PDP as of October 18, 2006. Also enclosed is a complete "quick list" of all preferred drugs. As the next phase of drug classes are reviewed and preferred drugs selected, you will be notified. The websites below provide the most current program information as well as complete PDP drug listings.

Clinical Drug Review Program (CDRP): The following changes will occur on October 18, 2006:

- Serostim and Zyvox prior authorization process for prescribers 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.

Prior Authorization Process: Prescribers initiate the prior authorization process by obtaining a prior authorization number from pharmacy technicians and pharmacists at the Clinical Call Center. Prescriptions for non-preferred and CDRP drugs carry a prior authorization number ending with a "W." The "W" alerts pharmacy providers to select the Clinical Call Center option when validating the prior authorization number. The "W" should not be included in the prior authorization field when submitting a claim. The prior authorization number for non-preferred and CDRP drugs is an 11-digit number.

To validate a prior authorization, contact the prior authorization Clinical Call Center, which is accessible 24 hours per day, 7 days per week.

Call 1-877-309-9493 and listen for the appropriate prompts

The Clinical Call Center will be using a new interactive voice response system to validate prior authorizations; however pharmacy technicians and pharmacists will still be available to work with your pharmacy to ensure that Medicaid recipients receive their medications. There are also provisions for a 72-hour emergency supply of necessary medications.

Reminders: to facilitate the prior authorization process, please make sure you have the drug in stock and are able to provide a valid 11- digit NDC number. A prior authorization is good for the life of the prescription (up to six months and 5 refills).

Additional information, such as the most current PDL and prior authorization forms, is available at: www.nyhealth.gov and <https://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[®] Levator[®]
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[®]