



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

December, 2009

Dear Prescriber:

On September 11, 2009, the New York State Medicaid Pharmacy and Therapeutics (P&T) Committee recommended changes to the Medicaid Pharmacy Prior Authorization Programs. The Commissioner of Health has reviewed the recommendations of the Committee and has approved changes to the Preferred Drug Program (PDP) and Clinical Drug Review Program (CDRP).

The committee reviewed 10 drug classes currently subject to the PDP. Prior authorization requirements will change for some drugs in the following four PDP drug classes effective January 12, 2010:

- Beta-2 Adrenergic Agents – Inhaled Short Acting
- Anti-Virals - Oral
- Anti-Fungals
- Thiazolidinediones (TZDs)

The PDP is also expanding to include two additional drug classes. Prescriptions for non-preferred drugs in the following drug classes will require prior authorization effective January 12, 2010:

- Alzheimer's Agents
- Sulfasalazine Derivatives

In addition to these changes, the New York State Medicaid CDRP is expanding to require prior authorization for the following:

- Adcirca® (tadalafil), effective January 12, 2010
- Xyrem® (sodium oxybate), effective March 2010
- Growth Hormones (Genotropin®, Nutropin®, Nutropin AQ®, Saizen®, Humatrope®, Norditropin®, Omnitrope®, Tev-Tropin®, and Zorbtive®) for enrollees 21 years of age or older – effective March 2010.

The Quick List of preferred drugs and additional information, such as updated prior authorization forms and clinical criteria for the PDP and CDRP are available at the following websites:

<http://www.nyhealth.gov> or <http://newyork.fhsc.com> or <http://www.eMedNY.org>

Remember, unless otherwise indicated on the PDL or Quick List, prescribing preferred drugs requires no further action on your part.

To obtain prior authorization for non-preferred drugs within the drug classes listed above or any of the drugs added to the CDRP, please call the prior authorization clinical call center at 1-877-309-9493. Be sure to listen for the appropriate prompts. 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.

Requests for prior authorization of non-preferred drugs within the drug classes listed above can be faxed to the clinical call center at 1-800-268-2990. Please note that a faxed request can take up to 24 hours to be completed. Fax requests for drugs subject to the CDRP are not permitted.

If you have any questions, wish to obtain additional information regarding the PDP, or wish to receive a comprehensive listing of both non-preferred and preferred agents within the drug classes managed by the PDP, please contact the clinical call center at 1-877-309-9493. Thank you for your continued support of our efforts to maintain a quality pharmacy program for Medicaid and Family Health Plus enrollees.

Sincerely,



Linda J. Jones, R.N.
Director, Medicaid Pharmacy Program
Office of Health Insurance Programs