

July 28, 2011

Dear Prescriber:

On June 16, 2011, the New York State Medicaid Pharmacy & Therapeutics 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) within the Fee-For-Service Pharmacy Program. Effective August 25, 2011, prior authorization (PA) requirements will change for some drugs in the following seven PDP classes:

- Corticosteroids – Intranasal
- Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
- Glucagon-like Peptide-1 (GLP-1) Agonists
- Growth Hormones
- Pancreatic Enzymes
- Selective Serotonin Reuptake Inhibitors (SSRIs)
- Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Additionally, changes have been made to the preferred and non-preferred status of drugs within the **Atypical Antipsychotics*** drug class.

***Please note that non-preferred drugs in this drug class will NOT require prior authorization until December 2011. At that time, systems will be in place to allow patients stabilized on these products to continue therapy without obtaining prior authorization.**

The PDP has also expanded to include six additional drug classes. Non-preferred drugs in the following drug classes will require PA:

- Anti-Fungals – Topical
- Short Acting Opioids
- Topical Steroids – Low Potency
- Topical Steroids – Medium Potency
- Topical Steroids – High Potency
- Topical Steroids – Very High Potency

Please note that due to changes resulting from recent Medicaid Redesign Team (MRT) proposals, once a PA requirement is implemented for a drug, all new prescriptions and any refills remaining on existing prescriptions will require a PA.

This change means that effective on the date noted above, PA requirements will no longer be dependent on the date a prescription is written. New prescriptions and refills on existing prescriptions will require PA even if the prescription was written before the date the drug was determined to require PA.

Additionally, prior authorization exemption under the Preferred Drug Program (PDP) for antidepressants and atypical antipsychotics has been eliminated. Non-preferred agents in these classes may require PA.

The Quick List of preferred drugs and additional information, such as updated PA forms and clinical criteria for the PDP and Clinical Drug Review Program (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 a PA for non-preferred drugs requiring PA, 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 PA number.

Requests for PA of non-preferred drugs requiring PA 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.

If you have any questions, wish to obtain additional information regarding the PDP, or receive a comprehensive listing of the 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 fee-for service beneficiaries.

Sincerely,



Mary A. Carroll
Manager PDP Program
Bureau of Pharmacy Policy & Operations
Office of Health Insurance Programs