

PHARMACY UPDATE

Medicaid Pharmacy Drug Utilization Review (DUR) Program Update

Effective November 29, 2012, the fee-for-service pharmacy program will implement the following parameters which include step therapy and frequency/quantity/duration (F/Q/D) requirements. These changes are the result of recommendations made by the Drug Utilization Review Board (DURB) at the September 6, 2012, DURB meeting.

Treatment of Type 2 Diabetes – Metformin

- Require a trial with metformin with or without insulin prior to initiating other antidiabetic agents (unless documented contraindication).

Treatment of Type 2 Diabetes – Glucagon-Like Peptide-1 (GLP-1) Agonists

- Require a trial with metformin plus another oral antidiabetic agent prior to a GLP-1 agonist (Prior authorization requirement with lack of covered diagnosis in medical history).

Treatment of Diabetic Peripheral Neuropathy (DPN)

- Require a trial with a tricyclic antidepressant **OR** gabapentin prior to duloxetine and pregabalin (for treatment of DPN).

Teriparatide (Forteo)

- Require a trial with a preferred oral bisphosphonate prior to teriparatide.
- Quantity limit of one unit (2.4 mL) per 30 day period with a lifetime quantity limit of 25 months of therapy.

Anti-Retroviral (ARV) Interventions

- Limit ARV active ingredient duplication.
- Limit ARV utilization to a maximum of five products concurrently - excluding boosting with ritonavir (dose limit 600 mg or less) or cobicistat.
- Limit Protease Inhibitor utilization to a maximum of two products concurrently.

Hepatitis-C Treatment in HCV/HIV Co-Infection

- Minimum quantity limit of 9 (nine) tablets of telaprevir per day for beneficiaries receiving efavirenz.

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With the implementation of new system enhancements, prescribers can prevent the need to obtain certain prior authorizations (PA) by properly coding all medical claims with the appropriate diagnoses and following clinical recommendations.

DURB recommendations for step therapy and FQD are based on best practice, as established by FDA approved manufacturer labeling, official compendia, and major treatment guidelines. Recommendations are instituted to ensure clinically appropriate and cost effective use of these drugs and drug classes.

To view all DURB recommendations visit the DUR program website at:

http://www.health.ny.gov/health_care/medicaid/program/dur/index.htm

and

Magellan Medicaid Administration website at: <https://newyork.fhsc.com/>

To obtain a PA, please contact the prior authorization clinical call center at (877) 309-9493. 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 PA.

Medicaid enrolled prescribers with an active e-PACES account can initiate prior authorization (PA) requests through PAXpress. PAXpress is a web-based pharmacy PA request/response application maintained by Health Information Designs (HID). The website for PAXpress is <https://paxpress.nypa.hidinc.com/>, which can also be accessed from the eMedNY website at <https://www.emedny.org> as well as Magellan Medicaid Administration's website at <https://newyork.fhsc.com/>

If you have any questions or wish to obtain additional information regarding New York Medicaid Pharmacy Programs, please contact the clinical call center at (877) 309-9493.