

Medicaid Pharmacy Prior Authorization Programs Update

Effective March 21, 2013, 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 December 7, 2012, DURB meeting:

Short-Acting Opioids

- Duration limit of 90 days for patients without a diagnosis of cancer or sickle-cell disease (excluding tramadol containing products).

Metozolv ODT (metoclopramide)

- Require trial with conventional metoclopramide before metoclopramide ODT (electronic bypass for previous therapy with conventional metoclopramide or diagnosis of diabetes).
- Quantity limit of 4 units per day, 120 units per 30 days.
- Duration limit of 90 days.

Xifaxan (rifaximin)

- Require diagnosis of hepatic encephalopathy or traveler's diarrhea (electronic bypass for covered diagnosis identified in the claims system).
- Require trial of a preferred fluoroquinolone before rifaximin for the diagnosis of traveler's diarrhea.
- Quantity limit of 60 tablets per 30 days of the 550 mg tablets for the diagnosis of hepatic encephalopathy (recommended dose is 550 mg given 2 times daily).
- Quantity limit of 9 tablets per 30 days of the 200 mg tablets for the diagnosis of traveler's diarrhea (recommended dose is 200 mg given 3 times daily for 3 days).

Acthar H.P. Gel (repository corticotropin injection)

- Require diagnosis for Medicaid covered uses (electronic bypass for covered diagnosis identified in the claims system. FFS pharmacy benefit does not cover for diagnosis purposes)
- Require trial of first-line therapy for all FDA-approved indications other than infantile spasms (infantile spasms in children less than 2 years of age – step therapy not required).
- Duration limits based on diagnosis:
 - ✓ Infantile spasms: 4 weeks (indicated for <2 years of age)
 - ✓ Multiple sclerosis (MS): 5 weeks
 - ✓ Rheumatic disorders: 5 weeks
 - ✓ Dermatologic conditions: 5 weeks
 - ✓ Allergic states (serum sickness): 5 weeks
- Quantity limit of 30 mL (six 5 mL vials) for infantile spasms.
- Quantity limit of 35 mL (seven 5 mL vials) for MS.



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PHARMACY UPDATE

Following is a link to the most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization Programs. This document contains a full listing of drugs subject to PDP, CDRP, the Drug Utilization Review Program and the Mandatory Generic Drug Program (MGDP):

https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

To obtain a prior authorization (PA), please call 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 PA requests through a web-based application PAXpress®. The website for PAXpress is <https://paxpress.nypa.hidinc.com/>. The website may also be accessed through the eMedNY website at <http://www.eMedNY.org> as well as Magellan Medicaid Administration's website at <http://newyork.fhsc.com>.