



## Medicaid Pharmacy Prior Authorization Programs Update

On February 26, 2015, the New York State Medicaid Drug Utilization Review (DUR) Board recommended changes to the Medicaid pharmacy prior authorization programs. The Commissioner of Health has reviewed the recommendations of the Board and has approved changes to the fee-for-service pharmacy prior authorization programs:

### Effective April 9, 2015, prior authorization (PA) requirements will change for some drugs in the Hepatitis C – Direct Acting Antivirals class:

- Preferred Agents: ribavirin, Viekira\*
- Non-Preferred Agents: Copegus, Harvoni, Moderiba, Olysio, Rebetol, Ribapak, Ribasphere, Sovaldi, Victrelis

\* Viekira to be excluded from the Hepatitis C Virus clinical criteria\*\* addressing disease prognosis and severity

\*\* [http://www.health.ny.gov/health\\_care/medicaid/program/update/2014/oct14\\_mu.pdf](http://www.health.ny.gov/health_care/medicaid/program/update/2014/oct14_mu.pdf)

### In addition, on May 7, 2015, the fee-for-service pharmacy program will implement the following clinical parameters recommended by the DURB:

#### Topical Antifungals for Onychomycosis

- Step therapy:
  - Trial with an oral antifungal agent prior to use of ciclopirox 8% solution
  - Trial with ciclopirox 8% solution prior to the use of other topical antifungals

Override will require prescriber involvement

#### Cystine Depleting Agents

- Confirm diagnosis for cysteamine immediate-release (IR) and delayed-release (DR) products for FDA approved indication, nephropathic cystinosis
  - Absence of covered diagnosis in patient's claim history will require prescriber involvement.

#### Inhaled Antibiotics for Cystic Fibrosis

- Inhaled aztreonam and tobramycin
  - Confirm diagnosis for the FDA-approved indication, Cystic Fibrosis
    - Absence of covered diagnosis in patient's claim history will require prescriber involvement
  - Quantity Limits
    - Aztreonam inhalation solution (Cayston®)
      - 3 ampules (3 mL) per day
      - 84 ampules (84 mL) per 56 day regimen (28 days on, 28 days off)

- Tobramycin inhalation solution (Bethkis®, Tobi®, Kitabis Pak™)
  - 2 ampules (8 mL Bethkis, 10 mL Tobi, Kitabis Pak) per day
  - 56 ampules (224 mL Bethkis, 280 mL Tobi, Kitabis Pak) per 56 day regimen (28 days on, 28 days off)
- Tobramycin capsules with inhalation powder (Tobi® Podhaler™)
  - 8 capsules per day
  - 224 capsules per 56 day regimen (28 days on, 28 days off)

### **Agents for Pulmonary Fibrosis**

- Confirm diagnosis for the FDA-approved indication, Idiopathic Pulmonary Fibrosis (IPF)
  - Absence of covered diagnosis in patient's claim history will require prescriber involvement

For more detailed information on the DURB recommendations, please refer to:  
[http://www.health.ny.gov/health\\_care/medicaid/program/dur/index.htm](http://www.health.ny.gov/health_care/medicaid/program/dur/index.htm)

Below is a link to the most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization (PA) Programs. This document contains a full listing of drugs subject to the Medicaid FFS Pharmacy Programs:  
[https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_PDL.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf)

To obtain a PA, please contact the clinical call center at 1-877-309-9493. 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 a PA.

Medicaid enrolled prescribers with an active e-PACES account can initiate PA requests through the 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>.