



STATE OF NEW YORK

DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

May 23, 2006

Dear Medicaid Pharmacy Provider:

The purpose of this notice is to introduce you to New York State Medicaid's Preferred Drug Program (PDP). The Department of Health, in conjunction with First Health Services Corporation, will begin implementing prior authorization requirements for drugs identified as non-preferred for all Medicaid fee-for-service pharmacy beneficiaries effective June 28, 2006. The Department is implementing this program to provide clinically effective and safe drugs to its clients at the best available price. Your assistance is critical to the success of this program.

Background: In 2005, legislation was passed which requires that the Medicaid program implement a PDP. This new program promotes the prescribing of less expensive, effective prescription drugs when medically appropriate. The legislation provides a number of protections for consumers and prescribers to assure that all medically necessary drugs are available.

How it will work: For selected categories of drugs, where there are multiple drugs with similar efficacy, preferred and non-preferred drugs are identified. Beginning June 28, 2006, prior authorization will be required for the first phase of drugs to be implemented on the PDP.

Similar to current procedures, prescribers will initiate the prior authorization process and pharmacists will validate the prior authorization number. Prescriptions for non-preferred drugs will carry a prior authorization number ending with a "W." The "W" alerts pharmacy providers to select the non-preferred drug option when calling the prior authorization phone line to validate the prior authorization number. The "W" should not be included in the prior authorization field when submitting a claim. The prior authorization number for non-preferred drugs is an 11-digit number. Detailed instructions and the pharmacy worksheet on validating a prior authorization number for a non-preferred drug are enclosed.

What about existing prescriptions for non-preferred drugs? Prior authorization is only needed for new prescriptions written after June 28, 2006. Patients who already have a prescription for a non-preferred drug may continue to obtain the medication without prior authorization for any remaining refills. Prior authorization must be

approved before any subsequent prescriptions are written. Each prior authorization is good for the life of the prescription (up to six months).

Implementation: Implementation of prior authorization requirements for non-preferred drugs will occur in phases, starting with an initial group of drug classes. **Phase I categories of drugs will be implemented effective June 28, 2006.** The initial therapeutic classes are:

- Angiotensin II Receptor Blocking Agents (ARBs)
- ARBs/Diuretic Combinations
- Angiotensin Converting Enzyme (ACE) inhibitors
- ACE inhibitors/Diuretic Combinations
- Beta Blockers
- Dihydropyridine Calcium Channel Blockers (CCBs)
- CCB/ACE inhibitor Combinations
- Bisphosphonates

Enclosed with this letter is the listing of preferred and non-preferred drugs for each of these drug classes.

As the next phase of drug classes are reviewed, and preferred drugs selected, you will be notified of the new Preferred Drug List. This information will also be widely distributed, and available on the Department's web site, prior to implementation: www.health.state.ny.us and <http://newyork.fhsc.com>.

If you have any questions about the new Medicaid Pharmacy PDP, please call 1-877-309-9493. We appreciate your continued support of our efforts to maintain a quality, cost-effective pharmacy program for Medicaid recipients.

Sincerely,

A handwritten signature in black ink, appearing to read 'BJW', with a long horizontal line extending to the right.

Brian J. Wing
Deputy Commissioner
Office of Medicaid Management

Enclosures

**NEW YORK STATE MEDICAID PROGRAM
PREFERRED DRUG PRIOR AUTHORIZATION VALIDATION
PHARMACY INSTRUCTIONS**

Prior Authorization Call Line 1-877-309-9493

The prescriber must initiate the prior authorization process.*

PHARMACY RESPONSIBILITY

- ◆ Call 1-877-309-9493 prior to dispensing to validate the prior authorization number. Select **Option “2”** for Pharmacy.
 - If the prior authorization number on the prescription ends with the letter “W,” select **Option “1”** for prior authorization of non-preferred drugs. You will be asked to respond to the questions on the prior authorization worksheet. Please note: the “W” is used only to identify non-preferred drugs and is not a part of the prior authorization number. Do not enter the “W” when entering the prior authorization number.
 - If you are uncertain which selection to make or require assistance with the prior authorization process, select **Option “3”** for support.
- ◆ You will be provided confirmation that you have authorization to dispense the drug.
- ◆ Pharmacists may validate multiple prior authorizations during one telephone call.
- ◆ **Use the same prior authorization number for refills-** you do not need to call the prior authorization line again for refills of this prescription.

SUBMITTING A CLAIM

- ◆ After the prior authorization is complete, there will be a slight delay while the information is transmitted to our fiscal agent. **Until that transfer occurs, the prescription cannot be adjudicated on-line.** We recommend you wait approximately two minutes before you begin your electronic claim submission.
- ◆ When billing a prescription electronically, the prior authorization number must be entered into the prior authorization code field.
- ◆ No more than two claims requiring prior authorization numbers can be submitted for payment in one transaction. Refer to the ProDUR/ECC Provider Manual for complete instructions.
- ◆ For technical questions regarding electronic on-line claims adjudication call 1-800-343-9000.
- ◆ Prior authorization does not guarantee payment. Payment is subject to eligibility and other Medicaid guidelines.

* For information on acceptable conditions for an emergency supply and for prior authorization to dispense an emergency supply of a non-preferred drug, call 1-877-309-9493 and press Option “3” for technical support.

For billing questions, contact: 1-800-343-9000

For clinical concerns or preferred drug program questions, contact: 1-877-309-9493

For Medicaid Pharmacy policy and operations questions, call: (518) 486-3209

**NEW YORK STATE MEDICAID PROGRAM
PREFERRED DRUG PRIOR AUTHORIZATION VALIDATION
PHARMACY WORKSHEET**

Prior Authorization Call Line 1-877-309-9493

Drugs that have been identified as non-preferred drugs must be prior authorized effective June 28, 2006. The prescriber will obtain the prior authorization number and write it on the new prescription. Remember, prescriptions for non-preferred drugs will carry a prior authorization number ending with a "W." The "W" is used to alert pharmacy providers to select the non-preferred drug option when calling the prior authorization phone line. The "W" should not be included in the prior authorization field when submitting a claim. The prior authorization number for non-preferred drugs is an 11-digit number.

Be prepared to respond to these questions when you call.

PRIOR AUTHORIZATION NUMBER (11- digit)	_____
CLIENT IDENTIFICATION NUMBER – (2 letters, 5 numbers, 1 letter)	_____
PHARMACY MMIS NUMBER	_____
PHARMACY CATEGORY OF SERVICE (COS) - (0161, 0441, 0288) Free-standing pharmacies usually have a COS of 0441	_____
PHARMACY TELEPHONE NUMBER	(____)- _____ - _____ Area Code
NDC (11-digit)	_____
QUANTITY (per fill)	_____
NUMBER OF REFILLS	_____

For billing questions, contact 1-800-343-9000
For clinical concerns or preferred drug program questions, contact 1-877-309-9493
For Medicaid pharmacy policy and operations questions, call (518) 486-3209

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Established 3/30/2006

ACE Inhibitors

PREFERRED AGENTS

Altace [®]	moexipril HCl
benazepril HCl	
captopril	
enalapril maleate	
lisinopril	
Mavik [®]	

ACEI + Diuretic Combination

PREFERRED AGENTS

benazepril HCl/HCTZ
captopril/HCTZ
enalapril maleate/HCTZ
lisinopril/HCTZ
Uniretic[®]

Angiotensin Receptor Blockers

PREFERRED AGENTS

Benicar [®]	Diovan [®]
Cozaar [®]	Micardis [®]

Angiotensin Receptor Blockers + Diuretic

PREFERRED AGENTS

Benicar HCT [®]	Hyzaar [®]
Diovan HCT [®]	Micardis HCT [®]

ACEI + Calcium Channel Blocker Combination

PREFERRED AGENTS

Lotrel[®]
Tarka[®]

Beta Blockers

PREFERRED AGENTS

acebutolol
atenolol
betaxolol
bisoprolol fumarate
labetalol
metoprolol tartrate
nadolol
pindolol
propranolol
timolol maleate

Bisphosphonates - Oral

PREFERRED AGENTS

Fosamax[®] Solution
Fosamax[®] Tablet
Fosamax[®] Plus D

ACE Inhibitors

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Accupril [®]	Prinivil [®]
Aceon [®]	quinapril HCl
Capoten [®]	Univasc [®]
fosinopril sodium	Vasotec [®]
Lotensin [®]	Zestril [®]
Monopril [®]	

ACEI + Diuretic Combination

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Accuretic [®]	Prinzide [®]
Capozide [®]	Quinaretic [®]
fosinopril HCT	Vaseretic [®]
Lotensin HCT [®]	Zestoretic [®]
Monopril HCT [®]	

Angiotensin Receptor Blockers

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Atacand [®]	Teveten [®]
Avapro [®]	

Angiotensin Receptor Blockers + Diuretic

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Atacand HCT [®]	Teveten HCT [®]
Avalide [®]	

ACEI + Calcium Channel Blocker Combination

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Lexxel[®]

Beta Blockers^{CC}

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Blocadren [®]	Levitol [®]
Cartrol [®]	Sectral [®]
Coreg [®] CC	Tenormin [®]
Corgard [®]	Toprol XL [®] CC
Inderal LA [®]	Trandate [®]
Inderal [®]	Zebeta [®]
InnoPran XL [®]	
Kerlone [®]	
Lopressor [®]	

Oral Bisphosphonates

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

Actonel[®]
Actonel[®] with Calcium
Boniva[®]

**NEW YORK STATE MEDICAID
PREFERRED DRUG LIST**
Established 3/30/2006

Calcium Channel Blockers (DHP)

PREFERRED AGENTS

Afeditab CR [®]	Nifedical XL [®]
Dynacirc [®]	nifedipine
Dynacirc CR [®]	nifedipine ER
felodipine ER	nifedipine SA
isradipine	Norvasc [®]
nicardipine HCl	Sular [®]
Nifediac CC [®]	

Calcium Channel Blockers (DHP)

NON-PREFERRED AGENTS - PA Required Effective 6/28/06

<i>Adalat[®]</i>	<i>Plendil[®]</i>
<i>Adalat CC[®]</i>	<i>Procardia[®]</i>
<i>Cardene[®]</i>	<i>Procardia XL[®]</i>
<i>Cardene SR[®]</i>	