



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
Commissioner

James W. Clyne, Jr.  
Executive Deputy Commissioner

December, 2009

Dear Pharmacy Provider:

On September 11, 2009, the New York State Medicaid Pharmacy and Therapeutics (P&T) 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) and Clinical Drug Review Program (CDRP).

The committee reviewed 10 drug classes currently subject to the PDP. Prior authorization requirements will change for some drugs in the following four PDP drug classes:

- Beta-2 Adrenergic Agents – Inhaled Short Acting
- Anti-Virals - Oral
- Anti-Fungals
- Thiazolidinediones (TZDs)

The PDP is also expanding to include two additional drug classes. Prescriptions for non-preferred drugs in the following drug classes will require prior authorization:

- Alzheimer's Agents
- Sulfasalazine Derivatives

In addition to these changes, the New York State Medicaid CDRP is expanding to require prior authorization for the following:

- Adcirca® (tadalafil) – effective January 12, 2010
- Xyrem® (sodium oxybate) – effective March 2010
- Growth Hormones (Genotropin®, Nutropin®, Nutropin AQ®, Saizen®, Humatrope®, Norditropin®, Omnitrope®, Tev-Tropin®, and Zorbtive®) for enrollees 21 years of age or older – effective March 2010.

The Quick List of preferred drugs and additional information, such as updated prior authorization forms and clinical criteria for the PDP and CDRP are available at the following websites:

<http://www.nyhealth.gov> or <http://newyork.fhsc.com> or [www.eMedNY.org](http://www.eMedNY.org)

To validate a prior authorization for non-preferred drugs within the drug classes listed above or any of the drugs added to the CDRP, please call the prior authorization Interactive Voice Response (IVR) system 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. Prescriptions for these drugs carry a prior authorization number ending with a "W," which alerts pharmacy providers to select option #1 when calling to validate a prior authorization.

If you have any questions or wish to receive a comprehensive listing of both 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 and Family Health Plus enrollees.

Sincerely,



Linda J. Jones, R.N.  
Director, Medicaid Pharmacy Program  
Office of Health Insurance Programs