



## Medicaid Pharmacy Prior Authorization Programs Update

On May 12, 2022, 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 Preferred Drug Program (PDP) within the fee-for-service (FFS) pharmacy program.

Effective **August 11, 2022**, prior authorization (PA) requirements will change for some drugs in the following PDP classes:

- Cholesterol Absorption Inhibitors
- Antimigraine Agents, Other
- Movement Disorder Agents
- Antifungals, Topical
- Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
- Glucagon-like Peptide-1 (GLP-1) Agonists
- Antihyperuricemics
- Anticholinergic / COPD Agents

Effective **August 11, 2022**, criteria for the following drugs will include:

- Esketamine (Spravato®) nasal spray
  - Prior authorization (PA) will be required when esketamine (Spravato®) is prescribed to confirm:
    - Before initiating esketamine nasal spray (Spravato), prescribers must attest that they have obtained a baseline score using a validated clinical assessment tool for depression (e.g., HAMD17, QIDS-C16C, MADRS).
    - Trial of at least two oral antidepressants prior to esketamine nasal spray (Spravato) when used for Treatment Resistant Depression
    - After the initiation of esketamine nasal spray (Spravato) therapy, every six months prescribers must attest that esketamine nasal spray (Spravato) has resulted in an improvement of depressive symptoms (from baseline) using the same baseline clinical assessment tool for depression (e.g., HAMD17, QIDS-C16C, MADRS).
- Budesonide / formoterol (Symbicort®), mometasone / formoterol (Dulera®) quantity limits (QL) will change:
  - The quantity limit for mometasone/formoterol (Dulera®) and budesonide/formoterol (Symbicort®) will allow for the dispensing of up to 2 additional inhalers over a 180-day period.

For more detailed information on the DUR Board, 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 can also initiate PA requests using a web-based application. PAXpress® is a web-based pharmacy PA request/response application accessible through a new button “PAXpress” located on eMedNY.org under the MEIPASS button.

Additional information is available at the following websites:

<https://www.health.ny.gov> or <http://newyork.fhsc.com> or <http://www.eMedNY.org>