

Medicaid Pharmacy Prior Authorization Programs Update

Effective June 12, 2014, the fee-for-service pharmacy program will implement the following parameters. These changes are the result of recommendations made by the Drug Utilization Review Board (DURB) at the March 6, 2014 DURB meeting:

Central Nervous System (CNS) Stimulant and Second Generation Antipsychotics (SGA) Concurrent Utilization

- For beneficiaries below the age of 18 years of age on concurrent CNS stimulant and SGA therapy:
 - Confirm diagnoses that support the concurrent utilization of the CNS stimulant and SGA medication
 - Absence of covered diagnosis in patient's claim history will require prescriber involvement

Nuedexta® (dextromethorphan/quinidine)

- Confirm diagnosis for FDA-approved indications, pseudobulbar affect (PBA), secondary to multiple sclerosis or amyotrophic lateral sclerosis in patients ≥ 18 years of age
 - Absence of covered diagnosis in patient's claim history will require prescriber involvement
- Quantity Limit (based on FDA-approved prescribing information):
 - Two (2) capsules per day (60 units per 30 days)
- Duration Limit:
 - Ninety (90) days of therapy (promote evaluation of therapy after 90 days as PBA symptoms may improve spontaneously)

Fulyzaq® (crofelemer)

- Confirmation of HIV/AIDS or anti-retroviral therapy (ART) in claim history
 - Absence of evidence of covered diagnosis or ART in patient's claim history will require prescriber involvement
- Step Therapy: Trial with alternative anti-diarrheal agent
 - Override will require prescriber involvement

Juxtapid® (lomitapide) and Kynamro® (mipomersen)

- Confirm diagnosis of homozygous familial hypercholesterolemia
 - Absence of covered diagnosis in patient's claim history will require prescriber involvement
- Step Therapy: Trial with high intensity statin therapy
 - Override will require prescriber involvement

For more detailed information on the DURB, please refer:

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

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 authorized 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 PA program information is available at the following websites:

<http://www.nyhealth.gov> or <http://newyork.fhsc.com> or <http://www.eMedNY.org>