

# PHARMACY UPDATE

## NYS Medicaid Pharmacy Prior Authorization Programs Update

The NYS Medicaid Pharmacy Prior Authorization Program is excited to introduce a new Preferred Drug List (PDL) format this month. The new format offers a centralized location for information on the Preferred Drug Program (PDP), Clinical Drug Review Program (CDRP) and the Drug Utilization Review Program (DURP).

Specific prior authorization and coverage parameters are now included in the new format:

- Clinical Criteria
- Frequency/Quantity/Duration Limits
- Step Therapy Requirements

Please see below for a snapshot of the new PDL:

### NYS Medicaid Preferred Drug List

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
<b>Central Nervous System (CNS) Stimulants</b> <small>FQ/D</small>		
Adderall XR® amphetamine salt combo immediate-release Concerta® dextmethylphenidate dextroamphetamine Focalin XR® Metadate ER® Methylin® Methylin ER® methylphenidate methylphenidate SR 10 mg, 20 mg (tablet) Vyvanse®	Adderall® amphetamine salt combo extended-release Daytrana® Desoxyn® Dexedrine Spansule® dextroamphetamine SR Focalin® Metadate CD® methamphetamine methylphenidate ER 18 mg, 27 mg, 36 mg, 54 mg methylphenidate ER 20 mg, 30 mg, 40 mg (capsule) Nuvigil® <small>CC</small> Procentra® Provigil® <small>CC</small> Ritalin® Ritalin LA® Ritalin SR®	<b>CLINICAL CRITERIA (CC)</b> ➤ patient-specific considerations for drug selection include treatment of excessive sleepiness associated with shift work sleep disorder or as an adjunct to standard treatment for obstructive sleep apnea.  <b>FREQUENCY/QUANTITY/DURATION (F/Q/D)</b> ➤ quantity limits based on daily dosage as determined by FDA labeling ➤ quantity limits for patients less than 18 years of age to include: – Short-acting CNS stimulants, not to exceed 3 dosage units daily with maximum of 90 days per strength (for titration) – Long-acting CNS stimulants, not to exceed 1 dosage unit daily with maximum of 90 days ➤ quantity limits for patients 18 years of age and older to include: – Short-acting CNS stimulants, not to exceed 3 dosage units daily with maximum of 30 days – Long-acting CNS stimulants, not to exceed 1 dosage unit daily with maximum of 30 days ➤ diagnosis is required for patients age 18 and older when prescribing greater than 30 day supply
<b>Multiple Sclerosis Agents</b>		
Avonex® Betaseron®	Copaxone® Rebif®	Extavia® Gilenya™

To access the complete PDL, please visit the following link:

[https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_PDL.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf)

If prior authorization (PA) is required, please contact the clinical call center at 1-877-309-9493 for assistance. 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 PA.

For additional information on the Medicaid Pharmacy Prior Authorization Programs, please visit the following websites: <http://www.nyhealth.gov> or <http://newyork.fhsc.com> or <http://www.eMedNY.org>