

## **NYS Medicaid Preferred Drug List**

The Medicaid Preferred Drug Program (PDP) promotes the use of less expensive, equally effective prescription drugs when medically appropriate. The Medicaid Pharmacy and Therapeutics (P&T) Committee reviews drug classes and makes recommendations to the Commissioner of Health regarding the selection of preferred and non-preferred drugs within certain drug classes. These recommendations are based on public comment and testimony, review of objective clinical research, then review of drug cost information. The most up to date preferred drug list is available at [https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_PDL.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf) and has been attached to this mailing. Most preferred drugs are available without prior authorization. Prescribers must obtain prior authorization before prescribing non-preferred drugs. The forms and instructions are posted at [https://newyork.fhsc.com/providers/PA\\_forms.asp](https://newyork.fhsc.com/providers/PA_forms.asp). For questions and comments:

- Visit <https://newyork.fhsc.com/contactus.asp>,
- Call the Medicaid pharmacy program **518-486-3209**, or
- E-mail [ppno@health.state.ny.us](mailto:ppno@health.state.ny.us) (please note "Preferred Drug Program" in the subject area).

Prior authorization exemption under the Preferred Drug Program (PDP) for the atypical antipsychotics\* and the antidepressant drug classes Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) has been eliminated. **\*Please note that non-preferred drugs in this drug class will NOT require prior authorization until December 2011. At that time, systems will be in place to allow consumers stabilized on these products to continue therapy without obtaining prior authorization.**

**Who does this impact?** All current fee for service (traditional) New York State Medicaid consumers with prescriptions for new atypical anti-psychotic and anti-depressants therapy.

**What to do?** Be aware of the medications included on the preferred drug list. For consumers beginning new therapy, either choose a preferred medication or request a prior approval before sending the consumer to the pharmacy with a prescription to fill.

## **Transfer of Medicaid Fee for Service consumers into NYS Medicaid Managed Care Plans**

NYS Department of Health is beginning the transition from the traditional fee for service coverage to Medicaid Managed Care Coverage on October 1, 2011. The implementation process will take time (several years) to complete. Medicaid will work with consumers to enroll them into one of the 21 plans available across the state depending on the county of residence. There is a choice of managed care plans in most counties; however a few counties have only one plan. You can identify the managed care plans available in your county on the DOH website: [http://health.ny.gov/health\\_care/managed\\_care/pdf/cnty\\_dir.pdf](http://health.ny.gov/health_care/managed_care/pdf/cnty_dir.pdf)

Once the consumer is enrolled with a Managed Care plan, all pharmacy benefits (prescription and certain non prescription (OTC) drugs, medical supplies, hearing aid batteries, enteral nutritional formula) are provided by that plan and the plan's formulary and prior approval rules will apply. Per NYS Medicaid, at this time all but one plan have agreed to maintain stabilized consumers on their current anti-psychotic medication even if it is not included on their plan formulary. In addition, all of the plans have agreed to waive the participating provider edit for pharmacy claims for Medicaid plans (normally the plans will only pay pharmacy claims for prescriptions written by a participating provider).

**Who does this impact?** NYS Medicaid consumers with coverage provided by a new Medicaid Managed Care Program. Members impacted by this change have been notified by letter.

**What to do?** A cross-walk of the current Medicaid Managed Care formulary coverage for anti-depressants and anti-psychotics is attached and will be posted on the OMH Inside clinical services web page. Determine which plan the consumer has been enrolled in and review the consumer's medication coverage. Medicaid Managed Care consumers have only 90 days from enrollment to choose another plan available in their county in each enrollment year. Although anti-psychotic and anti-depressant medications should be covered for stabilized consumers in nearly every Medicaid Managed Care plan, new therapies will need to comply

with the formulary rules. Plans are required to provide a one-time, temporary fill for other non-formulary drugs for up to a 30-day supply of medication. This includes drugs that are on a plan's formulary but require prior authorization or step therapy under the plan's utilization management rules

**What if the consumer** only has a Medicaid Identification card, does not have a plan identification card and **does not know the name of his/her plan?** Prescribers can confirm a member's enrollment information by calling the MEVS Telephone eligibility line at 1-800-997-1111.

### **Discontinuation of the NYS Medicaid limited wrap program for Dual Eligible Consumers**

Medicare Part D is the primary payor for all dual eligible consumers and the Part D pharmacy benefit plan should provide access to all medically appropriate medications through the coverage determination and appeals process. In 2008, NYS Medicaid initiated a limited wrap program that would provide coverage for medications in four drug classes that were not included in the Part D plan formularies including anti-psychotics, anti-depressants, anti-retrovirals, and anti-rejection drugs. This limited wrap program has been discontinued effective October 1, 2011. Dual eligible consumers will still receive NYS Medicaid coverage for medications legally excluded from the Part D program in the following classes: barbiturates, benzodiazepines, some prescription vitamins, and some over the counter medications. A limited list is published at [http://nyhealth.gov/health\\_care/medicaid/redesign/docs/2011-10-01\\_medicare\\_exempt\\_drugs.pdf](http://nyhealth.gov/health_care/medicaid/redesign/docs/2011-10-01_medicare_exempt_drugs.pdf)

**Who does this impact?** Any dual eligible consumer that has prescriptions not covered by their Medicare Part D pharmacy plan in the anti-psychotic, anti-depressant, anti-retroviral, and anti-rejection drug classes.

**What to do?** A cross-walk of the current (2011) Medicare Part D formulary coverage for anti-depressants and anti-psychotics is attached and will be posted on the OMH Inside clinical services web page. Dual eligible consumers are permitted to make plan changes once a month. A review of the plan choices with the consumer may identify a plan with a more appropriate coverage profile. As soon as the 2012 formularies are available, OMH will compile and post another cross-walk. For the full CMS plan finder tool, see <http://plancompare.medicare.gov/pfdn/FormularyFinder/LocationSearch>

### **Physician administered (J-Code) medication billing**

Effective October 1, 2011, risperidone microspheres (Risperdal® Consta®), paliperidone palmitate (Invega® Sustenna®) and olanzapine (Zyprexa® Relprevv™) will be covered under the formulary rules of the Medicaid Managed Care programs for most consumers. Physicians may administer and bill for these physician administered (J-Code) drugs on a fee-for-service basis only when administered to SSI and SSI-related enrollees in mainstream Medicaid Managed Care plans. If the consumer is enrolled in a managed care program, the physician will need to determine if the consumer is a SSI enrollee. The billing will continue to use the following codes:

- Risperidone microspheres – J2794
- Paliperidone palmitate – J2426
- Olanzapine – J2358