



# Training Video

## For NYS Medicaid Providers

Pharmacy

# Key Objectives

Familiarize providers with the  
NYS Medicaid Pharmacy Program (NYRx)  
**Preferred Drug Program**

# NYRx Preferred Drug Program

The **Preferred Drug Program (PDP)** - promotes the use of less expensive, equally effective prescription drugs when medically appropriate.

All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.

# eMedNY.org Website

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PROVIDER ENROLLMENT  
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Pharmacy Benefit Transition  
NEW YORK STATE Department of Health | Medicaid NYRx  
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NEW YORK STATE Medicaid NYRx  
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### PHARMACY BENEFIT TRANSITION

Effective April 1, 2023, NYS Medicaid members enrolled in mainstream Medicaid Managed Care (MMC) Plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) will receive their pharmacy benefits through the NYRx Pharmacy program instead of through their MMC Plan. The pharmacy benefit transition to NYRx does not apply to NYS Medicaid members enrolled in Managed Long-Term Care (MLTC) Plans [e.g., MLTC, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus (MAP), the Essential Plan, or Child Health Plus (CHP)]. Transitioning the pharmacy benefit from MMC to NYRx will provide NYS with full visibility into prescription drug costs, allow centralization of the benefit, leverage negotiation power, and provide a uniform list of covered drugs with standardized utilization management protocols simplifying and streamlining the drug benefit for NYS Medicaid members. NYS Medicaid consumers have comprehensive drug coverage and equitable access to an extensive network of over 5,000 pharmacy providers.

Providers, including prescribers, pharmacies and DMEPOS providers, **must be enrolled** in NYS Medicaid to receive reimbursement for services provided to Medicaid members. See [provider enrollment](#) for more information.



### Useful Links

- Pharmacy Benefit Transition
- NYRx Medicaid Pharmacy Program
- Medicaid Pharmacy List of Reimbursable Drugs
- Provider Enrollment
- Provider Enrollment Status Resources
- Medicaid Preferred Drug Program
- Medicaid Pharmacy Program Member Resources
- Top Edit Resource Sheet
- ProDUR-ECCA D.0 Provider Manual

### Important Medicaid Updates

- October 2022 Medicaid Update Special Edition Part 1
- January 2023 Medicaid Update Special Edition Part 2

# NYRx Prime Therapeutics State Government Solutions Website – Preferred Drug Program

## NYRx, the Medicaid Pharmacy Program

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### Preferred Drug Program

Programs Resources

#### Preferred Drug Program

##### About

The Preferred Drug Program (PDP) promotes the use of less expensive, equally effective prescription drugs when medically appropriate. The Department of Health has contracted with Magellan Medicaid Administration, Inc. to assist with management of the PDP. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.

The [Drug Utilization Review Board \(DURB\)](#) reviews drug classes and makes recommendations to the Commissioner of Health regarding the selection of preferred and non-preferred drugs within certain drug classes. They also recommend clinical criteria used to determine when it is appropriate to prior authorize a non-preferred drug. These recommendations are based on public comment and testimony, review of objective clinical research, then review of drug cost information. The DURB also makes clinical recommendations to the State on which drug(s) should be considered for the [Clinical Drug Review Program \(CDRP\)](#) and what the criteria should be for obtaining a drug.

Additional responsibilities of the DURB include:

- The establishment and implementation of medical standards and criteria for the retrospective and prospective DUR program.
- The development, selection, application, and assessment of educational interventions for physicians, pharmacists and recipients that improve care.
- The collaboration with managed care organizations to address drug utilization concerns and to implement consistent management strategies across the NYRx and managed care pharmacy benefits.

DURB meetings are held in a public forum. Information on upcoming board activities is posted on the web thirty days prior to each meeting. Public testimony and submission of information on drug classes to be discussed is encouraged.

The [Preferred Drug List \(PDL\)](#) contains a full listing of drugs/classes subject to the NYRx Pharmacy Program.

##### Prior Authorization

- The PDP prior authorization process features a staffed call center which is available 24 hours a day, 7 days per week. To initiate the prior authorization process, the prescriber must call the prior authorization phone line at 1-877-309-9493 and select Option "2" for Prescriber.
- Questions and requirements will vary based on the drug being requested. The [PDL](#) contains additional information on clinical criteria.
- Fax requests are permitted for most drugs. Completed prior authorization forms should be sent to 1-800-268-2990. Fax requests may take up to 24 hours to process. [Prior authorization forms and references](#) are available online.

For questions and comments:

- For billing questions, call 1-800-343-9000.
- For clinical concerns or Preferred Drug Program questions, visit [newyork.fhsc.com](http://newyork.fhsc.com) or call 1-877-309-9493.
- For Medicaid pharmacy policy and operations questions, call 1-518-486-3209.



# Medicaid Preferred Drug List (PDL)

Revised: March 31, 2023

## **NYRx, the New York Medicaid Pharmacy Program**

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### **OVERVIEW OF CONTENTS**

#### **Preferred Drug Program (PDP) (Pages 4–62)**

The PDP promotes the use of less expensive, equally effective drugs when medically appropriate through a Preferred Drug List (PDL). All drugs currently covered by NYRx, the Medicaid Pharmacy Program, remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.

- Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.
- Preferred drugs that require prior authorization are indicated by footnote.
- Specific Clinical, Frequency/Quantity/Duration, Step Therapy criteria is listed in column at the right.

#### **Clinical Drug Review Program (CDRP) (Page 63)**

The CDRP is aimed at ensuring specific drugs are utilized in a medically appropriate manner. Under the CDRP, certain drugs require prior authorization because there may be specific safety issues, public health concerns, the potential for fraud and abuse, or the potential for significant overuse and misuse.

#### **Drug Utilization Review (DUR) Program (Pages 64–77)**

The DUR helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences. This program uses professional medical protocols and computer technology and claims processing to assist in the management of data regarding the prescribing and dispensing of prescriptions. Frequency/Quantity/Duration (F/Q/D) Program and Step Therapy parameters are implemented to ensure clinically appropriate and cost-effective use of these drugs and drug classes.

#### **Medication Assisted Treatment Formulary (Page 79)**

Prior authorization will not be required for medications used for the treatment of substance use disorder prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder.

#### **Brand Less Than Generic (BLTG) Program (Pages 80–81)**

The Brand Less Than Generic Program is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive than the generic equivalent. This program is in conformance with State Education Law, which intends that patients receive the lower cost alternative.

#### **Mandatory Generic Drug Program (Page 82)**

State law excludes Medicaid coverage of brand name drugs that have a Federal Food and Drug Administration (FDA) approved A-rated generic equivalent unless a prior authorization is obtained. Drugs subject to the Preferred Drug Program (PDP), Clinical Drug Review Program (CDRP), and/or the Brand Less Than Generic (BLTG) Program are not subject to the Mandatory Generic Program.



# Medicaid Preferred Drug List

Revised: March 31, 2023

## **NYRx, the Medicaid Pharmacy Program Preferred Drug List**

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# Medicaid Preferred Drug List Example

Revised: March 31, 2023

## NYRx, the Medicaid Pharmacy Program Preferred Drug List

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
<b>III. Cardiovascular</b>		
	Tribenzor®	
<b>Beta Blockers</b>		
atenolol carvedilol labetalol metoprolol succ. XL <a href="#">DO</a> metoprolol tartrate propranolol (tablet)	acebutolol betaxolol bisoprolol Bystolic® <a href="#">DO</a> carvedilol ER Coreg® Coreg CR® <a href="#">DO</a> Corgard® Inderal LA® Inderal XL® InnoPran XL® Kaspargo™ Sprinkle Lopressor® nadolol <a href="#">DO</a> nebivolol (generic Bystolic®) pindolol propranolol (solution) propranolol ER/SA Tenormin® timolol Toprol XL® <a href="#">DO</a>	<b>DOSE OPTIMIZATION (DO)</b> <ul style="list-style-type: none"> <li>See Dose Optimization Chart for affected drugs and strengths</li> </ul>
<b>Beta Blockers / Diuretics</b>		
atenolol/ chlorthalidone bisoprolol/ HCTZ propranolol/ HCTZ	metoprolol tartrate/ HCTZ Tenoretic® Ziac®	<b>DOSE OPTIMIZATION (DO)</b> <ul style="list-style-type: none"> <li>See Dose Optimization Chart for affected drugs and strengths</li> </ul>

# Reference and Contact Information

1) Preferred Drug Program / Prime Therapeutics State Government Solutions:

[newyork.fhsc.com](http://newyork.fhsc.com) or call 1-877-309-9493

2) NYS Medicaid Pharmacy Program (NYRx):

1-518-486-3209 - [NYRx@health.ny.gov](mailto:NYRx@health.ny.gov)

[https://www.health.ny.gov/health\\_care/medicaid/program/pharmacy.htm](https://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm)

3) eMedNY:

800-343-9000 - [www.emedny.org](http://www.emedny.org)



Conclusion

Pharmacy Preferred Drug  
Program



[www.emedny.org](http://www.emedny.org)