

NewYork-Presbyterian Community Health Plan

PROVIDER ALERT

-- December 2005

2006 New York Presbyterian Health Plan Pharmacy Benefit Changes

Effective 1/1/06, Express Scripts, the pharmacy vendor for NewYork-Presbyterian Community Health Plan's Family and Child Health Plus members has issued a new **2006 High Performance Formulary** (please see attached).

The following drugs are excluded in the new 2006 High Performance Drug Formulary:

ALORA	METROGEL-VAGINAL
ARAVA	METROLOTION
AUGMENTIN XR	NORVASC
AZOPT	NUTROPIN
CILOXAN	OXYCONTIN
CONDYLOX	PERIOSTAT
DDAVP	PREVPAC
DETROL	SEL-PEN
DETROL LA	THEROBEC PLUS
ELIDEL	VIGAMOX
FLOVENT	ZITHROMAX
FLOVENT HFA	ZITHROMAX TRI-PAK
METROGEL	

There may be some instances when a prior-authorization may be required for medically necessary prescriptions. The following information will assist the pharmacist in acquiring the authorization:

- Non-formulary drugs – are not covered unless medically necessary.
- The physician must demonstrate that the member failed therapy or had an adverse reaction to each of the formulary's Preferred drugs.
- The phone number to request **Prior-Authorization** is 1-800-390-7634 or the request may be faxed to 1-866-826-6653.

If you have any questions please feel free to contact Utilization Management at 1-800-390-7634 or Provider Services at 212-297-5510.