

NY Medicaid Info Sheet

The K-PAX Protein Blend requires a prior authorization be obtained by an authorized prescriber (or their assistant) in order to be covered by the NY Medicaid program.

A Medicaid patient must have one of the following conditions to qualify:

- a. a documented diagnostic condition where caloric and dietary nutrients from food cannot be properly absorbed or metabolized (i.e. HIV/AIDS, Chronic Hepatitis, Cancer, Diabetes, Surgery)
- b. an adult patient with an unintentional weight loss of > 5% over the past two months (or a pediatric patient with no weight gain during the past six months).
- c. a patient whose condition prevents him/her from consuming normal table and/or softened food.
- d. the presence of abnormally low serum protein levels, serum albumin, or other evidence of malnutrition.

If one or more of the above conditions are present, follow the step-wise instructions listed below:

1. Collect the information listed on the following work sheet (see back).
2. Call for a Medicaid Prior Authorization number to **1-866-211-1736**
3. Record the prior authorization number here (for your medical record) and on the top of your K-PAX Protein Blend prescription form.

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4. Please provide the patient with a K-PAX Protein Blend prescription form plus a copy of this work sheet to bring to their pharmacy.