



Date: September 1, 2006

Dear Kentucky Medicaid Provider:

SUBJ: Billing Units and Preferred Drug List Updates

A review of paid pharmacy claims indicates that some providers are incorrectly billing unit quantities on selected drugs. New edits have been implemented to clarify the units that should be used when billing and to prevent over-billing. The following medications are affected by these edits:

Asmanex	Genteal	TBC Aerosol
Aranesp	Qvar	Tobradex
Flovent HFA	Hydrocortisone	Cosopt
Neupogen	Nascobal Nasal Gel	Ciloxan
Fragmin	Klaron	Estrace vaginal cream
Bactroban	Ciprodex	Flovent
Miacalcin	Demerol	Prempro
Maxitrol	Miralax	Premphase
Rhinocort Aqua	Ipratropium	Copaxone
Lida Mantle HC	Denavir	Sandostatin
Neulasta	Floxin Otic	Lupron
Hypotears	Advair Diskus	
Gentamicin Ophthalmic	Tobrex	

In addition the following quantity limit will apply :

Pegasys 180mcg/1ml kit, 180mcg/0.5ml kit (1.0/28 days, 0.5/28 days = 0.04/day)

If you have any questions regarding billing units you may contact the First Health Technical Call Center at 1-800-432-7005.

The changes below will be made to the Preferred Drug List during September, 2006. The website (<http://kentucky.fhsc.com/pharmacy/default.asp>) will contain an update alert when changes are implemented.

- Detrol will be Tier 2, preferred
- All generic forms of Zaditor will be Tier 3, non preferred – PA required
- All generic forms of Plavix (while available on the market) will be Tier 3, nonpreferred - PA required

Sincerely,

Carrie Lovell, Pharm. D.
Pharmacy Account Manager