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**Pharmacy Provider Notice #117 – October Updates and Upcoming Changes**

November 29, 2010

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services has made the following changes to the Kentucky Medicaid Pharmacy Program.

On **October 21, 2010**, Kentucky Medicaid placed all **Opana<sup>®</sup>** and **Opana<sup>®</sup> ER products** as **non-preferred** on the Preferred Drug List (PDL) with a Tier 3 copay. **Current quantity limits (QL) and maximum duration (MD) edits will be continued.** The following products are currently preferred:

**Short-Acting Narcotics:**

- codeine
- codeine/APAP (MD)
- codeine/APAP/caff/butal
- codeine/ASA (MD)
- codeine/ASA/caff/butal
- hydrocodone/APAP (MD)
- hydrocodone/ASA (MD)
- hydrocodone/ibuprofen
- hydromorphone
- meperidine
- morphine IR
- nalbuphine
- oxycodone
- oxycodone/APAP (MD)
- oxycodone/ASA (MD)
- propoxyphene/APAP

- propoxyphene naps/APAP

### **Long-Acting Narcotics:**

- morphine sulfate SA (QL)
- methadone
- Duragesic<sup>®</sup> (CC, QL)
- Kadian<sup>®</sup> (QL)

On **October 21, 2010**, Kentucky Medicaid placed all generic strengths of **cefditoren** as **preferred** products on the Preferred Drug List (PDL) with a Tier 2 copay. All strengths of brand **Spectracef<sup>®</sup>** will be **non-preferred** and require a prior authorization and will pay with a Tier 3 copay. The following products are currently preferred:

- cefdinir
- cefditoren
- cefpodoxime
- Suprax<sup>®</sup>

On **October 21, 2010**, Kentucky Medicaid placed **Pediaderm AF<sup>®</sup>** as a **non-preferred product** on the Preferred Drug List (PDL) with a Tier 3 copay. The following product(s) are currently preferred:

- clotrimazole
- ketoconazole shampoo
- nystatin cream/ointment
- nystatin/triamcinolone

On or about **December 21, 2010**, Kentucky Medicaid will change the **emergency supply override (NCPDP field #418-DI = 3)** that is currently utilized. The new requirements for the emergency supply override will be as follows:

- **One time per patient, per drug, per rolling 6 months (180 days)**

On or about **January 5, 2011**, Kentucky Medicaid will place an **accumulation edit** on all **acetaminophen (APAP) products**, both single entity and combination products. Once the calculated daily dose of **APAP from all products is above 4,000 mg (4gm) for a 3 day time span**, the claim will deny for prior authorization (PA) required and a call will need to be made to the **Clinical Support Call Center at (800) 477-3071** for an override. **Due to the large number**

**of members that could potentially be affected by this change, Kentucky Medicaid will only apply this edit to members that are 65 years of age or greater at this time.**

Thank you for helping Kentucky Medicaid members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Please note that for future prior authorization requests, Magellan Medicaid Administration is now offering real time service! Please contact the Clinical Support Call Center at (800) 477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.

Sincerely,

Kasie Purvis

Provider Relations Manager