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Pharmacy Provider Notice #118 – November Updates and Upcoming

December 20, 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 **November 3, 2010**, Kentucky Medicaid began to require prior authorization for **Silenor[®]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- chloral hydrate
- estazolam (*QL*)
- flurazepam (*QL*)
- temazepam (*QL*)
- triazolam (*QL*)
- zolpidem (*QL*)

On **November 11, 2010**, Kentucky Medicaid **removed** the 5gm per 30 days quantity limit (*QL*) from the preferred product **Altabax[™]**. **The Tier 2 copay still applies.** The following products are currently preferred:

- gentamicin
- mupirocin
- Altabax[™]

On **November 22, 2010**, Kentucky Medicaid began to require prior authorization for **Kombiglyze™ XR** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Januvia® (ST) (QL)
- Janumet® (ST) (QL)

On **December 30, 2010**, Kentucky Medicaid will **remove the step edit (ST) and place prior authorization criteria** on **Colcris®**.

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