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Pharmacy Provider Notice #123 – January Updates

February 16, 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 **January 5, 2011**, Kentucky Medicaid began to require prior authorization for **Latuda[®]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- clozapine (CC)
- risperidone (CC)
- risperidone ODT[®] (CC)
- Abilify[®] (CC)
- Abilify Discmelt[®] (CC)
- Clozaril[®] (CC)
- Fanapt[™] (CC)
- FazaClo ODT[®] (CC)
- Geodon[®] (CC)
- Invega[®] (CC)
- Invega[®] Sustenna[™] (CC)
- Risperdal Consta[®] (CC) (QL)
- Saphris[®] (CC)
- Seroquel[®] (CC)
- Seroquel XR[®] (CC)
- Zyprexa[®] (CC)
- Zyprexa Zydis[®] (CC)

On **January 12, 2011**, Kentucky Medicaid began to require prior authorization for **Butrans™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- morphine sulfate SA (QL)
- methadone
- Duragesic® (CC) (QL)
- Kadian® (QL)

On **January 12, 2011**, Kentucky Medicaid placed generic **levofloxacin ophthalmic** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. Brand name **Quixin®** remained a non-preferred product with a Tier 3 copay. The following products are currently preferred:

- ciprofloxacin ophthalmic
- Vigamox®

On **January 19, 2011**, Kentucky Medicaid placed a step edit on **Restasis® products**. The prior authorization (PA) criteria will be bypassed if there is a claim in the patient's history for polyvinyl alcohol in the past 90 days.

On **January 19, 2011**, Kentucky Medicaid began to require prior authorization for **Lastacraft™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- ketotifen
- Alaway OTC®
- Pataday®
- Patanol®
- Zaditor OTC®

On **January 19, 2011**, Kentucky Medicaid placed brand **Moxeza™** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. Brand name **Vigamox®** remained a preferred product with a Tier 2 copay. The following products are currently preferred:

- ciprofloxacin ophthalmic
- Vigamox®

On **January 19, 2011**, Kentucky Medicaid placed brand **Gablofen[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- baclofen (QL)
- chlorzoxazone (QL)
- cyclobenzaprine (QL)
- dantrolene (QL)
- methocarbamol (QL)
- orphenadrine (QL)
- orphenadrine compound (QL)
- orphenadrine compound forte (QL)
- tizanidine (QL)

On **March 16, 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 Center at (800) 477-3071** for an override. **The prescribing provider must initiate the prior authorization request.** 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 19 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, Synaxis, and Zyvox.

Sincerely,

Kasie Purvis

Provider Relations Manager