



79 C. Michael Davenport Blvd.  
Suite A  
Frankfort, KY 40601

**Pharmacy Provider Notice #127 – March Updates and Upcoming Changes**

April 22, 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 **March 16, 2011**, Kentucky Medicaid began to require prior authorization for **Edarbi™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Diovan (ST)
- Losartan (ST)

On **May 17, 2011**, Kentucky Medicaid will begin to prefer all strengths (15mg, 30mg, and 45mg) of **Actos®**. All strengths will have a quantity limit of 1 per day and a Tier 2 copay. The following product(s) are currently preferred:

- Actos® 15mg (QL)
- Avandia® (QL)

On **May 11, 2011**, Kentucky Medicaid will place an **accumulation edit** on **additional 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 who are 19 years of age or greater at this time.

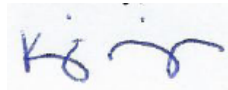
The following products will be added to the APAP accumulation edit:

- APAP-Caffeine-dihydrocodone
- propoxyphene APAP
- Hydrocodone APAP
- Oxycodone APAP
- Butalbital-Caffeine-Acetaminophen-Codeine
- Pentazocine / APAP

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,

A handwritten signature in blue ink, appearing to read 'K. Purvis', is centered on the page.

Kasie Purvis

Provider Relations Manager