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Frankfort, KY 40601

Pharmacy Provider Notice #131 – April & May Updates and Upcoming Changes

June 10, 2011

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 **April 27, 2011**, Kentucky Medicaid reinstated coverage of the bulk chemical **hydroxyprogesterone**. Hydroxyprogesterone must be utilized in a multi-ingredient compound. For questions regarding the correct billing procedure for a multi-ingredient compound claim, please refer to *Pharmacy Provider Notice #122 - Multi-Ingredient Compound Billing* that is located at <https://kentucky.fhsc.com/Providers/Bulletins.asp> or contact the Pharmacy Support Center at (800) 432-7005.

On **May 4, 2011**, Kentucky Medicaid placed generic **latanoprost** as a preferred product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand name **Xalatan**[®] was placed as a non-preferred product on the PDL with a Tier 3 co-pay. The following products are currently preferred:

- latanoprost (QL)
- Travatan Z[®] (QL)

On **May 13, 2011**, Kentucky Medicaid placed generic **methylphenidate** as a non-preferred product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand name **Concerta**[®] remained a preferred product with a Tier 2 copay. The following products are currently preferred:

- dexamethylphenidate IR (CC) (QL)
- dextroamphetamine IR/ER (CC) (QL)
- methylphenidate IR/SA/SR (CC) (QL)
- mixed amphetamine salts IR (CC) (QL)
- Adderall XR[®] (CC) (QL)
- Concerta[®] (CC) (QL)
- Dextrostat[®] (CC) (QL)
- Focalin XR[®] (CC) (QL)

- Intuniv™ (CC) (QL)
- Metadate CD/ER® (CC) (QL)
- Methylin® (CC) (QL)
- Methylin Chewable® (CC) (QL)
- Methylin ER® (CC) (QL)
- Strattera® (CC) (QL)
- Vyvanse™ (CC) (QL)

On **May 18, 2011**, Kentucky Medicaid placed brand **Norditropin FlexPro®** as a preferred product on the Preferred Drug List (PDL) with a Tier 2 co-pay. The following products are currently preferred:

- Genotropin® (CC)
- Norditropin® (CC)
- Saizen® (CC)

On **May 18, 2011**, Kentucky Medicaid placed brand **Adcirca™** as a preferred product on the Preferred Drug List (PDL) with a Tier 2 co-pay. The following products are currently preferred:

- Adcirca™ (CC)
- Revatio™ (CC)
- Letairis®
- Tracleer®
- Ventavis®

On **May 18, 2011**, Kentucky Medicaid placed generic **pantoprazole** as a preferred product on the Preferred Drug List (PDL) with a Tier 1 co-pay. The following products are currently preferred:

- Nexium® (QL)
- pantoprazole (QL)
- Prilosec OTC® (QL)

On **May 18, 2011**, Kentucky Medicaid placed generic **pramipexole** as a preferred product on the Preferred Drug List (PDL) with a Tier 1 co-pay. The following products are currently preferred:

- pramipexole
- ropinirole

On **May 18, 2011**, Kentucky Medicaid began to require prior authorization for **Tradjenta™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

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

On **May 25, 2011**, Kentucky Medicaid placed **Morgidox®** as a non preferred product on the Preferred Drug List (PDL) with a tier 3 co-pay. The following products are currently preferred:

- demeclocycline
- doxycycline
- minocycline
- tetracycline

On **May 25, 2011**, Kentucky Medicaid placed brand **Sprix™** as a non-preferred product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- diclofenac
- flurbiprofen
- ketorolac

On **June 15, 2011**, Kentucky Medicaid will place Onglyza™ preferred on the Preferred Drug List (PDL) with a Tier 2 co-pay. The following products are currently preferred:

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

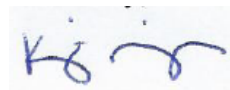
On **July 7, 2011**, Kentucky Medicaid will place generic **fentanyl** (oral) as preferred on the Preferred Drug List (PDL) with Tier 1 co-pay. **Brand Duragesic® will become non-preferred.** The following products are currently preferred:

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

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 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