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Pharmacy Provider Notice #133 – June Pharmacy Updates and Upcoming Changes

July 11, 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 **June 1, 2011**, Kentucky Medicaid began to require prior authorization for **Vitreolis™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- ribavirin (CC)
- Ribasphere® (CC)
- RibaPak® (CC)
- Pegasys® (CC) (QL)
- Pegasys Convenience Pack® (CC) (QL)
- PEG-Intron™ (CC) (QL)
- PEG-Intron Redipen™ (CC) (QL)

On **June 8, 2011**, Kentucky Medicaid began to require prior authorization for **Incivek™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- ribavirin (CC)
- Ribasphere® (CC)
- RibaPak® (CC)
- Pegasys® (CC) (QL)
- Pegasys Convenience Pack® (CC) (QL)
- PEG-Intron™ (CC) (QL)
- PEG-Intron Redipen™ (CC) (QL)

On **June 8, 2011**, Kentucky Medicaid began to require prior authorization for **Viibryd®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- citalopram HBr (QL)
- fluoxetine HCl
- fluvoxamine
- paroxetine HCl
- sertraline (QL)

On **June 9, 2011**, Kentucky Medicaid began to require prior authorization for **Daliresp™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- ipratropium inhalation solution (QL)
- ipratropium-albuterol solution (QL)
- Atrovent® HFA (QL)
- Combivent® (QL)
- Spiriva® (QL)

On **June 15, 2011**, Kentucky Medicaid placed brand name **Ciclodan™ Kit** as a non-preferred product on the Preferred Drug List (PDL) with a Tier 3 co-pay.

On **June 15, 2011**, Kentucky Medicaid placed generic **carbamazepine ER** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. Brand name Carbatrol® remained a preferred product with a Tier 1 copay. The following products are currently preferred:

- Carbatrol®
- carbamazepine
- carbamazepine XR
- Equetro®
- oxcarbazepine

On **June 16, 2011**, Kentucky Medicaid placed generic **cyclobenzaprine hydrochloride ER** as a non-preferred product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand name **Amrix™** remained a non-preferred product 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 **June 29, 2011**, Kentucky Medicaid began to require prior authorization for **Phoslyra™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Fosrenol®
- PhosLo®
- Renagel®

On **July 18, 2011**, Kentucky Medicaid will place a quantity limit on **Lidoderm®** and change the quantity limits on **Kombiglyze™ XR** and **fluphenazine decanoate**. The following quantity limits will be in effect:

- Lidoderm® ((QL) 3 per day)
- Kombiglyze™ XR 5/500 mg, 5/1,000 mg ((QL) 1 per day)
- Kombiglyze™ XR 2.5/1,000 mg ((QL) 2 per day)

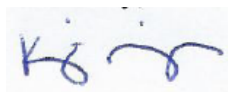
On **August 15, 2011**, Kentucky Medicaid will place **generic over-the-counter (OTC) versions of multivitamin with Iron drops** on the covered Over-The-Counter (OTC) drug list for children less than one year of age. This drug list is located at <https://kentucky.fhsc.com/Providers/DrugInfo.asp>.

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.

* Please note the dates that are associated with the above changes are subject to change.

Sincerely,



Kasie Purvis

Provider Relations Manager