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Pharmacy Provider Notice #135 – July Pharmacy Updates and Upcoming Changes

August 17, 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 **July 13, 2011**, Kentucky Medicaid began to require prior authorization for **Dificid™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- azithromycin
- azithromycin pack
- azithromycin suspension
- clarithromycin
- clarithromycin suspension
- erythromycin
- erythromycin liquid
- erythromycin suspension
- erythromycin tablet ER/SA

On **July 20, 2011**, Kentucky Medicaid began to require prior authorization for **Xarelto®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Arixtra®
- Fragmin®
- Jantoven®
- Lovenox®
- Pradaxa® (CC)
- warfarin

On **July 23, 2011**, Kentucky Medicaid began to require prior authorization for **Arcapta™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Serevent Diskus® (QL)

On **July 23, 2011**, Kentucky Medicaid placed brand name **Otic Care™** as a non-preferred product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- acetic
- acidacetic acid/aluminum
- antipyrine/benzocaine
- chloroxylenol-pramoxine
- Aurodex®
- Aurogard®
- Chlorphenylcaine®
- Oto-End 10®

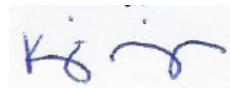
On **October 1, 2011**, Kentucky Medicaid will begin to edit on the member's date of birth (DOB). This edit will be implemented in stages. Claims will begin to deny if the year of birth does not match what is on file. Providers will receive the **NCPDP "09" – Missing/Invalid (M/I) Date of Birth** denial message. The pharmacy will need to verify the DOB with the member. Once confirmed, the pharmacy may contact the Pharmacy Support Center at (800) 432-7005 for claim assistance. The member will need to contact Member Services at (800) 635-2570 to have their information updated.

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