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Frankfort, KY 40601

Pharmacy Provider Notice #139 – September Pharmacy Updates

October 25, 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 **November 10, 2011**, Kentucky Medicaid will place generic **felbamate** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Felbatol**[®] will become a non-preferred product with a Tier 3 copay. The following products are currently preferred:

- Banzel[®] (CC)
- Felbatol[®]
- Gabitril[®]
- gabapentin
- lamotrigine
- levetiracetam
- Lyrica[®] (CC)
- Sabril[™] (CC)
- topiramate
- zonisamide[®]

On **November 10, 2011**, Kentucky Medicaid will place brand **Isopto Hyoscine**[®] as a **preferred** product on the Preferred Drug List (PDL) with a Tier 2 copay. The following products are currently preferred:

- atropine
- cyclopentolate
- tropicamide

On **November 15, 2011**, Kentucky Medicaid will place generic **voriconazole** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Vfend**[®] will become a non-preferred product with a Tier 3 copay. The following products are currently preferred:

- clotrimazole
- fluconazole
- griseofulvin
- itraconazole
- ketoconazole
- nystatin
- terbinafine
- Ancobon[®]
- Gris-Peg[®]
- Noxafil[®]
- Vfend[®]

On **November 15, 2011**, Kentucky Medicaid will place generic **alfuzosin** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Uroxatral[®]** will become a non-preferred product with a Tier 3 copay. The following products are currently preferred:

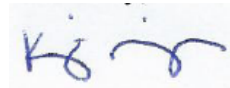
- doxazosin
- tamsulosin
- terazosin
- Cardura XL[®]
- Uroxatral[®]

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Please note that Magellan Medicaid Administration now offers 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