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**Pharmacy Provider Notice #140 – October Pharmacy Updates and Upcoming Changes**

November 18, 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 **October 5, 2011**, Kentucky Medicaid began to require prior authorization for **Duexis<sup>®</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- cimetidine
- famotidine
- ranitidine

On **October 5, 2011**, Kentucky Medicaid placed generic **rivastigmine** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Exelon<sup>®</sup>** became a non-preferred product with a Tier 3 copay. The following products are currently preferred:

- Exelon<sup>®</sup> Patch/Solution
- donepezil
- rivastigmine

On **October 25, 2011**, Kentucky Medicaid began to require prior authorization for **Juvisync<sup>™</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Januvia<sup>®</sup> (ST)(QL)
- Janumet<sup>®</sup> (ST)(QL)
- Kombiglyze<sup>™</sup> XR (ST)(QL)
- Onglyza<sup>™</sup> (ST)(QL)

On **November 21, 2011**, Kentucky Medicaid will place generic **olanzapine** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Zyprexa**<sup>®</sup> will remain a preferred product with a Tier 1 copay. The following products are currently preferred:

- Abilify<sup>®</sup> (CC)(QL)
- clozapine
- Fanapt<sup>™</sup> (CC)(QL)
- FazaClo ODT<sup>®</sup> (CC)(QL)
- Geodon<sup>®</sup> (CC)(QL)
- risperidone
- Saphris<sup>®</sup> (CC)(QL)
- Seroquel<sup>®</sup> (CC)(QL)
- Seroquel XR<sup>®</sup> (CC)(QL)
- Zyprexa<sup>®</sup> (CC)(QL)

On **November 21, 2011**, Kentucky Medicaid will place generic **adapalene** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Differin**<sup>®</sup> became a non-preferred product with a Tier 3 copay. The following products are currently preferred:

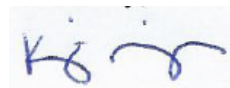
- adapalene lotion/gel
- tretinoin
- Avita<sup>®</sup>
- Differin<sup>®</sup>
- Epiduo<sup>™</sup>
- Retin-A Micro<sup>®</sup>

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 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