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Pharmacy Provider Notice #141 – December Pharmacy Updates and Upcoming Changes

January 27, 2012

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 **December 6, 2011**, Kentucky Medicaid placed generic **morphine sulfate ER** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. Brand name **Kadian[®]** will remain a preferred product with a Tier 1 copay. The following products are currently preferred:

- fentanyl patch (CC)(QL)
- morphine sulfate SA (QL)
- methadone
- Kadian[®] (QL)

On **December 21, 2011**, Kentucky Medicaid began to require prior authorization for **Onfi[™]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Celontin[®]
- clonazepam
- DiaStat[®]
- divalproex sodium
- divalproex sodium ER
- ethosuximide
- mephobarbital
- Peganone[®]
- phenobarbital
- Phenytek[®]
- phenytoin
- primidone
- valproic acid

On **January 11, 2012**, Kentucky Medicaid began allowing the Prescription Origin Code (**NCPDP field 419-DJ**) of “**5 – Pharmacy**”. Claims submitted with **no value** in this field or with a “**0**” will deny for **NCPDP = 33 Missing/Invalid Prescription Origin Code**. The following codes are currently allowed:

- “1” – Written
- “2” – Telephone
- “3” – Electronic
- “4” – Facsimile
- “5” – Pharmacy

On **January 30, 2012**, Kentucky Medicaid will cover two additional National Drug Codes (NDCs) for blood sugar diagnostics. Current copays (3% - Maximum \$15.00) and quantity limits (QL) (200 per month) will be applied. Please review the diabetic supply preferred product list at <https://kentucky.magellanmedicaid.com/DiabeticSupply/Notices.asp>. The following NDCs will additionally be covered:

- 65702040710 (QL)
- 65702040810 (QL)

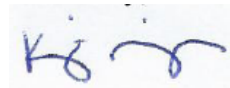
On February 26, 2012, Kentucky Medicaid will no-longer provide wrap around coverage for over-the-counter (OTC) proton-pump inhibitors (PPIs) and minimally sedating antihistamines for dual eligible (Medicare/Medicaid) members. To avoid delays in therapy, prescribers should switch dual eligible Kentucky Medicaid members to a prescription product, if clinically appropriate, **before February 29, 2012**. Pharmacies should process these claims using Medicare as the primary payer.

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