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Frankfort, KY 40601

Pharmacy Provider Notice #142 – January Pharmacy Updates

March 1, 2012

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services has made the following changes to the **Kentucky Medicaid Fee-for –Service Pharmacy Program**.

On **January 25, 2012**, Kentucky Medicaid placed generic **felbamate suspension** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Felbatol® suspension** became a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

- Banzel® (CC)
- felbamate
- Gabitril®
- gabapentin
- lamotrigine
- levetiracetam
- Lyrica® (CC)
- Sabril™ (CC)
- topiramate
- zonisamide

On **January 25, 2012**, Kentucky Medicaid placed brand **Sumaxin® and Sumadan®** as **non-preferred** products on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- benzoyl peroxide
- benzoyl peroxide/clindamycin
- benzoyl peroxide/erythromycin
- clindamycin
- erythromycin
- salicylic acid

- sodium sulfacetamide
- sodium sulfacetamide/sulfur
- BenzaClin[®]
- Benzamycin[®]
- Lavoclen[™]

On **January 26, 2012**, Kentucky Medicaid began to require prior authorization for **Dutoprol[™]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- atenolol/chlorthalidone
- bisoprolol/HCTZ
- metoprolol/HCTZ
- nadolol/bendroflumethiazide
- propranolol/HCTZ

On **January 26, 2012**, Kentucky Medicaid placed brand **Pedipirox-4[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay.

On **January 27, 2012**, Kentucky Medicaid began to require prior authorization for **Edarbyclor[™]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Diovan HCT[®] *(ST)*
- losartan/HCTZ

On **February 17, 2012**, Kentucky Medicaid placed generic **eprosartan** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- Diovan[®] *(ST)*
- losartan

On **February 17, 2012**, Kentucky Medicaid placed generic **azelastine** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Astelin[®]** became a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

- azelastine nasal
- Astepro[®]

On **February 17, 2012**, Kentucky Medicaid placed generic **malathion** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Ovide[®]** became a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

- Eurax[®]
- malathion
- permethrin 5% cream

On **February 17, 2012**, Kentucky Medicaid placed generic **tacrolimus** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Prograf[®]** became a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

- azathioprine
- cyclosporine
- Gengraf[®]
- mycophenolate
- mofetil
- Myfortic[®]
- Rapamune[®]
- tacrolimus

On **February 17, 2012**, Kentucky Medicaid placed generic **valacyclovir** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Valtrex[®]** became a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

- acyclovir
- valacyclovir

On **February 17, 2012**, Kentucky Medicaid placed generic **venlafaxine XR** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Effexor XR[®]** became a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

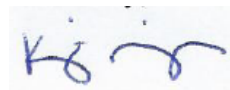
- Savella[™] (CC)
- venlafaxine
- venlafaxine XR

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: All dates are subject to change.

Sincerely,



Kasie Purvis

Provider Relations Manager