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Fee-For-Service Pharmacy Provider Notice #144 – February Pharmacy Updates

March 22, 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 **February 8, 2012**, Kentucky Medicaid placed brand **Oxecta[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- codeine
- codeine/APAP (MD)
- codeine/APAP/caff/butal
- codeine/ASA (MD)
- codeine/ASA/caff/butal
- hydrocodone/APAP (MD)
- hydrocodone/ASA (MD)
- hydrocodone/ibuprofen
- hydromorphone
- meperidine
- morphine IR
- nalbuphine
- oxycodone
- oxycodone/APAP (MD)
- oxycodone/ASA (MD)

On **February 15, 2012**, Kentucky Medicaid began to require prior authorization for **Bydureon[™]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following product is currently preferred:

- Byetta[®] (ST)

On **February 15, 2012**, Kentucky Medicaid began to require prior authorization for **Jentaducto™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Januvia® (ST) (QL)
- Janumet® (ST) (QL)
- Kombiglyze™ XR (ST) (QL)
- Onglyza™ (ST) (QL)

On **February 27, 2012**, Kentucky Medicaid **no longer prefers** the following National Drug Codes (NDCs) **for blood sugar diagnostics**. Current copays (3% - Maximum \$15.00) and quantity limits (QL) (200 per month) are still in effect for the remaining products. Please review the diabetic supply preferred product list at <https://kentucky.magellanmedicaid.com/DiabeticSupply/Notices.asp>. The following NDCs are no longer preferred:

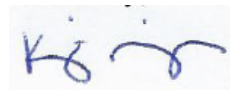
- 53885019725
- 53885019850
- 53885037410
- 53885004810
- 53885035950
- 53885005210
- 53885024450

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