



79 C. Michael Davenport Blvd.
Suite A
Frankfort, KY 40601

Fee-For-Service Pharmacy Provider Notice #145 – March Pharmacy Updates

April 23, 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 **March 5, 2012**, Kentucky Medicaid placed generic **flucytosine** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Ancobon[®]** became a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

- clotrimazole
- fluconazole
- flucytosine
- griseofulvin
- itraconazole (CC)
- ketoconazole
- nystatin
- terbinafine
- Gris-Peg[®]
- Noxafil[®]
- voriconazole

On **March 1, 2012**, Kentucky Medicaid placed brand **Zithranol[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following product is currently preferred:

- calcipotriene scalp solution

On **March 7, 2012**, Kentucky Medicaid began to require prior authorization for **Zioptan[™]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- latanoprost (*QL*)
- Travatan Z[®] (*QL*)

On **March 14, 2012**, Kentucky Medicaid placed brand **Cosopt PF[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- dorzolamide
- dorzolamide/timolol
- Azopt[®]

On **March 14, 2012**, Kentucky Medicaid placed generic **escitalopram** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. Brand name **Lexapro[®]** will remain a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

- citalopram HBr (*QL*)
- fluoxetine HCl
- fluvoxamine
- paroxetine HCl
- sertraline (*QL*)
- Viibryd[®] (*ST*)

On **March 21, 2012**, Kentucky Medicaid placed generic **ziprasidone** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Geodon[®]** will remain a **preferred** product with a Tier 1 copay. The following products are currently preferred:

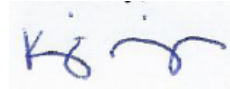
- Abilify[®] (*CC*) (*QL*)
- clozapine (*CC*) (*QL*)
- Fanapt (*CC*) (*QL*)
- FazaClo ODT[®] (*CC*) (*QL*)
- Geodon[®] (*CC*) (*QL*)
- olanzapine ODT (*CC*) (*QL*)
- risperidone (*CC*) (*QL*)
- Saphris[®] (*CC*) (*QL*)
- Seroquel[®] (*CC*) (*QL*)
- Seroquel XR[®] (*CC*) (*QL*)
- Zyprexa[®] tablets (*CC*) (*QL*)

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,

A handwritten signature in blue ink, appearing to read 'K Purvis', enclosed in a light blue rectangular box.

Kasie Purvis

Provider Relations Manager