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Fee-For-Service Pharmacy Provider Notice #150 – June Pharmacy Updates

June 27, 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 **May 30, 2012**, Kentucky Medicaid began to require prior authorization for **Omeclamox-Pak[®]**. This product has a Tier 3 copay. The following products are currently preferred:

- Helidac[®] (QL)
- Prevpac[®] (QL)
- Pylera[™] (QL)

On **May 30, 2012**, Kentucky Medicaid placed generic **clopidogrel** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Plavix[®]** was placed as a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

- Aggrenox[®]
- Brilinta[®] (CC)
- clopidogrel
- cilostazol
- dipyridamole
- Effient[™]
- ticlopidine

On **June 6, 2012**, Kentucky Medicaid began to require prior authorization for brand **Oxecta[®]**. This product will have 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 **June 13, 2012**, Kentucky Medicaid placed generic **olanzapine** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Zyprexa[®]** was placed as a **non-preferred** product with a Tier 3 copay. Current quantity limits and criteria will remain the same. The following products are currently preferred:

- Abilify[®] (CC) (QL)
- clozapine (CC) (QL)
- Fanapt[™] (CC) (QL)
- FazaClo ODT[®] (CC) (QL)
- Geodon[®] (CC) (QL)
- olanzapine (CC) (QL)
- quetiapine (CC) (QL)
- risperidone (CC) (QL)
- Saphris[®] (CC) (QL)
- Seroquel XR[®] (CC) (QL)

On **June 18, 2012**, Kentucky Medicaid began to require prior authorization for brand **Sorilux[®]**. This product will have a Tier 3 copay. The following products are currently preferred:

- calcipotriene scalp solution
- calcipotriene ointment
- Dovonex[®] cream/gel

On **June 18, 2012**, Kentucky Medicaid began to require prior authorization for brand **Primlev[®]**. This product will have 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 **June 20, 2012**, Kentucky Medicaid began to require prior authorization for **Dymista™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. This product will have a Tier 3 copay. The following products are currently preferred:

- Astepro®
- azelastine
- fluticasone propionate ^{QL}
- Nasonex® ^{QL}

On **July 18 2012**, Kentucky Medicaid placed generic **calcium acetate** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **PhosLo®** was placed as a **non-preferred** product with a Tier 3 copay. Current quantity limits and criteria will remain the same. The following products are currently preferred:

- calcium acetate
- Fosrenol®
- Renagel®

On **July 25, 2012**, Kentucky Medicaid began to require the Usual and Customary (U&C) charge on all claims in order to be compliant with NCPDP vD.0. Claims that are submitted without a U&C charge will reject with NCPDP error code **“DQ – M/I Usual and Customary Charge”**.

Thank you for helping Kentucky Medicaid members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

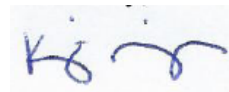
Kentucky Medicaid Fee-For-Service Pharmacy Program’s Contact Information

Clinical Support Center	(800) 477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request. NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.
Pharmacy Support Center	(800) 432-7005 Sunday – Saturday	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this call center.

	24 hours a day	
Provider Services	(877) 838 – 5085 Monday – Friday 8:00 am – 4:30 pm	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	(800) 635 – 2570	Please contact Member Services if you are a member or if you as the provider have questions regarding the member’s benefits or eligibility coverage dates.

* Please note: All dates are subject to change.

Sincerely,



Kasie Purvis

Provider Relations Manager