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Frankfort, KY 40601

**Fee-For-Service Pharmacy Provider Notice #152 – August Pharmacy Updates**

September 19, 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 **August 15, 2012**, Kentucky Medicaid placed generic **calcipotriene cream** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. Brand name **Dovonex<sup>®</sup> cream** will remain a **preferred** product with a Tier 1 copay. The following products are currently preferred:

- calcipotriene scalp solution
- calcipotriene ointment
- Dovonex<sup>®</sup> cream

On **August 16, 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<sup>®</sup>** was placed as a **non-preferred** product with a Tier 3 copay. The following products are currently preferred:

- calcium acetate
- Fosrenal<sup>®</sup>
- Renagel<sup>®</sup>

On **August 22, 2012**, Kentucky Medicaid began to prefer generic modafinil over brand **Provigil<sup>®</sup>**. Both products will continue to have a Tier 3 copay. Current quantity limits and prior approval criteria will remain in effect as well.

On **August 29, 2012**, Kentucky Medicaid began to require prior authorization for **Sklice<sup>®</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Eurax<sup>®</sup> (CC)

- malathion
- permethrin 5% cream

On **August 30, 2012**, Kentucky Medicaid placed generic **montelukast** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Singulair®** was placed as a **non-preferred** product with a Tier 3 copay. Quantity limits and prior approval criteria will remain in effect. The following products are currently preferred:

- montelukast (CC)(QL)
- zafirlukast (CC)(QL)

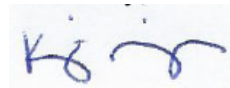
Thank you for helping Kentucky Medicaid members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

**Kentucky Medicaid Fee-For-Service Pharmacy Program's Contact Information**

<b>Clinical Support Center</b>	(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. <b>NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.</b>
<b>Pharmacy Support Center</b>	(800) 432-7005 Sunday – Saturday 24 hours a day	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.
<b>Provider Services</b>	(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.
<b>Member Services</b>	(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