

Fee-For-Service Pharmacy Provider Notice #155 – October Pharmacy Updates

November 27, 2012

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

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 **October 10, 2012**, Kentucky Medicaid began to require prior authorization for **Prepopik™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Amitiza® (CC)
- lactulose
- Moviprep®
- OsmoPrep®
- PEG 3350/Electrolyte
- PEG 3350/Na Sul, Bicrb, Cl/KCl
- polyethylene glycol
- Sod Chloride/NaHCO₃/KCl/PEGS
- Visicol®

On **October 10, 2012**, Kentucky Medicaid began to require prior authorization for **Aubagio®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Avonex® (QL)
- Avonex Administration Pack® (QL)
- Betaseron® (QL)
- Copaxone® (QL)
- Rebif® (QL)

On **October 16, 2012**, Kentucky Medicaid placed generic **valsartan/HCTZ** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand name **Diovan HCT[®]** will remain a **preferred** product with a Tier 2 co-pay. Step therapy requirements will remain in effect. The following products are currently preferred:

- Diovan[®] *(ST)*
- losartan

On **October 16, 2012**, Kentucky Medicaid placed generic **methylphenidate CD** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand name **Metadate CD[®]** will remain a **preferred** product with a Tier 1 co-pay. Quantity limits and clinical criteria will remain in effect. The following products are currently preferred:

- dexamethylphenidate IR *(CC)(QL)*
- dextroamphetamine IR/ER *(CC)(QL)*
- methylphenidate IR/SA/SR *(CC)(QL)*
- mixed amphetamine salts IR *(CC)(QL)*
- Adderall XR[®] *(CC)(QL)*
- Concerta[®] *(CC)(QL)*
- Dextrostat *(CC)(QL)*
- Focalin XR[®] *(CC)(QL)*
- Intuniv[™] *(CC)(QL)*
- Metadate CD/ER[®] *(CC)(QL)*
- Methylin[®] *(CC)(QL)*
- Methylin Chewable[®] *(CC)(QL)*
- Methylin ER[®] *(CC)(QL)*
- Strattera[®] *(CC)(QL)*
- Vyvanse[™] *(CC)(QL)*

On **October 24, 2012**, Kentucky Medicaid placed **Suprax[®] chewable tablets** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- cefdinir
- cefditoren
- cefpodoxime
- Suprax[®]

On **October 24, 2012**, Kentucky Medicaid placed generic **ziprasidone** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand name **Geodon[®]** was placed as a **non-preferred** product with a Tier 1 co-pay. Quantity limits and clinical criteria will remain in effect. The following products are currently preferred:

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

On **October 24, 2012**, Kentucky Medicaid placed generic **escitalopram** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand name **Lexapro[®]** will remain a **non-preferred** product with a Tier 3 co-pay. Quantity limits will remain in effect. The following products are currently preferred:

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

On January 1, 2013, Kentucky Medicaid will no longer provide the following coverage:

- **Benzodiazepines for Medicare Part D members.**
- **Barbiturates for Medicare Part D members. The remaining Medicaid population will be approved if one of the following diagnoses is present:**
 - **Epilepsy**
 - **Cancer**
 - **Chronic mental health disorder**

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: All dates are subject to change.

Sincerely,

Kasie Purvis

Provider Relations Manager

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 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.
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.