

Fee-For-Service Pharmacy Provider Notice #156 – November Pharmacy Updates

December 19, 2012

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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 **November 14, 2012**, Kentucky Medicaid began to require prior authorization for **Ultresa™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Creon®
- pancrelipase
- Zenpep®

On **November 21, 2012**, Kentucky Medicaid began to require prior authorization for **Xeljanz™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Cimzia® (CC)(QL)
- Enbrel® (CC)(QL)
- Humira® (CC)(QL)

On **November 14, 2012**, Kentucky Medicaid placed generic **tiagabine** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand name **Gabitril®** will remain a **preferred** product with a Tier 1 co-pay. The following products are currently preferred:

- Banzel® (CC)
- felbamate
- Gabitril®
- gabapentin

- lamotrigine
- levetiracetam
- Lyrica[®] (CC)
- Sabril[™] (CC)
- topiramate
- zonisamide

On **November 14, 2012**, Kentucky Medicaid **began preferring** the following National Drug Codes (NDCs) **for diabetic supply products**. Current copays (3% - Maximum \$15.00) and quantity limits (QL) 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 now preferred:

- 53885026701
- 65702049310

On **December 3, 2012**, Kentucky Medicaid placed generic **fluvastatin** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand name **Lescol[®]** was placed as a **non-preferred** product with a Tier 3 co-pay. Quantity limits will remain in effect. The following products are currently preferred:

- fluvastatin (QL)
- Lescol XL[®] (QL)
- lovastatin (QL)
- pravastatin (QL)

On **December 3, 2012**, Kentucky Medicaid placed generic **methylphenidate** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand name **Concerta[®]** was placed as a **non-preferred** product with a Tier 3 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)
- 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)

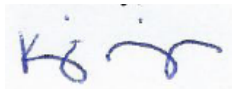
On January 1, 2013, Kentucky Medicaid will no longer provide the following coverage:

- **Benzodiazepines for Medicare Part D members.**
- **Barbiturates for Medicare Part D members. The remaining Medicaid population will be approved if one of the following diagnosis 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.