



## Fee-For-Service Pharmacy Provider Notice #157 – December Pharmacy Updates and Upcoming Changes

January 10, 2013

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 **December 5, 2012**, Kentucky Medicaid placed generic **griseofulvin ultramicrosize** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand name **Gris-Peg<sup>®</sup>** will remain a **preferred** product with a Tier 1 co-pay. The following products are currently preferred:

- clotrimazole
- fluconazole
- flucytosine
- griseofulvin
- itraconazole (CC)
- ketoconazole
- nystatin
- terbinafine
- Gris-Peg<sup>®</sup>
- Noxafil<sup>®</sup>
- voriconazole

On **December 12, 2012**, Kentucky Medicaid placed brand **Onmel<sup>®</sup>** products as non-preferred on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- clotrimazole
- fluconazole

- flucytosine
- griseofulvin
- itraconazole (CC)
- ketoconazole
- nystatin
- terbinafine
- Gris-Peg<sup>®</sup>
- Noxafil<sup>®</sup>
- voriconazole

On **December 12, 2012**, Kentucky Medicaid placed generic **fenofibrate nanocrystallized** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand name **TriCor<sup>®</sup>** will remain a **preferred** product with a Tier 1 co-pay. The following products are currently preferred:

- gemfibrozil
- TriCor<sup>®</sup>
- Trilipix<sup>™</sup>

On **December 19, 2012**, Kentucky Medicaid placed all generic candesartan/HCTZ products as non-preferred on the Preferred Drug List (PDL) with a Tier 3co-pay. The following products are currently preferred:

- Diovan<sup>®</sup> (ST)
- losartan

On **February 13, 2013**, Kentucky Medicaid will begin to require prior authorization (PA) for products that contain a **combination of a narcotic analgesic plus APAP, ASA or another NSAID** after the initial 30 days of therapy per 366 days. A prior authorization will be granted for the following instances:

- Patient has a diagnosis for which short-term pain management is expected; approval for 3 months; OR
- Patient has a diagnosis for which long-term pain management is expected OR patient is currently taking a long-acting narcotic concomitantly; approval for 6 months
- **The PA can ONLY be obtained by the prescriber**

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		
<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.