

Fee-For-Service Pharmacy Provider Notice #159 – January Pharmacy Updates

February 26, 2013

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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 **January 2, 2013**, Kentucky Medicaid began to require prior authorization for **Vascepa[®]**, pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Lovaza[®] (ST)

On **January 9, 2013**, Kentucky Medicaid placed generic **pioglitazone** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand name **Actos[®]** was placed as a **non-preferred** product with a Tier 3 co-pay. The following products are currently preferred:

- Avandia[®] (QL)
- pioglitazone (QL)

On **January 10, 2013**, Kentucky Medicaid began to require prior authorization for **Iclusig[™]**, pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Caprelsa[®] (QL)
- Erivedge[™] (CC)(QL)
- Gleevec[®] (QL)
- Inlyta[®] (CC)(QL)
- Iressa[®] (QL)
- Jakafi[™] (CC)(QL)

- Nexavar[®] (QL)
- Sprycel[®] (QL)
- Sutent[®] (QL)
- Tarceva[®] (QL)
- Tykerb[®] (QL)
- Xalkori[®] (CC) (QL)
- Xeloda[®] (QL)
- Zelboraf[™] (CC) (QL)
- Zytiga[™] (QL)

On **January 16, 2013**, Kentucky Medicaid began to require prior authorization for **Eliquis[®]**, pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Fragmin[®]
- fondaparinux
- Jantoven[®]
- Lovenox[®]
- Pradaxa[®] (CC)
- warfarin
- Xarelto[®]

On **January 16, 2013**, Kentucky Medicaid placed **Quillivant XR[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. 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 23, 2013**, Kentucky Medicaid placed generic **lamotrigine XR** as non-preferred on the Preferred Drug List (PDL) 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 **January 23, 2013**, Kentucky Medicaid placed brand **Auvi-Q[®]** as non-preferred on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- Epi Pen[®]
- Epi Pen[®] Jr.

On **January 30, 2013**, Kentucky Medicaid placed generic **pioglitazone/glimepiride** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand name **DuetAct[®]** was placed as a **non-preferred** product with a Tier 3 co-pay. The following products are currently preferred:

- ACTOplus Met[®] (QL)
- Avandamet[®] (QL)
- pioglitazone/glimepiride (QL)

As of **January 30, 2013**, Kentucky Medicaid no longer requires prior authorization on **Zytiga[™]** due to a new FDA indication. Current quantity limits (QL) of **4 per day** will remain in effect along with the Tier 2 copay.



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.