



**Fee-For-Service Pharmacy Provider Notice #160 – February Pharmacy Updates**

March 26, 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 **February 13, 2013**, Kentucky Medicaid began to require prior authorization for **Nesina<sup>®</sup>**, **Oseni<sup>®</sup>**, and **Kazano<sup>®</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Januvia<sup>®</sup> (ST) (QL)
- Janumet<sup>®</sup> (ST) (QL)
- Janumet<sup>®</sup> XR (ST) (QL)
- Jentadueto<sup>™</sup> (ST) (QL)
- Juvisync<sup>™</sup> (ST) (QL)
- Kombiglyze<sup>™</sup> XR (ST) (QL)
- Onglyza<sup>™</sup> (ST) (QL)
- Tradjenta<sup>™</sup> (ST) (QL)

On **February 13, 2013**, Kentucky Medicaid placed brand **Uceris<sup>™</sup>** as **non-preferred** on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- cortisone
- dexamethasone
- budesonide
- hydrocortisone
- methylprednisolone

- prednisolone
- prednisolone sodium phosphate
- prednisone
- Zema-Pak<sup>®</sup>

On **February 13, 2013**, Kentucky Medicaid placed brand **Oxtellar XR<sup>™</sup>** as **non-preferred** on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- Carbatrol<sup>®</sup>
- carbamazepine
- carbamazepine XR
- Equetro<sup>™</sup>
- oxcarbazepine

On **February 27, 2013**, Kentucky Medicaid placed brand **Delzicol<sup>®</sup>** as **non-preferred** on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- Apriso<sup>™</sup>
- Asacol<sup>®</sup>
- balsalazide
- Canasa<sup>®</sup>
- mesalamine enemas
- sfRowasa<sup>®</sup>
- sulfasalazine

On **February 27, 2013**, Kentucky Medicaid began to require prior authorization for **Cometriq<sup>™</sup>**, pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

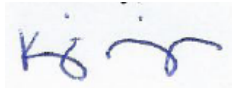
- Caprelsa<sup>®</sup> (QL)
- Erivedge<sup>™</sup> (CC) (QL)
- Gleevec<sup>®</sup> (QL)
- Inlyta<sup>®</sup> (CC) (QL)
- Iressa<sup>®</sup> (QL)
- Jakafi<sup>™</sup> (CC) (QL)
- Nexavar<sup>®</sup> (QL)
- Sprycel<sup>®</sup> (QL)

- Sutent<sup>®</sup> (QL)
- Tarceva<sup>®</sup> (QL)
- Tykerb<sup>®</sup> (QL)
- Xalkori<sup>®</sup> (CC) (QL)
- Xeloda<sup>®</sup> (QL)
- Zelboraf<sup>™</sup> (CC) (QL)
- Zytiga<sup>™</sup> (QL)

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.