

Fee-For-Service Pharmacy Provider Notice #161 – March Pharmacy Updates

April 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 **March 7, 2013**, Kentucky Medicaid began preferring the following National Drug Code (NDC) 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 NDC is now preferred:

- **99073-0712-27 – Freestyle Insulinx Test Strips**

On **March 7, 2013**, Kentucky Medicaid began to require prior authorization for **Rescula**[®] pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee.

On **March 12, 2013**, Kentucky Medicaid placed generic **amlodipine/benazepril** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand name **Lotrel**[®] was placed as a **non-preferred** product with a Tier 3 co-pay. The following products are currently preferred:

- amlodipine/benazepril

On **March 13, 2013**, Kentucky Medicaid began to require prior authorization for **Kynamro**[™], **Juxtapid**[™], and **Fulyzaq**[™] pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee.

On **March 14, 2013**, Kentucky Medicaid placed generic **pioglitazone/metformin** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand name **ActoPlus Met**[®] was

placed as a **non-preferred** product with a Tier 3 co-pay. The following products are currently preferred:

- Avandamet[®] (QL)
- pioglitazone/glimepiride (QL)
- pioglitazone/metformin (QL)

On **March 14, 2013**, Kentucky Medicaid placed generic **griseofulvin ultramicrosize** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand name **Gris-Peg[®]** was placed as a **non-preferred** product with a Tier 3 co-pay. The following products are currently preferred:

- clotrimazole
- fluconazole
- flucytosine
- griseofulvin
- griseofulvin ultramicrosize
- itraconazole (CC)
- ketoconazole
- nystatin
- terbinafine
- Noxafil[®]
- voriconazole

On **March 27, 2013**, Kentucky Medicaid placed brand name **Valtrex[®]** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Generic **valacyclovir** was placed as a **non-preferred** product with a Tier 3 co-pay. The following products are currently preferred:

- acyclovir
- Valtrex[®]

On **March 27, 2013**, Kentucky Medicaid placed brand name **BenzaClin[®]** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Generic **benzoyl peroxide/clindamycin** was placed as a **non-preferred** product with a Tier 3 co-pay. The following products are currently preferred:

- benzoyl peroxide
- benzoyl peroxide/erythromycin
- clindamycin
- erythromycin
- salicylic acid
- sodium sulfacetamide

- sodium sulfacetamide/sulfur
- BenzaClin[®]
- Benzamycin[®]
- Lavoclen[™]

On **March 27, 2013**, Kentucky Medicaid placed brand name **Vancocin[®]** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. Generic **vancomycin** was placed as a **non-preferred** product with a Tier 3 co-pay. The following products are currently preferred:

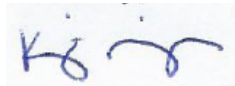
- Alinia[®] tablets
- metronidazole tablets
- Vancocin[®]

On **April 24, 2013**, Kentucky Medicaid placed brand name **Zovirax[®] Ointment, Bactroban[®] Cream, Starlix[®], Tobradex[®] Suspension, and Differin[®]** as **preferred** products on the Preferred Drug List (PDL) with a Tier 1 co-pay. Their **generic equivalents** were placed as **non-preferred** products with a Tier 3 co-pay.

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	Please contact Provider Services if you have questions about



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	8:00 am – 4:30 pm	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.