



Fee-For-Service Pharmacy Provider Notice #162 – April Updates & Upcoming Pharmacy Changes

May 17, 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 **April 10, 2013**, Kentucky Medicaid began to require prior authorization for **Suclear Bowel Prep Kits™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Amitiza® (CC)
- lactulose
- MoviPrep®
- OsmoPrep®
- PEG 3350/Electrolyte
- PEG 3350/Na Sulf, Bicarb, Cl/KCl
- polyethylene glycol
- Sod Chloride/NaHCO3/KCl/PEGS
- Visicol®

On **April 10, 2013**, Kentucky Medicaid placed generic **tretinoin micro pumps** and **tretinoin micro gel** as **non-preferred** products on the Preferred Drug List (PDL) with a Tier 3 co-pay. Branded **Retin-A Micro Gel** will remain **preferred** with a Tier 1 co-pay. The following products are currently preferred:

- Differin® Cream/Gel
- Retin-A Micro®
- tretinoin

On **April 24, 2013**, Kentucky Medicaid placed generic **desvenlafaxine** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- Savella™ (CC)
- venlafaxine
- venlafaxine XR capsules

On **April 24, 2013**, Kentucky Medicaid placed brand **Prolensa™** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- diclofenac
- flurbiprofen
- ketorolac

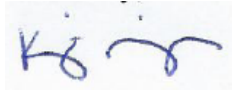
On **June 4, 2013**, Kentucky Medicaid will place generic metoprolol succinate ER as a non preferred product on the Preferred Drug List (PDL) with a Tier 3 co-pay. **Toprol XL®** will become a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. The following products are currently preferred:

- acebutolol
- atenolol
- betaxolol
- bisoprolol fumerate
- metoprolol succinate ER
- metoprolol tartrate
- nadolol
- pindolol
- propranolol
- propranolol LA
- sotalol
- timolol

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.