



Fee-For-Service Pharmacy Provider Notice #163 – May Updates

June 27, 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 **May 1, 2013**, Kentucky Medicaid began to require prior authorization for **Diclegis[®]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- meclizine
- prochlorperazine
- promethazine
- Transderm-Scop Patch[®]
- trimethobenzamide

On **May 8, 2013**, Kentucky Medicaid began to require prior authorization for **Simbrinza[™]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- dorzolamide
- dorzolamide/timolol
- Azopt[®]

On **May 8, 2013**, Kentucky Medicaid placed brand **TOBI Podhaler[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following product is currently preferred:

- TOBI[®]

On **May 8, 2013**, Kentucky Medicaid placed a new generic formulation of **travoprost** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Currently all travoprost products are non-preferred. The following product is currently preferred:

- latanoprost (QL)

On **May 15, 2013**, Kentucky Medicaid began to require prior authorization for **Tecfidera™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Avonex® (QL)
- Avonex Administration Pack® (QL)
- Betaseron® (QL)
- Copaxone® (QL)
- Rebif® (QL)

On **May 15, 2013**, Kentucky Medicaid placed brand **Namenda XR®** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following product is currently preferred:

- Namenda®

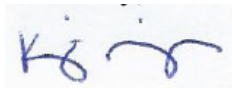
On **May 22, 2013**, Kentucky Medicaid began to require prior authorization for **Liptruzet™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- atorvastatin (QL)
- simvastatin (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		
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.