

Fee-For-Service Pharmacy Provider Notice #166 – June Pharmacy Updates
--

July 29, 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 **June 5, 2013**, Kentucky Medicaid placed generic **candesartan** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- Diovan[®] (*ST*)
- losartan

On **June 12, 2013**, Kentucky Medicaid placed brand **Suprax[®] capsules** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- cefdinir
- cefditoren
- cefpodoxime
- Suprax[®] (tablets and suspension)

On **June 12, 2013**, Kentucky Medicaid placed the new generic formulation of **Synalgos DC[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- butalbital compound/codeine (*CC*)
- codeine/APAP (*MD*)
- dihydrocodeine bitartrate/APAP/caffeine
- hydrocodone/APAP (*MD*)
- hydrocodone/ibuprofen
- hydromorphone
- meperidine

- morphine IR
- oxycodone
- oxycodone/APAP (MD)
- oxycodone/ibuprofen
- oxymorphone IR
- tramadol

On **June 13, 2013**, Kentucky Medicaid placed generic **tretinoin micro gel** as a **preferred** on the Preferred Drug List (PDL) with a Tier 1 co-pay. Brand **Retin-A Micro[®] gel** was placed **non-preferred** with a Tier 3 co-pay. The following products are currently preferred:

- Differin Cream/Gel
- tretinoin
- tretinoin microsphere

On **June 19, 2013**, Kentucky Medicaid placed brand **Zenzedi[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- Adderall XR[®] (CC)(QL)
- dexamethylphenidate IR (CC)(QL)
- dextroamphetamine IR/ER (CC)(QL)
- Focalin XR[™] (CC)(QL)
- Intuniv[™] (CC)(QL)
- Metadate CD[®] (CC)(QL)
- Metadate ER[®] (CC)(QL)
- Methylin[®] (CC)(QL)
- Methylin Chewable[®] (CC)(QL)
- Methylin ER[®] (CC)(QL)
- methylphenidate IR/SA/SR (CC)(QL)
- mixed amphetamine salts IR (CC)(QL)
- Strattera[®] (CC)(QL)
- Vyvanse[™] (CC)(QL)

On **July 1, 2013**, Kentucky Medicaid placed generic **sildenafil** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. The following products are currently preferred:

- Adcirca[™] (CC)
- Letairis[™]
- sildenafil (CC)

- Tracleer[®]
- Ventavis[®]

On **July 1, 2013**, Kentucky Medicaid placed generic **escitalopram** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. The following products are currently preferred:

- citalopram HBr (*QL*)
- escitalopram (*QL*)
- fluoxetine HCl
- fluoxetine ER
- fluvoxamine
- paroxetine HCl
- sertraline (*QL*)

On **July 1, 2013**, Kentucky Medicaid placed Lotemax[®] as a **preferred** product on the Preferred Drug List (PDL) with a Tier 2 co-pay. The following products are currently preferred:

- dexamethasone
- fluorometholone
- prednisolone acetate
- prednisolone sodium phosphate
- Flarex[®]
- Lotemax[®]
- Maxidex[®]
- Vexol[®]

On **July 1, 2013**, Kentucky Medicaid placed generic **famciclovir** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 co-pay. The following products are currently preferred:

- acyclovir
- famciclovir
- Valtrex[®]

On **July 1, 2013**, Kentucky Medicaid placed brand **Humulin 70/30[®] vials, Humalog[®] Mix vial/pen, Humulin[®] R/N vial and Humalog vial/pen** as a **preferred** products on the Preferred Drug List (PDL) with a Tier 2 co-pay. The following products are currently preferred:

- Humulin 70/30[®] Vials
- Humulin[®] R/N Vials
- Humalog[®] Mix Vial/Pen
- Lantus[®] Vials
- Levemir[®]
- Novolin N[®] Vials

- Novolin R[®] Vials
- Novolin 70/30[®] Vials
- Novolog[®]
- Novolog Mix 70/30[®]

On **July 1, 2013**, Kentucky Medicaid placed brand **AuviQ[®]** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 2 co-pay. Brand **Adrenaclick[®]** and the generic **self-injectable epinephrine** were placed **non-preferred** with a Tier 3 co-pay. The following products are currently preferred:

- AuviQ[®]
- Epi Pen[®]
- Epi Pen[®] Jr

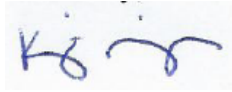
On **July 1, 2013**, Kentucky Medicaid began to require prior authorization for **Tafinlar[®]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Caprelsa[®] (QL)
- Erivedge[™] (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)

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.