



Fee-For-Service Pharmacy Provider Notice #167 – July Pharmacy Updates

August 30, 2013

11013 W. Broad Street
Glen Allen, VA 23060

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 **July 3, 2013**, Kentucky Medicaid began to require prior authorization for **Mekinist™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Caprelsa® QL
- Erivedge™ CC, QL
- Gleevec® QL
- Inlyta® CC, QL
- Iressa® QL
- Jakafi™ CC, QL
- Nexavar® QL
- Sprycel® QL
- Stivarga® CC, QL
- Sutent® QL
- Tarceva® QL
- Tykerb® QL
- Xalkori® CC, QL
- Xeloda® QL
- Zelboraf™ CC, Q
- Zytiga™ QL

On **July 24, 2013**, Kentucky Medicaid began to require prior authorization for **Breo Ellipta™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Advair Diskus® QL
- Advair HFA® QL

- Dulera[®] QL
- Symbicort[®] QL

On **October 2, 2013**, the following prior authorization criteria will be applied to Makena[®]:

Makena[®] will be approved for members who meet the following criteria:

- Patient is pregnant with a singleton pregnancy; AND
- Patient has a history of singleton spontaneous preterm birth, defined as, delivery of an infant before 37 weeks' gestation, AND
- Patient is not beyond 20 weeks', 6 days' gestation. Patient must start injections between 16 weeks, 0 days and 20 weeks, 6 days of gestation, AND
- Patient is NOT pregnant with multiple gestations or other risk factors for preterm birth AND
- Product is administered in patient's home by home health or in long-term-care facility

Limitations of use:

- Makena[®] is not intended for use in women with multiple gestations or other risk factors for preterm birth such as current history of thrombosis or clotting disorders; known, history of, or suspected breast cancer or other hormone-sensitive cancer; undiagnosed abnormal vaginal bleeding unrelated to pregnancy; cholestatic jaundice of pregnancy; benign or malignant liver tumors; liver disease; or uncontrolled hypertension.¹
- Prescribing physician is an OB-GYN specialist
- Dispensing is limited to ONE 250mg dose per week
- Approval will be granted for treatment beginning between weeks 16 and 20 of gestation and continue until week 37 of gestation or delivery, whichever occurs first (with no more than 20 doses total being approved)

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,

Kristina Hawkins, PharmD
Director, Clinical Services

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.

ⁱ Makena [package insert]. McPherson KS; Hospira, Inc; December 2011.