



**Fee-For-Service Pharmacy Provider Notice #170 – October Pharmacy Updates**

November 5, 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 **October 1, 2013**, Kentucky Medicaid placed **Afinitor™ Oral Tablets** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 2 co-pay. The following products are currently preferred:

- Afinitor™ oral QL
- 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, QL
- Zytiga™ QL

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

- Bromday®
- diclofenac
- flurbiprofen
- ketorolac

On **October 1, 2013**, Kentucky Medicaid placed **AuviQ®** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- Epi Pen® QL
- Epi Pen® Jr. QL

On **October 2, 2013**, Kentucky Medicaid placed **ketoconazole** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- clotrimazole
- fluconazole
- flucytosine
- griseofulvin
- griseofulvin ultramicrosize
- itraconazole<sup>CC</sup>
- nystatin
- terbinafine
- Noxafil<sup>®</sup>
- voriconazole

On **October 9, 2013**, Kentucky Medicaid placed **Bethkis<sup>®</sup>** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- TOBI<sup>®</sup>

On **October 25, 2013**, Kentucky Medicaid began to require prior authorization for **Adempas<sup>®</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Adcirca<sup>TM</sup> <sup>CC</sup>
- Letairis<sup>TM</sup>
- sildenafil<sup>CC</sup>
- Tracleer<sup>®</sup>
- Ventavis<sup>®</sup>

On **October 25, 2013**, Kentucky Medicaid began to require prior authorization for **Brintellix<sup>TM</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- citalopram HBr<sup>QL</sup>
- escitalopram<sup>QL</sup>
- fluoxetine HCl
- fluoxetine ER
- fluvoxamine
- paroxetine HCl
- sertraline<sup>QL</sup>

On **October 25, 2013**, Kentucky Medicaid placed **zoledronic acid** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. The following products are currently preferred:

- alendronate<sup>QL</sup>

On **November 25, 2013**, Kentucky Medicaid will place generic **brimonidine tartrate 0.15%** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand Alphagan P<sup>®</sup> 0.15% will be placed preferred. The following products will be preferred:

- Alphagan P<sup>®</sup> 0.15%
- apraclonidine

On **November 25, 2013**, Kentucky Medicaid will place generic **budesonide respules** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand Pulmicort<sup>®</sup> Respules will be placed preferred. The following products will be preferred:

- Asmanex<sup>®</sup> Twisthaler<sup>QL</sup>
- Flovent Diskus<sup>® QL</sup>
- Flovent HFA<sup>® QL</sup>
- Pulmicort Respules<sup>® AE,QL</sup>
- QVAR<sup>™ QL</sup>

On **November 25, 2013**, Kentucky Medicaid will place generic **dronabinol** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand Marinol<sup>®</sup> will be placed preferred. The following products will be preferred:

- Marinol<sup>® CC, QL</sup>

On **November 25, 2013**, Kentucky Medicaid will place generic lansoprazole/amoxicillin/clarithromycin as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand Prevpac<sup>®</sup> will remain preferred. The following products will be preferred:

- Helidac<sup>® QL</sup>
- Prevpac<sup>® QL</sup>
- Pylera<sup>™ QL</sup>

On **November 25, 2013**, Kentucky Medicaid will place generic niacin ER as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand Niaspan<sup>®</sup> will remain preferred. The following products will be preferred:

- Niaspan<sup>®</sup>
- Simcor<sup>®</sup>

On **November 25, 2013**, Kentucky Medicaid will place generic adefovir as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Brand Hepsera<sup>®</sup> will remain preferred. The following products will be preferred:

- Baraclude<sup>®</sup>
- Epivir-HBV<sup>®</sup>
- Hepsera<sup>®</sup>
- Tyzeka<sup>®</sup>



On **November 25, 2013**, Kentucky Medicaid will prefer brand **Catapress-TTS<sup>®</sup> patches** over generic **clonidine patches**. Generic clonidine patches will require prior authorization (PA) and a Tier 3 co-pay. Brand Catapress-TTS<sup>®</sup> patches will require PA and a Tier 1 co-pay.

On **November 25, 2013**, Kentucky Medicaid will prefer brand **Lidoderm<sup>®</sup>** over generic **lidocaine patches**. Generic lidocaine patches will require prior authorization (PA) and a Tier 3 co-pay. Brand Lidoderm<sup>®</sup> will require PA and a Tier 1 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,

Kristina Hawkins, PharmD  
Director, Clinical Services

Kentucky Medicaid Fee-For-Service Pharmacy Program's Contact Information		
<b>Clinical Support Center</b>	(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. <b>NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone<sup>®</sup>/Subutex<sup>®</sup>, Synagis<sup>®</sup>, and Zyvox<sup>®</sup>.</b>
<b>Pharmacy Support Center</b>	(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.
<b>Provider Services</b>	(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.
<b>Member Services</b>	(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.