

Fee-For-Service Pharmacy Provider Notice #171 – November Pharmacy Updates

December 3, 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 **November 6, 2013**, Kentucky Medicaid began to require prior authorization for **Opsumit®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Adcirca™^{CC}
- Letairis™
- sildenafil^{CC}
- Tracleer®
- Ventavis®

On **November 18, 2013**, Kentucky Medicaid placed quantity limits on the following products:

- Abilify® Maintena^{QL (1 per month)}
- Adrenaclick®^{QL (2 per RX)}
- AuviQ®^{QL (2 per RX)}
- Butrans™^{QL (4 per month)}
- cyanocobalamin injection^{QL (1,000 mcg per month)}
- Epi Pen®^{QL (2 per RX)}
- Epi Pen® Jr.^{QL (2 per RX)}
- Glucagon® Kit^{QL (2 per RX)}
- hydroxyprogesterone caproate^{QL (250 mg per week)}
- Neupogen®^{QL (2,400 mcg per day)}
- self-injectable epinephrine^{QL (2 per RX)}
- Simponi™ ARI^{QL (16 mL per month)}
- Zubsolv®^{QL (3 per day)}

On **December 10, 2013**, Kentucky Medicaid will begin to deny claims if submitted with an Other Coverage Code = 2, U&C is \geq \$50, and the OPAP (Other Payer Amount Paid) is <20% of the submitted U&C. Claims will deny for NCPDP 8W “Discrepancy between OCC/Other Payer”. Once the provider has verified that the correct U&C and other Payer Amount Paid has been submitted correctly, overrides may be sought from the Magellan technical call center by calling 800-477-3071.

On **December 17, 2013**, Kentucky Medicaid will place brand **Zovirax[®] ointment** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 co-pay. Generic acyclovir ointment will be placed preferred. The following products will be preferred:

- Abreva[®]
- acyclovir ointment

On **December 17, 2013**, Kentucky Medicaid will prefer brand **Xopenex[®]** over generic **levalbuterol inhalation solution**. Generic levalbuterol inhalation solution will require prior authorization (PA) and a Tier 3 co-pay. Brand Xopenex[®] will require PA and a Tier 3 co-pay.

On **December 17, 2013**, Kentucky Medicaid will prefer brand **Ritalin[®] LA** over generic **methylphenidate LA**. Generic methylphenidate LA will require prior authorization (PA) and a Tier 3 co-pay. Brand Ritalin[®] LA will require PA and a Tier 3 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		
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	Please contact Provider Services if you have questions about



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	8:00 am – 4:30 pm	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.