



Fee-For-Service Pharmacy Provider Notice #174 – December Pharmacy Updates

January 7, 2014

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 **December 4, 2013**, Kentucky Medicaid began to require prior authorization for **Fetzima™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Savella™^{CC}
- venlafaxine
- venlafaxine XR capsules

On **December 9, 2013**, Kentucky Medicaid began to prefer brand **Kapvay™** over generic **clonidine 0.1 mg**. Both brand Kapvay™ and generic clonidine 0.1mg will continue to be non preferred on the PDL and require prior authorization (PA).

On **December 9, 2013**, Kentucky Medicaid added the following drugs to the Covered OTC List.

- doxylamine
- pyridoxine

On **December 10, 2013**, Kentucky Medicaid began to require prior authorization for **Olysio™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Incivek™^{CC, QL}
- Victrelis™^{CC, QL}

On **December 19, 2013**, Kentucky Medicaid began to require prior authorization for **Aerospan™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Asmanex® Twisthaler^{QL}

- Flovent Diskus®^{QL}
- Flovent HFA®^{QL}
- Pulmicort Respules®^{QL, AE}
- QVAR™^{QL}

On **December 19, 2013**, Kentucky Medicaid began to require prior authorization for **Sovaldi™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Incivek™^{CC, QL}
- Victrelis™^{CC, QL}

On **January 3, 2014**, Kentucky Medicaid discontinued the duration edit from all Tobacco Cessation products. **It is no longer necessary to contact the Department for Medicaid Services for refills for Tobacco Cessation products.**

On **January 7, 2014**, Kentucky Medicaid will place generic **tobramycin inhalation solution** as a **non preferred** product on the Preferred Drug List (PDL). Brand TOBI® will be placed preferred. The following products will be preferred:

- TOBI®

On **January 7, 2014**, Kentucky Medicaid will prefer brand **Focalin XR™** over generic **dexmethylphenidate XR**. Both brand Focalin XR™ and generic dexmethylphenidate XR will continue to be non preferred on the PDL and require prior authorization (PA).

On **January 7, 2014**, Kentucky Medicaid will prefer brand **Cymbalta®** over generic **duloxetine**. Both brand Cymbalta® and generic duloxetine will continue to be non preferred on the PDL and require prior authorization (PA).

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.