



**Fee-For-Service Pharmacy Provider Notice #177 – February Pharmacy Updates**

March 5, 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 **February 5, 2014**, Kentucky Medicaid began to require prior authorization for **Farxiga™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Invokana®

On **February 5, 2014**, Kentucky Medicaid placed **Adusave®** as a **non-preferred** product on the Preferred Drug List (PDL). The following products are currently preferred:

- amitriptyline/perphenazine
- chlorpromazine
- fluphenazine
- haloperidol
- loxapine
- Moban®
- Orap®
- perphenazine
- thioridazine
- thiothixen
- trifluoperazine

On **February 5, 2014**, Kentucky Medicaid placed **Pennsaid® Pump** as a **non-preferred** product on the Preferred Drug List (PDL). The following products are currently preferred:

- Celebrex®
- diclofenac potassium
- etodolac
- flurbiprofen

- ibuprofen
- indomethacin
- ketoprofen
- ketorolac tromethamine
- meloxicam tablets
- naproxen sodium
- naproxen tablets
- piroxicam
- sulindac

On **February 18, 2014**, Kentucky Medicaid began to require prior authorization for **Velphoro<sup>®</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- calcium acetate
- Fosrenol<sup>®</sup>
- Renagel<sup>®</sup>

On **February 25, 2014**, Kentucky Medicaid began to require prior authorization for **Luzu<sup>®</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- clotrimazole
- econazole
- ketoconazole shampoo
- nystatin cream/ointment
- nystatin/triamcinolone

On **February 25, 2014**, Kentucky Medicaid began to require prior authorization for **Zohydro<sup>™</sup> ER** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- fentanyl transdermal
- Kadian<sup>®</sup>
- methadone
- morphine sulfate SA

On **February 28, 2014**, Kentucky Medicaid began to require prior authorization for **Aptiom<sup>®</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Banzel™
- Felbamate
- Gabitril®
- gabapentin capsules
- lamotrigine
- levetiracetam
- Lyrica®
- Sabril®
- topiramate
- zonisamide

On **March 6, 2014**, Kentucky Medicaid will prefer brand **Avinza™** over generic **morphine sulfate ER**. Both brand Avinza™ and generic morphine sulfate ER will continue to be non preferred on the PDL and require prior authorization (PA).

On **March 6, 2014**, Kentucky Medicaid will place generic **calcitonin-salmon** as a **non preferred** product on the Preferred Drug List (PDL). Brand Fortical® will be placed preferred. The following products will be preferred:

- Fortical®

On **March 6, 2014**, Kentucky Medicaid will place generic **griseofulvin ultramicrosize** as a **non preferred** product on the Preferred Drug List (PDL). Brand Gris-PEG® will be placed preferred. The following products will be preferred:

- clotrimazole
- fluconazole
- flucytosine
- griseofulvin
- Gris-PEG®
- itraconazole
- nystatin
- terbinafine
- Noxafil®
- voriconazole

On **April 11, 2014**, generic, over-the-counter (OTC) versions of vitamin D3 will be added to the covered OTC list. Branded, OTC versions of vitamin D3 will continue to be non-covered drugs. A full listing of all covered OTC products, can be found at:

[https://kentucky.magellanmedicaid.com/Downloads/providers/KY\\_Covered\\_OTC\\_DrugList-20140101a.pdf](https://kentucky.magellanmedicaid.com/Downloads/providers/KY_Covered_OTC_DrugList-20140101a.pdf)

On **April 11, 2014**, generic, prescription versions of vitamin D3 will be added to the covered Prescription Cold, Cough and Vitamin Products List. Branded, prescription versions of vitamin D3 will continue to be covered as well. A full listing of all covered Prescription Cold, Cough and Vitamin Products, can be found at:

[https://kentucky.magellanmedicaid.com/Downloads/providers/ColdCoughVitamin\\_List-20120627.pdf](https://kentucky.magellanmedicaid.com/Downloads/providers/ColdCoughVitamin_List-20120627.pdf)

On **April 11, 2014**, all prescription versions of vitamin D2 will be removed from the Prescription Cold, Cough and Vitamin Products List. Prescription versions of vitamin D2 will no longer be covered drugs. A full listing of all covered Prescription Cold, Cough and Vitamin Products, can be found at:

[https://kentucky.magellanmedicaid.com/Downloads/providers/ColdCoughVitamin\\_List-20120627.pdf](https://kentucky.magellanmedicaid.com/Downloads/providers/ColdCoughVitamin_List-20120627.pdf)

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,

Michael Price

Provider Relations Manager

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.