



Fee-For-Service Pharmacy Provider Notice #178 – March Pharmacy Updates

April 14, 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 **March 7, 2014**, Kentucky Medicaid began to require prior authorization for **Anoro Ellipta™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- albuterol inhalation solution ^{QL}
- albuterol oral
- ProAir HFA® ^{QL}
- Proventil® HFA ^{QL}
- terbutaline

On **March 21, 2014**, Kentucky Medicaid began to require prior authorization for **Hetlioz™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- estazolam ^{QL}
- flurazepam ^{QL}
- temazepam 15 mg, 30 mg ^{QL}
- triazolam ^{QL}
- zolpidem ^{QL}

On **April 1, 2014**, Kentucky Medicaid began to require prior authorization for **Desvenlafaxine fumarate XR** as non-preferred product on the Preferred Drug List (PDL).

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

Beginning **April 14, 2014**, Kentucky Medicaid will place brand **Rapamune®** as a non-preferred product on the PDL with 4 copay. Generic **sirolimus** will be placed preferred. The following products will be preferred:

- azathioprine
- cyclosporine
- cyclosporine modified
- Gengraf®
- mycophenolate mofetil
- Myfortic®
- sirolimus
- tacrolimus

Beginning **April 14, 2014**, Kentucky Medicaid will place generic capecitabine as a **non preferred** product on the Preferred Drug List (PDL). Brand Xeloda® will remain preferred. The following products will be preferred:

- Afinitor™ oral QL
- Caprelsa® QL
- Erivedge™ CC, QL
- Gleevec® QL
- Gilotrif™ CC, QL
- Inlyta® CC, QL
- Iressa® QL
- Jakafi™ CC, QL
- Mekinist™ CC, QL
- Nexavar® QL
- Sprycel® QL
- Stivarga® CC, QL
- Sutent® QL
- Tafinlar® CC, QL
- Tarceva® QL
- Tykerb® QL
- Xalkori® CC, QL
- Xeloda® QL
- Zelboraf™ CC, QL
- Zytiga™ QL

Beginning **April 14, 2014**, Kentucky Medicaid will place generic carbidopa as a **non preferred** product on the Preferred Drug List (PDL). Brand Lodosyn[®] will remain preferred. The following products will be preferred:

- benztropine
- Comtan[®]
- levodopa/carbidopa
- levodopa/carbidopa CR
- levodopa/carbidopa ODT
- Lodosyn[®]
- selegiline tablet
- trihexyphenidyl

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		
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.