



**Fee-For-Service Pharmacy Provider Notice #179 – April Pharmacy Updates**

May 22, 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 (FFS) Pharmacy Program**:

Kentucky Medicaid will require a prior authorization on the following new products to market pending review for placement to the Preferred Drug List (PDL):

Beginning:	Drugs requiring PA:	Preferred Products:
04/11/2014	Otezla <sup>®</sup> Orenitram <sup>™</sup>	Letairis <sup>™</sup> sildenafil <sup>CC</sup> Tracleer <sup>®</sup> Ventavis <sup>®</sup>
04/14/2014	acitretin	Absorica <sup>®</sup> Amnesteem <sup>®</sup> Claravis <sup>®</sup> Soriatane <sup>®</sup> Sotret <sup>®</sup> Zenatane <sup>®</sup>
04/18/2014	Lazanda <sup>™</sup>	N/A

Kentucky Medicaid will incorporate the following changes to its PDL on **June 11, 2014**:

Drug Class	The following products will have <b>NON-PREFERRED</b> status and require prior authorization (PA):	The following products will have <b>PREFERRED</b> status:
ACE Inhibitors	fosinopril	benazepril captopril enalapril lisinopril quinapril ramipril

<b>ACEI + Diuretic Combination</b>	quinapril/HCTZ	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ lisinopril/HCTZ
<b>Beta Blockers</b>	bisoprolol pindolol	atenolol metoprolol tartrate propranolol propranolol LA Toprol XL <sup>®</sup>
<b>Calcium Channel Blockers (DHP)</b>	felodipine ER	amlodipine nifedipine ER/SA/SR
<b>Calcium Channel Blockers (Non-DHP)</b>	verapamil 360mg capsules	diltiazem diltiazem ER
<b>Agents for Pulmonary Hypertension</b>	Adcirca <sup>™</sup>	Letairis <sup>™</sup> sildenafil <sup>CC</sup> Tracleer <sup>®</sup> Ventavis <sup>®</sup>
<b>Lipotropics: Bile Acid Sequestrants, Statins, Niacin Derivatives</b>	fluvastatin <sup>QL</sup> Lescol <sup>® QL</sup> Lescol XL <sup>® QL</sup> Simcor <sup>®</sup>	atorvastatin <sup>QL</sup> lovastatin <sup>QL</sup> pravastatin <sup>QL</sup> simvastatin <sup>QL</sup> Niaspan <sup>®</sup>
<b>Platelet Inhibitors</b>	ticlopidine Effient <sup>™</sup>	Aggrenox <sup>®</sup> Brilinta <sup>™ CC</sup> clopidogrel cilostazol dipyridamole
<b>Oral Anti-Emetics: Anticholinergics</b>	Marinol <sup>® CC, QL</sup> promethazine 50mg rectal	meclizine prochlorperazine promethazine Transderm-Scop Patch <sup>®</sup> trimethobenzamide
<b>Laxatives and Cathartics</b>	OsmoPrep <sup>®</sup> PEG 3350 Powder Pack PEG 3350/Flavor Pack Solution for reconstitution	Amitiza <sup>® CC</sup> lactulose MoviPrep <sup>®</sup> polyethylene glycol Sod Chloride/NaHCO3/KCl/PEGS
<b>Irritable Bowel Syndrome</b>	Lotronex <sup>®</sup>	Linzess <sup>™</sup>
<b>Alzheimer's: Cholinesterase</b>	galantamine	Donepezil

<b>Inhibitors</b>		Exelon® Patch rivastigmin
<b>Antidepressants, SSRI</b>	escitalopram solution fluvoxamine	citalopram HBr <sup>QL</sup> escitalopram <sup>QL</sup> fluoxetine HCl fluoxetine ER fluvoxamine paroxetine HCl sertraline <sup>QL</sup>
<b>Stimulants and Related Agents</b>	Methylin Solution <sup>QL</sup> methylphenidate solution <sup>QL</sup>	Adderall XR <sup>® CC,QL</sup> dexamethylphenidate IR <sup>CC,QL</sup> dextroamphetamine IR/ER <sup>CC,QL</sup> Focalin XR <sup>™ CC,QL</sup> Intuniv <sup>™ CC,QL</sup> Metadate CD <sup>® CC,QL</sup> Metadate ER <sup>® CC,QL</sup> Methylin <sup>® CC,QL</sup> Methlin Chewable <sup>® CC,QL</sup> Methylphenidate IR/SA/SR <sup>CC,QL</sup> mixed amphetamin salts IR <sup>CC,QL</sup> Quillivant <sup>® XR</sup> Strattera <sup>® CC,QL</sup> Vyvanse <sup>™</sup>
<b>Narcotics Agonist/Antagonists</b>	pentazocine/naloxone	butorphanol NS
<b>Narcotics, Short-Acting</b>	butalbital/APAP/caffeine/codeine butalbitalcompound with codeine hydromorphone suppositories oxymorphone oxycodone/ibuprofen	dihydrocodeine hydrocodone/ibuprofen hydromorphone meperidine morphine IR oxycodone oxycodone/APAP <sup>MD</sup> tramadol
<b>Antibiotics: 3<sup>rd</sup> Generation Cephalosporins</b>	Suprax <sup>®</sup> tablets	cefdinir cefepodoxime Suprax <sup>®</sup> suspension
<b>Antibiotics: Macrolides</b>	clarithromycin suspension	Biaxin <sup>®</sup> suspension azithromycin clarithromycin tablets erythromycin base tablets

<b>Diabetes: DPP-4 Inhibitors</b>	Onglyza <sup>™ ST, QL</sup> Kombiglyze <sup>™ XR ST, QL</sup> Oseni <sup>® ST, QL</sup>	Janumet <sup>™ ST, QL</sup> Janumet XR <sup>™ ST, QL</sup> Januvia <sup>™ ST, QL</sup>
<b>Diabetes: Metformins</b>	metformin ER	glyburide/metformin metformin metformin XR
<b>Bone Resorption Suppression and Related Agents</b>	alendronate solution <sup>QL</sup>	alendronate <sup>QL</sup> tablets Evista <sup>®</sup> Fortical <sup>®</sup>
<b>Immunomodulators</b>	Cimzia <sup>® QL</sup>	Enbrel <sup>® CC, QL</sup> Humira <sup>® CC, QL</sup>
<b>Multiple Sclerosis Agents</b>	Betaseron <sup>® QL</sup>	Copaxone <sup>® 20mg QL</sup> Extavia <sup>® QL</sup> Rebif <sup>® QL</sup>
<b>Phosphate Binders</b>	Renvela <sup>™</sup> sevelamer carbonate	calcium acetate Fosrenol <sup>®</sup> Renagel <sup>®</sup>
<b>Otic Anti-Infective and Anesthetics</b>	acetic acid/aluminum otic pramoxine HC otic	acetic acid antipyrine/benzocaine
<b>Otic Steroids and Antibiotic Combinations</b>	Cortisporin-TC	hydrocortisone/neomycin polymyxin B
<b>Antiparasitics, Topical</b>	spinosad malathion	Eurax <sup>®</sup> Natroba <sup>™</sup> permethrin 5% cream Sklice <sup>™</sup>
<b>Topical Acne Agents</b>	clindamycin/benzoyl peroxide clindamycin medicated swabs sulfacetamide cleanser tretinoin microspheres	BenzaClin <sup>®</sup> clindamycin solution gel, lotion Differin <sup>®</sup> cream, gel Duac <sup>®</sup> erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin
<b>Dermatologics: Topical Steroids</b>	clobetasol lotion clobetasol shampoo fluocinolone oil	betamethasone dipropionate ointment Clobex <sup>®</sup> shampoo cream, lotion betamethasone valerate cream ointment

		clobetasol propionate ointment, cream desonide fluocinolone acetonide fluocinonide fluocinonide emollient fluticasone propionate cream, ointment halobetasol propionate hydrocortisone butyrate cream ointment – solution hydrocortisone valerate mometasone furoate ointment, cream, solution triamcinolone acetonide
<b>Topical Agents for Psoriasis</b>	calcitrene	calcipotriene ointment calcipotriene ointment Dovonex® cream
<b>Lipotropics: Fibric Acid Derivatives</b>	TriCor® Trilipix™	fenofibrate nanocrystallized fenofibric acid (choline)

Kentucky Medicaid will incorporate the following changes to its PDL on **June 11, 2014**:

Drug Class	The following products will have <b>PREFERRED</b> status and will <b>NOT</b> require a prior authorization (PA):	The following products currently have <b>PREFERRED</b> status:
<b>Lipotropics: Bile Acid Sequestrants</b>	colestipol	cholestyramine cholestyramine light
<b>Anticoagulants</b>	Eliquis®	Fragmin® fondaparinux Jantoven® Lovenox® Pradaxa® warfarin Xarelto®
<b>Antibiotics, Inhaled</b>	Bethkis®	TOBI®
<b>Antihistamines, Minimally Sedating</b>	Cetirizine solution	cetirizine OTC ( <b>EXCEPT</b> chewable tablets) loratadine OTC loratadine-pseudoephedrine OTC

<b>Corticosteroids, Inhaled</b>	Pulmicort Flexhaler <sup>QL</sup>	Asmanex <sup>®</sup> Twisthaler <sup>QL</sup> Flovent Diskus <sup>® QL</sup> Flovent HFA <sup>® QL</sup> Pulmicort Respules <sup>® QL, AE</sup> QVAR <sup>™ QL</sup>
<b>Antidepressants: Other</b>	bupropion bupropion XL	bupropion bupropion SR nefazodone trazodone
<b>Antidepressants: Tricyclics</b>	mirtazapine ODT	amitriptyline clomipramine desipramine imipramine HCl maprotiline mirtazapine nortriptyline
<b>Anti-Migraine: 5 Ht1 Receptor Agonists</b>	rizatriptan ODT	sumatriptan <sup>QL</sup>
<b>Multiple Sclerosis Agents</b>	Extavia <sup>® QL</sup>	Betaseron <sup>® QL</sup> Copaxone <sup>® 20mg QL</sup> Rebif <sup>® QL</sup>
<b>Antiparasitics, Topical</b>	Sklice <sup>™</sup> Natroba <sup>™</sup>	Eurax <sup>®</sup> malathion permethrin 5% cream
<b>Topical Acne Agents</b>	Duac <sup>®</sup>	BenzaClin <sup>®</sup> clindamycin solution, medicated swab, gel, lotion Differin <sup>®</sup> cream, gel erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin tretinoin microspheres
<b>Antidepressants: SSRIs</b>	Lexapro <sup>™</sup> solution	citalopram HBr <sup>QL</sup> escitalopram <sup>QL</sup> fluoxetine HCl fluoxetine ER fluvoxamine paroxetine HCl sertraline <sup>QL</sup>

Kentucky Medicaid will incorporate the following changes to its PDL on **June 11, 2014**:

Drug Class	The following products will have <b>PREFERRED</b> status and require a prior authorization (PA):	The following products currently have <b>PREFERRED</b> status:
<b>Stimulants and Related Agents</b>	Quillivant <sup>®</sup> XR <i>CC, QL</i>	Adderall XR <sup>®</sup> <i>CC, QL</i> dexamethylphenidate IR <i>CC, QL</i> dextroamphetamine IR/ER <i>CC, QL</i> Focalin XR <sup>™</sup> <i>CC, QL</i> Intuniv <sup>™</sup> <i>CC, QL</i> Metadate CD <sup>®</sup> <i>CC, QL</i> Metadate ER <sup>®</sup> <i>CC, QL</i> Methylin <sup>®</sup> <i>CC, QL</i> Methylin Chewable <sup>®</sup> <i>CC, QL</i> Methylin ER <sup>®</sup> <i>CC, QL</i> methylphenidate IR/SA/SR <i>CC, QL</i> mixed amphetamine salts IR <i>CC, QL</i> Strattera <sup>®</sup> <i>CC, QL</i> Vyvanse <sup>™</sup> <i>CC, QL</i>
<b>Diabetes: DPP-4 Inhibitors</b>	Tradjenta <sup>™</sup> <i>QL</i> Jentadueto <sup>™</sup> <i>QL</i>	Janumet <sup>™</sup> <i>ST, QL</i> Janumet XR <sup>™</sup> <i>ST, QL</i> Januvia <sup>™</sup> <i>ST, QL</i> Kombiglyze <sup>™</sup> <i>ST, QL</i> Onglyza <sup>™</sup> <i>ST, QL</i> Oseni <sup>®</sup> <i>ST, QL</i>
<b>Oral Anti-Emetics: Anticholinergics</b>	dronabinol	Marinol <sup>®</sup> <i>CC, QL</i>

\* Please note: All dates are subject to change.

Thank you for helping Kentucky Medicaid members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

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, Buprenorphine Products, 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.