



**Fee-For-Service Pharmacy Provider Notice #181 – May Pharmacy Updates**

June 13, 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 products pending review for placement to the Preferred Drug List (PDL):

Beginning:	New Drugs requiring PA:	Preferred Products:
05/09/2014	Zykadia™	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
05/23/2014	Zontivity™	Aggrenox® Brilinta™ CC clopidogrel

		cilostazol dipyridamole
<b>05/30/2014</b>	Entyvio™	Enbrel® CC QL Humira® CC, QL

Kentucky Medicaid will require a prior authorization on the following products:

Beginning:	New Drugs requiring PA:	Preferred Products:
<b>05/08/2014</b>	raloxifene	alendronate tablets QL Evista® Fortical®
<b>05/08/2014</b>	Gris-PEG®	clotrimazole fluconazole flucytosine griseofulvin suspension griseofulvin ultramicrosize Noxafil® nystatin terbinafine voriconazole
<b>05/08/2014</b>	omega-3 acid ethyl esters	Lovaza® ST
<b>05/23/2014</b>	Sitavig®	acyclovir famciclovir Valtrex®
<b>06/11/2014</b>	azelastine	Astepro®
<b>07/16/2014</b>	divalproex sodium ER	Celontin® clonazepam tablets DiaStat® divalproex delayed-release ethosuximide

		mephobarbital <sup>CC</sup> Peganone <sup>®</sup> phenobarbital <sup>CC</sup> Phenytek <sup>®</sup> phenytoin IR/ER primidone valproic acid
07/16/2014	Xenazine <sup>®</sup>	N/A

\* 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.