

Fee-For-Service Pharmacy Provider Notice #185 – July Pharmacy Updates

August 15, 2014

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 (PA) on the following **new products to market** pending review for placement on the Preferred Drug List (PDL):

Beginning:	New Products requiring PA:	Preferred Products:
08/8/2014	Zydelig [®]	Afinitor™ oral Caprelsa [®] Erivedge™ Gleevec [®] Gilotrif™ Imbruvica™ Inlyta [®] Iressa [®] Jakafi™ Mekinist™ Nexavar [®] Sprycel [®] Stivarga [®] Sutent [®] Tafinlar [®] Tarceva [®] Tykerb [®] Xalkori [®] Xeloda [®] Zelboraf™ Zytiga™

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

Beginning:	New Products requiring PA:	Preferred Products:
07/5/2014	Neuac [®]	BenzaClin [®] clindamycin solution, gel, lotion Differin [®] cream, gel Duac [®] erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin

Kentucky Medicaid will prefer brand over generic for the following Diovan[®] (valsartan):

Beginning:	Preferred Products:	Non - Preferred Products:
08/12/2014	Diovan [®]	valsartan Atacand [®] Avapro [®] Benicar [®] candesartan Cozaar [®] Edarbi [™] eprosartan irbesartan Micardis [®] telmisartan Teveten [®]

Reporting of Diagnosis Codes:

Utilizing incorrect diagnosis codes, such as ICD-9/10 codes, on medical or pharmacy claims is a risk with serious implications. When incorrect diagnosis codes are captured in the electronic medical record, inappropriate medical treatment may be rendered, and healthcare providers could be charged with malpractice, practicing medicine without a license, slander or insurance fraud. Therefore, the Department for Medicaid Services encourages all healthcare providers to **use extreme caution** by ensuring correct diagnosis information is recorded in medical records and by obtaining correct diagnosis information from the prescriber when necessary for claims submission.



* Please note: All dates are subject to change.

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

Sincerely,
Michael Price
Provider Relations Manager
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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, Buprenorphine Products, 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.