



****Fee-For-Service Pharmacy Provider Notice #189 – October and November Pharmacy Updates and Upcoming Changes****

December 12, 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 FFS Medicaid will prefer brand over generic for the following products.

Beginning:	Preferred Product:	Non – Preferred Products:
11/07/2014	Patanase™	Astelin® azelastine olopatadine Patanase™
11/07/2014	Exforge®	Azor™ Tribenzor® telmisartan/amlodipine Twynsta® valsartan/amlodipine
12/18/2014	Actonel®	Actonel® Actonel with Calcium® alendronate solution Atelvia™ Binosto® Boniva® calcitonin-salmon Didronel® etidronate Evista® Forteo™ Fosamax® Fosamax Plus D™ ibandronate Miacalcin® Prolia™ Reclast® risedronate Skelid® zoledronic acid
01/07/2015	Exforge® HCT	Azor™

		Tribenzor® telmisartan/amlodipine Twynsta® valsartan/amlodipine valsartan/amlodipine/HCTZ
01/07/2015	Intuniv™	Adderall® clonidine 0.1 mg Concerta® Daytrana™ Desoxyn® Dexedrine® IR/ER dexmethylphenidate ER dextroamphetamine solution Focalin™ guanfacine Kapvay™ methamphetamine Methylin Solution® methylphenidate (Generic for Metadate CD®) methylphenidate LA (Generic Ritalin® LA) methylphenidate solution mixed amphetamine salts ER Procentra™ Ritalin® IR/LA/SR Zenedi®
01/07/2015	Valcyte®	valganciclovir
01/07/2015	Protopic®	Protopic® tacrolimus

Kentucky FFS Medicaid will no longer prefer brand over generic for the following products.

Beginning:	Drugs Requiring PA:	Preferred Products:
11/07/2014	Niaspan®	niacin ER
11/07/2014	Biaxin® Suspension	azithromycin clarithromycin erythromycin base tablets
12/18/2014	Lodosyn®	benztropine carbidopa Comtan® levodopa/carbidopa levodopa/carbidopa CR levodopa/carbidopa ODT

		selegiline tablets trihexyphenidyl
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Kentucky FFS Medicaid will require prior authorization (PA) on the following **new products to market** pending review for placement on the Preferred Drug List (PDL).

Beginning:	New Product Requiring PA:	Preferred Products:
10/04/2014	Trulicity™	Byetta™
10/11/2014	Harvoni®	Sovaldi™
10/11/2014	Auryxia™	calcium acetate Fosrenol® MagneBind® 400 RX Renagel®
10/11/2014	Akynzeo®	ondansetron
11/01/2014	Xigduo™ XR	N/A
12/06/2014	Belsomra®	estazolam flurazepam temazepam 15 mg, 30 mg triazolam zolpidem

Kentucky FFS Medicaid will also require a prior authorization on the following new products.

Beginning:	Drugs Requiring PA:	Preferred Products:
10/11/2014	Mitigare®	allopurinol probenecid probenecid/colchicine
10/11/2014	Plegridy™	Copaxone® 20 mg Extavia® Rebif®
11/01/2014	Humira® Kit	Enbrel® Humira®
11/01/2014	Bunavail™	N/A
11/01/2014	doxycycline IR-DR	demeclocycline doxycycline hyclate doxycycline monohydrate tablets 50 mg, 75 mg, 100 mg capsules, tablets, suspension minocycline capsules tetracycline
11/12/2014	Spiriva Respimat®	albuterol-ipratropium inhalation solution Atrovent® HFA Combivent Respimat®



		ipratropium inhalation solution Spiriva Handihaler®
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Non Kentucky Prescriber Edit Expansion

Beginning **January 21, 2015**, the Non-Kentucky Prescriber Edit will be expanded to include all medications and all Fee-for-Service (FFS) Medicaid recipients. Claims submitted with the National Provider Identifier (NPI) of a non-KY Medicaid enrolled prescriber for ALL age groups and ALL drug classes will begin to deny for, “NCPDP 71 “Prescriber is Not Covered.” The returned supplemental message will be, “OUT OF NETWORK PRESCRIBER: PRESCRIBER CALL 877-838-5085.” Before claims will process, prescribers will be required to contact the Kentucky Department for Medicaid Services Provider Enrollment department to enroll with Kentucky FFS Medicaid. The Magellan Medicaid Administration Technical Call Center may be able to allow claims to process one time only in certain emergency situations only.

New Prospective Drug Utilization Review (Pro-DUR) Edit Related to Pregnancy

Beginning **February 4, 2015**, claims for medications which are contraindicated and/or not recommended in pregnancy will deny for, “NCPDP 88 PG Drug to Pregnancy Alert,” for Kentucky Fee-for-Service Medicaid recipients who have been identified by the submitting pharmacy as being pregnant. Pharmacists may use their clinical judgment in consultation with the prescriber to determine if the medication is appropriate. If so, pharmacists may resubmit the claim using appropriate DUR Professional Service Codes and Result of Service Codes.

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

Sincerely,

Tina Hawkins, PharmD,
 Director, Clinical Services
kyproviders@magellanhealth.com

* Please note: All dates are subject to change.

Kentucky Medicaid Fee-For-Service Pharmacy Program’s Contact Information		
Clinical Support Center	1-800-477-3071 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, Synaxis®, and Zyvox®.
Pharmacy Support Center	1-800-432-7005 Sunday – Saturday	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in,



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	24 hours a day	and early refill (ER) overrides can be obtained through this call center.
Provider Services	1-877-838-5085 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	1-800-635-2570	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.