



**** Fee-For-Service Pharmacy Provider Notice #190 – November 2014 P&T Changes ****

January 5, 2015

11013 W. Broad Street
Glen Allen, VA 23060

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services is making changes to the Kentucky Medicaid Fee-For-Service Pharmacy Preferred Drug List (PDL) based on recommendations from the Kentucky Medicaid Fee-For-Service Pharmacy & Therapeutics Advisory Committee at its November 20, 2014 meeting, and as adopted by the Commissioner of the Department for Medicaid Services of the Cabinet for Health and Family Services by order dated December 2, 2014.

On February 18, 2015, the following changes will be effective:

- Existing Drug Classes**

Drug Class	The following products will remain preferred products:	The following products will become preferred products:	The following products will become non-preferred products and require prior authorization (PA):	The following products will remain non-preferred products and require prior authorization (PA):
ACE Inhibitors	benazepril captopril enalapril lisinopril quinapril ramipril			Accupril [®] Aceon [®] Altace [®] Capoten [®] Epaned [™] fosinopril Lotensin [®] Mavik [®] moexipril Monopril [®] perindopril Prinivil [®] trandolapril Univasc [®] Vasotec [®] Zetril [®]
ACEI + Diuretic Combinations	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ lisinopril/HCTZ			Accuretic [®] Capozide [®] fosinopril/HCTZ Lotensin HCT [®] moexipril/HCTZ Prinzide [®] quinapril/HCTZ Quinaretic [®] Uniretic [®] Vaseretic [®] Zestoretic [®]

Drug Class	The following products will remain preferred products :	The following products will become preferred products :	The following products will become non-preferred products and require prior authorization (PA):	The following products will remain non-preferred products and require prior authorization (PA):
Angiotensin Receptor Blockers	Diovan [®] losartan			Atacand [®] Avapro [®] Benicar [®] candesartan Cozaar [®] Edarbi [™] eprosartan irbesartan Micardis [®] telmisartan Teveten [®] valsartan
ARB + Diuretic Combinations	losartan/HCTZ valsartan/HCTZ			Atacand HCT [®] Avalide [®] Benicar HCT [®] candesartan/HCTZ Diovan HCT [®] Edarbyclor [™] Hyzaar [®] irbesartan/HCTZ Micardis HCT [®] telmisartan/HCTZ Teveten HCT [®]
Direct Renin Inhibitors	Tekturna [®] Tekturna HCT [®] Direct Renin Inhibitors will be approved after trial and failure of either of the following: <ul style="list-style-type: none"> • Angiotensin converting enzyme (ACE) inhibitor; OR • Angiotensin II receptor blocker (ARB). 		Amturnide [™] Tekamlo [™]	
Calcium Channel Blockers (DHP)	amlodipine nifedipine ER/SA/SR			Adalat CC [®] Afeditab [™] CR Cardene [®] Cardene ER [®] Dynacirc [®] felodipine ER isradipine nicardipine Nifediac CC [®] Nifedical XL [®] nifedipine nimodipine nisoldipine ER Norvasc [®] Nymalize [®] Plendil [®] Procardia [®] Procardia XL [®] Sular [®]

Drug Class	The following products will remain preferred products :	The following products will become preferred products :	The following products will become non-preferred products and require prior authorization (PA):	The following products will remain non-preferred products and require prior authorization (PA):
Calcium Channel Blockers (Non-DHP)	diltiazem diltiazem ER/LA verapamil (except 360 mg capsule) verapamil ER			Calan [®] Calan [®] SR Cardizem [®] Cardizem CD [®] Cardizem LA [®] Cartia XT Covera-HS [®] Dilacor XR [®] Dilt CD Dilt XR Diltia XT Diltiac ER Matzim LA [™] Taztia XT Tiazac [®] verapamil 360 mg capsule verapamil ER PM Verelan [®] Verelan [®] ER PM
Angiotensin Modulator + CCB Combinations	amlodipine/benazepril Exforge [®] Exforge HCT [®] Angiotensin Modulator + CCB Combinations will be approved after trial and failure of either of the following: <ul style="list-style-type: none"> • Angiotensin converting enzyme (ACE) inhibitor; OR • Angiotensin II receptor blocker (ARB). 			Azor [™] Lotrel [®] Tarka [®] telmisartan/amlodipine Tribenzor [™] Twynsta [®] valsartan/amlodipine valsartan/amlodipine/HCTZ verapamil/trandolapril
Beta Blockers	atenolol metoprolol tartrate propranolol propranolol ER Toprol XL [®]			acebutolol betaxolol bisoprolol Bystolic [™] Corgard [®] Hemangeol [™] Inderal [®] Inderal [®] LA Inderal [®] XL Innopran XL [®] Kerlone [®] LevatoI [®] Lopressor [®] metoprolol succinate ER nadolol pindolol Sectral [®] Tenormin [®] timolol

Drug Class	The following products will remain preferred products :	The following products will become preferred products :	The following products will become non-preferred products and require prior authorization (PA):	The following products will remain non-preferred products and require prior authorization (PA):
				Visken [®] Zebeta [®]
Beta Blocker + Diuretic Combinations	atenolol/chlorthalidone bisoprolol / HCTZ propranolol / HCTZ			Corzide [®] Dutoprol [™] Lopressor [®] HCT metoprolol tartrate/HCTZ nadolol/ bendroflumethiazide Tenoretic [®] Ziac [®]
Alpha/Beta Blockers	carvedilol labetalol			Coreg [®] Coreg CR [®] Trandate [®]
Statins	amlodipine/ atorvastatin atorvastatin lovastatin pravastatin simvastatin			Advicor [™] Altoprev [®] Caduet [®] Crestor [®] fluvastatin Lescol [®] Lescol XL [®] Lipitor [®] Liptruzet [®] Livalo [®] Mevacor [®] Pravachol [®] Simcor [®] Vytorin [™] Zocor [®]
Fibric Acid Derivatives	fenofibrate (Generic Tricor [®]) fenofibric acid (Generic Trilipix [™]) gemfibrozil			Antara [™] fenofibrate (Generic Antara [™] , Lipofen [™] , Lofibra [®]) fenofibrate nanocrystallized fenofibric acid (Generic Fibricor [™]) Fenoglide [™] Fibricor [™] Lipofen [™] Lofibra [®] Lopid [®] Tricor [®] Triglide [™] Trilipix [™]
Niacin Derivatives	niacin ER			Niacor [®] Niaspan [®]
Bile Acid Sequestrants	cholestyramine cholestyramine light colestipol tablets			Colestid [®] colestipol granules/packets Prevalite [®] Questran [®] Questran Light [®] WelChol [®]
Cholesterol Absorption Inhibitor	Zetia [®]			

Drug Class	The following products will remain preferred products :	The following products will become preferred products :	The following products will become non-preferred products and require prior authorization (PA):	The following products will remain non-preferred products and require prior authorization (PA):
Omega-3 Fatty Acids	Lovaza [®] Omega-3 Fatty Acids will be approved after trial and failure of either of the following: <ul style="list-style-type: none"> • Fibric acid derivative; OR • Statin. 			omega-3-acid ethyl esters Vascepa [®]

- **New Products to Market**

- The following product (s) will require prior authorization (PA):
 - Evzio[™] (QL = 4 per RX)
 - Evzio[™] will be limited to 4 auto injectors per prescription and will only be approved in the following circumstances:
 - Patient or caregiver is administering medication outside of a healthcare facility (such as a personal residence or school); AND
 - Patient or active caregiver is unable to manipulate vials/syringes due to issues related to poor eyesight, dexterity, or comprehension; AND
 - The prescriber has completed and submitted with the prior approval request the Opioid Overdose Risk Assessment Checklist Form. The form can be found at: <http://evzio.com/pdfs/Evzio-Opioid-Overdose-Risk-Assessment-Checklist.pdf>; AND
 - If the diagnosis is substance abuse, dependence and/or addition, the patient is receiving addiction counseling services; such as psychosocial therapy from a Substance Abuse provider. Documentation must be provided to include provider name, type of provider, and provider phone number.
- The following product (s) will become **non preferred** and require prior authorization (PA):
 - Adempas[®]
 - Adempas[®] will be approved if one of the following is true:
 - Diagnosis of PAH (WHO Group I) after trial and failure of two preferred products; OR
 - Diagnosis of CTEPH (WHO Group 4) functional class II or III deemed inoperable or with residual PH after undergoing pulmonary endarterectomy.
 - Orenitram[™]
 - Zontivity[™]
 - Zontivity[™] will be approved for a diagnosis of history of myocardial infarction (MI) or peripheral artery disease (PAD) WITHOUT a history of stroke, transient ischemic attack (TIA), acute coronary syndrome (ACS), gastrointestinal (GI) bleed, or peptic ulcer. Patients must also be taking aspirin and/or clopidogrel concomitantly.
 - Velphoro[®]
 - Tanzeum[™]
 - Otezla[®] (QL = 2 per day)
 - Entyvio[™] (QL = 1 per 8 weeks)
 - Zohydro ER[™] (QL = 2 per day)



- Hetlioz[®] (QL = 1 per day)
 - Hetlioz[®] will only be approved for a diagnosis of Non-24-hour sleep-wake disorder (“non-24”) in patients who are totally blind.
- Anoro[™] Ellipta[™] (QL = 1 per day)
 - Anoro[™] Ellipta[™] will be approved for a diagnosis of COPD after trial and failure of an inhaled long-acting bronchodilator (a LABA or an anticholinergic).
- Sivextro[™] (QL = 1 per day)
- Luzu[®]
- Jublia[®]
 - Jublia[®] will only be approved for a diagnosis of toenail onychomycosis after trial and failure of one other agent indicated for the treatment of onychomycosis.

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, Synagis[®], and Zyvox[®].
Pharmacy Support Center	1-800-432-7005 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	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.