



****Fee-For-Service Pharmacy Provider Notice #191 – December Pharmacy Updates and Upcoming Changes****

January 5, 2015

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:
12/22/2014	Celebrex [®]	Anaprox [®] Anaprox [®] DS Ansaid [®] Arthrotec [®] Cataflam [®] celecoxib Clinoril [®] Daypro [®] diclofenac/misoprostol diclofenac topical diclofenac sodium diclofenac SR diflunisal Duexis [®] etodolac SR Feldene [®] fenoprofen Flector [®] Indocin [®] indomethacin ER ketoprofen ER meclufenamate mefenamic acid meloxicam suspension Mobic [®] nabumetone Nalfon [®] Naprelan [®] EC naproxen suspension naproxen EC oxaprozin

		Pennsaid® Pennsaid® Pump Ponstel® Sprix™ Tivorbex® tolmetin Vimovo™ Voltaren® Gel Voltaren® XR Zipsor™ Zorvolex™
01/07/2015	Orapred ODT®	Baycadron® budesonide EC Celestone® Celestone® Soluspan Cortef® dexamethasone elixir dexamethasone intensol DexPak® DexPak JR® Flo-Pred® Medrol® methylprednisolone 8 mg, 16 mg tablets Millipred® Orapred® Orapred ODT® prednisone intensol prednisolone sodium phosphate ODT Prelone® Rayos® Uceris® Veripred 20®

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:
12/20/2014	Arnuity™ Ellipta®	Asmanex® Twisthaler Flovent Diskus® Flovent HFA® Pulmicort Flexhaler® Pulmicort Respules® QVAR™

12/20/2014	Incruse™ Ellipta®	albuterol-ipratropium inhalation solution Atrovent® HFA Combivent Respimat® ipratropium inhalation solution Spiriva Handihaler®
12/20/2014	Mircera®	Aranesp® Epogen® Procrit®
12/27/2014	Viekira Pak™	Sovaldi™
12/27/2014	Soolantra®	metronidazole cream, gel, lotion
12/27/2014	Afrezza®	Humalog® Vial Humalog® Mix Vial/Pen Humulin® N Vial Humulin® R Vial Humulin® 70/30 Vial Lantus® Vial Levemir® Vial/Pen Novolog® Vial/Pen/Cartridge Novolog® Mix Vial/Pen
12/27/2014	Lynparza™	Afinitor™ oral Caprelsa® Erivedge™ Gleevec® Gilotrif™ Imbruvica™ Inlyta® Iressa® Jakafi™ Mekinist™ Nexavar® Sprycel® Stivarga® Sutent® Tafinlar® Tarceva® Tykerb® Xalkori® Xeloda® Zelboraf™ Zytiga™

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

Beginning:	Drugs Requiring PA:	Preferred Products:
12/13/2014	diclofenac topical	Celebrex [®] diclofenac potassium etodolac flurbiprofen ibuprofen indomethacin ketoprofen ketorolac tromethamine meloxicam tablets naproxen sodium naproxen tablets piroxicam sulindac
12/13/2014	Hysingla [™] ER	fentanyl transdermal Kadian [®] methadone morphine sulfate SA (Generic for MS Contin [®])
12/13/2014	sodium sulfacetamide 10% CLNSG	BenzaClin [®] clindamycin solution, gel, lotion Differin [®] cream, gel Duac [®] erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin
12/13/2014	Onexton [™]	BenzaClin [®] clindamycin solution, gel, lotion Differin [®] cream, gel Duac [®] erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin
12/13/2014	Asmanex [®] HFA	Asmanex [®] Twisthaler Flovent Diskus [®] Flovent HFA [®] Pulmicort Flexhaler [®] Pulmicort Respules [®] QVAR [™]



Addition to the Diabetic Supplies Preferred Product List

Effective **January 27, 2015**, the following product will be added to the Diabetic Supplies Preferred Product List.

- NDC 53885-0657-01 ONE TOUCH VERIO METER SYSTEM

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.