



**\*\*Fee-For-Service Pharmacy Provider Notice #192 – January Pharmacy Updates and Upcoming Changes\*\***

**February 3, 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:

<b>Beginning:</b>	<b>Preferred Product:</b>	<b>Non – Preferred Products:</b>
<b>01/12/2015</b>	Androgel <sup>®</sup>	Axiron <sup>®</sup> Fortesta <sup>®</sup> Testim <sup>®</sup> testosterone gel Vogelxo <sup>®</sup>

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

<b>Beginning:</b>	<b>Drugs Requiring PA:</b>	<b>Preferred Products:</b>
<b>01/26/2015</b>	Diovan <sup>®</sup>	losartan valsartan

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):

<b>Beginning:</b>	<b>New Product Requiring PA:</b>	<b>Preferred Products:</b>
<b>01/17/2015</b>	Savaysa <sup>™</sup>	Eliquis <sup>®</sup> enoxaparin Fragmin <sup>®</sup> fondaparinux Jantoven <sup>®</sup> Pradaxa <sup>®</sup> warfarin Xarelto <sup>®</sup>

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

Beginning:	Drugs Requiring PA:	Preferred Products:
01/03/2015	clobetasol spray	betamethasone dipropionate ointment, cream, lotion betamethasone valerate cream, ointment clobetasol propionate ointment, cream, solution, gel Clobex <sup>®</sup> shampoo desonide fluocinolone acetonide cream, ointment, solution fluocinonide fluocinonide emollient fluticasone propionate cream, ointment halobetasol propionate hydrocortisone cream, gel, ointment hydrocortisone butyrate hydrocortisone valerate mometasone furoate ointment, cream, solution triamcinolone acetonide
01/17/2015	colchicine	allopurinol probenecid probenecid/colchicine
01/24/2015	Rytary <sup>™</sup>	amantadine syrup, tablets benztropine carbidopa Comtan <sup>®</sup> levodopa/carbidopa levodopa/carbidopa CR levodopa/carbidopa ODT selegiline tablets trihexyphenidyl
01/26/2015	TOBI <sup>®</sup>	Bethkis <sup>®</sup>

### Addition to the Over-the-Counter Covered Drug List

Effective **February 24, 2015**, the following product will be added to the Over-the-Counter Covered Drug List.

- famotidine calcium OTC



### Call for Pharmacy & Therapeutics Advisory Committee Members

The Department for Medicaid Services (DMS) Fee for Service (FFS) Pharmacy Program is seeking placement of additional committee members for the Pharmacy and Therapeutics Advisory Committee (P&T). Our committee members provide leadership in advancing the healthcare interests of the Commonwealth’s FFS members who are in long term care facilities (LTC) and waiver programs.

The P&T was established via KRS 205.564 and is charged with advising the Department for Medicaid Services on the development and administration of the outpatient drug formulary. The P&T also performs drug reviews and makes recommendations to the Department regarding specific drugs or drug classes regarding prior authorization or other indicated restrictions. In addition, managed care organizational partners review the P&T results.

For scheduling commitment consideration, here is some basic information on the P&T meeting criteria:

- The P&T is required to meet six (6) times a calendar year (typically on the third Thursday of odd months beginning in January)
- The meetings are held in Frankfort, and members are reimbursed for mileage expenses.
- The meetings typically begin at 1:00 p.m. and end by 5:00 p.m.

**If you are interested in serving as a member of the P&T Advisory Committee, please contact Leeta Williams by phone at (502) 564-6890 ext. 2193 or email at [Leetar.Williams@KY.gov](mailto:Leetar.Williams@KY.gov).**

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](mailto:kyproviders@magellanhealth.com)

\* Please note: All dates are subject to change.

Kentucky Medicaid Fee-For-Service Pharmacy Program’s Contact Information		
<b>Clinical Support Center</b>	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. <b>NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Buprenorphine Products, Synagis®, and Zyvox®.</b>
<b>Pharmacy Support Center</b>	1-800-432-7005	Please contact the Pharmacy Support Center when



<b>Kentucky Medicaid Fee-For-Service Pharmacy Program's Contact Information</b>		
	Sunday – Saturday 24 hours a day	claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this call center.
<b>Provider Services</b>	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.
<b>Member Services</b>	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.