



**** Fee-For-Service Pharmacy Provider Notice #193 – January 2015 P&T Changes ****

February 24, 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 January 15, 2015 meeting, and as adopted by the Commissioner of the Department for Medicaid Services of the Cabinet for Health and Family Services by order dated February 18, 2015.

On April 8, 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):
Platelet Aggregation Inhibitors	Aggrenox [®] Brilinta [™] cilostazol clopidogrel dipyridamole			Effient [™] Persantine [®] Plavix [®] Pletal [®] ticlopidine Zontivity [™]
Anticoagulants	Eliquis [®] enoxaparin fondaparinux Fragmin [®] Jantoven [®] Pradaxa [®] warfarin Xarelto [®]			Arixtra [™] Coumadin [®] Innohep [®] Lovenox [®]
Vasodilator and Nitrate Combination	BiDil [®]			
Anti-Anginal & Anti-Ischemic Agent	Ranexa [®] Anti-Anginal & Anti-Ischemic Agents will be approved if the patient has tried and failed therapy with any one of the following drug			

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):
	classes within the past 90 days (unless ALL are contraindicated): <ul style="list-style-type: none"> • Beta Blocker, OR • Nitrate, OR • Calcium Channel Blocker. 			
Oral Anti-Arrhythmics	amiodarone 100 mg, 200 mg disopyramide flecainide mexiletine procainamide propafenone quinidine gluconate ER quinidine sulfate quinidine sulfate ER Sorine [®] sotalol sotalol AF Tikosyn [®]			amiodarone 400 mg Betapace [®] Cordarone [®] Multaq [®] Norpace [®] Norpace [®] CR Pacerone [®] Pronestyl [®] propafenone sustained-release Rythmol [®] Rythmol [®] SR Tambacor [®]
Pulmonary Arterial Hypertension (PAH) Agents	Letairis [™] sildenafil Tracleer [®] Ventavis [®]			Adcirca [™] Adempas [®] Opsumit [®] Orenitram [™] Revatio [™] Tyvaso [™]
Proton Pump Inhibitors	Nexium [®] omeprazole capsules pantoprazole			Aciphex [®] Dexilant [™] esomeprazole strontium lansoprazole omeprazole suspension omeprazole/sodium bicarbonate Prevacid [®] Prilosec [®] Protonix [®] rabeprazole Zegerid [®]
Histamine ₂ -Receptor Antagonists	cimetidine famotidine tablets ranitidine tablets, syrup		famotidine suspension ranitidine capsules	Axid [®] nizatidine Pepcid [®] Tagamet [®]



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):
				Zantac [®]
Anti-Ulcer Protectants	misoprostol sucralfate tablets	Carafate [®] suspension	sucralfate suspension	Carafate [®] tablets Cytotec [®]
H. pylori Treatment	Helidac [®] Prevpac [®] Pylera [®]			lansoprazole, amoxicillin, clarithromycin Omeclamox-Pak [™]

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.