



****Fee-For-Service Pharmacy Provider Notice #194 – February Pharmacy Updates and Upcoming Changes****

March 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:

Beginning:	Preferred Product:	Preferred Products:
02/06/2015	Lamictal ODT [®]	Banzel [™] felbamate Gabitril [®] gabapentin capsules lamotrigine IR levetiracetam IR Lyrica [®] Sabril [®] topiramate IR zonisamide
03/05/2015	Nexium [®]	Nexium [®] omeprazole capsules pantoprazole

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:
02/07/2015	Ibrance [®]	Afinitor [™] oral Caprelsa [®] Erivedge [™] Gleevec [®] Gilotrif [™] Imbruvica [™] Inlyta [®] Iressa [®] Jakafi [™] Mekinist [™] Nexavar [®] Sprycel [®] Stivarga [®] Sutent [®]

		Tafinlar [®] Tarceva [®] Tykerb [®] Xalkori [®] Xeloda [®] Zelboraf [™] Zytiga [™]
02/07/2015	Cosentyx [™]	Enbrel [®] Humira [®]
02/07/2015	Movantik [™]	Amitiza [®] Linzess [®]
02/07/2015	Glyxambi [®]	N/A
02/21/2015	Lenvima [™]	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:
01/31/2015	Evekeo [™]	Adderall [®] clonidine 0.1 mg Concerta [®] Daytrana [™] Desoxyn [®] Dexedrine IR/ER [®] dexamethylphenidate 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®
02/07/2015	Duopa™	amantadine syrup, tablets bntropine carbidopa Comtan® levodopa/carbidopa levodopa/carbidopa CR levodopa/carbidopa ODT selegiline tablets trihexyphenidyl
02/14/2015	Sotylize™	atenolol metoprolol tartrate propranolol propranolol ER Toprol XL®
02/14/2015	pramipexole ER	bromocriptine pramipexole ropinirole
02/21/2015	Pazeo™	Pataday™
02/21/2015	sodium sulfacetamide/sulfur pads	BenzaClin® clindamycin solution, gel, lotion Differin® cream, gel Duac® erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin
02/28/2015	Rosula®	BenzaClin® clindamycin solution, gel, lotion Differin® cream, gel Duac® erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin

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
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* 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.