



****Fee-For-Service Pharmacy Provider Notice #197 – March Pharmacy Updates and Upcoming Changes****

April 20, 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 Product:
03/17/2015	Zovirax [®] ointment	acyclovir ointment
04/01/2015	Tricor [®]	fenofibrate
	Trilipix [™]	fenofibric acid
	Niaspan [®]	niacin ER
	Metrogel [®]	metronidazole gel
	MetroLotion [®]	metronidazole lotion
	Natroba [™]	spinosad

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

Beginning:	Drugs Requiring PA:	Preferred Products:
03/17/2015	Toprol XL [®]	atenolol metoprolol tartrate metoprolol succinate ER propranolol propranolol ER
	Entocort EC [®]	cortisone budesonide EC dexamethasone solution, tablets hydrocortisone methylprednisolone dose pack, tablets prednisolone solution prednisolone sodium phosphate prednisone dose pack, tablets, solution

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:
03/07/2015	Toujeo [®]	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
	Farydak®	Afinitor™ oral QL Caprelsa® QL Erivedge™ CC, QL Gleevec® QL Gilotrif™ CC, QL Imbruvica™ CC, QL Inlyta® CC, QL Iressa® QL Jakafi™ CC, QL Mekinist™ CC, QL Nexavar® QL Sprycel® QL Stivarga® CC, QL Sutent® QL Tafinlar® CC, QL Tarceva® QL Tykerb® QL Xalkori® CC, QL Xeloda® Zelboraf™ CC, QL Zytiga™ QL
03/28/2015	Cresemba®	clotrimazole fluconazole flucytosine griseofulvin suspension griseofulvin ultramicrosize Noxafil® nystatin terbinafine voriconazole

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

Beginning:	Drugs Requiring PA:	Preferred Products:
03/07/2015	Nuessa™	Cleocin® Ovules metronidazole vaginal 0.75% gel
03/14/2015	methylphenidate chewable tablets	Adderall XR® CC, QL dexmethylphenidate IR CC, QL dextroamphetamine IR/ER CC, QL Focalin XR™ CC, QL Intuniv™ CC, QL

		Metadate CD [®] CC, QL Metadate ER [®] CC, QL Methylin [®] CC, QL Methylin Chewable [®] CC, QL Methylin ER [®] CC, QL methylphenidate IR/SA/SR tablets, capsules ^{CC, QL} mixed amphetamine salts IR ^{CC, QL} Quillivant [®] XR ^{CC, QL} Strattera [®] CC, QL Vyvanse [™] CC, QL
	naproxen CR	Celebrex [®] QL diclofenac potassium etodolac flurbiprofen ibuprofen indomethacin ketoprofen ketorolac tromethamine ^{QL} meloxicam tablets naproxen sodium naproxen tablets piroxicam sulindac
	Natesto [™]	Androderm [®] Androgel [®]
	Zohydro ER [™]	fentanyl transdermal ^{CC, QL} Kadian [®] QL methadone morphine sulfate SA (Generic for MS Contin [®]) ^{QL}
03/25/2015	fentanyl transdermal 37.5, 62.5, 87.5mcg	fentanyl transdermal 12, 25, 50, 75, 100 mcg ^{CC, QL} Kadian [®] QL methadone morphine sulfate SA (Generic for MS Contin [®]) ^{QL}

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Sincerely,

Harris Taylor, CPhT

Provider Relations Manager

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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.