



****Fee-For-Service Pharmacy Provider Notice #198 – April Pharmacy Updates and Upcoming Changes****

May 1, 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 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:
04/18/2015	Namzaric™	donepezil Exelon® Patch rivastigmine
04/25/2015	Corlanor®	Ranexa® ST

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

Beginning:	Drugs Requiring PA:	Preferred Products:
04/04/2015	adapalene lotion	BenzaClin® clindamycin solution, gel, lotion Differin® cream, gel Duac® erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin
04/11/2015	metoclopramide ODT	N/A
	ProAir® Respiclick	albuterol inhalation solution ^{QL} albuterol oral ProAir HFA® ^{QL} Proventil® HFA ^{QL} terbutaline
04/18/2015	Gavilyte™-H and Bisacodyl Kit	lactulose MoviPrep® PEG 3350/Electrolyte PEG 3350/Na Sulf, Bicarb, Cl/KCl polyethylene glycol Sod Chloride/NaHCO3/KCl/PEGS
04/25/2015	cefixime	cefdinir cefpodoxime Suprax® suspension
	triamcinolone spray	betamethasone dipropionate ointment, cream,

		lotion betamethasone valerate cream, ointment clobetasol propionate ointment, cream, solution, gel Clobex® 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
--	--	---

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

Harris Taylor, CPhT
 Provider Relations Manager
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.