

Fee-for-Service Pharmacy Provider Notice #201
**** May 2015 P&T Changes ****

July 27, 2015

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 the Kentucky Medicaid Fee-For-Service Pharmacy & Therapeutics Advisory Committee meeting of May 21, 2015 as adopted by the Commissioner of the Department for Medicaid Services of the Cabinet for Health and Family Services by order dated July 8, 2015.

On September 2, 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):
Hepatitis C: Direct-Acting Antiviral Agents	Viekira Pak [®] CC, QL			Harvoni [®] CC, QL Olysio [™] CC, QL Sovaldi [™] CC, QL
Oral Oncology, Lung Cancer	Iressa [®] QL Tarceva [®] QL Xalkori [®] CC, QL		Gilotrif [®] CC, QL	Zykadia [™] QL
Oral Oncology, Hematologic Cancer	Gleevec [®] QL Imbruvica [™] CC, QL Jakafi [®] CC, QL Sprycel [®] QL Zydelig [®] CC, QL	Alkeran [®] cladribine hydroxyurea mercaptopurine Purixan [®] Zolinza [®] QL	Farydak [®] QL Hydrea [®] Leustatin [®] Purinethol [®]	Bosulif [®] QL Iclusig [®] QL Tasigna [®] QL
Oral Oncology, Other	Caprelsa [®] QL Erivedge [™] CC, QL Mekinist [™] CC, QL Tafinlar [®] CC, QL Xeloda [®]	temozolomide	Lenvima [™] QL Stivarga [®] QL Temodar [®] Zelboraf [™] QL	capecitabine Cometriq [®] QL Lynparza [™] QL
Inhaled Antibiotics	Bethkis [®]	Kitabis [™] Pak		Cayston [®] TOBI [®] TOBI Podhaler [®] tobramycin inhalation solution
Minimally Sedating Antihistamines	cetirizine OTC tablets, capsule,	cetirizine / pseudoephedrine	cetirizine RX 5 mg/5 mL	cetirizine RX chewable tablets

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):
	1 mg/mL syrup, ODT loratadine OTC loratadine / pseudoephedrine 12-Hour OTC loratadine / pseudoephedrine 24-Hour OTC	OTC	solution	Clarinet [®] Clarinet-D [®] 12-Hour Clarinet-D [®] 24-Hour desloratadine levocetirizine Semprex D [®] Xyzal [®]
Intranasal Corticosteroids	fluticasone propionate ^{QL} Nasonex ^{®QL}			Beconase AQ ^{®QL} Children's Qnasl ^{™QL} budesonide ^{QL} Dymista ^{®QL} flunisolide ^{QL} Omnaris ^{™QL} Qnasl ^{™QL} Rhinocort Aqua ^{®QL} triamcinolone ^{QL} Veramyst ^{®QL} Zetonna ^{™QL}
Intranasal Antihistamines	Astepro [®]	Patanase [™]		azelastine olopatadine
Intranasal Anticholinergics	ipratropium nasal spray			Atrovent [®]
Self Injected Epinephrine	Epi Pen [®] Epi Pen Jr. [®]			AdrenaClick [®] Auvi-Q [™] epinephrine 0.3 mg epinephrine 0.15 mg

New 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):
SGLT2 Inhibitors		Invokana [®]	Farxiga [™] Invokamet [™] Jardiance [®] Xigduo [™] XR	

New Products to Market

The following product (s) will become **non preferred** and require prior authorization (PA):

Drugs Requiring PA:	Criteria:
Trulicity™	Trulicity™ will be placed non preferred in the PDL class titled GLP-1 Receptor Agonists.
Toujeo®	Toujeo® will be placed non preferred in the PDL class titled Insulins.
Afrezza®	Afrezza® will be placed non preferred in the PDL class titled Insulins.
Glyxambi® QL	Glyxambi® will be placed non preferred with appropriate quantity limits in the PDL class titled DPP-4 Inhibitors.
Cosentyx® CC, QL	Cosentyx® will be placed non preferred with similar quantity limits and approval criteria in the PDL class titled Immunomodulators.
Mircera®	Mircera® will be placed non preferred in the PDL class titled Erythropoiesis Stimulating Proteins.
Belsomra® QL	Belsomra® will be placed non preferred with appropriate quantity limits in the PDL class titled Sedative Hypnotics.
Evekeo™ QL	Evekeo™ will be placed non preferred with appropriate quantity limits in the PDL class titled Stimulants and Related agents. Evekeo™ will not be covered for a diagnosis of exogenous obesity.
Savaysa™	Savaysa™ will be placed non preferred in the PDL class titled Anticoagulants.
Movantik®	Movantik® will be placed non preferred in the PDL class titled Gastrointestinal Motility Agents.
Ibrance® QL	Ibrance® will be placed non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Breast Cancer.
Lenvima™ QL	Lenvima™ will be placed non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Other.
Farydak® QL	Farydak® will be placed non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Hematologic Cancer.

To review the complete summary of the final preferred drug list (PDL) selections and new products to market updates and changes from the May P&T meeting, please refer to the “Commissioner’s Final Decisions from May 21, 2015” posted on the provider web portal at: <https://kyportal.magellanhealth.com> (by clicking the Resources/Documents/Committees/P&T tabs).

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible. Please contact **Magellan Medicaid Administration** at kyproviders@magellanhealth.com for any additional information or questions you may have.



Sincerely,

Harris Taylor, CPhT

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Provider Relations Manager
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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 Monday – Friday 8:00 am – 5:00 pm	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.