



****Fee-For-Service Pharmacy Provider Notice #202 – July Pharmacy Updates and Upcoming Changes****

August 14, 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 no longer prefer brand over generic for the following products:

Beginning:	Drugs Requiring PA:	Preferred Products:
08/13/2015	Twynsta [®]	telmisartan/amlodipine
	Celebrex [®]	celecoxib
	Prevpac [®]	lansoprazole/amoxicillin/clarithromycin
	Xopenex [®]	levalbuterol

Kentucky FFS Medicaid will prefer brand over generic for the following products:

Beginning:	Preferred Product:	Non-preferred Product:
07/23/2015	Aggrenox [®]	aspirin/dipyridamole

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:
07/11/2015	Entresto [™]	losartan valsartan
	Orkambi [™]	N/A
07/18/2015	Rexulti [®]	Abilify [®] CC, QL clozapine [®] CC, QL clozapine ODT [®] CC, QL Fanapt [™] CC, QL Latuda [®] CC, QL olanzapine [®] CC, QL quetiapine [®] CC, QL risperidone [®] CC, QL Saphris [®] CC, QL Seroquel [®] XR [®] CC, QL ziprasidone [®] CC, QL

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

Beginning:	Drugs Requiring PA:	Preferred Products:
07/11/2015	almotriptan	rizatriptan ODT ^{QL} sumatriptan ^{QL}
07/18/2015	Carb-O-Philic TM	calcipotriene salicylic acid 6% gel, shampoo urea cream
	DermacinRX [®] Lexitral Pharmapak	Celebrex [®] ^{QL} diclofenac potassium etodolac flurbiprofen ibuprofen indomethacin ketoprofen ketorolac tromethamine ^{QL} meloxicam tablets naproxen sodium naproxen tablets piroxicam sulindac
07/25/2015	DermacinRX [®] Surgical PharmaPak	bacitracin ointment bacitracin zinc ointment Bactroban [®] Cream gentamicin 0.1% cream, ointment mupirocin ointment
	Epiduo Forte [®]	BenzaClin [®] clindamycin solution, gel, lotion Differin [®] cream, gel Duac [®] erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin

Denial of Inner Package NDC's

For medications that have an inner and outer package NDC that differs, the Department for Medicaid Services will require claims submitted for reimbursement to exclusively include the outer package NDC. Effective 08/26/2015, claims for inner package NDC's will **DENY** for "70-NDC not covered," with a supplemental message which states "Resubmit with outer packaging NDC."

For additional information concerning the NDC packaging requirement, please send your inquire(s) to kyproviders@magellanhealth.com for assistance.



ICD-10: How Will Your Practice Be Impacted?

Have you thought about all of the areas that may be impacted in your practice? Revising patient and clinical documents to adhere with the ICD-10 updates is an important step in the readiness process. Providers should expect to make changes to HIPAA forms, referrals, clinical assessment forms, consultation requests and other clinical and/or patient related documents.

Unlike the annual update of ICD-9 codes, the ICD-10 codes are markedly different from their predecessors, and because ICD-9 codes are used in almost every clinical and administrative process in a health care setting, substantial system and procedural changes will be necessary to implement and correctly use the new codes. The updated code sets will allow and require significant changes in the way health plans reimburse for services, and how coverage of services is determined. ICD-10 will enable significant improvements in care management, public health reporting, research, and quality measurement.

For more information about ICD-10, please visit <http://www.cms.gov/ICD10/>.

Sincerely,

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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.