



****Fee-For-Service Pharmacy Provider Notice #203 – August Pharmacy Updates and Upcoming Changes****

September 21, 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:
09/02/2015	Zovirax [®] Ointment	acyclovir ointment
	Zyvox ^{CC, QL}	linezolid ^{CC, QL}
	TOBI [®]	Bethkis [®] Kitabis [™] Pak

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

Beginning:	Preferred Product:	Non-preferred Product:
09/02/2015	Pulmicort Respules ^{® QL, AE}	budesonide respules ^{QL, AE}
09/16/2015	tetrabenazine	N/A
	aripiprazole solution	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 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:
08/01/2015	Daklinza [™]	Viekira Pak ^{® CC, QL}
	Technivie [™]	
	Praluent [®]	N/A

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

Beginning:	Drugs Requiring PA:	Preferred Products:
08/01/2015	megestrol acetate 625 mg/5 mL	megestrol acetate 40 mg/mL, tablets
08/08/2015	ADV Allergy Collection Kit	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 ointment, cream, lotion
08/29/2015	Zecuity [®]	rizatriptan ODT ^{QL} sumatriptan ^{QL}

Deletion from the Diabetic Supplies Preferred Product List

Effective **October 1, 2015**, the following product will be deleted from the Diabetic Supplies Preferred Product List and will require prior authorization.

- NDC 53885-0247-01 ONE TOUCH ULTRA SYSTEM

ICD-10: Operational Changes

This is a reminder that effective October 1st, 2015, ICD-10 will become the exclusive system used for coding diagnoses and procedures throughout the United States. With this change, federal law mandates that healthcare providers ensure the appropriate usage of the ICD-10 code set when documenting patient encounters. As of October 1st, claims with a date of service on or after October 1, 2015 requiring manual input of a diagnosis code without the appropriate ICD-10 code will deny for **“M/I Diagnosis Code Qualifier.”** Also, please remember that starting October 1st ICD-10 codes must be utilized when submitting prior authorization requests (via fax, WebPA, or by live agent).

For additional information, please forward your inquiry to kyproviders@magellanhealth.com.



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
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.