



**\*\*Fee-For-Service Pharmacy Provider Notice #205 – September Pharmacy Updates and Upcoming Changes\*\***

**October 09, 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:
09/23/2015	Metrogel®	metronidazole gel
	Avinza™ QL	morphine sulfate ER

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

Beginning:	Preferred Product:	Non-preferred Product:
09/14/2015	Exelon® Patch	rivastigmine patch
09/16/2015	Xenazine® CC	tetrabenazine

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:
09/05/2015	Repatha™	N/A
	Synjardy®	Invokana® ST
09/26/2015	Durlaza™ ER	Aggrenox® Brilinta™ CC cilostazol clopidogrel dipyridamole
	Addyi™	N/A

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

Beginning:	Drugs Requiring PA:	Preferred Products:
09/05/2015	Envarsus® XR	azathioprine cyclosporine cyclosporine modified

		Gengraf <sup>®</sup> mycophenolate mofetil Myfortic <sup>®</sup> sirolimus tacrolimus
	tretinoin gel (generic Atralin <sup>™</sup> )	BenzaClin <sup>®</sup> clindamycin solution, gel, lotion Differin <sup>®</sup> cream, gel Duac <sup>®</sup> erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin gel, cream (Generic for Retin-A <sup>®</sup> )
09/19/2015	fluvastatin ER	amlodipine/atorvastatin <sup>CC, QL</sup> atorvastatin <sup>QL</sup> lovastatin <sup>QL</sup> pravastatin <sup>QL</sup> simvastatin <sup>QL</sup>
09/26/2015	paliperidone	Abilify <sup>® CC, QL</sup> clozapine <sup>CC, QL</sup> clozapine ODT <sup>CC, QL</sup> Fanapt <sup>™ CC, QL</sup> Latuda <sup>® CC, QL</sup> olanzapine <sup>CC, QL</sup> quetiapine <sup>CC, QL</sup> risperidone <sup>CC, QL</sup> Saphris <sup>® CC, QL</sup> Seroquel <sup>® XR CC, QL</sup> ziprasidone <sup>CC, QL</sup>

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](mailto:kyproviders@magellanhealth.com) for any additional information or questions you may have.

Sincerely,

*Harris Taylor, CPhT*

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\* Please note: All dates are subject to change.

<b>Kentucky Medicaid Fee-For-Service Pharmacy Program's Contact Information</b>		
<b>Clinical Support Center</b>	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. <b>NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Buprenorphine Products, Synagis<sup>®</sup>, and Zyvox<sup>®</sup>.</b>
<b>Pharmacy Support Center</b>	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.
<b>Provider Services</b>	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.
<b>Member Services</b>	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.