



**\*\*Fee-For-Service Pharmacy Provider Notice #206 – October Pharmacy Updates and Upcoming Changes\*\***

**November 13, 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:	Preferred Product:	Non-preferred Products:
10/10/2015	aripiprazole ODT <sup>CC, QL</sup>	Abilify <sup>®</sup> ODT ( <b>drug has been discontinued</b> )
10/14/2015	spinosad	Natroba <sup>®</sup>
10/23/2015	acamprosate	Campral <sup>®</sup>

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

Beginning:	Preferred Product:	Non-preferred Product:
10/14/2015	Invega <sup>®</sup> CC, QL	paliperidone <sup>CC, QL</sup>
10/23/2015	Orap <sup>®</sup>	pimozide
10/30/2015	Namenda <sup>®</sup> solution	memantine solution

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:
10/10/2015	Aristada <sup>®</sup> ER	Abilify Maintena <sup>™</sup> CC, QL fluphenazine decanoate <sup>CC, QL</sup> Geodon <sup>®</sup> CC, QL haloperidol decanoate <sup>CC, QL</sup> haloperidol lactate <sup>CC, QL</sup> Invega <sup>®</sup> Sustenna <sup>®</sup> CC, QL olanzapine <sup>CC, QL</sup> Risperdal <sup>®</sup> Consta <sup>®</sup> CC, QL
10/17/2015	Varubi <sup>™</sup>	Emend <sup>®</sup> QL
10/24/2015	Praxbind <sup>®</sup>	N/A
10/31/2015	Tresbia <sup>®</sup> Flextouch <sup>®</sup>	Humalog <sup>®</sup> Vial Humalog <sup>®</sup> Mix Vial/Pen Humulin <sup>®</sup> N Vial

		Humulin <sup>®</sup> R Vial Humulin <sup>®</sup> 70/30 Vial Lantus <sup>®</sup> Vial Levemir <sup>®</sup> Vial/Pen Novolog <sup>®</sup> Vial/Pen/Cartridge Novolog <sup>®</sup> Mix Vial/Pen
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Kentucky FFS Medicaid will also require a prior authorization on the following new products:

Beginning:	Drugs Requiring PA:	Preferred Products:
10/03/2015	Odomzo <sup>®</sup>	Caprelsa <sup>®</sup> QL
	Lonsurf <sup>®</sup>	Erivedge <sup>™</sup> CC, QL Mekinist <sup>™</sup> CC, QL Tafinlar <sup>®</sup> CC, QL temozolomide Xeloda <sup>®</sup>
	DermacinRx <sup>®</sup> SilaPak <sup>™</sup> hydrocortisone butyrate, emollient	betamethasone dipropionate ointment, cream, lotion betamethasone valerate cream, ointment clobetasol propionate ointment, cream, solution, gel Clobex <sup>®</sup> 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
	Dermapak <sup>®</sup> Plus Kit	BenzaClin <sup>®</sup> clindamycin solution, gel, lotion Differin <sup>®</sup> cream, gel Duac <sup>®</sup> erythromycin solution, gel sodium sulfacetamide/sulfur cleanser tretinoin
10/10/2015	Whytederm TDPak	betamethasone dipropionate ointment, cream, lotion betamethasone valerate cream, ointment clobetasol propionate ointment, cream, solution, gel Clobex <sup>®</sup> 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
10/17/2015	dutasteride	finasteride <sup>CC</sup>
10/24/2015	ProThelial <sup>TM</sup>	Carafate <sup>®</sup> suspension misoprostol sucralfate tablets
	Restora <sup>TM</sup>	diphenoxylate with atropine loperamide

### Auvi-Q Recall

Sanofi U.S. is voluntarily recalling all Auvi-Q (epinephrine injection) due to the potential for inaccurate dosage delivery. Auvi-Q is a pre-filled, auto-injector indicated for the emergency treatment of type 1 allergic reactions, including anaphylaxis. Auvi-Q is the only self-injectable epinephrine that guides the user through the injection process using both audio and visual cues. This recall involves all Auvi-Q (0.15 mg and 0.3 mg) currently on the market for hospitals, retailers and consumers and includes lot numbers 2299596 through 3037230 that expire March 2016 through December 2016. Although no deaths have been reported, patients should contact their prescribing healthcare professional immediately for a prescription of an alternate epinephrine auto-injector. Sanofi will provide reimbursement for out of pocket costs incurred for the purchase of new epinephrine auto-injectors with proof of purchase.

The Kentucky Department for Medicaid Services has taken additional steps to ensure the safety of its members. The pharmacy providers of affected members were contacted. All providers indicated there were active plans and processes in place for members to get a prescription for an alternative epinephrine injector.

For more information providers can visit [www.Auvi-Q.com](http://www.Auvi-Q.com), send an email inquiry to [cs@sanofi.com](mailto:cs@sanofi.com), or call 1-866-726-6340 Monday through Friday 8 a.m. to 8 p.m. EST for information about how to return their Auvi-Q devices.



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*

Harris Taylor, CPhT  
 Provider Relations Manager  
[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

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

Kentucky Medicaid Fee-For-Service Pharmacy Program's Contact Information		
<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®, and Zyvox®.</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.