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JAMES W. HOLSINGER, JR., M.D.
SECRETARY

January 7, 2005

Dear Provider:

This letter provides important information about changes to the Medicaid Pharmacy Program, including modification of drug prior authorization (PA) requirements. Changes reflect recommendations from the Kentucky Department for Medicaid Services. When indicated, First Health Services, the Pharmacy Benefit Administrator for the Kentucky Medicaid Pharmacy Program, will administer Prior Authorization requirements on atypical, second-generation antipsychotics, effective **January 18, 2005**. This date change was made to allow providers access to physicians during a time when prescription volume is lower.

Please fax requests for Prior Authorization to First Health at **FAX # 800-365-8835**.

Atypical Antipsychotics: The following changes are effective January 18, 2005.

- **Preferred Drug list** for atypical antipsychotics include:
 - Risperdal (oral)
 - Risperdal-M (oral)
 - Seroquel (oral)
 - Geodon (oral)
 - Clozaril (oral)
- (dosage, duplicate therapy, and ICD-9 requirements will apply)
- **Prior Authorization** will be required for the following non-preferred drugs:
 - Zyprexa (oral)
 - Zyprexa Zydis (oral)
 - Abilify (oral)
 - Symbyax (oral)
- (dosage, duplicate therapy, and ICD-9 requirements will apply)
- Effective 1-18-05, patients currently on atypical antipsychotic monotherapy or dual therapy may continue current drug regimen without needing prior authorization.
- All prescriptions must contain appropriate diagnoses (see attached). The prescriber must write either the appropriate ICD-9 code or the diagnosis on the prescription. If the prescriber chooses not to do so, a prior authorization form must be completed AND faxed to First Health Services with the ICD-9 code and diagnosis written on the PA form. Alternatively, the pharmacy provider may complete AND fax a prior authorization form with the ICD-9 and diagnosis written on the

PA form. Electronic submission of the diagnosis for claims processing will be addressed at a later date.

- Acceptable ICD-9 Codes :

- 290 & subsets Senile/Presenile Psychos (Dementia-related Psychoses)
- 293 & subsets Delirium
- 294 & subsets Other Organic Psych Cond
- 295 & subsets Schizophrenic Disorders
- 296 & subsets Affective Psychoses (bipolar disorders)
- 298 & subsets Psychoses
- 300.14 Multiple personality
- 301.20, 301.21, 301.22 Schizoid personality disorders
- 307.20, 307.21, 307.22, 307.23 Tourette's Disorder, Including Tics
- 333.4 Huntington's Chorea

← Additional diagnoses

- Acceptable ICD-9 Codes Pediatrics (under 18 years) :

- 294 & subsets Other Organic Psych Cond
- 295 & subsets Schizophrenic Disorders
- 296 & subsets Affective Psychoses (bipolar disorders)
- 298 & subsets Psychoses
- 299 & subsets Psychoses - pediatric
- 300.14 Multiple personality
- 301.20, 301.21, 301.22 Schizoid personality disorders
- 315 & subsets Pervasive Developmental Disorders
- 307.20, 307.21, 307.22, 307.23 Tourette's Disorder, Including Tics
- 309 & subsets Reactive Adjustment Disorders
- 299 & subsets Autism Spectrum Disorders
- 313.81 Opposition Defiance Disorder

- Duplicate Therapy Criteria:

- Patients who are on two agents will be grandfathered (allowed to continue).
- Patients who are on three agents will require PA.
- Addition of a second agent to existing monotherapy will require PA.

- Doses above the maximum FDA-approved daily dose will require PA.

- Abilify 30mg per day
- Zyprexa 20mg per day
- Zyprexa Zydis 20mg per day
- Symbyax 18mg/75mg per day
- Geodon 160mg per day
- Risperdal 16mg per day
- Risperdal-M 16mg per day
- Seroquel 800mg per day
- Clozaril 900mg per day

- Retrospective Drug Utilization review will be performed to evaluate the need for quantity limits.

Internet Web Site:

Medicaid's web site at <http://chfs.ky.gov/dms/> provides information about the Medicaid Pharmacy Program and related topics such as pharmacy provider letters, Pharmacy and Therapeutics Advisory Committee meetings and recommendations.

Contact Information:

<u>For Questions About</u>	<u>Contact</u>	<u>Phone</u>
Previously sent drug PA requests	Prior Authorization Help Desk	800-477-3071 (<i>NEW</i>)
Billing of pharmacy claims	Provider Help Desk	800-432-7005 (<i>NEW</i>)
This letter or Medicaid policies	Pharmacy Department	502-564-7940

Sincerely,



Shannon Turner
Commissioner