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**CABINET FOR HEALTH AND FAMILY SERVICES**

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SECRETARY

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Dear Provider:

This letter provides important information about changes to the Medicaid Pharmacy Program, including the implementation of new drug prior authorization (PA) requirements. (Recipients in a long term care facility are not exempt from the following changes.)

**HMG-CoA Reductase Inhibitors (“Statins”):** The following changes are effective June 1, 2004.

- ◆ Lescol, Lescol XL, Altocor, Pravachol, and Lipitor will be placed on the Preferred Drug list and will be available without prior authorization, unless quantity limits are exceeded (see below).
- ◆ Mevacor, Zocor, Crestor, generic lovastatin and Pravigard PAC will require prior authorization and may be approved based on failure of, or medical contraindications or intolerance, to the Preferred Statins.
- ◆ All HMG CoA reductase inhibitors except lovastatin 40mg will be subject to a quantity limit of one tablet or capsule per day unless prior authorization is obtained.
- ◆ Prescriptions for HMG CoA Reductase Inhibitors written prior to June 1, 2004, and having existing refills may be refilled through September 7, 2004, without a prior authorization. PA will then be required.

**Insulins:** The following changes are effective June 1, 2004.

- ◆ Novolin, Novolog, Novolog Mix 70/30, all Relion products, and Lantus will be placed on the Preferred Drug list and will be available without prior authorization.
- ◆ Humulin, Humalog, and Humulin 70/30 will require prior authorization and may be approved based on failure of, or medical contraindications or intolerance, to the Preferred Insulins.
- ◆ All pen-delivery systems will require prior authorization and may be approved for recipients who are unable to manipulate vials or syringes. The preferred pen-delivery systems will be the Novo systems.
- ◆ Prescriptions for Insulin products prior to June 1, 2004, and having existing refills may be refilled through September 7, 2004, without a prior authorization. PA will then be required.

**Oral Hypoglycemic Agents:** The following changes are effective June 1, 2004.

- ◆ The following agents will be placed on the Preferred Drug list and will be available without prior authorization.

Sulfonylureas	Glucotrol, Glucotrol XL, Diabeta, and Glynase.
Miglitinides	Starlix
Alpha-glucosidase inhibitors	Glyset and Precose
Biguanides	Glucophage and Glucophage XR
Glitazones	Avandia (Actos available for those 65 years and older)
Metformin	Metformin, Metformin XR, Avandamet, and Riomet

- ◆ The following agents will require prior authorization and may be approved based on failure of, or medical contraindications or intolerance, to the Preferred Oral Hypoglycemic Agents.

Sulfonylureas	Amaryl, Diabenese, Acetohexamide, and Tolinase
Miglitinides	Prandin
Glitazones	Actos (available for those 65 years and older)

- ◆ Prescriptions for oral hypoglycemic agents prior to June 1, 2004, and having existing refills may be refilled through September 7, 2004, without a prior authorization. PA will then be required.

**New Request Form for PPI's and H2 Receptor Blockers:**

Effective April 6, 2004, a new form must be used to request a prior authorization for a PPI or H2 Receptor Blocker.

**New Regulation on Drug Coverage:**

On April 6, 2004, Outpatient Pharmacy regulation 907 KAR 1:019E was approved. The changes will be effective May 25, 2004. The following changes were made in the regulation:

- ◆ Controlled substances in Schedule III, IV, and V may be refilled up to five (5) times within a six (6) month period from the date the prescription was written or ordered, at which time a new prescription shall be required.
- ◆ Non-controlled substances may be refilled up to eleven (11) times within a twelve (12) month period from the date the prescription was written or ordered, at which time a new prescription shall be required.
- ◆ Pharmacies dispensing medications to long term care recipients, may submit an emergency supply claim after 5 p.m. EST.

**Copaxone:**

All claims for Copaxone (NDC 00088115330) must be submitted per syringe. This change was effective April 1, 2004.

**Upcoming Change in Required Field:**

At the March 18, 2004 Pharmacy and Therapeutics Advisory Committee meeting, the Committee recommended, and Secretary approved, the requirement that claims submitted, via POS, for all atypical antipsychotics must be submitted with an ICD-9 code. In order to submit the ICD-9 code Field 424-DO and Field 492-WE must be added to all pharmacy soft-ware programs. This requirement will be effective sometime in July. The exact date will be provided in the next provider letter.

**Internet Web Site:**

Medicaid's web site at <http://chs.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, Drug Management Review Advisory Board meetings and recommendations. You are encouraged to use this web site.

**Contact Information:**

<u>For Questions About</u>	<u>Contact</u>	<u>Phone</u>
Previously sent drug PA requests	Prior Authorization Help Desk	800-807-1273
Billing of pharmacy claims	Provider Relations	800-807-1232
This letter or Medicaid policies	Pharmacy Department	502-564-7940

Sincerely,



Russ Fendley  
Commissioner