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SECRETARY

August 4, 2004

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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.

Angiotensin Converting Enzyme Inhibitor (ACEI) and Angiotensin II Receptor Blockers (ARB): The following changes are effective August 10, 2004.

- All ACEI products will be placed on the preferred drug list and will be available without prior authorization. Branded products, for which generic equivalent products are available, will require a prior authorization.

- The following ARB and ARB combination products will be available without a prior authorization:
  - Avapro/Avalide
  - Benicar/Benicar HCT
  - Cozaar/Hyzaar
  - Diovan/Diovan HCT
  - Micardis/Micardis HCT

Leukotriene Modifiers: The following changes are effective August 10, 2004.

- Singulair and Accolate will be the preferred agents.

- Singulair and Accolate will be available to recipients with a diagnosis of Asthma. As a surrogate for the diagnosis, authorization can be granted at the point of sale by electronically checking claim history for use of a standard inhalation or oral asthma therapy within the past 90 days.

- Singulair and Accolate will require prior authorization for a diagnosis of allergic rhinitis. Authorization can be granted for allergic rhinitis if the recipient has a concurrent diagnosis of asthma or continues to be symptomatic after an effective trial of an antihistamine and a nasal corticosteroid, or their use is otherwise not tolerated or medically contraindicated.

- Quantity limit:

Singulair	30 tablets per 30 days
Accolate	60 tablets per 30 days

Serotonin (5-HT_1) Receptor Agonist: The following will be effective August 10, 2004.

- Axert oral, Maxalt oral, Maxalt MTL oral, Imitrex oral, and Imitrex nasal will be on the preferred drug list and will be available without a prior authorization, unless quantity limits are exceeded.

- Imitrex injection will require prior authorization and will require failure of an oral/nasal formulation.

- Quantity limits:

Amerge tablets	9 tablets per 30 days
Forva tablets	9 tablets per 30 days
Imitrex tablets	9 tablets per 30 days
Axert tablets	6 tablets per 30 days
Maxalt/Maxalt MLT tablets	6 tablets per 30 days
Relpax tablets	6 tablets per 30 days
Zomig/Zomig ZMT tablets	6 tablets per 30 days
Imitrex Nasal Spray	6 unit dose sprays per 30 days
Zomig Nasal Spray	6 units dose sprays per 30 days
Imitrex injection	4 injections per 30 days

Single Entity, Long-Acting Oral Narcotic Analgesics: The following changes are effective August 10, 2004.

- All oral narcotic analgesic products will require a prior authorization.

- Avinza and Kadian will be on the preferred drug list and will be available with a prior authorization. The preferred agents must be utilized before the non-preferred agents unless there is a medical contraindication.

- Duragesic Patches will be on the preferred drug list and will be available with a prior authorization. Use of the patches will not require a failure of long-acting oral agent first.

- Those recipients who have been on a single entity, long-acting oral agent within the past 90 days will be allowed to continue on that agent until a change is made in the medication or quantity.

- Quantity Limits:

Actiq	24 tablets per 30 days
Avinza	30 tablets per 30 days
Kadian	60 tablets per 30 days
MS Contin 15mg, 30mg, 100 mg	60 tablets per 30 days
MS Contin 60mg, 200mg tablets	120 tablets per 30 days
Oramorph	60 tablets per 30 days
Oxycontin	60 tablets per 30 days
Levorphanol	240 tablets per 30 days
Duragesic Patches	10 patches per 30 days

- Recipients, designated as long term care recipients, will be exempt from drug prior authorization requirements but not prior authorization for quantity limits.

COX-2 Inhibitor and NSAID: The following changes are effective August 10, 2004.

- Celebrex and Bextra will be placed on the preferred drug list and will be available with a prior authorization for those under the age of 60 years.

- Celebrex, Bextra, and Vioxx will be available without a prior authorization via an electronic edit to those over the age of 60 years.

- Quantity limit:

Bextra tablets	30 tablets per month
Celebrex tablets	30 tablets per month
Vioxx 12.5mg and 25mg tablets	30 tablets per month
Vioxx 50mg tablets	5 tablets per month (1 tablet per day for 5 days)
Vioxx Suspension	5ml/day

Multiple of Unit Quantity

On April 5, 2004 the Department for Medicaid Services implemented an edit to require that the units submitted must equal or be a multiple of the package size based on the NDC number submitted on the claim. Based on information provided by pharmacy providers, it has been determined that certain dosage forms should be eliminated from this edit. As of July 20, 2004 the following dosage forms are no longer in the edit: all ampules, cartridges, vials, additive syringes, all patches and all powder packets. For compounding, using creams, gels, or ointments, a prior authorization will be required to use less than the unit quantity. Please submit a prior authorization form (MAP 82001) via fax to the number listed on the prior authorization form – 1-800-863-8803 (toll free). Prior authorization forms are available on line at http://chs.ky.gov/dms/pharmacy/medicare/map82001.pdf.

Copaxone, Lovenox, and Products with a Quantity Less than 1

September 1, 2004 these products will revert back to the approved NCPDP billing quantity. This change will affect Copaxone, all strengths of Lovenox, Lunelle contraceptive vial and syringe, Genteal PF eye drops, Arixtra syringe, and ammonia aromatic ampules.

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:

For Questions About	Contact	Phone
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