



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
SHANNON R. TURNER, COMMISSIONER

Ernie Fletcher
Governor

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Mark D. Birdwhistell
Secretary

December 13, 2005

Re: Kentucky Medicaid Preferred Drug List Changes

Dear Doctor or Pharmacist:

The Kentucky Department for Medicaid Services has finalized Preferred Drug List (PDL) selections based on recommendations from the Pharmacy and Therapeutics Advisory Committee. A summary of approved changes resulting from the September 15, 2005, Pharmacy & Therapeutics Advisory Committee meeting follows this letter.

Effective October 27, 2005, pharmacy providers began to receive point of sale (POS) messaging regarding changes in medication PDL and/or prior authorization status. New prescriptions for non-preferred medications will deny at the point of sale with prior authorization requirements. Members who are currently on a non-preferred medication or who have filled a prescription for non-preferred medication in the last 3 months will continue to receive those medications without prior authorization until January 2, 2006. In addition, some preferred medications may have clinical edits requiring prior authorization.

To view the **complete** Kentucky Medicaid PDL with prior authorization, quantity limit and step therapy details, visit the Kentucky Health Choices pharmacy website at <http://kentucky.fhsc.com/pharmacy/default.asp>. Use the 'Provider' tab to find 'Drug Information'. Please be aware that some medication classes are not managed by the PDL process and that the following chart only reflects classes reviewed in September.

For questions regarding prior authorizations, step therapy, quantity limits, or other edits, call 1-800-477-3071. The clinical call center is open 7 days per week, 24 hours per day. The prior authorization fax line is 1-800-365-8835.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shannon R. Turner".

Shannon R. Turner, J.D.
Commissioner



Kentucky Medicaid Preferred Drug List Selections

<i>Therapeutic Class</i>	<i>Preferred Medications</i>	<i>Special Class Notes</i>
Bisphosphonates	Fosamax Fosamax D Fosamax solution	QL
Sedative Hypnotics	Estazolam Flurazepam HCl Temazepam Triazolam	QL
ACE Inhibitors	Benazepril HCl Captopril Enalapril Maleate Lisinopril Benazepril HCl – HCTZ Enalapril Maleate HCl-HCTZ Lisinopril HCl-HCTZ	
ARBs	Cozaar Hyzaar Diovan Diovan HCT	ST
Serotonin Receptor Agonists	Maxalt Maxalt MLT Zomig Zomig Spray Zomig ZMT	QL
Thiazolidinediones	Actos	QL
HMG Co-A Reductase Inhibitors	<p style="text-align: center;">High potency</p> Crestor Lipitor Vytorin Zocor <p style="text-align: center;">Lower potency</p> Advicor Altoprev Lescol Lescol XL Lovastatin	QL
COPD	Atrovent Aer w/ADAP Combivent Duoneb	QL
Immunomodulators – R.A.	Enbrel Humira	PA
Urinary Tract Antispasmodics	Detrol LA Enablex Oxybutynin	QL

QL = quantity limits may apply to this class

ST = step therapy may apply to this class

Details of quantity limits and step therapy are provided at <http://kentucky.fhsc.com/pharmacy/default.asp>.