



Date: April 27, 2006

Dear Doctor or Pharmacist:

**SUBJ: Revatio, Zofran, Anzemet and Omeprazole**

The Kentucky Department for Medicaid Services has outlined updates that may affect Medicaid members with prescriptions for Revatio, Zofran, Anzemet, or Omeprazole. Changes were implemented by April 27, 2006 and effective date varies with each change.

**Revatio:**

- Providers can now process Revatio claims to allow for a month supply.

**Zofran:**

- Providers can now dispense up to 20 mls per month regardless of vial size.

**Anzemet:**

- Providers can now dispense up to 25 mls per month regardless of vial size.

**Omeprazole:**

- Generic Omeprazole now requires a Prior Authorization.
- Prilosec OTC is the preferred agent.

**Members under 21:**

- Pharmacists will no longer be able to override other coverage denials for members under 21.

To view the *complete* Kentucky Medicaid PDL with prior authorization and step therapy details, visit the Kentucky Health Choices pharmacy website at <http://kentucky.fhsc.com/pharmacy>.

For questions regarding prior authorizations or step therapy 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,

Carrie Lovell, Pharm. D.  
Pharmacy Account Manager