



Date: November 14, 2006

Dear Kentucky Medicaid Provider:

SUBJ: Drug Exclusion List for 4-Prescription Drug Limit

The following is a complete list of therapeutic classes/medications that will **not** count toward the member’s 4-prescription drug limit and will **not** require the “07” override code by the pharmacist. Most recent additions are **highlighted** (Alpha 1-Proteinase or Alphaproteinase and Thyroid medications).

Alpha 1-Proteinase (Alphaproteinase)	(Aralast, Prolastin, Zemaira, etc.)
Alzheimer’s agents	(Namenda, Aricept, etc.)
Antibiotics	(all forms except topicals)
Antipsychotics	(Abilify, Zyprexa, etc.)
Anti-Parkinson agents	(Mirapex, Requip, etc.)
Anti-Tuberculosis agents	
Anti-Viral medications	(for treatment of HIV, Hep C, Herpes – does not include agents for influenza)
Asthma/COPD agents	(oral steroids, inhalers – does not include LKT receptor antagonists)
Cancer agents	
Cardiovascular agents	(antihypertensives – ACEIs, ARBs, Beta-blockers, Diuretics, Ca++ Channel blockers, etc. and antiarrhythmic medications)
Clotting Factors/Antiplatelet	(Kogenate, etc./Warfarin, Plavix, Pletal – does not include aspirin)
Contraceptives	(all forms)
Diabetes agents	(including but not limited to sulfonylureas, TZDs, insulin, etc.)
Dialysis	(Renagel, Phoslo, etc.)
Folic Acid	
Hematopoietic agents	(Epogen, Neupogen, etc.)
Large Volume Parenterals	
Lipotropics	(HMG CoA reductase inhibitors, fenofibrate, colestipol, etc.)
Monoclonal Antibodies	(OKT3, Zenapax, etc.)

Multiple Sclerosis agents	(Avonex, etc.)
Prenatal vitamins	
Pulmonary Hypertension agents	(Flolan, Revatio, etc.)
Thyroid agents	(Synthroid, etc.)
Total Parenteral Nutrition	
Transplant agents	(Imuran, Cyclosporine, etc.)
Thalomid	
Xolair	

Sincerely,

Carrie Lovell, Pharm. D.
Pharmacy Account Manager