



Date: February 6, 2007

Dear Kentucky Medicaid Provider:

SUBJ: Recent & Upcoming Preferred Drug List Changes

This notice summarizes recent and upcoming changes for your *KyHealth Choices* members.

Drug	Update/Change	Planned Effective Date*
Avinza	All forms are non-preferred (Tier 3) and require Prior Authorization (PA).	2/15/07
ProAir HFA Inhaler	Non-preferred (Tier 3) and requires PA.	2/15/07
Proventil HFA Ventolin HFA Xopenex HFA Inhalers	Preferred (Tier 2). Xopenex Inhalation Solution will remain non-preferred and requires PA.	2/15/07
Zofran	Preferred (Tier 2). Generic ondansetron will be temporarily non-preferred (Tier 3) and requires PA. Ondansetron has Quantity Limit of #12/30 days (tablets), #50 ml's/30 days (oral solution), and #20 ml's/month (injection).	2/21/07

*If a planned effective implementation date changes, the change will be communicated via email update and web posting.

Reminders:

- Alpha-1 Proteinase Inhibitors (Aralast, Prolastin, and Zemaira) are preferred brands (Tier 2) and require a Tier 2 co-payment.
- Medications with DESI indicators are not covered.

To be the first to know about changes like these, be sure to register for email updates. If you have never signed up to receive this free service, visit the Kentucky pharmacy website: <http://kentucky.fhsc.com/pharmacy/default.asp>. Choose the “Providers” tab, and click on “Email Update Registration”.

Sincerely,

Carrie Lovell, Pharm. D.
Pharmacy Account Manager