



Date: April 9, 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*
Actonel with Calcium	All forms are non-preferred (Tier 3) and require Prior Authorization (PA). There is a Quantity Limit of #28 per 28 days	3/22/07
Budeprion XL 300 mg	Temporarily non-preferred (Tier 3) and requires PA.	3/27/07
Fentora Effervescent Tablets	Non-preferred (Tier 3) and requires PA. There is a Quantity Limit of #28 per 28 days.	3/15/07
PEG-Intron	Preferred (Tier 2). There is a Quantity Limit of 0.15 dosage units per day. No PA is required initially, but PA is required after 16 weeks therapy.	3/15/07
trandolapril (generic Mavik)	Temporarily non-preferred (Tier 3) and requires PA.	4/4/07
oxybutynin ER (generic Ditropan XL)	Temporarily non-preferred (Tier 3) and requires PA. There is a Quantity Limit of #30 per 30 days.	4/4/07
metoprolol succinate XL (generic Toprol XL)	Temporarily non-preferred (Tier 3) and requires PA.	2/28/07
Sprycel, Ketek, and Zyvox	Preferred (Tier 2) but requires PA. Clinical criteria to be applied.	4/10/07

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