



Date: July 25, 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*
Niacin	Prescription Niacin products are excluded and not payable for members with Kentucky Medicaid and Medicare Part D (Dual-Eligible Members).	5/22/07
Celebrex	Electronic step therapy is removed. Celebrex is Preferred (Tier 2) for members age 60 or older, and requires PA for members under age 60.	7/16/07
Actonel, Celexa, and Rozerem	Quantity limits are as follows: Actonel 75mg -- #2 per 30 days Celexa 40mg -- #45 per 30 days Rozerem -- #1 per day and maximum days supply of #14 per prescription	6/26/07
Cefdinir (generic Omnicef)	Non-preferred (Tier 3) and requires PA.	6/26/07
Humatrope, Nutropin, Omnitrope, Serostim, Trev-Tropin, and Zorbtive	All forms of Humatrope, Nutropin, Omnitrope, Serostim, Trev-Tropin, and Zorbtive are non-preferred (Tier 3) and require PA.	7/26/07
Duac	Non-preferred (Tier 3) and requires PA.	7/11/07
Tazorac, Retin-A, and Ziana	Non-preferred (Tier 3) and requires PA. Grandfathering to apply if filled within the past 90 days. Tazorac requires additional Clinical PA for female patients.	7/26/07
Januvia	Step Therapy to apply based on previous use of any oral hypoglycemic therapy within the past 180 days.	7/16/07

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

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,

Maria Martin  
Interim Pharmacy Account Manager