



Date: September 14, 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*
Amlodipine besylate/benazepril (generic Lotrel)	Non-preferred (Tier 3) and requires PA.	8/30/07
Veramyst	Non-preferred (Tier 3) and requires PA. Quantity Limit of 20 gm per 30 days.	8/30/07
Myobloc	Preferred (Tier 2) and requires clinical PA.	8/30/07
Colestipol (generic Colestid)	Non-preferred (Tier 3) and requires PA.	8/9/07
Zolpidem (generic Ambien)	Non-preferred (Tier 3) and requires PA for patients less than 65 years of age. Quantity Limit of #1 per day. Maximum Quantity/Prescription is #14 per prescription.	8/9/07
Ipratropium/Albuterol Solution (generic Duoneb)	Non-preferred (Tier 3) and requires PA.	9/26/07
Janumet	Non-preferred (Tier 3) and requires PA. Quantity Limit of #60 per 30 days.	9/26/07
Vyvanse	Non-preferred (Tier 3) and requires PA. Quantity Limit of #30 per 30 days.	9/26/07
Zofran (Brand)/ondansetron (generic)	Non-preferred (Tier 3) and requires PA. Ondansetron is preferred (Tier 1). All existing Quantity Limits remain in effect.	9/18/07
Generic Verelan PM	Non-preferred (Tier 3) and requires PA.	10/9/07
Spiriva	Preferred (Tier 2) and requires clinical PA.	10/9/07
Kadian	Quantity Limit of #60 per 30 days.	10/10/07

\*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,

Jim Mikula  
Vice President, Director KMAA