



656 Chamberlain Ave., Suite B
Frankfort, KY 40601

September 11, 2008

Dear Prescriber:

This letter is to inform you of an important change in the Kentucky Medicaid Preferred Drug List (PDL) Program. **Effective October 1, 2008, Levaquin[®] will be removed from preferred status and placed on non-preferred status, requiring prior authorization.**

The preferred oral fluoroquinolones are:

Ciprofloxacin
Ofloxacin
Avelox[®] (moxifloxacin)
Avelox ABC Pak[®] (moxifloxacin)
Factive[®] (gemifloxacin).

For your patients that have been started on Levaquin[®] while hospitalized, Levaquin[®] will require prior authorization; however, it may be continued on an outpatient basis to complete the full course of antibiotic therapy.

Prior authorization is easily obtained for Kentucky Medicaid recipients by completing the prior authorization form located at <https://kentucky.fhsc.com/Pharmacy/Providers/Forms.asp> and faxing to 800-365-8835. For urgent requests, please fax the prior authorization form to 800-421-9064. Nursing facilities may fax prior authorization forms to 800-453-2273.

When completing the prior authorization form, please include a brief statement regarding the continuation of therapy after hospitalization. This information can be conveyed under the **MEDICAL JUSTIFICATION** segment.

To avoid delays in therapy, please use a preferred oral fluoroquinolone for all your Kentucky Medicaid patients when appropriate. Thank you for helping Kentucky Medicaid maintain continued access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Sincerely,

Kasie Purvis
Provider Education Representative