



656 Chamberlain Ave., Suite B
Frankfort, KY 40601

November 7, 2008

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services has made the following changes to the Kentucky Medicaid Pharmacy Program. Prior authorization forms are located at <http://kentucky.fhsc.com/pharmacy>. Please fax all requests to First Health Services at the following numbers:

- Non-Urgent: (800) 365-8835
- Urgent: (800) 421-9064
- Mental Health Providers: (800) 453-2273
- Long Term Care: (800) 453-2273

Effective October 16, 2008, the preferred Beta Agonists Combination products are as follows:

- **Advair**
- **Advair HFA**
- **Symbicort** (Current quantity limits will remain in place)

However, **Pulmicort Respules** (brand and generic) products will not require a prior authorization if the recipient age is less than or equal to 8 years old.

Effective October 17, 2008, the preferred Inhaled Corticosteroids products are as follows:

- **Asmanex**
- **Azmacort**
- **Flovent Diskus**
- **Flovent HFA**
- **Qvar**

Effective October 16, 2008, all Albuterol HFA products will now have quantity limits as described below:

- **Albuterol HFA / ProAir HFA (8.5 g)** (max quantity limit; 0.57 g/day = 2 inhalers/month)
- **Albuterol HFA / Ventolin HFA (18 g)** (max quantity limit; 1.2 g/day = 2 inhalers/month)
- **Albuterol HFA / Proventil HFA (6.7 g)** (max quantity limit; 0.45 g/day = 2 inhalers/month)
- **Ventolin HFA (8 g)** (max quantity limit; 0.54 g/day = 2 inhalers/month)

Effective October 6, 2008, Duac CS will now have a quantity limit set as described below:

- Max quantity limit; **1 kit per month**

Effective October 6, 2008, inhaled steroid products will now have quantity limits as described below:

- **Mometasone inhaler 220 mcg** (max quantity limit; 0.01 gm/day = 1 inhaler/month)
- **Mometasone inhaler 110 mcg** (max quantity limit; 0.14 gm/rolling 26 days = 1 inhaler/month)
- **Triamcinolone inhaler** (max quantity limit; 1.34 gm/day = 2 inhalers/month)
- **Fluticasone diskus 100 mcg** (max quantity limit; 8 blisters/day)
- **Fluticasone diskus 250 mcg** (max quantity limit; 8 blisters/day)
- **Fluticasone diskus 50 mcg** (max quantity limit; 2 blisters/day)
- **Fluticasone inhaler 110 mcg and 220 mcg** (max quantity limit; 0.8 gm/day = 2 inhalers/month)
- **Fluticasone inhaler 44 mcg** (max quantity limit; 0.71 gm/day = 2 inhalers/month)
- **Beclomethasone 40 mcg** (max quantity limit; 0.49gm/day = 2 inhalers/month)
- **Beclomethasone 80 mcg** (max quantity limit; 0.73 gm/day = 3 inhalers/month)
- **Flunisolide** (max quantity limit; 0.7 gm/day = 3 inhalers/month)
- **Flunisolide-M** (max quantity limit; 0.7 gm/day = 3 inhalers/month)

Effective October 1, 2008, the preferred oral quinolones products are as follows:

- **Ciprofloxacin**
- **Ofloxacin**
- **Avelox**
- **Avelox ABC Pack**

Thank you for helping Kentucky Medicaid maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Sincerely,

Kasie Purvis
Pharmacy Provider Educator