



656 Chamberlain Ave., Suite B
Frankfort, KY 40601

March 3, 2009

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services is making 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

On **January 1, 2009**, the following labelers were terminated from the Kentucky Medicaid Rebate Program:

- Purdue Frederick Company (00034)
- Star Pharmaceuticals, Inc. (00076)
- Watson Pharma Inc. (00364)
- Grifols Biologicals, Inc. (49669)
- Watson Pharma Inc. (62022)
- Veracity Pharmaceuticals, Inc. (67887)
- Carolina Pharmaceuticals, Inc. (68249)
- Unico Holdings, Inc. (59640)

On **January 7, 2009**, a generic equivalent of **TobraDex** suspension was available. **Tobramycin (dexamethasone) suspension** is now a **preferred product**. Additional preferred products are as follows:

- Bacitracin
- Bacitracin/polyB
- Erythromycin
- Gentamicin
- Neomycin/bac/polyB
- Neomycin/polyB/HC
- Neomycin/bac/polyB/HC
- Neomycin/polyB/dexamethasone
- Neo/dexamethasone
- PolyB/TMP
- Sulfacetamide sodium
- Sulfacetamide/prednisolone

- Tobramycin
- Blephamide
- Pred-G
- Tobramycin/dexamethasone suspension
- TobraDex ointment
- Zylet

Effective **December 8, 2008**, CMS determined that several drugs will **no longer be rebatable**; therefore, all claims for these products will deny with “NCPDP Error Code 70 - NDC not covered”. Please refer to the list below for drugs no longer reimbursable:

- SM Iron tablets 325 mg (NDC 11 – 49348018010)
- Prenatal Multiple vitamin + Mineral (NDC 9 – 493480556)
- SM Vitamin B-12 Time Release 1000 mcg tablets (NDC 9 – 493480407)
- SM Iron tablets, Slow Release Tablets (NDC 9 – 493480607)

Sincerely,

Kasie Purvis
Pharmacy Provider Educator