



656 Chamberlain Ave., Suite B
Frankfort, KY 40601
May 6, 2009

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services is making changes to the Kentucky Medicaid Preferred Drug List (PDL) Program based on recommendations from the Kentucky Medicaid Pharmacy & Therapeutics Advisory Committee at its October 14, 2008 and November 21, 2008 meetings.

On June 3, 2009, the following changes will be effective:

- New Drugs to Market
 - The following product (s) will become **preferred** on the PDL:
 - Asmanex[®] 100 mcg^{QL}
 - Kepra XR[®]
 - The following product (s) will become **non preferred** and require Prior Authorization (PA):
 - Alvesco[®] QL
 - Breze[™] Pads Kit
 - Bystolic[™]
 - Cimzia[®] CC
 - Cimzia[®] will be approved if **all** of the following criteria are met:
 - Diagnosis of Crohn's Disease
 - Failure of conventional therapy with at least one agent in at least 2 of the following classes (not all inclusive):
 - 5-ASA agents –examples: Mesalamine (Pentasa, Asacol, Rowasa)
 - Corticosteroids –examples: Cortenema, Prednisone
 - Immunosuppressives– examples: Azathiaprine (Imuran), 6-Mercaptopurine (Purinethol)
 - Failure of Humira therapy
 - No active or chronic infection
 - CNL8[™] Nail Kit
 - Durezol[™]
 - Glumetza[®]

- Iquix^{®CC}
 - Iquix[®] claims will pay if the diagnosis code is written on the original prescription and submitted through point-of-sale (POS). The following ICD-9 Codes are valid:

Diagnosis	ICD-9
Corneal Ulcers	370.00
	370.01
	370.02
	370.03
	370.04
	370.05
	370.06
	370.07

- Lamisil[®] Granules
- Luvox[™] CR
- Nexium[®] Packets ^{QL}
- Patanase[™] Nasal Spray
- Pristiq[™]
- Pylera[™]
- Renvela[™]
- Requip[®] XL
- Stavzor[™]
 - No change in therapy will be required for patients already stabilized on Stavzor[™].
 - Stavzor[™] will pay at point-of-sale for patients who have tried and failed therapy with other antiepileptic drugs.
- venlafaxine ER
- Voltaren[®] Gel ^{CC}
 - Voltaren[®] gel will be approved if **one** of the follow criteria are met:
 - Inability to swallow/tolerate PO medications.
 - Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs.
- Xyzal[®] Oral Solution
- Zamicet[™] ^{MD}
- The following product (s) will become **preferred and require PA**:
 - Amitiza^{®CC}
 - Amitiza[®] claims will pay if the diagnosis code is written on the original prescription and submitted through POS. The following ICD-9 Codes are valid:

Diagnosis	ICD-9
IBS-C	564.1
Chronic Idiopathic Constipation	564.0 Plus a history of laxative use in the past 30 days

- Seroquel[®] XR ^{CC}
 - Seroquel[®] XR will be approved is appropriate ICD-9 Codes are submitted with the prescription.

- The following product (s) will continue to pay as a **preferred** product until further notice:
 - Kuvan™
 - Taclonex® Scalp Solution
 - Nplate™
- The following product (s) will **require PA**:
 - Relistor®^{CC}
 - Relistor® will be approved if all of the follow criteria are met:
 - Diagnosis of opioid-induced constipation,
 - Patients has advanced illness, which is defined as a terminal disease (incurable cancer or other end-stage disease)
 - Trial and failure (unless contraindicated or intolerant to) of on agent in each of the following drug classes:
 - Stool softening agent (Example: docusate) **AND**
 - Peristalsis-inducing agent (Examples: bisacodyl, casanthranol, senna)

● Drug Class Additions

On June 3, 2009, the following changes will be effective:

- Agents for Pulmonary Hypertension
 - Letairis™, Revatio™^{CC} and Tracleer® will be added to the PDL as **preferred**.

On June 17, 2009, the following changes will be effective:

- Nitroimidazoles
 - Metronidazole will be added to the PDL as **preferred**.
 - Flagyl®, Flagyl ER®, and Tindamax® will be added to the PDL as **non preferred** and require PA.

● Drug Class Changes

On June 10, 2009, the following changes will be effective:

- Selective Norepinephrine Reuptake Inhibitors
 - Venlafaxine will remain a **preferred** product.
 - Effexor XR® will become a **preferred** product.
 - Cymbalta®^{CC}, Effexor®, and Pristiq™ will remain **non preferred** and require PA.
 - Venlafaxine ER will become **non preferred** and require PA.

On June 17, 2009, the following changes will be effective:

- Low Potency Statins
 - Lovastatin^{QL}, Lescol®^{QL} and Lescol XL®^{QL} will remain **preferred** products.
 - Pravastatin^{QL} will become a **preferred** product.
 - Advicor®^{QL} and Altoprev®^{QL} will become **non preferred** and require PA.
 - Mevacor®^{QL} and Pravachol®^{QL} will remain **non preferred** and require PA.
- Ophthalmic Macrolides
 - Erythromycin 0.5% ointment will remain a **preferred** product.
 - AzaSite®^{CC} will be added to the PDL as **non preferred** and require PA.
 - AzaSite® claims will pay if the diagnosis code is written on the original prescription and submitted through POS. The following ICD-9 Codes are valid:

Diagnosis	ICD-9
Chalazion	373.2
Meibomian (gland) cyst	
Blepharitis, Unspecified	373.00
Ulcerative Blepharitis	373.01
Squamous Blepharitis	373.02

- Oral 5-ASA Derivatives
 - Asacol[®], balsalazide, Pentasa[®], sulfasalazine, and sulfasalazine DR will remain **preferred** products.
 - Dipentum[®] and Lialda^{® QL} become **non preferred** and require PA.
 - Azulfidine[®], Azulfidine EN[®], and Colazal[®] will remain **non preferred** and require PA.
- Clinical Criteria Reviews
 - Cymbalta^{® CC} will remain **non preferred** with clinical criteria; however, claims will pay if the diagnosis code is written on the original prescription and submitted through POS. The following ICD-9 Codes are valid:

Diagnosis	ICD-9
Diabetes Mellitus with Peripheral Circulatory Disorders	250.6
	250.61
	250.62
	250.63
	357.2
Fibromyalgia	729.1

- Flector^{TM CC} will remain **non preferred** with clinical criteria.
 - FlectorTM will be approved if one of the follow criteria is met:
 - Inability to swallow/tolerate PO medications.
 - Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs
- Revatio^{TM CC} will be added to the PDL as **preferred** with clinical criteria; however, claims will pay if the diagnosis code is written on the original prescription and submitted through POS. The following ICD-9 Codes are valid:

Diagnosis	ICD-9
Pulmonary Hypertension	416.0
	416.8

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

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