



656 Chamberlin Ave., Suite B
Frankfort, KY 40601

May 22, 2009, 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 **March 9, 2009**, Kentucky Medicaid placed **Prilosec® suspension** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- Nexium®
- Prevacid®
- Prevacid SoluTab®
- Prilosec OTC®

On **March 10, 2009**, Kentucky Medicaid placed brand **Depakote Sprinkles®** as a **non preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- Ethosuximide
- Divalproex sodium
- Divalproex sodium sprinkles
- Phenytoin
- Primidone
- Valproic acid
- Celontin®
- Depakote ER®
- Dilantin Infatab®
- Dilantin Kapseal® 30 mg
- Felbatol®
- Peganone®
- Phenytek®

On **March 10, 2009**, Kentucky Medicaid placed **Altabax® cream** as a **preferred agent** on the Preferred Drug List (PDL) with a Tier 2 copay. The following quantity limit(s) will apply:

- 5gm per 30 days

On **March 12, 2009**, Kentucky Medicaid placed **NeoBenz®** as a **non-preferred product** on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- Benzoyl peroxide
- Clindamycin
- Erythromycin
- Erythromycin/benzoyl peroxide
- Sodium Sulfacetamide
- Sodium Sulfacetamide/sulfur
- Benzaclin®
- Sulfoxyl®

On **March 18, 2009**, Kentucky Medicaid placed **Toviaz™** as a **non-preferred product** on the Preferred Drug List (PDL) until reviewed by the Kentucky Medicaid Pharmacy and Therapeutics Committee (PTAC) (April 2009).

On **March 20, 2009**, Kentucky Medicaid placed generic **lamotrigine and levetiracetam** as **preferred agents** on the Preferred Drug List (PDL) with a Tier 1 copay.

On **March 20, 2009**, Kentucky Medicaid placed **OTC generic cetirizine Syrup** as a **preferred agent** on the Preferred Drug List (PDL) with a Tier 1 copay.

On **March 26, 2009**, Kentucky Medicaid placed **Aplenzin™** as a **non-preferred product** on the Preferred Drug List (PDL) until reviewed by the Kentucky Medicaid Pharmacy and Therapeutics Committee (PTAC) (May 2009).

Sincerely,

Kasie Purvis
Pharmacy Provider Educator