



656 Chamberlin Ave., Suite B  
Frankfort, KY 40601

May 22, 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 **April 7, 2009**, Kentucky Medicaid began to prefer **Adderall® XR** over its generic equivalent.

On **April 16, 2009**, Kentucky Medicaid placed **topiramate** as a **preferred agent** on the Preferred Drug List (PDL) with a Tier 1 copay. **All Topamax® dosage forms** will now deny for prior authorization as a **non-preferred** product.

On **April 16, 2009**, Kentucky Medicaid placed **Keppra® and Lamictal®** as **non-preferred agents** on the PDL.

On **April 27, 2009**, Kentucky Medicaid placed prior authorization on **Ryzolt™** until it can be reviewed for permanent PDL placement by the PTAC at its May meeting. The following products are currently preferred:

- Tramadol
- Tramadol/APAP

Sincerely,

Kasie Purvis  
Pharmacy Provider Educator

