



656 Chamberlin Ave., Suite B
Frankfort, KY 40601

June 4, 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 **May 1, 2009**, Kentucky Medicaid began to require prior authorization for **Gelnique™** until it can be reviewed for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee in July 2009. The following product(s) are currently preferred:

- oxybutynin
- flavoxate
- Detrol®
- Detrol LA®
- Enablex®
- VESicare®

On **May 1, 2009**, Kentucky Medicaid began to require prior authorization for **Savella®** until it can be reviewed for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee in July 2009. The following product(s) are currently preferred:

- venlafaxine

On **May 4, 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 **May 11, 2009**, Kentucky Medicaid began to require prior authorization for **Nuvigil®** until it can be reviewed for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee in July 2009. The following products are currently preferred:

- amphetamine salt combo^{AE, CC, QL}
- dexamethylphenidate^{AE, CC, QL}
- dextroamphetamine^{AE, CC}
- methamphetamine^{AE, CC}
- methylphenidate^{AE, CC}
- methylphenidate ER^{AE, CC}
- Adderall XR^{® AE, CC, QL}
- Dextrostat^{® AE, CC}
- Metadate ER^{® AE, CC}
- Methylin^{® AE, CC}
- Methylin ER^{® AE, CC}
- Concerta^{® AE, CC, QL}
- Daytrana^{® CC}
- Focalin XR^{® AE, CC, QL}
- Metadate CD^{® AE, CC}
- Methylin Chewable^{® AE, CC}
- Ritalin LA^{® AE, CC}
- Strattera^{® AE, CC, QL}
- Vyvanse^{® AE, CC, QL}

On **May 11, 2009**, Kentucky Medicaid placed **Risperdal[®] ODT** as **non preferred** on the Preferred Drug List with a Tier 3 copay. Current prior authorization criteria and quantity limits will remain in effect for both the preferred and non preferred products. The following product(s) are currently preferred:

- clozapine
- risperidone
- risperidone ODT
- Abilify[®] Discmelt
- Abilify[®]
- Clozaril[®]
- FazaClo ODT[®]
- Geodon[®]
- Invega[®]
- Risperdal Consta[®]
- Seroquel[®]
- Seroquel XR[®]
- Zyprexa[®]
- Zyprexa Zydis[®]

On **May 19, 2009**, Kentucky Medicaid began to require prior authorization for Simponi[™] until it can be reviewed for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee in July 2009.

On **May 26, 2009**, Kentucky Medicaid began to require prior authorization for **Exforge[®] HCT** until it can be reviewed for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee in July 2009.

On **May 28, 2009**, Kentucky Medicaid placed **Tegretol XR[®]** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following product(s) are currently preferred:

- carbamazepine
- carbamazepine XR
- oxcarbazepine
- Carbatol[®]
- Equetro[®]
- Epitol[®]
- Trileptal[®] Suspension

Sincerely,

Kasie Purvis
Pharmacy Provider Educator