



656 Chamberlin Ave., Suite B
Frankfort, KY 40601

July 24, 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 **August 26, 2009**, Kentucky Medicaid will begin to require prior authorization for **Prevacid[®] SoluTabs** for any recipient 12 years of age or older. Prevacid[®] SoluTabs will have a Tier 2 copay and a quantity limit of one (1) per day.

Sincerely,

Kasie Purvis
Pharmacy Provider Educator