



656 Chamberlin Ave., Suite B
Frankfort, KY 40601

August 10, 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 **June 16, 2009**, Kentucky Medicaid began to require prior authorization for **Besivance**™ pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee.

On **June 16, 2009**, Kentucky Medicaid began to require prior authorization for **Asacol**® **HD** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee.

On **June 24, 2009**, Kentucky Medicaid no longer covered **MiraLAX**® and its equivalent products for long term care members.

On **June 24, 2009**, Kentucky Medicaid began to require prior authorization for **Cetraxal**® pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee.

Sincerely,

Kasie Purvis
Pharmacy Provider Educator