



656 Chamberlin Ave., Suite B
Frankfort, KY 40601

August 18, 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 **July 8, 2009**, Kentucky Medicaid began to require prior authorization for **Nucynta™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- codeine
- codeine/APAP (MD)
- codeine/APAP/caff/butal
- codeine/ASA (MD)
- codeine/ASA/caff/butal
- hydrocodone/APAP (MD)
- hydrocodone/ASA (MD)
- hydrocodone/ibuprofen
- hydromorphone
- meperidine
- morphine IR
- nalbuphine
- oxycodone
- oxycodone/APAP (MD)
- oxycodone/ASA (MD)
- propoxyphene/APAP
- propoxyphene naps/APAP

On **July 8, 2009**, Kentucky Medicaid began to require prior authorization for **Benzaclin® Care Kit** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- benzoyl peroxide
- clindamycin
- erythromycin
- erythromycin/benzoyl peroxide
- sodium sulfacetamide
- sodium sulfacetamide/sulfur
- Benzaclin®
- Sulfoxyl®

On **July 13, 2009**, Kentucky Medicaid began to require prior authorization for **Edluar®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. Current quantity limits will remain in effect. The following product(s) are currently preferred:

- chloral hydrate
- estazolam (#14/14 days)
- flurazepam (#14/14 days)
- temazepam (#14/14 days)
- triazolam (#14/14 days)

On **July 24, 2009**, Kentucky Medicaid began to require prior authorization for **Adcirca™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. Current clinical criteria requirements will remain in effect for the preferred products. The following product(s) are currently preferred:

- Revatio™ *(CC)*
- Letairis®
- Tracleer®

On **September 16, 2009** Kentucky Medicaid will require prior authorization for **Oxytrol®**. Current quantity limits will remain in effect. The following product(s) are currently preferred:

- oxybutynin (#90/26 days, 450mL/26 days)
- flavoxate (#90/26 days, 450mL/26 days)
- Detrol® (#60/26 days)
- Detrol LA® (#30/26 days)
- Enablex® (#30/26 days)
- VESIcare® (#30/26 days)

Sincerely,

Kasie Purvis
Pharmacy Provider Educator