



656 Chamberlain Ave., Suite B
Frankfort, KY 40601

September 4, 2009

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services is making changes to the Kentucky Medicaid Preferred Drug List (PDL) based on recommendations from the Kentucky Medicaid Pharmacy & Therapeutics Advisory Committee at its March 19, 2009 meeting.

On October 7, 2009, the following changes will be effective:

- New Drugs to Market
 - The following agent(s) will become **preferred** product(s) on the PDL:
 - Astepro[®]
 - Banzel[®]
 - Banzel[®] claims will pay if the diagnosis code is written on the original prescription and submitted through POS. The following ICD-9 Codes are valid:

Diagnosis	ICD-9
Lennox-Gastaut Syndrome	345.0
	345.00
	345.01

- Epiduo[®]
 - Trilipix[®]
- The following agent(s) will become **non preferred** product(s) and require Prior Authorization (PA):
 - Aczone[®]
 - Apriso[™]
 - Eliphos[™]
 - Moxatag[®]
 - Prandimet[™]
 - Xolegel[™]
 - Zacare[™]
- The following agent(s) will continue to pay as **preferred** product(s) until further notice:
 - Xenazine[®]
- The following agent(s) will require PA:
 - Promacta[®]

- Promacta[®] claims will pay if the diagnosis code is written on the original prescription and submitted through POS. The following ICD-9 Codes are valid:

Diagnosis	ICD-9
Chronic Immune (idiopathic) Thrombocytopenic Purpura (ITP)	287.31

- Drug Class Changes
 - Hematopoietic Agents
 - The following agent(s) will remain **preferred** product(s):
 - Aranesp[®] CC
 - Epogen[®] CC
 - Procrit[®] CC
 - COPD Anticholinergics
 - The following agent(s) will remain **preferred** product(s):
 - ipratropium inhalation solution^{QL}
 - ipratropium-albuterol solution^{QL}
 - Atrovent[®] HFA^{QL}
 - Combivent[®] QL
 - Spiriva[®] QL
 - The following agent(s) will remain **non preferred** product(s):
 - DuoNeb[®] QL

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

Thank you for helping Kentucky Medicaid maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Sincerely,

Kasie Purvis
Pharmacy Provider Educator