



656 Chamberlin Ave., Suite B  
Frankfort, KY 40601

October 8, 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 **September 11, 2009**, Kentucky Medicaid began to require prior authorization for **Saphris®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- clozapine (CC)
- risperidone (CC)
- risperidone ODT (CC)
- Abilify® (CC)
- Abilify Discmelt® (CC)
- Clozaril® (CC)
- FazaClo ODT® (CC)
- Geodon® (CC)
- Invega® (CC)
- Risperdal Consta® (CC) (QL)
- Seroquel® (CC)
- Seroquel XR® (CC)
- Zyprexa® (CC)
- Zyprexa Zydis® (CC)

On **September 11, 2009**, Kentucky Medicaid began to require prior authorization for **Extavia®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Avonex®
- Avonex Administration Pack®
- Betaseron®

AE - Age Edit; CC - Clinical Criteria; MD - Medications with Maximum Duration; QL - Quantity Limit; ST - Step Therapy

- Copaxone®
- Rebif® (QL)

On **September 11, 2009**, Kentucky Medicaid began to require prior authorization for **Embeda™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- morphine sulfate SA (QL)
- methadone
- Duragesic® (QL)
- Kadian® (QL)

On **September 16, 2009** Kentucky Medicaid began to require prior authorization for **Starlix™**. The following product(s) are currently preferred:

- Nateglinide

On **September 29, 2009**, Kentucky Medicaid began to require prior authorization for **Intuniv™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) 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)

**Medications above indicated with BOTH AE AND CC correspond to patients >19 years of age. Medications with other designations alone or in combination, but NOT in the combination of AE AND CC ARE NOT AGE SPECIFIC EDITS.**

On **September 29, 2009**, Kentucky Medicaid began to require prior authorization for **Bepreve™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Alaway OTC®
- Pataday®
- Patanol®
- Zaditor OTC®

Sincerely,

Kasie Purvis  
Pharmacy Provider Educator