



656 Chamberlain Ave., Suite B
Frankfort, KY 40601

October 11, 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 April 16, 2009 meeting.

On November 11, 2009, the following changes will be effective:

- New Drugs to Market
 - The following product (s) will become **non preferred** and require Prior Authorization (PA):
 - Centany™
 - Kapidex™ QL
 - Rapaflo™
 - Toviaz™ QL
 - Vectical™
 - Vimpat®
 - Vimpat® claims will pay at point-of-sale (POS) if there is an anticonvulsant claim in the past 90 days.
 - The following product (s) will **require PA**:
 - DexPak®
 - Dolgic® Plus
 - Fexmid®
 - Ibudone®
 - Mozobil™
 - Mozobil™ 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
Non-Hodgkin's lymphoma	202.8
Multiple myeloma	203
	203.0

- Naprelan®
- Uloric®
 - Febuxostat (Uloric®) will be approved if **both** of the following are true:
 - Diagnosis of hyperuricemia associated with gout **AND**

- Adequate trial (at least 3 months) of allopurinol without achievement of serum urate level below 6 mg/dL **OR** intolerance **or** contraindication to allopurinol.
- Xodol[®]

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