



656 Chamberlain Ave., Suite B
Frankfort, KY 40601

October 16, 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 18, 2009, the following changes will be effective:

- Drug Class Changes
 - Sedative Hypnotics
 - Chloral hydrate, estazolam^{QL}, flurazepam^{QL}, temazepam^{QL} and triazolam^{QL} will remain **preferred** products.
 - Zolpidem^{QL} will become a **preferred** product.
 - Ambien^{® QL}, Ambien CR^{® AE, QL}, Dalmane^{® QL}, Doral^{® QL}, Halcion^{® QL}, Lunesta^{® AE, QL}, ProSom^{® QL}, Restoril^{® QL}, Rozerem^{® AE, QL}, Somnote[®], Sonata^{® AE, QL} and zaleplon^{® AE, QL} will remain **non preferred** and require PA.
 - Rozerem[®] will automatically be approved for patients with a history of drug/alcohol abuse.
 - Topical Antifungals
 - Clotrimazole, nystatin cream, nystatin ointment and nystatin-triamcinolone will remain **preferred** products.
 - Clotrimazole-betamethasone, ciclopirox, econazole, ketoconazole, Exelderm[®], Naftin[®], Oxistat[®] will become **non preferred** and require PA.
 - CNL8[®] Nail Kit, Ertaczo[®], Extina[®], Kuric[®], Lamisil[®], Loprox[®], Lotrimin[®], Lotrisone[®], Mentax[®], Monistat-Derm[®], Myconel[®], Mycostatin[®], Nizoral[®], Nyamyc[®], Nystop[®], Pedi-Dri[®], Penlac[®], Spectazole[®], Vusion^{® CC}, Xolegel[®], Xolegel[®] CorePak and Xolegel[®] Duo will remain **non preferred** and require PA.
 - Vusion^{® CC} approval will be granted for individuals meeting all of the following criteria:
 - Recipient must have a diagnosis of diaper dermatitis; **AND**
 - Failed at least one conventional OTC or Rx therapy (zinc oxide, topical antifungal, hydrocortisone, A&D Ointment) for diaper dermatitis.

Prior authorization forms are located at <http://kentucky.fhsc.com/pharmacy>. Please fax all requests to First Health Services at the following numbers:

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

- 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