



656 Chamberlain Ave., Suite B
Frankfort, KY 40601

November 2, 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 December 2, 2009, the following changes will be effective:

- Drug Class Changes
 - Immunosuppressants
 - Azathioprine, cyclosporine and Gengraf[®] will remain **preferred** products.
 - Mycophenolate mofetil, Myfortic[®], Prograf[®] and Rapamune[®] will become **preferred** products.
 - Azasan[®], CellCept[®], Imuran[®], Neoral[®] and Sandimmune[®] will remain **non preferred** and require PA.
 - Growth Hormone
 - Genotropin^{®CC}, Norditropin^{®CC} and Saizen^{®CC} will remain **preferred** products.
 - Claims for preferred growth hormones 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
Pituitary disease from known causes such as pituitary tumor, pituitary surgical damage, hypothalamic disease, irradiation, or trauma such as <ul style="list-style-type: none"> • Panhypopituitarism • Iatrogenic pituitary disorders • Other disorders of the pituitary • Other syndromes of diencephalohypophyseal origin • Other disorders of the pituitary gland and craniopharyngeal duct 	253.2
	253.7
	253.8
	194.3
Growth Hormone Deficiency or Pituitary dwarfism	253.3
Turner Syndrome	758.6
Chronic Renal Insufficiency	585.9
End Stage Renal Disease	585.6

Prader-Willi Syndrome	759.81
Idiopathic Short Stature (meaning of unknown origin). Also called non-growth hormone deficient short stature, Short Stature Homeobox Gene	783.43
Small for gestational age	764.00
	764.01
	764.02
	764.03
	764.04
	764.05
	764.06
	764.07
	764.08
764.09	
Noonan Syndrome	759.89
HIV wasting or cachexia	799.4
Short bowel syndrome	579.3

- Humatrope^{®CC}, Nutropin^{®CC}, Nutropin AQ^{®CC}, Omnitrope^{®CC}, Serostim^{®CC}, Tev-Tropin^{®CC} and Zorbtive^{®CC} will remain **non preferred** and require PA.

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