



656 Chamberlin Ave., Suite B
Frankfort, KY 40601

November 23, 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 **October 5, 2009**, Kentucky Medicaid began to require prior authorization for **Terbinex Kit** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- fluconazole
- griseofulyin
- itraconazole (CC)
- terbinafine (CC)
- Fulvicin U/F®
- Gris-Peg®
- Grifulvin V®
- Noxafil®
- Vfend®

On **October 5, 2009**, Kentucky Medicaid began to require prior authorization for **Valturna®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Tekturna® (ST)
- Tekturna HCT® (ST)

On **October 9, 2009**, Kentucky Medicaid began to require prior authorization for **Onsolis™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Currently, all products require prior approval.

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

On **October 9, 2009** Kentucky Medicaid began to require prior authorization for **Stelara™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Enbrel® *(CC)(QL)*
- Humira® *(CC)(QL)*

On **October 19, 2009**, Kentucky Medicaid began to require prior authorization for **Naprelan® CR Dose Pack**. The following product(s) are currently preferred:

- diclofenac potassium
- diclofenac sodium
- diflunisal
- etodolac
- fenoprofen
- flurbiprofen
- ibuprofen
- indomethacin
- ketoprofen
- ketoprofen ER
- ketorolac *(QL)*
- mefenamic acid
- meclofenamate
- nabumetone
- naproxen
- naproxen sodium
- oxaprozin
- piroxicam
- sulindac
- tolmetin

Sincerely,

Kasie Purvis
Pharmacy Provider Educator