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Suite A  
Frankfort, KY 40601

December 12, 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 July 16, 2009 meeting, and as adopted by the Cabinet for Health and Family Services' Secretary by order dated August 14, 2009.

**On January 13, 2010, the following changes will be effective:**

- Drug Class Changes
  - High Potency Statins
    - Simvastatin, Crestor<sup>®</sup> and Vytorin<sup>™</sup> will remain **preferred** products.
    - Lipitor<sup>®</sup> and Zocor<sup>®</sup> will remain **non-preferred** and will require PA via an electronic step edit.
    - Quantity limits of 1 per day will remain in effect for all agents in the class.
  - Oxazolidinones
    - Zyvox<sup>®</sup> will remain a **preferred** product; however, it will continue to require PA.
    - Zyvox<sup>®</sup> will be approved if the following criteria are met:
      - Diagnoses to approve:
        - Vancomycin-Resistant Gram Positive Infections (VRE) via current culture and sensitivity testing
          - Enterococcus faecium
          - Enterococcus faecalis
        - Methicillin-Resistant Staph Aureus Infections (MRSA) via current culture and sensitivity testing
        - Empiric management of suspected MRSA infection without culture confirmation if any of the following are true:
          - Previously documented MRSA infection,
          - Previous cellulitis caused by documented MRSA,
          - Skin and soft tissue infection with abscess,
          - Patient meets BOTH of the following criteria:
            - Has tried and failed within the past month any of the following antibiotics:
              - Tetracycline, or
              - Sulfamethoxazole /trimethoprim, or
              - Clindamycin, or

- Any fluoroquinolone AND
- Patient presents with any one of the following risk factors:
  - Health facility stay/visit (current or within the past month)
  - Surgery in the past month
  - Participation in team sports (current or past month)
  - Jail/Prison (current or in past month)
  - Military (current or in past month)
  - History of “spider bite” within the past month
  - Pediatrics enrolled in daycare or school (current or in past month)
  - Multiple areas of induration
  - HIV
  - Permanent indwelling catheters
  - Percutaneous implanted device
  - IV drug user
  - Previously colonized with multi-drug resistant pathogens including MRSA
  - Diabetic foot ulcer
  - End stage renal disease; AND
- If Zyvox<sup>®</sup> was initiated in the hospital; it will be approved to complete the course of antibiotic therapy.
  - Zyvox<sup>®</sup> will be limited to a 28 day supply.
  - To facilitate the PA process, a drug specific PA fax form can be found at <https://kentucky.fhsc.com/Pharmacy>.
- Antivirals: Herpes
  - Acyclovir and Valtrex<sup>®</sup> will remain **preferred** products.
  - Zovirax<sup>®</sup> will remain **non-preferred** and require PA.
  - Famvir<sup>®</sup> and famciclovir will become **non-preferred** and require PA.
- Antivirals: Influenza
  - Amantadine, rimantadine, Tamiflu<sup>®</sup> and Relenza<sup>®</sup> will remain **preferred** products.
  - Flumadine<sup>®</sup> will become **non-preferred** and require PA
- The following product(s) will become **non-preferred** and require Prior Authorization (PA):
  - Branded Products with Generic Components
    - Kenalog<sup>®</sup> Spray

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