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Suite A
Frankfort, KY 40601

December 18, 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 20, 2010, the following changes will be effective:

- Drug Class Changes
 - Penicillins
 - Amoxicillin, ampicillin, dicloxacillin and penicillin V will remain **preferred** products.
 - Amoxil[®], Moxatag[™], Trimox[®] and Veetids[®] will remain **non-preferred** and require PA.
 - Penicillin/Beta-Lactamase Inhibitor Combinations
 - Amoxicillin/clavulanate and amoxicillin/clavulanate ES-600 will remain **preferred** products.
 - Amoclan[®], Augmentin[®], Augmentin ES-600[®], and Augmentin XR[®] will remain **non-preferred** and require PA.
 - First Generation Cephalosporins
 - Cephalexin and cefadroxil will remain **preferred** products.
 - Keflex[®] will remain **non-preferred** and require PA.
 - Duricef[®] will become **non-preferred** and require PA.
 - Second Generation Cephalosporins
 - Cefaclor, cefprozil and cefuroxime will remain **preferred** products.
 - Ceclor[®] and Cefzil[®] will remain **non-preferred** and require PA.
 - Cefaclor ER and Ceftin[®] will become **non-preferred** and require PA.
 - Third Generation Cephalosporins
 - Cefdinir, cefpodoxime, Spectracef[®] and Suprax[®] will remain **preferred** products.
 - Vantin[®] and Omnicef[®] will remain **non-preferred** and require PA.
 - Cedax[®] will become **non-preferred** and require PA.
 - Ketolides
 - Ketek[®] will remain a **preferred** product; however, it will continue to require PA.
 - Ketek[®] will be approved if the following criteria are met:
 - Diagnosis of Community Acquired Pneumonia (CAP) OR Acute Exacerbation of Chronic Bronchitis AND

- Must have previously used (within the past 28 days) ONE of the following:
 - Penicillin (e.g., amoxicillin, amoxicillin-clavulanate, ampicillin-sulbactam, or piperacillin-tazobactam)
 - 2nd or 3rd generation cephalosporins (e.g., cefuroxime, cefpodoxime, cefprozil, cefotaxime, ceftriaxone)
 - Macrolide (e.g., azithromycin, clarithromycin, erythromycin)
 - Fluoroquinolone (e.g., levofloxacin, gatifloxacin, moxifloxacin)
 - Tetracycline (e.g., doxycycline)
 - Trimethoprim/sulfamethoxazole (e.g., Bactrim) AND
- If Ketek[®] was initiated in the hospital; it will be approved to complete the course of antibiotic therapy.
 - Ketek[®] will be limited to a 10 days supply.
- Tetracyclines
 - Demeclocycline, doxycycline, minocycline and tetracycline will remain **preferred** products.
 - Adoxa[®], Adoxa Pak[®], Adoxa CK[®], Adoxa TT[®], Declomycin[®], Doryx[®], Dynacin[®], Minocin[®], Minocin Convenience Pack[®], Monodox[®], Myrac[®], Nutri Dox[®], Oracea[®], Solodyn[®], Sumycin[®], Vibra-Tabs[®] and Vibramycin[®] will remain **non-preferred** and require PA.
- Sulfonamides, Folate Antagonist
 - Sulfadiazine, trimethoprim and trimethoprim/sulfamethoxazole will remain **preferred** products.
 - Bactrim[®], Bactrim DS[®], Primisol[®], Septra[®], Septra DS[®], and Sulfatrim[®] will remain **non-preferred** and require PA.
 - Gantrisin[®] will become **non-preferred** and require PA.
- Oral Antifungals
 - Clotrimazole, fluconazole, griseofulvin, ketoconazole, nystatin, Ancobon[®], Gris-PEG[®], Noxafil[®] and Vfend[®] will remain **preferred** products.
 - Itraconazole will remain **preferred**; however, PA will still be required.
 - Itraconazole will be approved if the following criteria are met:
 - Tinea corporis (body ringworm), Tinea cruris (jock itch), or Tinea pedis (athlete's foot): therapeutic failure on at least one topical antifungal medication is required
 - Tinea Capitis
 - Onychomycosis (fungal infection of the fingernails or toenails)
 - Systemic or other serious fungal infection (e.g., esophageal candidiasis, blastomycosis, aspergillosis, cutaneous sporotrichosis)
 - Terbinafine will remain **preferred**, and PA requirement will be removed.
 - Diflucan[®], Lamisil[®], Lamisil Granules[®], Mycelex Troche[®], Mycostatin[®], Nizoral[®], and Sporanox[®] will remain **non-preferred** and require PA.
 - Grifulvin V[®] will become **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