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 Suite A
 Frankfort, KY 40601

December 23, 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 27, 2010, the following changes will be effective:

- New Drugs to Market
 - The following product (s) will become **non-preferred** and require Prior Authorization (PA):
 - Sancuso[®] QL (1 per week)
 - Acanya[™]
 - Aplenzin[™]
 - Asacol HD[®]
 - Besivance[™]
 - Gelnique[™]
 - Nuvigil[®] QL (150 mg per day)
 - Nuvigil[®] claims will pay if the diagnosis code is written on the original prescription and submitted through POS AND there is documented trial and failure of modafinil (Provigil[®]). The following ICD-9 Code (s) are valid:

Diagnosis	ICD-9
Narcolepsy	347.00
	347.01
	347.11
Sleep apnea/hypoapnea syndrome	780.57

	780.51
	780.53
Shift work sleep disorder	307.45

- Ryzolt™
 - Simponi® QL (50 mg per month)
 - Zinotic ES®
- The following product (s) will **require PA**:
- Afinitor™
 - Afinitor™ (everolimus) will be approved if the patient has a history of either of the following agents within the past 90 days (unless ALL are contraindicated).
 - sunitinib (Sutent®)
 - sorafenib (Nexavar®)
 - Exforge HCT®
 - Exforge HCT® will be approved if the patient has a history of either of the following agents within the past 365 days:
 - ACE Inhibitor, OR
 - Exforge®
 - Lovaza®
 - Lovaza® will be approved if the patient has a history of either of the following agents within the past 90 days:
 - Fibric Acid Derivative, OR
 - Statin
 - Savella™
 - Savella™ claims will pay if the diagnosis code is written on the original prescription and submitted through POS. The following ICD-9 Code (s) are valid:

Diagnosis	ICD-9
Fibromyalgia “Other Disorders of Soft Tissue, Myalgia and Myositis, unspecified.	729.1

On **November 25, 2009**, Kentucky Medicaid began to require prior authorization for **Acular®** and **Acular LS®**. The following product(s) are currently preferred:

- diclofenac
- flurbiprofen
- ketorolac
- Acular PF[®]

On **November 25, 2009**, Kentucky Medicaid began to require prior authorization for **Prevacid-24 Hour[®]**. The following product(s) are currently preferred:

- Nexium[®] (QL)
- Prevacid[®] (QL)
- Prevacid SoluTab[®] (AE) (QL)
- Prilosec OTC[®] (QL)

On **November 25, 2009**, Kentucky Medicaid began to require prior authorization for **Votrient[™]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Gleevac

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

- Exforge[®] (ST)

Prior authorization forms are located at <http://kentucky.fhsc.com>. 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

Provider Relations Manager