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Frankfort, KY 40601

January 27, 2010

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 <https://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

On **December 1, 2009**, Kentucky Medicaid placed **branded Aceon®** as a **preferred product** on the Preferred Drug List (PDL) with a Tier 1 copay. **Perindopril** will be **non-preferred** on the PDL with a Tier 3 copay. The following product(s) are currently preferred:

- benazepril
- captopril
- enalapril
- fosinopril
- lisinopril
- moexipril
- quinapril
- ramipril

On **December 3, 2009**, Kentucky Medicaid placed **branded Prevacid®** as a **preferred product** on the Preferred Drug List (PDL) with a Tier 1 copay. **Lansoprazole** will be **non-preferred** on the PDL with a Tier 3 co-pay. The following product(s) are currently preferred:

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

On **December 8, 2009**, Kentucky Medicaid placed **branded Optivar®** as a **preferred product** on the Preferred Drug List (PDL) with a Tier 1 copay. **Azelastine ophthalmic solution** will be **non-preferred** on the PDL with a Tier 3 copay. The following product(s) are currently preferred:

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

- Alaway OTC®
- Pataday®
- Patanol®
- Zaditor OTC®

On **December 8, 2009**, Kentucky Medicaid placed **branded Ultram® ER** as a **preferred product** on the Preferred Drug List (PDL) with a Tier 1 copay. **Extended release tramadol** will be **non-preferred** on the PDL with a Tier 3 copay. The following product(s) are currently preferred:

- tramadol
- tramadol/APAP

On **December 15, 2009** Kentucky Medicaid placed **branded Valtrex®** as a **preferred product** on the Preferred Drug List (PDL) with a Tier 1 copay. **Valacyclovir** will be **non-preferred** on the PDL with a Tier 3 copay. The following product(s) are currently preferred:

- acyclovir
- famciclovir
- Famvir®
- Valtrex®

On **December 29, 2009**, Kentucky Medicaid began to require prior authorization for **Fanapt™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- clozapine (CC)
- risperidone (CC)
- risperidone ODT (CC)
- Abilify® (CC)
- Abilify Discmelt® (CC)
- Clozaril® (CC)
- FazaClo ODT® (CC)
- Geodon® (CC)
- Invega® (CC)
- Risperdal Consta® (CC)(QL)
- Seroquel® (CC)
- Seroquel XR® (CC)
- Zyprexa® (CC)
- Zyprexa Zydis® (CC)

On **December 29, 2009** Kentucky Medicaid placed **oxcarbazepine suspension** as a **preferred product** on the PDL. The following product(s) are currently preferred:

- carbamazepine
- carbamazepine XR
- oxcarbazepine
- Carbatrol®
- Equetro®

- Epitol®
- oxcarbazepine suspension

Sincerely,

Kasie Purvis  
Pharmacy Provider Educator