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Suite A  
Frankfort, KY 40601

February 5, 2010

**RE: Retraction**

Dear Kentucky Medicaid Provider:

**This provider notification is a retraction to provider notice #089 – December Pharmacy Updates.**

Please be advised that the Department for Medicaid Services has made the following 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 perindopril as a non-preferred product on the Preferred Drug List (PDL) with a Tier 3 copay. **Aceon® will continue to be non-preferred on the PDL with a Tier 3 copay as well.** The following product(s) are currently preferred:

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

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

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

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

- tramadol
- tramadol/APAP

On December 15, 2009 Kentucky Medicaid placed valacyclovir as a non-preferred product on the Preferred Drug List (PDL) with a Tier 3 copay. Branded Valtrex® will continue to be preferred on the PDL with a Tier 1 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