

79 C. Michael Davenport Blvd.  
Suite A  
Frankfort, KY 40601

February 17, 2010

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 September 17, 2009 meeting, and as adopted by the Cabinet for Health and Family Services' Secretary by order dated October 14, 2009.

**On March 17, 2010, the following changes will be effective:**

- Drug Class Changes
  - Hepatitis C: Interferons
    - PEGASYS<sup>® QL</sup>, PEGASYS<sup>®</sup> Convenience Pack<sup>QL</sup>, PEG-Intron<sup>™ QL</sup> and PEG-Intron<sup>™</sup> Redipen<sup>QL</sup> will remain **preferred**.
    - Infergen<sup>® QL</sup> will become **non-preferred**.
    - All agents in this class will require PA after the initial 16 weeks of therapy.
      - After the initial 16 weeks of therapy, pegylated interferons will be approved if:
        - HCV RNA Assay results obtained prior to initiation of therapy **AND** 12 weeks after initiation of therapy show at least a 2 logarithmic unit decrease (example: from 2,000,000 units to 20,000 units).
      - **LIMITATION ON LENGTH OF THERAPY IS BASED ON PRODUCT**
        - Interferon alfacon-1
          - IFN naïve – 24 weeks total therapy
          - INF relapse – 48 weeks total therapy
        - Peginterferon alfa-2a OR 2b
          - Genotype 1, 4, age 2-17 years, OR HIV positive – 48 weeks total therapy
          - Genotype 2, 3 – 24 weeks total therapy

**On March 24, 2010, the following changes will be effective:**

- Hepatitis C: Ribavirins
  - Ribavirin, RibaPak™ and Ribasphere™ will remain **preferred**.
  - Copegus™ will become **non-preferred**.
  - Rebetol® and RibaTab® will remain **non-preferred**.
  - All agents in this category will require PA.
    - Ribavirins will pay at point-of-sale without PA if there is concurrent interferon therapy in history.
- Branded Products with Generic Components
  - The following product(s) will become **non-preferred** and require Prior Authorization (PA):
    - Benziq®
    - IC400®
    - IC800®

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

Pharmacy Provider Educator