

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

March 5, 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 31, 2010, the following changes will be effective:

- New Prior Authorization (PA) Criteria
 - Ranexa®
 - Ranexa® (ranolazine) will be approved if the patient has a history of one agent in any of the following drug classes (unless ALL are contraindicated)
 - Beta Blocker, or
 - Nitrate, or
 - Calcium Channel Blocker.
 - Lidoderm®
 - Lidoderm® will be approved if any one of the following criteria are met:
 - Claims will pay if the diagnosis code is written on the original prescription and submitted through point-of-sale, OR

Diagnosis	ICD-9 Code
Postherpetic Trigeminal Neuralgia	053.12
Postherpetic Polyneuropathy	053.13

- History of one agent in any of the following medication classes:
 - Tricyclic antidepressant, or
 - Anticonvulsant, or
 - SNRI

- Corticosteroids, Intranasal
 - Fluticasone propionate and Nasonex[®] will remain **preferred**.
 - Veramyst[®] will become **preferred**.
 - Beconase AQ[®], Flonase[®], Nasacort AQ[®], Nasarel[®], Omnaris[™] and Rhinocort Aqua[®] will remain **non-preferred** and require PA.
 - Flunisolide will become **non-preferred** and require PA.

- New Drug Class
 - Protein Tyrosine Kinase Inhibitors
 - Gleevec[®] and Nexavar[®] will be **preferred**.
 - Afinitor[™], Sprycel[®], Sutent[®] and Tassigna[®] will be **non-preferred** and require PA.

On April 7, 2010, the following changes will be effective:

- New Drugs to Market
 - The following product (s) will continue to pay without PA until further notice:
 - Effient[™]
 - Multaq[®]

 - The following product (s) will become **preferred** without PA:
 - Lamictal XR[™]

 - The following product (s) will become **non preferred** and require Prior Authorization (PA):
 - Adcirca[™]
 - Adcirca[™] claims will pay if the diagnosis code is written on the original prescription and submitted through point-of-sale AND there is documented trial and failure of sildenafil (Revatio[™]). The following ICD-9 Code (s) are valid:

Diagnosis	ICD-9 Code
Primary Pulmonary Hypertension	416.0
Other Chronic Pulmonary Heart Diseases	416.8

- Acuvail™
- BenzaClin CareKit®
- Cetraxal™
- Edluar® QL (1 per day)
 - Edluar® claims will pay if the diagnosis code is written on the original prescription and submitted through point-of-sale OR there is documented trial and failure of two preferred sedative hypnotics, one of which must be zolpidem. The following ICD-9 Code (s) are valid:

Diagnosis	ICD-9 Code
Dysphagia	787.2
Dysphagia - functional, hysterical, or nervous	300.11
Dysphagia - psychogenic	306.4
Dysphagia - sideropenic	280.8
Dysphagia - spastica	530.5

- Nucynta™

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