

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

March 14, 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 April 14, 2010, the following changes will be effective:

- Antihyperkinesis Agents
 - Dexmethylphenidate IR, dextroamphetamine IR, dextroamphetamine ER, methylphenidate IR, methylphenidate SA/SR, mixed amphetamine salts IR, Adderall® XR, Concerta®, DextroStat®, Focalin™ XR, Metadate® CD, Metadate® ER, Methylin®, Methylin® ER, Strattera® and Vyvanse™ will remain **preferred**.
 - Methamphetamine, Daytrana™ and Ritalin LA® will become **non-preferred**.
 - Mixed amphetamine salt combo ER, Adderall®, Desoxyn®, Dexedrine® IR/ER, Focalin™, Methylin® solution, Nuvigil®, Procentra™, Provigil®, Ritalin® and Ritalin SR® will remain **non preferred**.
 - All agents in this category will require PA.
 - Antihyperkinesis agents will pay at point-of-sale without PA if the diagnosis code is written on the original prescription and submitted through point –of-sale
 - The following ICD-9 Code (s) are valid:

Diagnosis	ICD-9 Code
Attention Deficit/Hyperreactivity Disorder (ADHD)	314.1
	314.01
	314.2

	314.8
	314.9
Attention Deficit Disorder (ADD)	314.00
Narcolepsy	347.00
	347.01
	347.11
Sleep apnea/hypoapnea syndrome	780.57
	780.51
	780.53
Shift work sleep disorder	307.45

- Prior authorization will be required for more than one long-acting or more than one short-acting stimulant at a time.
- Daytrana™, Methylin® solution, Methylin® Chewable Tabs, or Procentra™ will be approved if either of the following criteria are met:
 - Trial and failure of one preferred product, which must be the same chemical as the requested medication; OR
 - Inability to swallow/tolerate PO/whole tablets/capsules
 - For Daytrana™, inability to swallow/tolerate PO medications; OR
 - For Methylin® Solution, Methylin® Chewable Tabs, or Procentra™, inability to swallow tablets or capsules whole.
- Provigil® (modafinil) / Nuvigil® (armodafinil) will be approved if both of the following criteria are met:
 - The diagnosis code is written on the original prescription and submitted through point-of-sale; AND
 - For Nuvigil® (armodafinil) ONLY, trial and failure of Provigil® (modafinil).
 - The following ICD-9 Code (s) are valid:

Diagnosis	ICD-9 Code
Narcolepsy	347.00
	347.01
	347.11
Sleep apnea/hypoapnea syndrome	780.57
	780.51
	780.53
Shift work sleep disorder	307.45

- The following dosing limits will apply:
 - Adderall[®] 60 mg per day
 - Adderall[®] XR 60 mg per day
 - Concerta[®] 108 mg per day
 - Daytrana[™] 30 mg per day
 - Desoxyn[®] 25 mg per day
 - Dexedrine[®] IR 60 mg per day
 - Dexedrine[®] ER 60 mg per day
 - dexamethylphenidate 50 mg per day
 - dextroamphetamine IR 60 mg per day
 - dextroamphetamine ER 60 mg per day
 - DextroStat[®] 60 mg per day
 - Focalin[™] 50 mg per day
 - Focalin[™] XR 50 mg per day
 - Metadate[®] CD 100 mg per day
 - Metadate[®] ER 100 mg per day
 - methamphetamine 25 mg per day
 - Methylin[®] 100 mg per day
 - Methylin[®] ER 100 mg per day
 - methylphenidate IR 100 mg per day
 - methylphenidate SR 100 mg per day
 - mixed amphetamine salt IR 60 mg per day
 - mixed amphetamine salt ER 60 mg per day
 - Nuvigil[®] 150 mg per day
 - Procentra[™] 60 mg per day
 - Provigil[®] 400 mg per day
 - Ritalin[®] 100 mg per day
 - Ritalin[®] LA 100 mg per day
 - Ritalin[®] SR 100 mg per day
 - Strattera[®] 100 mg per day
 - Vyvanse[™] 70 mg per day

On April 21, 2010, the following changes will be effective:

Therapeutic Duplication Prior authorization will be required for more than one long-acting stimulant at a time:

- Adderall[®] XR
- Concerta[®]
- Daytrana[™]
- Desoxyn[®]
- Dexedrine[®] ER
- dextroamphetamine ER

- Metadate® CD
- Metadate® ER
- methamphetamine
- Focalin™ XR
- Methylin® ER
- methylphenidate SR
- mixed amphetamine salt ER
- Procentra™
- Ritalin® LA
- Ritalin® SR
- Strattera®
- Vyvanse™

OR Therapeutic Duplication prior authorization will be required for more than one short-acting stimulant at a time:

- Adderall®
- amphetamine salt combo
- Dexedrine® IR
- dexmethylphenidate
- dextroamphetamine IR
- DextroStat®
- Focalin™
- Methylin®
- methylphenidate
- mixed amphetamine salt IR
- Ritalin®

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