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Suite A
Frankfort, KY 40601

March 12, 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 **February 1, 2010**, Kentucky Medicaid began to require prior authorization for **Actemra**[®] pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Enbrel[®] (CC)(QL)
- Humira[®] (CC)(QL)

On **February 2, 2010**, Kentucky Medicaid placed **ketoconazole shampoo** as a **preferred product** on the Preferred Drug List (PDL) with a Tier 1 copay. The following product(s) are currently preferred:

- ketoconazole shampoo
- selenium sulfide
- sulfacetamide sodium

On **February 4, 2010**, Kentucky Medicaid began to require prior authorization for **Victoza**[®] pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Byetta[™] (CC)

Sincerely,

Kasie Purvis
Pharmacy Provider Educator