



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

March 26, 2010

Dear Kentucky Medicaid Provider:

Beginning **May 11, 2010**, a quantity limit (*QL*) will be placed on **DiaStat[®]**. A total of **6 doses (3 billing units)** will be allowed per member per month. Each package contains 2 doses; however, the entire package is billed as a quantity of 1. Packages may be broken to allow dispensing of **1 dose (0.5 billing units)**.

Additionally, 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 November 19, 2009 meeting and as adopted by the Cabinet for Health and Family Services' Secretary by order dated January 7, 2010.

On April 28, 2010, the following changes will be effective:

- Branded Products with Generic Components
 - The following product (s) will become **non-preferred** and require Prior Authorization (PA):
 - Terbinex Kit[®]
 - NuCort[®]
 - The following prior authorization criteria will be applied for all branded products with generic components.
 - Branded products with generic components will be approved if any of the following are true:
 - Positive clinical response to the prescribed active ingredient, and the patient has an allergy to some component of the commercial product; **OR**
 - Therapeutic failure of:
 - At least three (if available) medications containing the same active ingredient; **AND**
 - The requested medication's corresponding generic (if a generic is available) has been attempted and failed or is contraindicated.
 - Of Note: Products in convenience packaging (i.e. dose packs) will not be approved if there is a generic equivalent available in a stock bottle.

- ACE Inhibitors
 - Benazepril, captopril, enalapril, lisinopril, quinapril and ramipril will remain **preferred**.
 - Trandolapril, Accupril[®], Aceon[®], Altace[®], Capoten[®], Lotensin[®], Mavik[®], Monopril[®], Prinivil[®], Univasc[®], Vasotec[®] and Zestril[®] will remain **non-preferred** and require PA.
 - Fosinopril and moexipril will become **non-preferred** and require PA.
- ACE Inhibitor + Diuretic Combinations
 - Benazepril/HCTZ, captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ, quinapril/HCTZ and Quinaretic[®] will remain **preferred**.
 - Moexipril/HCTZ, Accuretic[®], Capozide[®], Lotensin HCT[®], Monopril HCT[®], Prinzide[®], Uniretic[®], Vaseretic[®] and Zestoretic[®] will remain **non-preferred** and require PA.
 - Fosinopril/HCTZ will become **non-preferred** and require PA.
- Thiazolidinediones
 - Actos[®] (QL 1 per day) will remain **preferred**.
 - Avandia[®] (QL 1 per day) will become **preferred**.
- Thiazolidinedione Combinations
 - Actoplus Met[™] (QL 3 per day) and Duetact[™] (QL 1.5 per day) will remain **preferred**.
 - Avandaryl[®] (1 per day) will remain **non-preferred** and require PA.
 - Avandamet[®] (QL 2 per day) will become **preferred**.

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