



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

April 2, 2010

Dear Kentucky Medicaid Provider:

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 May 5, 2010, the following changes will be effective:

- New Drugs to Market
 - The following product(s) will continue to pay without PA until further notice:
 - Multaq[®]
 - The following product(s) will become **preferred** without PA:
 - Effient[™]
 - The following product(s) will become **preferred** and require PA:
 - Sabril[™]
 - Sabril[™] 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 one preferred anticonvulsant. The following ICD-9 Code(s) are valid:

Diagnosis	ICD-9
Infantile Spasms	345.6
	345.60
	345.61

- Saphris[®]
- Invega[®] Sustenna[™]
- Intuniv[™] (QL 4 mg per day)

- The following product(s) will become **non-preferred** and require PA:
 - Onglyza™
 - Extavia® (QL 15 per month)
 - Embeda™ (QL 2, 4 or 8 per day)
 - Bepreve™
 - Valtorna®
 - Stelara™ (QL 1-2mL per month)
 - Onsolis™ (QL 1 per day)

- The following product(s) will require PA:
 - Colcrys®

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