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Frankfort, KY 40601

April 14, 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 19, 2010, the following changes will be effective:**

- Miscellaneous Topical Treatments for Acne
  - BenzaClin<sup>®</sup>, benzoyl peroxide, benzoyl peroxide/erythromycin, clindamycin, erythromycin, sodium sulfacetamide and sodium sulfacetamide/sulfur will remain **preferred**.
  - Benzamycin<sup>®</sup>, benzoyl peroxide/clindamycin, and salicylic acid will become **preferred**.
  - All branded benzoyl peroxide products, all branded clindamycin products, all branded erythromycin products, all branded erythromycin/benzoyl peroxide products, all branded sodium sulfacetamide products, all branded sodium sulfacetamide/sulfur products, Aczone<sup>™</sup>, Benziq<sup>®</sup>, Breze<sup>®</sup> Pads Kit, Duac CS<sup>®</sup>, and Zacare<sup>®</sup> will remain **non preferred** and require PA.
  - All branded salicylic acid products, all benzoyl peroxide/urea products, Acanya<sup>™</sup>, Azelex<sup>®</sup>, Benprox<sup>®</sup>, Brevoxyl<sup>®</sup>, Claris<sup>®</sup>, Inova<sup>™</sup>, Lavoclen<sup>™</sup>, NuOx<sup>®</sup>, Plexion SCT<sup>®</sup>, Prason RA<sup>®</sup>, Rosac<sup>®</sup>, Rosaderm<sup>®</sup>, Rosanil<sup>®</sup>, Rosula CLK<sup>®</sup>, Sulfatol SS<sup>®</sup> and Suphera<sup>®</sup> will become **non preferred** and require PA.
- Topical Retinoids
  - Avita<sup>®</sup>, Differin<sup>®</sup>, Eqiduo<sup>™</sup>, Retin-A Micro<sup>®</sup> and tretinoin will remain **preferred**.
  - Atralin<sup>™</sup>, Retin-A<sup>®</sup>, Tazorac<sup>®</sup> and Ziana<sup>™</sup> will remain **non-preferred** and require PA.
  - Tretin-X<sup>®</sup> will become **non-preferred** and require PA.
- Oral Retinoids
  - Amnesteem<sup>®</sup>, Claravis<sup>®</sup>, Soriatane CK<sup>®</sup> and Sotret<sup>®</sup> will become **preferred**.

Additionally, please be advised that the Department for Medicaid Services is making changes to the Kentucky Medicaid Pharmacy Program.

On **March 3, 2010**, Kentucky Medicaid placed **Spectracef<sup>®</sup> 400 mg** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- cefdinir
- cefditoren 400 mg
- cefpodoxime
- Spectracef<sup>®</sup> 200 mg
- Suprax<sup>®</sup>

On **March 23, 2010**, Kentucky Medicaid placed **Flomax<sup>®</sup>** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- tamsulosin
- Cardura XL<sup>®</sup>
- Uroxatral<sup>®</sup>

On **March 23, 2010**, Kentucky Medicaid began to require prior authorization for **Zyprexa<sup>®</sup> Relprevv<sup>™</sup>** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- clozapine<sup>CC</sup>
- risperidone<sup>CC</sup>
- risperidone ODT<sup>CC</sup>
- Abilify<sup>® CC</sup>
- Abilify Discmelt<sup>® CC</sup>
- Clozaril<sup>® CC</sup>
- FazaClo ODT<sup>® CC</sup>
- Geodon<sup>® CC</sup>
- Invega<sup>® CC</sup>
- Risperdal Consta<sup>® CC QL</sup>
- Seroquel<sup>® CC</sup>
- Seroquel XR<sup>® CC</sup>
- Zyprexa<sup>® CC</sup>
- Zyprexa Zydis<sup>® CC</sup>

Beginning **May 5, 2010**, **Humalog<sup>®</sup> 50/50 vials** will be added as a **preferred** product in the PDL category, Injectable Insulins. The following products are currently, and will remain, preferred:

- Lantus<sup>®</sup> Vials
- Levemir<sup>®</sup> Vials
- Novolin N<sup>®</sup> Vials
- Novolin R<sup>®</sup> Vials
- Novolin 70/30<sup>®</sup> Vials
- Novolog<sup>®</sup> Vials

- Novolog Mix 70/30<sup>®</sup>  
Vials
- Humulin<sup>®</sup> 50/50 Vials

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