



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

May 6, 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 **April 8, 2010**, Kentucky Medicaid placed generic **diltiazem LA** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- Cartia XT®
- Dilt-CD®
- Diltia XT®
- diltiazem ER/SR/XR
- diltiazem IR
- Diltzac® ER
- Taztia XT®
- verapamil HCl
- verapamil ER

On **April 15, 2010**, Kentucky Medicaid placed **Pennsaid®** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- diclofenac
- diflunisal
- etodolac
- fenoprofen
- flurbiprofen
- ibuprofen
- indomethacin
- ketoprofen
- ketoprofen ER

● Page 2

- ketorolac (*QL*)
- mefenamic acid
- meclofenamate
- nabumetone
- naproxen
- naproxen sodium
- oxaprozin
- piroxicam
- sulindac
- tolmetin

On **April 14, 2010** Kentucky Medicaid placed **Exalgo™** as a **non-preferred product** on the Preferred Drug List (PDL) until reviewed by the Kentucky Medicaid Pharmacy and Therapeutics Committee (PTAC) (May 2010).

On **May 5, 2010**, Kentucky Medicaid will place **Sutent®** as **preferred agent** on the Preferred Drug List (PDL) with a Tier 2 copay. The following products are currently preferred:

- Gleevec®
- Nexavar®

Also, the following quantity limits will be in effect:

- Gleevec® 400mg – 2 per day
- Gleevec® 100mg – 3 per day
- Nexavar® - 4 per day
- Afinitor™ 5mg – 1 per day
- Afinitor™ 10mg – 2 per day
- Sprycel® - 2 per day
- Sutent® 12.5mg – 2 per day
- Sutent® 25mg, 50mg – 1 per day
- Tasisna® - 4 per day

On **May 22, 2010**, Kentucky Medicaid will place **Valturna®** as a **preferred agent** on the Preferred Drug List (PDL) with a Tier 2 copay. The following products are currently preferred:

- Tekturna® (*ST*)
- Tekturna HCT® (*ST*)

On **May 27, 2010** Kentucky Medicaid will place **generic finasteride** as a **preferred agent** on the Preferred Drug List (PDL) with a Tier 1 copay. Brand **Proscar®** will be **non-preferred** with a Tier 3 copay.

On **May 25, 2010**, Kentucky Medicaid will place **generic losartan and losartan/HCTZ** as **non-preferred products** on the Preferred Drug List (PDL) with a Tier 3 copay. **Branded Cozaar® and Hyzaar®** will be **preferred** but will still require prior authorization. These products will have a Tier 1 copay.

Thank you for helping Kentucky Medicaid maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Sincerely,

Kasie Purvis
Provider Relations Manager