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Suite A  
Frankfort, KY 40601

May 19, 2010

Dear Kentucky Medicaid Provider:

Please be advised that 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 March 18, 2010 meeting and as adopted by the Cabinet for Health and Family Services' Secretary by order dated May 14, 2010.

**On June 23, 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):
    - Metozolv ODT®
    - Diprolene® Gel

**On June 30, 2010, the following changes will be effective:**

- Bone: Calcitonins
  - Calcitonin-salmon and Miacalcin® will remain **preferred**.
  - Fortical® will remain **non-preferred** and require PA.
- Niacin Derivatives
  - Niaspan® and Simcor® will remain **preferred**.
  - Niacor® will become **non-preferred** and require PA.
- Ophthalmic Prostaglandin Agonists
  - Travatan® (QL = 5 mL per month), Travatan Z® (QL = 5 mL per month) and Xalatan® (QL = 5 mL per month) will remain **preferred**.
  - Lumigan® (QL = 7.5 mL per month) will remain **non-preferred** and require PA.
- Ophthalmic Antibiotics, Quinolones
  - Ciprofloxacin and Vigamox™ will remain **preferred**.
  - Besivance™, Ciloxan®, Iquix®<sup>CC</sup>, Ocuflor®, ofloxacin, Quixin®, and Zymar™ will remain **non-preferred** and require PA.

**On July 7, 2010, the following changes will be effective:**

- Drug Class Changes
  - Amylin Analog
    - Symlin<sup>®</sup> will remain **non-preferred**.
    - Symlin<sup>®</sup> will be approved if insulin is being used concurrently.
  - Incretin Mimetics
    - Byetta<sup>™</sup> will remain **preferred** and require PA.
    - Victoza<sup>®</sup> will become **non-preferred** and require PA.
  - DPP-4 Inhibitors
    - Januvia<sup>™</sup> (QL = 1 per day) and Janumet<sup>™</sup> (QL = 2 per day) will remain **preferred**.
    - Onglyza<sup>™</sup> (QL = 1 per day) will remain **non-preferred**.
    - All DPP-4 Inhibitors will be subject to PA.
      - DPP-4 Inhibitors will be approved for one of the following reasons:
        - History of metformin, insulin, a sulfonylurea or a TZD; OR
        - Diagnosis of Chronic Renal Insufficiency/Failure.
  - Biguanides
    - Metformin and metformin ER will remain **preferred**.
    - Fortamet<sup>™</sup>, Glucophage<sup>®</sup>, Glucophage XR<sup>®</sup>, Glumetza<sup>™</sup>, and Riomet<sup>™</sup> will remain **non preferred** and require PA.
  - Sulfonylureas and Combinations
    - Glimepiride, glipizide, glipizide ER/XL, glipizide-metformin, glyburide, glyburide micronized, glyburide-metformin, tolazamide and tolbutamide will remain **preferred**.
    - Chlorpropamide will become **preferred**.
    - Amaryl<sup>®</sup>, Diabeta<sup>®</sup>, Glucotrol<sup>®</sup>, Glucotrol XL<sup>®</sup>, Glucovance<sup>®</sup>, Diabeta<sup>®</sup>, Glynase PresTabs<sup>®</sup>, Micronase<sup>®</sup>, and Metaglip<sup>®</sup> will remain **non-preferred** and require PA.
  - Alpha Glucosidase Inhibitors
    - Acarbose and Glyset<sup>®</sup> will remain **preferred**.
    - Precose<sup>®</sup> will remain **non-preferred** and require PA.
  - Meglitinides
    - Nateglinide will remain **preferred**.
    - Prandin<sup>®</sup> will become **preferred**.
    - PrandiMet<sup>™</sup> and Starlix<sup>®</sup> will remain **non-preferred**.

**On July 14, 2010, the following changes will be effective:**

- Skeletal Muscle Relaxants
  - Baclofen (QL = 80 mg per day), chlorzoxazone (QL = 2000 mg per day), cyclobenzaprine (QL = 30 mg per day), dantrolene (QL = 400 mg per day), methocarbamol (QL = 4500 mg per day), orphenadrine (QL = 200 mg per day), orphenadrine compound (QL = 200 mg per day), orphenadrine compound forte (QL = 200 mg per day) and tizanidine (QL = 36 mg per day) will remain **preferred**.
  - Carisoprodol (QL = 1050 mg per day for 3 weeks only), carisoprodol compound (QL = 1050 mg per day for 3 weeks only) and Skelaxin<sup>®</sup> (QL = 3200 mg per day) will become **non-preferred** and require PA.

- Amrix<sup>®</sup> (QL = 30 mg per day for 3 weeks only), Dantrium<sup>®</sup> (QL = 400 mg per day), Fexmid<sup>®</sup> (QL = 30 mg per day for 3 weeks only), Flexeril<sup>®</sup> (QL = 30 mg per day for 3 weeks only), Lioresal<sup>®</sup> (QL = 80 mg per day), Robaxin<sup>®</sup> (QL = 4500 mg per day), Soma<sup>®</sup> (QL = 1050 mg per day for 3 weeks only) and Zanaflex<sup>®</sup> (QL = 36 mg per day) will remain **non-preferred** and require PA.

**On July 15, 2010, the following changes will be effective:**

- New Drugs to Market
  - The following product (s) will become **preferred** and require PA:
    - Fanapt<sup>™</sup>
  - The following product (s) will become **non preferred** and require PA:
    - Twynsta<sup>®</sup>
    - Actemra<sup>™</sup> (QL = 40 mL per month)
    - Victoza<sup>®</sup>
  - The following product (s) will require PA:
    - Dysport<sup>™</sup>

**On July 19, 2010, the following changes will be effective:**

- New PA Criteria:
  - Tussionex<sup>®</sup> / TussiCaps<sup>®</sup> will begin to require PA:
  - Tussionex<sup>®</sup> / TussiCaps<sup>®</sup> will be approved if the following is true:
    - Trial and failure of two cough and cold products (RX or OTC) without relief of cough.
    - Limitations:
      - Tussionex<sup>®</sup> 10-8 mg/5mL = 10 mL per day; 9 days supply per 30 days
      - TussiCaps<sup>®</sup> 5-4 mg = 2 capsules per day; 9 days supply per 30 days
      - TussiCaps<sup>®</sup> 10-8 mg = 2 capsules per day; 9 days supply per 30 days
    - Of note, patients with chronic cough caused by chronic pulmonary disease will be allowed continuous therapy.

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

## Provider Relations Manager