



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

May 27, 2010

RE: Retraction

Dear Kentucky Medicaid Provider:

This provider notification is a retraction to provider notice #099 – April Pharmacy Updates.

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 generic Pennsaid® as a non-preferred product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- diclofenac
- difflunisal
- etodolac
- fenoprofen
- flurbiprofen
- ibuprofen

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- indomethacin
- ketoprofen
- ketoprofen ER
- 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
- Tasigna® - 4 per day

On June 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.

Sincerely,

Kasie Purvis
Provider Relations Manager