



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

June 13, 2010

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services has made the following changes to the Kentucky Medicaid Pharmacy Program.

On **June 1, 2010**, Kentucky Medicaid began to require prior authorization for **Livo®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- simvastatin (QL)
- Crestor® (QL)
- Vytorin® (QL)

On **June 10, 2010**, Kentucky Medicaid placed **ACTOplus Met XR®** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following product(s) are currently preferred:

- ACTOplus Met® (QL)
- Avandamet® (QL)
- DuetAct® (QL)

On **June 10, 2010**, Kentucky Medicaid began to require prior authorization for **Zymaxid™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- ciprofloxacin ophthalmic
- Vigamox®

On or before **August 18, 2010**, Kentucky Medicaid will place generic **azelastine** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- Astelin[®]
- Astepro[®]

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