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Suite A
Frankfort, KY 40601

August 5, 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 May 20, 2010 meeting and as adopted by the Cabinet for Health and Family Services' Secretary by order dated June 25, 2010.

On September 8, 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):
 - Zonatuss[®]
 - Orapred ODT[®]
 - This product will still be allowed for those <12 years of age without PA.

On September 15, 2010, the following changes will be effective:

- Drug Class Changes
 - Ophthalmic Direct Acting Miotics
 - Alphagan P[®], apraclonidine and brimonidine will remain **preferred**.
 - Isopto Carpine[®] and Pilopine HS[®] will remain **non preferred** and require PA.
 - Ophthalmic Sympathomimetics
 - Pilocarpine will remain **preferred**.
 - Iopidine[®] and Propine[®] will remain **non preferred** and require PA.
 - Ophthalmic Beta Blockers
 - Betaxolol, Betimol[®], Betoptic S[®], carteolol, Combigan[®], Istalol[®], levobunolol, metipranolol and timolol maleate will remain **preferred**.
 - Betagan[®], Optipranolol[®], Timoptic[®], and Timoptic XE[®] will remain **non preferred** and require PA.
 - Ophthalmic Carbonic Anhydrase Inhibitors
 - Azopt[®], dorzolamide and dorzolamide/timolol will remain **preferred**.
 - Cosopt[®] and Trusopt[®] will remain **non preferred** and require PA.

- Ophthalmic Antibiotics, Non-Quinolones
 - Bacitracin, bacitracin/poly B , Blephamide[®] , gentamicin, neomycin/bacitracin/poly B/HC , neomycin/poly B/bacitracin, neomycin/poly B/dexamethasone , neomycin/poly B/gramicidin , neomycin/poly B/HC , polymyxin B/TMP , Pred-G[®] , sulfacetamide sodium , tobramycin, TobraDex[®] , tobramycin/dexamethasone and Zylet[®] will remain **preferred**.
 - AK-Poly Bac[®] , Bleph-10[®] , Blephamide[®] , Gentak[®] , Maxitrol[®] , Methadex[®] , Neocidin[®] , Neosporin[®] , Polytrim[®] , sulfacetamide/prednisolone , Sulfamide[®] and Tobrex[®] will remain **non preferred** and require PA.
- Ophthalmic Antivirals
 - Trifluridine and Viroptic[®] will remain **preferred**.
- Ophthalmic Antifungals
 - Natacyn[®] will remain **preferred**.
- Ophthalmic Antihistamines
 - Alaway OTC[®] , Pataday[®] , Patanol[®] and Zaditor OTC[®] will remain **preferred**.
 - Ketotifen will become **preferred**.
 - Bepreve[™] , Emadine[®] , Elestat[®] and Optivar[®] will remain **non preferred** and require PA.
- Ophthalmic Mast Cell Stabilizers
 - Alocril[®] and cromolyn will remain **preferred**.
 - Alamast[®] and Alomide[®] will remain **non preferred** and require PA.
- Ophthalmic NSAIDs
 - Diclofenac, flurbiprofen and ketorolac will remain **preferred**.
 - Acular[®] , Acular LS[®] , Acuvail[™] , Nevanac[™] , Ocufer[®] , Voltaren[®] and Xibrom[™] will remain **non preferred** and require PA.
- Ophthalmic Anti-Inflammatory Steroids
 - Dexamethasone, Flarex[®] , fluorometholone, Lotemax[™] , Maxidex[®] , prednisolone acetate, prednisolone sodium phosphate and Vexol[®] will remain **preferred**.
 - Alrex[®] , Durezol[™] , FML[®] , FML Forte[®] , FML S.O.P.[®] , Omnipred[™] , Pred Forte[®] , Pred Mild[®] , Retisert[™] and Triesence[®] will remain **non preferred** and require PA.
- Ophthalmic Decongestants
 - Phenylephrine and tetrahydrozoline will remain **preferred**.
 - AK-Con[®] , AK-Dilate[®] and Mydrin[®] will remain **non preferred** and require PA.
- Ophthalmic Mydriatics & Mydriatic Combos
 - Atropine sulfate, cyclopentolate and tropicamide will remain **preferred**.
 - AK-Pentolate[®] , Cyclogyl[®] , Cyclomydril[®] , Isopto Atropine[®] , Isopto Hyoscine[®] , Isopto Homatropine[®] , Mydriacyl[®] , Paremyd[®] and Tropicacyl[®] will remain **non preferred** and require PA.
- Ophthalmic Immunomodulators
 - Restasis[®] will remain **preferred**.

On September 16, 2010, the following changes will be effective:

- Drug Class Changes
 - Otic Quinolone Antibiotics
 - CiproDex[®] Otic and ofloxacin will remain **preferred**.
 - Cipro HC[®] Otic will become **non preferred** and require PA.
 - Cetraxal[®] and Floxin[®] Otic will remain **non preferred** and require PA.

- Otic Steroid and Antibiotic Combinations
 - Hydrocortisone/neomycin/polymyxin B will remain **preferred**.
 - Coly-mycin[®] S, Cortisporin[®], Cortisporin[®] –TC and Cortomycin[®] will remain **non preferred** and require PA.
- Otic Miscellaneous
 - Acetic acid, acetic acid/aluminum, antipyrine/benzocaine, Aurodex[®], Auroguard[®], Chlorphenylcaine[®], chloroxyleneol-pramoxine and Oto-End 10[®] will remain **preferred**.
 - Acetasol-HC[®], Benzotic[®], Borofair[®], Neotic[®], Otic Edge[®], Otrix[®], Pramotic[®], Pramoxine-HC[®], Vosol-HC[®], Zinotic[®], Zinotic ES[®] will remain **non preferred** and require PA.

On September 22, 2010, the following changes will be effective:

- New Drugs to Market
 - The following product (s) will become **non preferred** and require PA:
 - Votrient[™] (QL = 4 per day)
 - Zyprexa[®] Relprevv[™]
 - Exalgo[™] (QL = 64 mg per day)
 - The following product (s) will require PA:
 - Ampyra[®] (QL = 2 per day)
 - Ampyra[®] will pay with a diagnosis of MS (ICD-9 = 340) for an initial 12 weeks of therapy. After the initial 12 weeks of therapy, Ampyra[®] therapy will be allowed to continue if the drug has shown clinical efficacy.
 - Cayston[®]
 - Cayston[®] will be approved if one of the following is true:
 - Trial and failure of tobramycin (TOBI[®]); OR
 - Documented *P. aeruginosa* of the lungs that is resistant to tobramycin (TOBI[®])

On September 23, 2010, the following changes will be effective:

- New Drug Class
 - Topical Steroids
 - Alclometasone, amcinonide, betamethasone dipropionate, betamethasone valerate, clobetasol propionate, desonide, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, hydrocortisone butyrate, hydrocortisone valerate, mometasone, nystatin-triamcinolone, prednicarbate and triamcinolone will become **preferred**.
 - Aclovate[®], ApexiCon/ApexiCon E[®], Beta-Val[®], Capex[®] Shampoo, Clobex[®], Cloderm[®], Cordran[®] Tape, Cormax[®], clotrimazole/betamethasone, Cutivate[®], Derma-Smothe/FS[®], Dermatop[®], Desowen[®], desoximetasone, diflorasone diacetate, Diprolene[®], Diprolene AF[®], Elocon[®], Halog[®], Halonate[®], Kenalog[®], Lokara[®], Lotrisone[®], Luxiq[®], Momexin[™], Olux[®], Olux-E[®], Olux-Olux E[®] Complete Pack, Pandel[®], Temovate[®], Texacort[®], Topicort[®], Ultravate[®], Vanos[™], Verdeso[™] and Westcort[®] will become **non preferred** and require PA.

- Drug Class Changes
 - Dermatologics: Antivirals
 - Abreva[®] and Zovirax[®] ointment will remain **preferred**.
 - Denavir[®] and Zovirax[®] cream will remain **non preferred** and require PA.
 - Dermatologics: Antiseborrheic Agents
 - Selenium sulfide will remain **preferred**.
 - Carmol[®] will become **preferred**.
 - Ovace[®], Ovace Plus[®], Selenos[®], Selseb[®] and Scalp Treatment Kit will remain **non preferred** and require PA.
 - Dermatologics: Antibiotic Agents
 - Altabax[™], gentamicin and mupirocin will remain **preferred**.
 - Bactroban[®] and Centany[®] will remain **non preferred** and require PA.
 - Alpha Blockers for BPH
 - Cardura XL[®], doxazosin, tamsulosin, Uroxatral[®] and terazosin will remain **preferred**.
 - Cardura[®], Flomax[®] and Rapaflo[™] will remain **non preferred** and require PA.
 - Androgen Hormone Inhibitors
 - Finasteride will remain **preferred** and require **PA**.
 - Finasteride will be approved for a diagnosis of benign prostatic hyperplasia (BPH) via an ICD-9 override.
 - Avodart[®] and Proscar[®] will remain **non preferred** and require PA.
 - Phosphate Binders
 - Fosrenol[®], PhosLo[®] and Renage1[®] will remain **preferred**.
 - Calcium acetate, Eliphos[™] and Renvela[™] will remain **non preferred** and require PA.

On September 29, 2010, the following changes will be effective:

- New Drug Class
 - Thrombopoiesis Stimulating Agents
 - Neumega[®] and Promacta[®] will become **preferred** and require **PA**.
 - Promacta[®] will be approved for a diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP).
 - Neumega[®] will be approved for a diagnosis severe thrombocytopenia following myelosuppressive chemotherapy.
 - Nplate[™] will become **non preferred** and require **PA**.
- Drug Class Changes
 - Proton Pump Inhibitors
 - Nexium[®] and Prilosec OTC[®] will remain **preferred**.
 - Prevacid[®] will become **non preferred** and require PA
 - Aciphex[®], Dexilant[™], lansoprazole, omeprazole, omeprazole OTC, pantoprazole, Prevacid 24-HR[®], Prilosec[®] and Protonix[®] will remain **non preferred** and require PA.
 - All Proton Pump Inhibitors will have a quantity limit of 1 per day, EXCEPT Prilosec OTC[®] (QL = 2 per day).

Prior authorization forms are located at <http://kentucky.fhsc.com>. Please fax all requests to Magellan Medicaid Administration 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 members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Sincerely,

Kasie Purvis
Provider Relations Manager