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August 18, 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 28, 2010**, Kentucky Medicaid began to require prior authorization for **Jalyn™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- tamsulosin
- Cardura XL®
- Uroxatral®
- finasteride (CC)

On **July 18, 2010**, Kentucky Medicaid placed 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®

On **July 21, 2010**, Kentucky Medicaid began to require prior authorization for **Dulera®** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Advair Diskus® (QL)
- Advair HFA® (QL)
- Symbicort® (QL)

On **July 25, 2010**, Kentucky Medicaid placed generic **venlafaxine XR capsules** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- venlafaxine
- Effexor XR[®]
- Savella[™] (CC)

On **July 28, 2010**, Kentucky Medicaid placed generic **naratriptan** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- sumatriptan tablets/injectable (QL)
- Imitrex[®] nasal spray (QL)
- Maxalt[®] (QL)
- Maxalt MLT[®] (QL)
- Treximet[®] (QL)

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