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Suite A
Frankfort, KY 40601

September 23, 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 **August 6, 2010**, Kentucky Medicaid placed generic **adapalene cream** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- adapalene lotion/gel
- tretinoin
- Avita[®]
- Differin[®]
- Epiduo[™]
- Retin-A Micro[®]

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

- Arixtra[®]
- Fragmin[®]
- Lovenox[®]

On **August 25, 2010**, Kentucky Medicaid began to require prior authorization for **Xerese[™]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- acyclovir
- Valtrex[®]

On **August 31, 2010**, Kentucky Medicaid placed generic **diazepam rectal** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- ethosuximide
- divalproex sodium
- divalproex sodium sprinkles
- divalproex sodium ER
- phenytoin
- primidone
- valproic acid
- Celontin[®]
- DiaStat[®]
- Dilantin Infatab[®]
- Dilantin Kapseal[®] 30 mg
- Felbatol[®]
- Mebaral[®]
- Peganone[®]
- Phenytek[®]

On **September 24, 2010**, Kentucky Medicaid will place generic **methylcellulose with sugar** as a **covered product** on the **Over-The-Counter (OTC)** drug list. **Coverage will be retro active back to September 1, 2010.**

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