



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

October 29, 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 **September 7, 2010**, Kentucky Medicaid placed **Tobradex ST<sup>®</sup>** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- bacitracin
- bacitracin/poly B
- gentamicin
- neomycin/bac/poly B
- neomycin/poly B/HC
- neomycin/bac/poly B/HC
- neomycin/poly B/dexamethasone
- neomycin/poly
- B/gramicidin polymyxin B/TMP
- sulfacetamide sodium
- tobramycin
- tobramycin/dexamethasone Blephamide<sup>®</sup>
- Pred-G<sup>®</sup>
- TobraDex<sup>®</sup>
- Ointment Zylet<sup>®</sup>

On **September 20, 2010**, Kentucky Medicaid began to require prior authorization for **Xeomin<sup>®</sup>**. Currently all botulism toxins require prior authorization.

On **September 20, 2010**, Kentucky Medicaid began to require prior authorization for **Tekamlo™** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Committee. The following product(s) are currently preferred:

- Tekturna<sup>®</sup> (ST)
- Tekturna HCT<sup>®</sup> (ST)
- Valturna<sup>®</sup> (ST)

On **September 21, 2010**, Kentucky Medicaid placed generic OTC versions of **simethicone** as **covered** products on the Over-The-Counter (OTC) Drug List. For a complete list of covered OTC products please go to <https://kentucky.fhsc.com>. Refer to the Provider tab under Drug Information.

On **September 21, 2010**, Kentucky Medicaid placed generic OTC versions of **methylcellulose with sugar** as **covered** products on the Over-The-Counter (OTC) Drug List. For a complete list of covered OTC products please go to <https://kentucky.fhsc.com>. Refer to the Provider tab under Drug Information.

On **October 27, 2010**, Kentucky Medicaid will place **Apriso™** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 2 copay. The following products are currently preferred:

- bacitracin
- balsalazide
- sulfasalazine
- sulfasalazine EC
- Asacol<sup>®</sup>
- Pentasa<sup>®</sup>

On **October 27, 2010**, Kentucky Medicaid will keep **Actos<sup>®</sup> 15 mg tablets** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 2 copay and a **quantity limit of 3 per day**. **Actos<sup>®</sup> 30 mg and 45 mg tablets** will be placed as **non-preferred** products on the PDL with a Tier 3 copay and retain the **quantity limit of 1 per day**. The following products are currently preferred:

- Actos<sup>®</sup> (ST)
- Avandia<sup>®</sup> (ST)

On **October 29, 2010**, Kentucky Medicaid will place generic **losartan** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name Cozaar<sup>®</sup> will become non-preferred with a tier 3 copay. The following products are currently preferred:

- Cozaar<sup>®</sup> (ST)
- Diovan<sup>®</sup> (ST)

On **October 28, 2010**, Kentucky Medicaid will place generic **losartan/HCTZ** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name Hyzaar<sup>®</sup> will become non-preferred with a tier 3 copay. The following products are currently preferred:

- Diovan HCT<sup>®</sup> (ST)
- Hyzaar<sup>®</sup> (ST)

Thank you for helping Kentucky Medicaid members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

**Please note that for future prior authorization requests, Magellan Medicaid Administration is now offering real time service! Please contact the clinical support call center at 800-477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.**

Sincerely,

Kasie Purvis

Provider Relations Manager