



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

November 1, 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 September 16, 2010 meeting and as adopted by the Cabinet for Health and Family Services' Secretary by order dated October 23, 2010.

On December 1, 2010, the following changes will be effective:

- Drug Class Changes
 - Tobacco Cessation
 - Bupropion SR (QL = 2 per day), Chantix® (QL = 2 per day), nicotine gum (QL = 24 per day), nicotine lozenge (QL = 24 per day), and nicotine transdermal system (QL = 1 per day) will remain **preferred**.
 - Commit Lozenge® (QL = 24 per day), Nicoderm CQ® (QL = 1 per day), Nicorette® (QL = 24 per day), Nicorette Mini Lozenge® (QL = 24 per day), Nicotrol® Inhaler (QL = 16 per day), Nicotrol® NS (QL = 10 mL per day), and Zyban® (QL = 2 per day) will become **non preferred** and require PA.

On December 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):
 - Salkera Foam®
 - Orbivan®
 - Cambia®
- New Drugs to Market
 - The following product (s) will become **preferred**:
 - Zirgan™
 - The following product (s) will become **non preferred** and require PA:
 - Oravig™
 - Zortress®
 - Vimovo™ (QL = 2 per day)
 - Livalo® (QL = 1 per day)
 - Zymaxid™
 - ActoPlus Met XR® (QL = 1 per day)
 - Jalyn™
 - Dulera® (QL = 13 gm per month)

- The following product (s) will require PA:
 - Qutenza[®]
 - Qutenza[®] will be approved for a diagnosis of postherpetic neuralgia after trial and failure of one of the following agents:
 - gabapentin; OR
 - tricyclic antidepressant; OR
 - SNRI; OR
 - pregabalin
 - Prolia[™]
 - Prolia[™] will be approved after trial and failure of one oral bisphosphonate, unless contraindicated.

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

- Drug Class Changes
 - Urinary Tract Antispasmodics
 - Enablex[®] (QL = 1 per day), flavoxate[®] (QL = 8 per day), oxybutynin[®] (QL = 3 or 15 mL per day) and VESicare[®] (QL = 1 per day) will remain **preferred**.
 - Detrol[®] (QL = 2 per day) and Detrol LA[®] (QL = 1 per day) will become **non preferred** and require PA.
 - Ditropan XL[®] (QL = 1 per day), Gelnique[™] (QL = 1 per day), oxybutynin ER[®] (QL = 1 per day), Oxytrol[™] (QL = 8 per month), Sanctura[®] (QL = 2 per day), Sanctura XR[®] (QL = 1 per day), Toviaz[™] (QL = 1 per day) and trospium[®] (QL = 2 per day) will remain **non preferred** and require PA.

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

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.

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

Sincerely,

Kasie Purvis
Pharmacy Provider Educator