



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE SECRETARY**

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Mark D. Birdwhistell
Secretary

Date: February 7, 2005

Dear Doctor or Pharmacist:

SUBJ: Kentucky Medicaid Preferred Drug List Update

The Kentucky Department for Medicaid Services has finalized Preferred Drug List (PDL) selections based on recommendations from the Pharmacy and Therapeutics Advisory Committee. These selections were included in the updated PDL posted on the pharmacy website on January 24, 2006. A summary of approved changes resulting from recent Pharmacy & Therapeutics Advisory Committee meetings follows this reminder letter.

Effective February 21, 2006, pharmacy providers will receive point of sale (POS) messaging regarding changes in medication PDL, prior authorization or quantity limit status. New prescriptions for non-preferred medications will deny at the point of sale with prior authorization requirements, and some preferred medications may have clinical edits requiring prior authorization.

For complete details of specific changes and "grandfathering rules" that apply to products in selected therapeutic classes, please review the Fall 2005 P & T Committee activity posted on the website. Visit <http://kentucky.fhsc.com/pharmacy/default.asp>. Select the "Committees" tab and follow the links to approved recommendations.

To view the Kentucky Medicaid PDL, visit the Kentucky Health Choices pharmacy website at <http://kentucky.fhsc.com/pharmacy>. Use the 'Provider' tab to find 'Drug Information'. This site is the primary resource for PDL updates and information. Please be aware that some medication classes are not managed by the PDL process and that the following chart only reflects classes affected by recent change.

For questions regarding prior authorizations, step therapy, quantity limits, or other edits, call 1-800-477-3071. The clinical call center is open 7 days per week, 24 hours per day. The prior authorization fax line is 1-800-365-8835.

Sincerely,

Shannon R. Turner, J.D.
Commissioner



Kentucky Medicaid Preferred Drug List Selections

<i>Therapeutic Class</i>	<i>Preferred Medications</i>	<i>Special Class Notes</i>
Inhaled Steroids	Azmacort Asmanex QVAR 40 MCG QVAR 80 MCG	
Intranasal Steroids	Flunisolide Nasonex Nasacort AQ	QL
Interferons	Pegasys Pegasys Conv. Pack	GRF
Ribavirins	Copegus	GRF
SSRIs	Citalopram HBR Fluoxetine HCL Paroxetine HCL	TABSP GRF PDL PA
New Generation Antidepressants	Budeprion SR Bupropion HCL Bupropion HCL Tablet SA Mirtazapine Tab Rapdis Nefazodone HCL Trazodone Trazodone HCL Maprotiline HCL	GRF PDL PA
Bisphosphonates	Fosamax Fosamax D Fosamax solution	QL
COPD	Atrovent Aer w/ADAP Combivent Duoneb	QL
ARBs	Cozaar Hyzaar Diovan Diovan HCT	ST
Urinary Tract Antispasmodics	Detrol LA Enablex Oxybutynin	QL
Thiazolidinediones	Actos ActosPlus Met	QL

QL = quantity limits may apply to this class

GRF = grandfathering

ST = step therapy may apply to this class

TAP SP = tablet splitting

PDL PA = requires trial of two preferred agents

Details of quantity limits and step therapy are provided at <http://kentucky.fhsc.com/pharmacy>

Revision date: February 2006