

July 2006

Provider Bulletin Number 663

Pharmacy Providers

Additions to Preferred Drug List

Effective with dates of service on or after August 4, 2006, the following new Preferred Drug List (PDL) class will become effective:

- Human Growth Hormone (HGH):
Preferred: Tev-Tropin[®]
Non-preferred: all others
Note: All brands of HGH still require a clinical prior authorization (PA) separate from the PDL PA.

Effective with dates of service on or after August 11, 2006, the following new PDL classes will become effective:

- Adjunct Antiepileptics:
Preferred: Gabapentin, Lyrica[®], Keppra[®]
Non-preferred: Gabitril[®], Zonegran[®]
- Fibrin Acid Derivatives:
Preferred: TriCor[®], Triglide[®]
Non-preferred: all others except Gemfibrozil
Non-preferred/No PA required: Gemfibrozil

Effective with dates of service on or after August 11, 2006, Asmanex[®] will be added to the inhaled corticosteroid PDL class as a preferred drug.

Effective with dates of service on or after April 1, 2006, the following new PDL class became effective:

- Novel Sleep Agents:
Preferred: Rozerem[®] (only drug in its class)

The existing Sedative/Hypnotic PDL class remains unchanged

Preferred: Ambien[®], Ambien CR[®], Lunesta[®]
Non-preferred: Sonata[®]

The preferred drug list, prior authorization request forms for non-preferred drugs, and growth hormone clinical criteria can be found at

<http://www.da/ks/gov/hpf/medicalpolicy/Pharmacyinformation/PDLIndex.htm>

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

EDS is the fiscal agent and administrator of the Kansas Medical Assistance Program for the Kansas Health Policy Authority.