

Dear Provider:

The Bureau for Medical Services will be making changes to the Medicaid Preferred Drug List, as recommended by the Pharmaceutical and Therapeutics Committee, on April 1, 2008. The updated Preferred Drug List can be found on our website at:http://www.wvdhhr.org/bms/sPharmacy/PDL/bms_PDLlist_Page.asp

The changes made include classifying Vytorin as non-preferred. We have included a list of your patients, as well as a reminder for their charts, who currently have prescriptions for Vytorin. All strengths of Vytorin, with the exception of Vytorin 10/80, will require a prior authorization. If you have patients on Vytorin 10/80, their prescriptions will continue to be filled without a prior authorization. In order for you to have adequate time to change therapy or request a prior authorization for all other strengths of Vytorin, these prescriptions will be grandfathered until June 30, 2008. After that time, all prescriptions for Vytorin 10/10,10/20 and 10/40 will require prior authorization.

We appreciate your cooperation in working with us to provide the best therapeutic and most cost effective care possible for Medicaid members. Thank you in advance for your cooperation in this matter. If you have questions regarding this or other matters concerning the Medicaid Pharmacy Program, please do not hesitate to contact me.

Sincerely,

Peggy A. King, R.Ph.
Pharmacy Services Director