

**** Fee-For-Service Pharmacy Provider Notice #224 – May 2017 PDL Changes ****

February 13, 2018

Please be advised that the Department for Medicaid Services (DMS) is making changes to the Kentucky Medicaid Fee-For-Service (FFS) Pharmacy Preferred Drug List (PDL) based on recommendations and guidance as adopted by the Commissioner of the Department for Medicaid Services of the Cabinet for Health and Family Services by order dated June 22, 2017.

The Kentucky Medicaid FFS Pharmacy and Therapeutics Advisory Committee (Committee) met on May 18, 2017. The Committee did not attain the necessary quorum; the expertise, vote, and recommendations of the Committee members in attendance were captured within the Committee’s official recommendations delivered for review. DMS, through its Commissioner, reviewed the recommendations and in consultation rendered its final decisions.

On March 15, 2018, the following changes will be effective:

Existing Drug Classes

Drug Class	The following products will remain <i>preferred</i> products:	The following products will become <i>preferred</i> products:	The following products will become <i>non-preferred</i> products and require prior authorization (PA):	The following products will remain <i>non-preferred</i> products and require prior authorization (PA):
Topical Acne Agents	BenzaClin® clindamycin solution Differin® cream, gel erythromycin solution, gel (authorized generic) Retin-A® cream, gel		clindamycin gel, lotion Duac® erythromycin gel	Acanya™ Aczone™ adapalene cream, gel Akne-Mycin® Atralin™ Avar™ Avar E™ Avar E LS™ Avar LS™ Avita® BenoxylDoxy® Benzac AC® Benzamycin® Benzefoam™ Benzefoam Ultra™ BenzePro™ benzoyl peroxide cleanser, kit, microspheres, gel, foam, lotion, medicated pads, towelette benzoyl peroxide/sulfur benzoyl peroxide/urea BP 10-1® BPO® BPO-5®

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				<p> <i>BPO-10</i>[®] <i>BP Wash</i>[™] <i>Brevoxyl</i>[®] <i>Cerisa</i>[™] <i>Clarifoam</i>[®] EF <i>Cleocin-T</i>[®] <i>Clindacin PAC</i>[™] <i>Clindagel</i>[®] <i>clindamycin foam, medicated swab</i> <i>clindamycin/benzoyl peroxide</i> <i>DermaPak Plus Kit</i> <i>Desquam-X</i>[®] <i>Differin</i>[®] lotion <i>Effaclar Duo</i>[®] <i>Epiduo</i>[™] <i>Epiduo Forte</i>[™] <i>erythromycin medicated swab</i> <i>erythromycin/benzoyl peroxide</i> <i>Evoclin</i>[™] <i>Fabior</i>[®] <i>Inova</i>[™] <i>Inova</i>[™] 4/1 <i>Inova</i>[™] 8/2 <i>Klaron</i>[®] <i>Lavoclen</i>[™] <i>Neuac</i>[®] <i>Pacnex</i>[®] <i>Pacnex</i>[®] HP <i>Pacnex</i>[®] LP <i>Pacnex</i>[®] MX <i>Panoxyl</i>[®] <i>Persa-Gel</i>[®] <i>Prascion</i>[®] <i>PR-benzoyl peroxide</i> <i>OC8</i>[®] <i>Onexton</i>[™] <i>Ovace</i>[®] <i>Ovace Plus</i>[®] <i>Nu-Ox</i>[®] <i>Retin-A Micro</i>[®] <i>Rosula</i>[®] <i>SE 10-5 SS</i>[®] <i>SE BPO</i>[®] <i>sodium sulfacetamide 10%</i> </p>

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				<p>sodium sulfacetamide/sulfur 10-4% pad</p> <p>sodium sulfacetamide/sulfur/urea</p> <p>SSS 10-4[®]</p> <p>SSS 10-5[®]</p> <p>sulfacetamide cleanser</p> <p>sulfacetamide/urea</p> <p>sodium sulfacetamide/sulfur cleanser</p> <p>Sumadan[™]</p> <p>Sumadan[™] XLT</p> <p>Sumaxin[®]</p> <p>Tazorac[®]</p> <p>Tretin-X[™]</p> <p>tretinoin (generic Retin-A[®])</p> <p>tretinoin (generic Atralin[™])</p> <p>tretinoin microsphere</p> <p>Vanoxide-HC[®]</p> <p>Veltin[™]</p> <p>Zencia[®]</p>
<p>Analgesic Narcotics: Long-Acting</p>	<p>fentanyl transdermal 12, 25, 50, 75, 100 mcg ^{CC, QL}</p> <p>morphine sulfate SA (generic for MS Contin[®]) ^{QL}</p>		<p>Kadian^{® QL}</p>	<p>Avinza^{™ QL}</p> <p>Belbuca^{™ QL}</p> <p>Butrans^{™ CC, QL}</p> <p>ConZip^{™ QL}</p> <p>Dolophine[®]</p> <p>Duragesic^{® CC, QL}</p> <p>Embeda^{™ QL}</p> <p>Exalgo^{™ QL}</p> <p>fentanyl transdermal 37.5, 62.5, 87.5 mcg ^{CC, QL}</p> <p>hydromorphone ER ^{QL}</p> <p>Hysingla^{™ ER QL}</p> <p>Ionsys^{® CC, QL}</p> <p>morphine sulfate SA (generic Kadian[®], Avinza[™]) ^{QL}</p> <p>MS Contin^{® QL}</p> <p>Nucynta^{® ER CC, QL}</p> <p>Opana ER^{® QL}</p> <p>Oramorph^{® SR QL}</p> <p>oxycodone ER/SR ^{QL}</p> <p>OxyContin^{® QL}</p> <p>oxymorphone ER ^{QL}</p> <p>Ryzolt^{™ QL}</p> <p>tramadol ER ^{QL}</p>

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				Ultram® ER ^{QL} Xtampza™ ER ^{QL} Zohydro ER™ ^{CC, QL}
Analgesic Narcotics: Short-Acting	butalbital/APAP/caffeine ^{CC} codeine/APAP ^{MD} hydrocodone/APAP ^{MD} hydrocodone/ibuprofen hydromorphone tablets meperidine solution morphine IR oxycodone tablet oxycodone/APAP ^{MD} tramadol		<i>dihydrocodeine bitartrate/APAP/caffeine</i> <i>hydromorphone liquid</i> <i>meperidine tablet</i> <i>morphine suppositories</i> <i>oxycodone capsule, concentrate, syringe</i>	<i>All branded short-acting narcotics and narcotic combinations</i> <i>butalbital/APAP/caffeine/codeine^{CC}</i> <i>butalbital compound/codeine^{CC}</i> <i>codeine</i> <i>Capital®</i> <i>Demerol®</i> <i>dihydrocodeine bitartrate/ASA/caffeine</i> <i>Dilaudid®</i> <i>Endodan®</i> <i>Hycet®</i> <i>hydromorphone suppositories</i> <i>Ibudone™</i> <i>levorphanol</i> <i>Margesic H®</i> <i>Maxidone®</i> <i>Norco®</i> <i>Nucynta™</i> <i>Opana®</i> <i>Oxaydo®</i> <i>oxycodone/ASA^{MD}</i> <i>oxycodone/ibuprofen</i> <i>oxymorphone IR</i> <i>Primlev®</i> <i>Reprexain™</i> <i>Rybix™ ODT</i> <i>Synalgos DC®</i> <i>tramadol/ APAP</i> <i>Trezix®</i> <i>Ultracet®</i> <i>Ultram®</i> <i>Vanatol™ LQ^{CC}</i> <i>Xartemis™ XR</i> <i>Xodol®</i> <i>Xolox®</i> <i>Zamicet™</i> <i>Zolvit™</i>

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Fentanyl Buccal Products	N/A			<i>Abstral</i> ^{® CC, QL} <i>Actiq</i> ^{® CC, QL} <i>fentanyl citrate lollipop</i> ^{CC, QL} <i>Fentora</i> ^{® CC, QL} <i>Lazanda</i> ^{® CC, QL} <i>Onsolis</i> ^{™ CC, QL} <i>Subsys</i> ^{® CC}
Narcotic Agonist/Antagonists	N/A		<i>butorphanol NS</i>	<i>pentazocine/APAP</i> <i>pentazocine/naloxone</i>
Antidepressants, Tricyclic	amitriptyline clomipramine imipramine HCl mirtazapine nortriptyline capsule	doxepin concentrate	<i>desipramine</i> <i>maprotiline</i> <i>nortriptyline solution</i>	<i>Anafranil</i> [®] <i>amoxapine</i> <i>doxepin capsule</i> <i>imipramine pamoate</i> <i>Norpramin</i> [®] <i>Pamelor</i> [®] <i>protriptyline</i> <i>Remeron</i> [®] <i>Silenor</i> [®] <i>Surmontil</i> [®] <i>Tofranil</i> [®] <i>Tofranil-PM</i> [®] <i>Vivactil</i> [®]
Antianxiety Agents	alprazolam IR tablets ^{MD} buspirone chlordiazepoxide ^{MD} diazepam oral ^{MD} lorazepam ^{MD} oxazepam ^{MD}		<i>alprazolam Intenso</i> ^{MD} <i>clorazepate</i> ^{MD} <i>diazepam Intenso</i> ^{MD}	<i>alprazolam ER</i> ^{MD} <i>alprazolam ODT</i> ^{MD} <i>Ativan</i> ^{® MD} <i>meprobamate</i> ^{CC} <i>Tranxene-T</i> ^{® MD} <i>Valium</i> ^{® MD} <i>Xanax</i> ^{® MD} <i>Xanax XR, ODT</i> ^{® MD}
Beta-Agonists: Combination Products Inhaled Corticosteroids	Advair [®] Diskus ^{QL} Dulera [®] ^{QL} Symbicort [®] ^{QL} Asmanex [®] Twisthaler ^{QL} Flovent HFA [®] ^{QL} Pulmicort Respules [®] ^{QL, AE} QVAR [®] ^{QL}		Advair [®] HFA ^{QL} Flovent Diskus [®] ^{QL} *Note: grandfathering is allowed for patients established on therapy before the change (Flovent Diskus [®])	Breo [®] Ellipta [®] ^{QL} Aerospan [™] ^{QL} Alvesco [®] ^{QL} Arnuity [™] Ellipta [®] ^{QL} Asmanex [®] HFA ^{QL} budesonide inhalation suspension ^{QL} Pulmicort Flexhaler [®] ^{QL}

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Oral Steroids	budesonide EC dexamethasone solution, tablets hydrocortisone methylprednisolone dose pack, tablets prednisolone solution prednisolone sodium phosphate prednisone dose pack, tablets, solution		<i>cortisone</i>	Baycadron® Celestone® Celestone® Soluspan Cortef® dexamethasone elixir dexamethasone intensol DexPak® DexPak JR® Entocort EC® Flo-Pred® Medrol® methylprednisolone 8 mg, 16 mg tablets Millipred® Orapred® AE Orapred ODT® AE prednisone intensol prednisolone sodium phosphate ODT Prelone® Rayos® Veripred 20®
H2 Receptor Antagonists	famotidine tablets ranitidine tablets, syrup		<i>cimetidine</i>	Axid® famotidine suspension nizatidine Pepcid® ranitidine capsules Tagamet® Zantac®
Topical Immunomodulators	Elidel®		<i>Eucrisa™</i>	Protopic® tacrolimus
Non-Steroidal Anti-Inflammatory Drugs	celecoxib ^{QL} diclofenac sodium ibuprofen indomethacin ketorolac tromethamine ^{QL} meloxicam tablets naproxen tablets sulindac	diclofenac SR	<i>flurbiprofen</i> <i>ketoprofen</i> <i>piroxicam</i>	Anaprox® Anaprox® DS Ansaïd® Arthrotec® Cataflam® Celebrex® ^{QL} Clinoril® Daypro® DermacinRX Lexitral PharmaPak® diclofenac/misoprostol diclofenac potassium diclofenac topical diflunisal

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				Duexis [®] CC etodolac etodolac SR Feldene [®] fenoprofen Flector [®] CC Indocin [®] indomethacin ER ketoprofen ER meclofenamate mefenamic acid meloxicam suspension Mobic [®] nabumetone Nalfon [®] Naprelan [®] EC naproxen sodium naproxen suspension naproxen CR naproxen EC oxaprozin Pennsaid [®] CC Pennsaid [®] Pump CC Ponstel [®] Sprix [™] CC Tivorbex [®] tolmetin Vimovo [™] CC, QL Vivlodex [™] QL Voltaren [®] Gel CC Voltaren [®] XR Zipsor [™] Zorvolex [™]
Sedative Hypnotic Agents	temazepam 15 mg, 30 mg ^{QL} zolpidem ^{QL}		flurazepam ^{QL} triazolam ^{QL}	Ambien [®] QL Ambien CR [®] QL Belsomra [®] QL Doral [®] QL Edluar [®] CC, QL estazolam ^{QL} eszopiclone ^{QL} Halcion [®] QL Hetlioz [®] CC, QL Intermezzo [®] QL Lunesta [™] QL

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				<i>Restoril</i> ^{® QL} <i>Rozerem</i> ^{® CC, QL} <i>Somnote</i> [®] <i>Sonata</i> ^{® QL} <i>temazepam 22.5 mg, 7.5 mg</i> ^{QL} <i>zaleplon</i> ^{QL} <i>zolpidem ER</i> ^{QL} <i>Zolpimist</i> ^{™ QL}
Topical Steroids	betamethasone valerate cream, ointment clobetasol propionate ointment, cream, solution, gel Clobex [®] shampoo fluticasone propionate cream, ointment halobetasol propionate hydrocortisone cream, gel, ointment, lotion mometasone furoate ointment, cream, solution triamcinolone acetonide ointment, cream, lotion	alclometasone dipropionate	<i>betamethasone dipropionate cream and lotion</i> <i>desonide</i> <i>fluocinolone acetonide cream, ointment, and solution</i> <i>fluocinonide cream, gel, and emollient</i> <i>hydrocortisone butyrate/emollient (AG)</i> <i>hydrocortisone valerate</i>	<i>Aclovate</i> [®] <i>ADV Allergy Collection Kit</i> <i>Ala-Cort</i> [®] <i>Ala-Scalp</i> [®] <i>Aqua Glycolic HC</i> [®] <i>amcinonide</i> <i>ApexiCon</i> [®] / <i>ApexiCon E</i> [®] <i>Balneol for Her</i> [®] <i>betamethasone dipropionate gel, ointment</i> <i>betamethasone dipropionate augmented</i> <i>betamethasone valerate lotion, foam</i> <i>Caldecort</i> [®] <i>Capex</i> [®] Shampoo <i>clobetasol emollient</i> <i>clobetasol propionate foam, lotion, shampoo, spray</i> <i>Clobex</i> [®] lotion, spray <i>clocortolone</i> <i>Clodan</i> [®] <i>Cloderm</i> [®] <i>Cordran</i> [®] <i>Cordran</i> [®] Tape <i>Cormax</i> [®] <i>Cutivate</i> [®] <i>Cyclocort</i> [®] <i>Derma-Smoothe/FS</i> [®] <i>DermacinRx</i> [®] Silapak <i>DermacinRx</i> [®] Silazone PharmPak <i>Dermatop</i> [®] <i>Desonate</i> [®] <i>Desowen</i> [®] <i>desoximetasone</i> <i>diflorasone diacetate</i> <i>Diprolene AF</i> [®]

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				<p>Elocon® fluocinolone acetonide oil fluocinonide ointment, cream, gel, emollient fluticasone propionate lotion Halac Kit® Halog® Halonate® hydrocortisone-aloe hydrocortisone butyrate solution, cream, ointment hydrocortisone butyrate/emollient hydrocortisone-urea Kenalog® Locoid Lipocream® Locoid® Luxiq® Momexin™ NuZon™ Olux®/Olux-E® Olux-Olux E® Complete Pack Pandel® Pediaderm HC™ Pediaderm TA™ prednicarbate Psorcon® Scalacort® Scalacort-DK® Kit Synalar® Temovate® Temovate E® Texacort® Topicort® Topicort® Topical Spray triamcinolone acetonide spray Triderm® Trianex® Ultravate® Ultravate® PAC Kit Ultravate® X Vanos™ Verdeso™ Westcort® Whytederm TD Pack®</p>

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Antivirals: Herpes Antivirals, Flu	acyclovir famciclovir valacyclovir Relenza® rimantadine Tamiflu® QL	acyclovir suspension	Zovirax® suspension	Famvir® Sitavig® Valtrex® Zovirax® Flumadine® oseltamivir QL
Epinephrine, Self-injectable	epinephrine 0.3 mg QL (generic for EpiPen) epinephrine 0.15 mg QL (generic for EpiPen, Jr)		EpiPen® QL EpiPen Jr.® QL	Adrenaclick® QL epinephrine 0.3 mg QL (generic for Adrenaclick) epinephrine 0.15 mg QL (generic for Adrenaclick)
Hepatitis B Agents	Baraclude™ solution Epivir-HBV® solution Hepsera® Tyzeka®	Entecavir tablet lamivudine HBV	Baraclude™ tablet Epivir-HBV® tablet	adefovir Vemlidy® QL
Intranasal Antihistamines Intranasal Anticholinergics Intranasal Corticosteroids	Patanase™ ipratropium nasal spray fluticasone propionate QL	azelastine	Astepro®	Olopatadine Atrovent® Beconase AQ® QL budesonide QL Children's Qnasl™ QL Dymista® QL flunisolide QL mometasone QL Nasonex® QL Omnaris™ QL Qnasl™ QL Rhinocort Aqua® QL triamcinolone QL Veramyst® QL Zetonna™ QL

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Anti-Migraine: 5-HT1 Receptor Agonists	Relpax™ QL rizatriptan QL rizatriptan ODT QL sumatriptan QL oral, nasal, syringe, vial		<i>sumatriptan kit</i>	<i>almotriptan QL</i> <i>Alsuma™ QL</i> <i>Amerge® QL</i> <i>Axert® QL</i> <i>Cambia™ QL</i> <i>Frova™ QL</i> <i>Imitrex® QL</i> <i>Maxalt® QL</i> <i>Maxalt-MLT® QL</i> <i>naratriptan QL</i> <i>Onzetra™ XSaij™ QL</i> <i>Sumavel™ Dosepro™ QL</i> <i>Treximet™ QL</i> <i>Zecuity® QL</i> <i>Zembrace™ SymTouch™ QL</i> <i>zolmitriptan QL</i> <i>zolmitriptan ODT QL</i> <i>Zomig® QL</i> <i>Zomig-ZMT® QL</i>
Parkinson's Disease	amantadine syrup, capsules benztropine carbidopa Comtan® levodopa/carbidopa levodopa/carbidopa CR levodopa/carbidopa ODT selegiline tablets trihexyphenidyl		<i>amantadine tablets</i>	<i>Azilect®</i> <i>Duopa™</i> <i>entacapone</i> <i>levodopa/carbidopa/entacapone</i> <i>Lodosyn®</i> <i>Parcopa™</i> <i>Rytary™</i> <i>selegiline capsules</i> <i>Sinemet®</i> <i>Sinemet® CR</i> <i>Stalevo®</i> <i>Tasmar®</i> <i>tolcapone</i> <i>Zelapar™</i>

Topical Acne Agents Criteria Change

Current Criteria for *Topical Antibiotic Agents for Acne*:

Length of Authorization: 1 year

Criteria for Approval:

- Trial and failure of a 1-month trial of at least 2 different preferred agents within the same class, within the last 90 days.

Current Criteria for *Topical Retinoids for Acne*:

Length of Authorization: 1 year

Criteria for Approval:

- Therapeutic failure of at least a 1-week trial of at least 2 preferred agents within the last 90 days.

New Criteria for *Topical Antibiotic Agents for Acne* and *Topical Retinoids for Acne*:

Length of Authorization: 1 year

Criteria for Approval:

- Must have trial and failure of all preferred products before moving to a non-preferred product.
*NOTE: patients do not have to try different strengths of the same active ingredient.

Analgesic Narcotics: Short-Acting Criteria Review

Current Criteria for *Narcotic Analgesics: Short Acting Single Entity and Combination Products*

Length of Authorization: 6 months

Criteria for Approval: (no recommended changes)

- Therapeutic failure of no less than a 1-week trial of at least 2 different preferred agents.

Consent Agenda

The therapeutic classes in the table below were reviewed; no changes were made to the currently posted status for agents in these classes.

- Acne Agents, Oral
- Anti-Alcoholic Preparations
- Anticholinergics/Antispasmodics
- Antidiarrheals
- Anti-Ulcer Protectants
- Bone Resorption Suppression & Related
- Growth Hormone
- Immunosuppressives, Oral
- Multiple Sclerosis Agents
- Oncology Oral – Breast Cancer
- Oncology Oral – Lung Cancer
- Oncology Oral – Prostate Cancer
- Oncology Oral – Renal Cell Carcinoma
- Oncology Oral – Skin Cancer
- Pancreatic Enzymes
- Progestins for Cachexia
- Skeletal Muscle Relaxants
- Tobacco Cessation Products

New Products to Market

Drugs Requiring PA	Criteria
Eucrisa™	<p>Non-prefer in the PDL class: <i>Topical Immunomodulators</i></p> <p>Length of Authorization: 6 months or length of prescription</p> <ul style="list-style-type: none"> • Eucrisa™ (crisaborole) ointment 2% for topical use is a phosphodiesterase-4 (PDE4) inhibitor indicated for the treatment of mild to moderate atopic dermatitis in patients 2 years of age and older. <p>Criteria for Approval:</p> <ul style="list-style-type: none"> • Must have a trial and failure of both Elidel® and a topical steroid unless the application is to the face or groin area, then trial of a steroid is not required. <p>Renewals do not require a re-trial of a topical steroid.</p>



To review the complete summary of the final PDL selections and new products to market updates and changes, please refer to the “Commissioner’s Final Decisions from March 16, 2017” posted on the provider web portal at: <https://kyportal.magellanhealth.com> (by clicking the Resources/Documents/Committees/P&T tabs).

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible. Please contact Magellan Medicaid Administration at kyproviders@magellanhealth.com for any additional information or questions you may have.

Sincerely,

Noah L Greenberg

Noah L Greenberg, PharmD, CSP, MBA
 Clinical Pharmacy Manager
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Kentucky Medicaid Fee-for-Service Pharmacy Program’s Contact Information		
Clinical Support Center	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request. NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Buprenorphine products, Synagis®, and Zyvox®.
Pharmacy Support Center	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
Provider Services	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member’s benefits or eligibility coverage dates.