



**\*\* Fee-For-Service Pharmacy Provider Notice #259 – Antidepressants\***

**December 14, 2021**

In response to the recent tornados and supply concerns, **the following generics will be preferred without PA:**

**bupropion XL 150mg and 300mg (generic for Wellbutrin XL)**

**venlafaxine ER capsule (generic for Effexor ER)**

**desvenlafaxine succinate ER (generic for Pristiq)**

**This policy is effective immediately and will extend through January 05, 2022.**

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](mailto:kyproviders@magellanhealth.com) for any additional information or questions you may have.

Sincerely,

*ShaLeigh Hammons, CPhT*

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Account Manager I

[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

Kentucky Medicaid Fee-for-Service Pharmacy Program’s Contact Information		
<b>Clinical Support Center</b>	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.
<b>Pharmacy Support Center</b>	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.
<b>Provider Services</b>	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.

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
<b>Member Services</b>	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.

**\*\*If you would like to be added to the Fee-For-Service Pharmacy Program distribution list to receive updates and information please email [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com).\*\***