



**** Fee-For-Service Pharmacy Provider Notice #261 – Zoloft Oral Concentrate***

December 16, 2021

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

Zoloft Oral Concentrate (Brand)

Sertraline Oral Concentrate (Generic)

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 for any additional information or questions you may have.

Sincerely,

ShaLeigh Hammons, CPhT

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Account Manager I

kyproviders@magellanhealth.com

****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****

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.
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.