

**** Kentucky Medicaid Pharmacy Provider Notice #269 – Injectable Drug List ****

THIS APPLIES TO ALL KENTUCKY MEDICAID MEMBERS

April 4, 2022

Please be advised that on Monday May 16th, 2022, the Department for Medicaid Services (DMS) will be implementing a Pharmacy Injectable Drug List. Medications on this list may be billed through the pharmacy point of sale (POS). Injectable medications NOT on the list will be payable ONLY through the member’s medical benefit and may require a prior authorization.

The Injectable Drug List can be found on the next page.

Please note that some medications on the Injectable Drug List may also be covered through the medical benefit. Thank you for helping Kentucky Medicaid members maintain access to prescription drug coverage by selecting drugs on the Preferred Drug List (PDL) whenever possible. For additional information or questions, please contact the Kentucky Magellan Medicaid Administration team at kyproviders@magellanhealth.com for Fee-for-Service (FFS) members or the Kentucky MedImpact team at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

Sincerely,

Sha Leigh Hammons

ShaLeigh Hammons, CPhT

Account Manager I

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.

Kentucky Medicaid Pharmacy Injectable Drug List

Effective: May 16, 2022

Medications that are administered using any of the routes listed below and are NOT on the Injectable Drug List, will reject at the pharmacy as "COVERED MEDICAL ONLY". These medications will ONLY be payable through the member's medical benefit.

Epidural	Hemodialysis
Implant	Injection
Intraarterial	Intraarticular
Intracavernous	Intradermal
Intramuscular	Intraocular
Intraperitoneal	Intrapleural
Intrathecal	Intrauterine
Intravenous	Intravesical
Irrigation	Perfusion
Urethral	

NOTE: A pharmacy Prior Authorization may be obtained for a Medical ONLY medication IF the following criteria are met:

- The medication is being self-administered; AND
- Self-administration is allowed per DOSAGE AND ADMINISTRATION section of the prescribing information; OR
- The medication is being administered by a home infusion provider.

The following classes of injectable medications (brand and generic if available) may be billed at the pharmacy.

Absorbable Sulfonamide Antibacterial Agents	Diabetic Supplies as listed on "Diabetic Supply List"
Aminoglycoside Antibiotics	Glycylcyclines
Anaerobic Antiprotozoal-Antibacterial Agents	Insulins
Antifungal Agents	IV Solutions: Dextrose and Lactated Ringers
Antifungal Antibiotics	IV Solutions: Dextrose-Saline
Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab	IV Solutions: Dextrose-Water

Antiretroviral-Integrase Inhibitor and NNRTI Comb.	Lincosamide Antibiotics
Antivirals	Lipoglycopeptide Antibiotics
Beta-lactams	Macrolide Antibiotics
Carbapenem Antibiotics (Thienamycins)	Oxazolidinone Antibiotics
Cephalosporin Antibiotics - 1st Generation	Penicillin Antibiotics
Cephalosporin Antibiotics - 3rd Generation	Polymyxin Antibiotics and Derivatives
Cephalosporin Antibiotics - 4th Generation	Quinolone Antibiotics
Cephalosporin Antibiotics - 5th Generation	Tetracycline Antibiotics
COVID-19 Vaccines	Vancomycin Antibiotics and Derivatives
Cyclic Lipopeptides	

The following injectable medications (brand and generic if available) may be billed at the pharmacy.

Abilify Maintena	Medroxyprogesterone
Actemra ACTpen and Actemra Syringe	Methotrexate Sodium
Actimmune	Methotrexate Sodium/PF
Adlyxin	Methylprednisolone Sodium Succinate
Aimovig	Miacalcin
Ajovy	Mircera
Aloxi	Mirena
Antihemophilic Factors	Nalbuphine
Apokyn	Naloxone HCL: Inj
Apretude	Natpara: SQ
Aranesp	Neulasta
Arcalyst	Neupogen
Aristada	Nexplanon
Aristada Initio	Nivestym
Arixtra	Norditropin, Norditropin Flexpro
Arzerra	Nplate
Ascorbic Acid: Inj	Nucala
Aveed	Nutropin AQ Nuspin
Avonex	Nyvepria
Bacteriostatic Sodium Chloride	Octreotide

Bacteriostatic Water for Injection	Ondansetron HCL
Benlysta Syringe and Autoinjector	Ondansetron HCL/PF
Besremi	Olanzapine
Betamethasone Acetate, Sodium Phosphate	Omnitrope
Betaseron	Orencia Syringe, Orencia Clickject
Bydureon Bcise/Bydureon Pen	Otrexup
Byetta	Ozempic
Chlorpromazine HCL	Palynziq
Cimzia	Paragard
Copaxone	Paricalcitol: Inj
Cosentyx	Pegasys Syringe, Vial, ProClick
Cutaquig	PegIntron
Cuvitru	Pentam 300: Inj
Cyanocobalamin (Vitamin B-12)	Perseris
Delestrogen	Phytonadione: Inj
Depo-Estradiol	Plegridy
Depo-Medrol Inj	Praluent
Depo-Testosterone	Premarin: Inj
Desmopressin Acetate	Probuphine
Dexamethasone Sodium Phosphate	Procrit
Dexamethasone Sodium Phosphate/PF	Progesterone: Inj
Diazepam: INJ	Prolia
Dihydroergotamine Mesylate	Promethazine HCL
Diphenhydramine HCL	Pyridoxine HCL: Inj
Dupixent	Rasuvo
Eligard	Rebif
Emgality	Reblozyl
Empaveli	Reclast
Enbrel	RediTrex: SQ
Enspryng	Relistor
Epipen/Epipen Jr.	Remodulin

Epogen	Repatha
Evenity	Retacrit
Extavia	Risperdal Consta
Famotidine	Saizen
Famotidine/PF	Saizen-Saizenprep: SQ
Fasenra	Sajazir: SQ
Fensolvi	Serostim
Firazyr	Signifor: SQ
Flolan	Siliq
Fluphenazine Decanoate	Simponi
Folic Acid: Inj	Skyla
Fondaparinux Sodium	Skyrizi
Forteo	Skytrofa: SQ
Fragmin	Sodium Chloride Irrigation Solution
Fulphila	Sodium Chloride: IV
Fuzeon	Soliqua
Gammagard Liquid	Solu-Medrol, IV Inj
Gamunex	Somatuline Depot
Gattex	Somavert
Geodon	Spinraza
Genotropin	Stelara
Glatopa	Strensiq
GlucaGen	Sublocade
Granix	Sumatriptan Succinate
Gvoke	Sylatron
H.P. Acthar Gel	Symjepi
Haegarda: SQ	Symlin
Haldol Decanoate	Synagis
Haldol Lactate	Takhzyro
Hemlibra	Taltz
Heparin	Terbutaline Sulfate

Hizentra	Thiamine HCL: INJ
Humatrope	Tremfya
Humira	Triamcinolone Acetonide
Hydrocortisone Sodium Succinate	Trulicity
Hydrocortisone Sodium Succinate/PF	Tymlos: SQ
Hydroxyprogesterone Caproate: IM	Udenyca
Hyqvia	Victoza
Icatibant: SQ	Vitamin K1
Ilaris	Vivitrol
Imitrex	Sterile Water for Injection
Increlex	Xembify
Intron A	Xgeva
Invega Sustenna/Invega Trinza/Invega Hafyera	Xolair
Kalbitor: SQ	Xultophy
Kesimpta	Xyosted
Kevzara	Zarxio
Kineret	Zegalogue Autoinjector/Syringe
Kyleena	Zembrace Symtouch
Leukine	Ziextenzo
Lidocaine HCL	Zolgensma
Lidocaine HCL/PF	Zomacton
Liletta	Zorbtive
Lovenox	Zyprexa
Lupron Depot	Zyprexa Relprevv
Makena	

MCO Vaccine List
(Please note, vaccines are not payable at the pharmacy through FFS)

ActHIB	M-M-R II
BEXSERO	Pneumovax 23
Boostrix	Prevnar 13
Comvax	ProQuad

Engerix-B	Shingrix
Flu Mist	TENIVAC
Fluzone	Twinrix
Gardasil	Typhim Vi
Havrix	Varivax
IPOL	Vivotif
Menactra	Zostavax