

**\*\* Pharmacy Provider Notice #270 – Temporary PDL Changes due to shortage of MetroCream \*\***

**April 25<sup>th</sup>, 2022**

Please be advised, the Department for Medicaid Services (DMS) is making the following changes to the Kentucky Medicaid Pharmacy Preferred Drug List (PDL). These changes are due to a longstanding backorder of MetroCream. This will be a temporary change and providers will be given a 30-day notice before they are reversed.

**On May 5, 2022 the following changes will be effective:**

| 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):  |
|-------------------------------|---|---|--|---|
| <b>Topical Rosacea Agents</b> | MetroCream®<br>MetroGel®                                      | Finacea® gel<br>Soolantra®                                    |  | <i>azelaic acid</i><br><i>Finacea® foam</i><br><i>ivermectin 1% cream</i><br><i>metronidazole cream, gel, lotion</i><br><i>Mirvaso®</i><br><i>Noritrate®</i><br><i>Rhofade® CC, AE, QL</i><br><i>Rosadan®</i><br><i>Rosadan® Kit</i><br><i>Zilxi™</i> |

Thank you for helping Kentucky Medicaid members maintain access to cost effective medications by selecting drugs on the preferred drug list whenever possible. For any additional information or questions that you may have, please contact Magellan Medicaid Administration at [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for Fee-for-Service members or the Kentucky MedImpact team at [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@medimpact.com) for Managed Care Organization (MCO) members..

Sincerely,

*ShaLeigh Hammons, CPhT*

ShaLeigh Hammons, CPhT

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<br>Sunday – Saturday<br>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>NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary.</b> |
| <b>Pharmacy Support Center</b>   | 1-800-432-7005<br>Sunday – Saturday<br>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<br>Monday – Friday<br>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.   |
| <b>Member Services</b>   | 1-800-635-2570<br>Monday – Friday<br>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.   |