

**\*\*Pharmacy Provider Notice #284– Brand/Generic Insulin Changes\*\***

**November 21, 2022**

Please be advised that the Department for Medicaid Services (DMS) is making the following changes to the Kentucky Medicaid Pharmacy Preferred Drug List (PDL). Insulin glargine vial and insulin glargine solostar U-100 will become preferred products and Lantus® products will move to non-preferred. Semglee™ insulin products will remain in the non-preferred category.

**On December 21<sup>st</sup>, 2022 the following changes will be effective:**

Drug Class	The following products will remain <i>preferred</i> products:	The following products will remain <i>non-preferred</i> products and require prior authorization (PA):	The following products will become <i>preferred</i> products:	The following products will become <i>non-preferred</i> products and require prior authorization (PA):
<b>Diabetes: Insulin and Related Agents</b>	Humalog® cartridge, vial and KwikPen® Humalog® Junior (Jr) KwikPen® Humalog® Mix vial and KwikPen® Humulin® R vial Humulin® R U-500 vial and KwikPen® Humulin® 70/30 vial and KwikPen® insulin aspart cartridge vial and pen insulin aspart/insulin aspart protamine pen and vial insulin lispro pen, vial and Jr, KwikPen® insulin lispro/insulin lispro protamine KwikPen® Levemir® and Levemir® FlexTouch® Novolog® vial, cartridge, and FlexTouch® Novolog® Mix FlexPen®	Admelog® and Admelog Solostar® <sup>CC</sup> Afrezza® Apidra™ vial and Solostar® Basaglar® KwikPen® <sup>CC</sup> Fiasp® vial, pen and FlexTouch® <sup>CC</sup> Humalog® 200 unit/mL KwikPen® Humulin® N and Humulin® N KwikPen® insulin degludec pen and vial insulin glargine-yfgn pen and vial <sup>CC</sup> Lyumjev™ pen and vial <sup>CC</sup> Novolin® R, N vial, pen Novolin® 70/30 vial, pen Novolog® Mix vial Semglee™ pen and vial <sup>CC</sup> Semglee (yfgn)™ pen and vial <sup>CC</sup> Symlin® <sup>CC, AE</sup> Toujeo® Solostar® and Max Solostar® Tresiba® vial and FlexTouch®	insulin glargine vial insulin glargine solostar U-100	Lantus® Lantus® Solostar

DMS understands that these changes will have a significant impact on providers, pharmacies, and members across the Commonwealth. Please proactively prepare for these changes by working with your wholesalers to ensure there is adequate stock for dispensing, and work with patients and prescribers to get new prescriptions



OR a prior authorization, as needed.

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*

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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>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 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.
<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.