

**** Pharmacy Provider Notice #286 – Temporary PDL Changes Due to Shortages****

December 31st, 2022

Please be advised, the Department for Medicaid Services (DMS) is making the following changes to the Kentucky Medicaid Pharmacy Preferred Drug List (PDL). DMS has been notified of daily quantity limitations of Ventolin HFA as well as shortages of Proventil HFA, insulin glargine, and insulin glargine solostar. Due to this, DMS is temporarily moving albuterol HFA, Lantus insulin, and Lantus Solostar to preferred status on the PDL. These changes will be in effect until **January 6th, 2023**. DMS will monitor the shortages to determine if this change will need to be extended.

On December 30th, 2022 the following changes went into effect:

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):
Short-Acting Beta2 Adrenergic Agonists	albuterol inhalation solution ^{QL} albuterol low-dose inhalation solution ^{QL} ProAir [®] HFA ^{QL} Proventil [®] HFA ^{QL} terbutaline tablets ^{QL} Ventolin HFA [®] ^{QL}	albuterol HFA ^{QL}		<i>albuterol oral syrup, tablets ^{QL}</i> <i>albuterol ER tablets ^{QL}</i> <i>levalbuterol HFA ^{QL}</i> <i>levalbuterol inhalation solution ^{QL}</i> <i>metaproterenol oral syrup ^{QL}</i> <i>ProAir[®] Digihaler[™] ^{QL}</i> <i>ProAir RespiClick[®] ^{QL}</i> <i>Xopenex[®] ^{QL}</i> <i>Xopenex HFA[®] ^{QL}</i>
Diabetes: Insulins and Related Agents	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 glargine vial insulin glargine solostar U100 insulin lispro pen, vial and Jr, KwikPen [®] insulin lispro/insulin lispro protamine KwikPen [®]	Lantus[®] and Lantus[®] Solostar		<i>Admelog[®] and Admelog Solostar[®] CC</i> <i>Afrezza[®]</i> <i>Apidra[™] vial and Solostar[®]</i> <i>Basaglar[®] KwikPen[®] CC</i> <i>Fiasp[®] vial, pen and FlexTouch[®] CC</i> <i>Humalog[®] 200 unit/mL KwikPen[®]</i> <i>Humulin[®] N and Humulin[®] N KwikPen[®]</i> <i>insulin degludec pen and vial</i> <i>insulin glargine-yfgn pen and vial CC</i> <i>Lyumjev[™] pen and vial CC</i> <i>Novolin[®] R, N vial, pen</i> <i>Novolin[®] 70/30 vial, pen</i> <i>Novolog[®] Mix vial</i> <i>Semglee[™] pen and vial CC</i> <i>Semglee (yfgn) [™] pen and vial CC</i> <i>Symlin[®] CC, AE</i>

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):
	Levemir® and Levemir® FlexTouch, Flexpen® Novolog® vial, cartridge, and FlexTouch® Novolog® Mix FlexPen®			Toujeo® Solostar® and Max Solostar® Tresiba® vial and FlexTouch®

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 for Fee-for-Service members or the Kentucky MedImpact team at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

Sincerely,

Shaleigh Hammons, CPhT

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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. NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary.
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.

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact 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.
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