

**\*\* Pharmacy Provider Notice #287 – Extension of Temporary PDL Changes Due to Shortages\*\***

January 4<sup>th</sup>, 2023

Please be advised, the Department for Medicaid Services (DMS) is extending the changes that were made on December 30<sup>th</sup> to the Kentucky Medicaid Pharmacy Preferred Drug List (PDL) due to drug shortages. Albuterol HFA, Lantus insulin, and Lantus Solostar were temporarily moved to preferred status on the PDL. These changes will now be in effect until **January 13<sup>th</sup>, 2023**. DMS will continue monitor the shortages to determine if this change will need to be extended further.

**On December 30<sup>th</sup>, 2022 the following changes went into effect:**

Drug Class	The following products will <u>remain preferred</u> products:	The following products will <u>become preferred</u> products:	The following products will <u>become non-preferred</u> products and require prior authorization (PA):	The following products will <u>remain non-preferred</u> products and require prior authorization (PA):
<b>Short-Acting Beta2 Adrenergic Agonists</b>	albuterol inhalation solution <sup>QL</sup> albuterol low-dose inhalation solution <sup>QL</sup> ProAir <sup>®</sup> HFA <sup>QL</sup> Proventil <sup>®</sup> HFA <sup>QL</sup> terbutaline tablets <sup>QL</sup> Ventolin HFA <sup>®</sup> <sup>QL</sup>	<b>albuterol HFA <sup>QL</sup></b>	N/A	<i>albuterol oral syrup, tablets <sup>QL</sup></i> <i>albuterol ER tablets <sup>QL</sup></i> <i>levalbuterol HFA <sup>QL</sup></i> <i>levalbuterol inhalation solution <sup>QL</sup></i> <i>metaproterenol oral syrup <sup>QL</sup></i> <i>ProAir<sup>®</sup> Digihaler<sup>™</sup> <sup>QL</sup></i> <i>ProAir RespiClick<sup>®</sup> <sup>QL</sup></i> <i>Xopenex<sup>®</sup> <sup>QL</sup></i> <i>Xopenex HFA<sup>®</sup> <sup>QL</sup></i>
<b>Diabetes: Insulins and Related Agents</b>	Humalog <sup>®</sup> cartridge, vial and KwikPen <sup>®</sup> Humalog <sup>®</sup> Junior (Jr) KwikPen <sup>®</sup> Humalog <sup>®</sup> Mix vial and KwikPen <sup>®</sup> Humulin <sup>®</sup> R vial Humulin <sup>®</sup> R U-500 vial and KwikPen <sup>®</sup> Humulin <sup>®</sup> 70/30 vial and KwikPen <sup>®</sup> insulin aspart cartridge vial and pen insulin aspart/insulin aspart protamine pen and vial insulin glargine vial insulin glargine solostar U-100 insulin lispro pen, vial and Jr, KwikPen <sup>®</sup>	<b>Lantus<sup>®</sup> and Lantus<sup>®</sup> Solostar</b>	N/A	<i>Admelog<sup>®</sup> and Admelog Solostar<sup>®</sup> CC</i> <i>Afrezza<sup>®</sup></i> <i>Apidra<sup>™</sup> vial and Solostar<sup>®</sup></i> <i>Basaglar<sup>®</sup> KwikPen<sup>®</sup> CC</i> <i>Fiasp<sup>®</sup> vial, pen and FlexTouch<sup>®</sup> CC</i> <i>Humalog<sup>®</sup> 200 unit/mL KwikPen<sup>®</sup></i> <i>Humulin<sup>®</sup> N and Humulin<sup>®</sup> N KwikPen<sup>®</sup></i> <i>insulin degludec pen and vial</i> <i>insulin glargine-yfgn pen and vial CC</i> <i>Lyumjev<sup>™</sup> pen and vial CC</i> <i>Novolin<sup>®</sup> R, N vial, pen</i> <i>Novolin<sup>®</sup> 70/30 vial, pen</i> <i>Novolog<sup>®</sup> Mix vial</i> <i>Semglee<sup>™</sup> pen and vial CC</i> <i>Semglee (yfgn) <sup>™</sup> pen and vial CC</i> <i>Symlin<sup>®</sup> CC, AE</i>

Drug Class	The following products will <u>remain preferred</u> products:	The following products will <u>become preferred</u> products:	The following products will <u>become non-preferred</u> products and require prior authorization (PA):	The following products will <u>remain non-preferred</u> products and require prior authorization (PA):
	insulin lispro/insulin lispro protamine KwikPen® 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](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>Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information</b>		
<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.