

**** Pharmacy Provider Notice #289 – Preferred Drug List (PDL) Changes ****

January 11th, 2023

Please be advised, the Department for Medicaid Services (DMS) is making changes to the Preferred Drug List (PDL) due to the manufacturer Galderma Lab discontinuing participation with the Medicaid Drug Rebate Program (MDRP).

In the Topical Rosacea Agents class, generic metronidazole cream and metronidazole topical gel will become preferred. Brand name Soolantra, Epsolay, Mirvaso, MetroCream and MetroGel are no longer covered.

In the Topical Acne Agents class, the authorized generic adapalene/benzoyl peroxide 0.3-2.5% will become preferred. Brand name Differin 0.3% Gel Pump, Differin cream and lotion, Aklief, Epiduo Forte, and Twyneo are no longer covered.

Other non-preferred products from this manufacturer that will no longer be covered include Oracea capsule, Capex shampoo, Clobex spray and Vectical ointment.

On January 12th, 2023 the following changes will go into effect:

Drug Class	The following products will remain <u>preferred</u> products:	The following products will become <u>preferred</u> products:	The following products will become <u>non-preferred</u> products and require prior authorization (PA):	The following products will remain <u>non-preferred</u> products and require prior authorization (PA):
Topical Rosacea Agents	Finacea [®] gel	metronidazole cream, gel		<i>azelaic acid Finacea[®] foam ivermectin 1% cream metronidazole lotion Noritate[®] Rhofade[®] CC, AE, QL Rosadan[®] Rosadan[®] Kit Zilxi[™]</i>
Topical Acne Agents	Clindacin [®] P [™] clindamycin gel, medicated swab (pledget), solution clindamycin/benzoyl peroxide (generic BenzaClin [®] or Duac [®] (excluding pumps) erythromycin solution erythromycin/benzoyl peroxide Neuac [®] gel Retin-A [®] cream, gel selenium sulfide	adapalene/benzoyl peroxide 0.3-2.5% (Teva and Mayne Pharma)		<i>Acanya[™] adapalene cream, gel pump Altreno[™] Amzeeq[™] Arazlo[™] Atralin[™] Avar[™], Avar E[™], Avar E LS[™], Avar LS[™] Avita[®] Benzamycin[®] BP 10-1[®] BP Cleansing Wash[™] Cleocin-T[®] Clindacin[®] ETZ Clindacin PAC[™]</i>

Drug Class	The following products will remain <u>preferred</u> products:	The following products will become <u>preferred</u> products:	The following products will become <u>non-preferred</u> products and require prior authorization (PA):	The following products will remain <u>non-preferred</u> products and require prior authorization (PA):
				<p>Clindagel[®] clindamycin foam, lotion clindamycin phosphate EQ 1% gel (Generic Clindagel[®]) clindamycin/benzoyl peroxide (Generic Acanya[™]) clindamycin/benzoyl peroxide gel pump clindamycin/tretinoin dapsone Ery[®] Erygel[®] erythromycin gel, medicated swab Evoclin[®] Fabior[®] Klaron[®] Neucac[®] Kit Onexton[™] Ovace[®], Ovace Plus[®] Retin-A Micro[®] Rosula[®] sodium sulfacetamide sodium sulfacetamide/sulfur SSS 10-5[®] sulfacetamide sulfacetamide sodium sulfacetamide/sulfur sulfacetamide/sulfur/urea Sumadan[™], Sumadan[™] XLT Sumaxin[®], Sumaxin[®] CP, Sumaxin[®] TS Tazarotene Tretin-X[™] tretinoin tretinoin microsphere Winlevi[®] AE Ziana[™]</p>

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.
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.