

**\*\* Pharmacy Provider Notice #293 – Further Extension of Temporary PDL Changes Due to Shortages\*\***

**February 8<sup>th</sup>, 2023**

Please be advised, the Department for Medicaid Services (DMS) is further 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 **February 14<sup>th</sup>, 2023**. As brand name albuterol HFA products and generic insulin glargine become available, DMS will consider overrides on a case-by-case basis. DMS will continue to monitor these shortages to determine if further extension will be required.

**On December 30<sup>th</sup>, 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):
<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>		albuterol oral syrup, tablets <sup>QL</sup> albuterol ER tablets <sup>QL</sup> levalbuterol HFA <sup>QL</sup> levalbuterol inhalation solution <sup>QL</sup> metaproterenol oral syrup <sup>QL</sup> ProAir <sup>®</sup> Digihaler <sup>™</sup> <sup>QL</sup> ProAir RespiClick <sup>®</sup> <sup>QL</sup> Xopenex <sup>®</sup> <sup>QL</sup> Xopenex HFA <sup>®</sup> <sup>QL</sup>
<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 U100 insulin lispro pen, vial and Jr, KwikPen <sup>®</sup>	<b>Lantus<sup>®</sup> and Lantus<sup>®</sup> Solostar</b>		Admelog <sup>®</sup> and Admelog Solostar <sup>®</sup> CC Afrezza <sup>®</sup> Apidra <sup>™</sup> vial and Solostar <sup>®</sup> Basaglar <sup>®</sup> KwikPen <sup>®</sup> CC Fiasp <sup>®</sup> vial, pen and FlexTouch <sup>®</sup> CC Humalog <sup>®</sup> 200 unit/mL KwikPen <sup>®</sup> Humulin <sup>®</sup> N and Humulin <sup>®</sup> N KwikPen <sup>®</sup> insulin degludec pen and vial insulin glargine-yfgn pen and vial CC Lyumjev <sup>™</sup> pen and vial CC Novolin <sup>®</sup> R, N vial, pen Novolin <sup>®</sup> 70/30 vial, pen Novolog <sup>®</sup> Mix vial Semglee <sup>™</sup> pen and vial CC Semglee (yfgn) <sup>™</sup> pen and vial CC

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):
	insulin lispro/insulin lispro protamine KwikPen® Levemir® and Levemir® FlexTouch, Flexpen® Novolog® vial, cartridge, and FlexTouch® Novolog® Mix FlexPen®			Symlin® CC, AE 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.