

**** Pharmacy Provider Notice #294 – Drug Shortage Bypass ****

February 20th, 2023

Please be advised, the Department for Medicaid Services (DMS) is moving generic albuterol HFA and brand name Lantus/Lantus Solostar products that were previously preferred due to shortages, back to non-preferred status on the Preferred Drug List (PDL). This change will be effective February 21, 2023. Pharmacies that are still having issues obtaining the preferred name brand albuterol HFA and generic insulin glargine and insulin glargine solostar should use the following procedures for processing the non-preferred alternatives.

Effective on March 15th, 2023, when processing the brand name Lantus and Lantus Solostar or generic albuterol HFA, pharmacies will receive a **“75-Prior Authorization Required”**. The pharmacist can use the **Submission Clarification Code = 2** which will bypass the PA requirements for the drug. By using, this Submission Clarification Code, the pharmacist is indicating that they can only obtain the non-preferred product due to drug shortages. Please note that documentation of the shortage may be subject to audit review.

DMS will monitor the shortage very closely and may elect to withhold implementation if the shortage resolves.

The current list of preferred and non-preferred products in their respective PDL classes are shown below:

Drug Class	The following products will remain preferred products:	The following products will remain non-preferred 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}	<i>albuterol oral syrup, tablets</i> ^{QL} <i>albuterol ER tablets</i> ^{QL} albuterol HFA ^{QL} <i>levalbuterol HFA</i> ^{QL} <i>levalbuterol inhalation solution</i> ^{QL} <i>metaproterenol oral syrup</i> ^{QL} <i>ProAir[®] Digihaler[™]</i> ^{QL} <i>ProAir RespiClick[®]</i> ^{QL} <i>Xopenex</i> ^{QL} <i>Xopenex HFA</i> ^{QL}
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	<i>Admelog[®] and Admelog Solostar[®]</i> ^{CC} <i>Afrezza[®]</i> <i>Apidra[™] vial and Solostar[®]</i> <i>Basaglar[®] KwikPen[®]</i> ^{CC} <i>Fiasp[®] vial, pen and FlexTouch[®]</i> ^{CC} <i>Humalog[®] 200 unit/mL KwikPen[®]</i> <i>Humulin[®] N and Humulin[®] N KwikPen[®]</i> <i>insulin degludec pen and vial</i>

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):
	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® Levemir® and Levemir® FlexTouch, Flexpen® Novolog® vial, cartridge, and FlexTouch® Novolog® Mix FlexPen®	<i>insulin glargine-yfgn pen and vial</i> ^{CC} Lantus® and Lantus® Solostar <i>Lyumjev™ pen and vial</i> ^{CC} <i>Novolin® R, N vial, pen</i> <i>Novolin® 70/30 vial, pen</i> <i>Novolog® Mix vial</i> <i>Semglee™ pen and vial</i> ^{CC} <i>Semglee (yfgn)™ pen and vial</i> ^{CC} <i>Symlin®</i> ^{CC, AE} <i>Toujeo® Solostar® and Max Solostar®</i> <i>Tresiba® vial and FlexTouch®</i>

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.

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