

****Pharmacy Provider Notice #299 – Routine PDL Changes****

March 16th, 2023

Please be advised, the Department for Medicaid Services (DMS) is making the following routine changes to the Kentucky Medicaid Preferred Drug List (PDL). Please note the manufacturer has discontinued brand Protopic.

On April 6th, 2023 the following changes will go 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):
Second-Generation Antipsychotics	aripiprazole tablets ^{CC, QL} asenapine ^{CC, QL} clozapine tablets ^{CC, QL} olanzapine ^{CC, QL} quetiapine ^{CC, QL} quetiapine ER ^{CC, QL} risperidone ^{CC, QL} Vraylar TM ^{AE, CC, QL} ziprasidone capsules ^{CC, QL}	lurasidone ^{CC, QL}	Latuda [®] ^{CC, QL}	Abilify [®] oral formulations ^{QL} Abilify MyCite [®] ^{CC, QL} aripiprazole ODT, oral solution Caplyta [®] ^{CC, QL} clozapine ODT ^{QL} Clozaril [®] ^{QL} Fanapt TM ^{QL} Geodon [®] capsules ^{QL} Invega [®] ^{QL} Lybalvi TM ^{CC, AE, QL} olanzapine/fluoxetine ^{CC, QL} Nuplazid TM ^{CC, QL} paliperidone ^{QL} Rexulti [®] ^{QL} Risperdal [®] ^{QL} Saphris [®] ^{CC, QL} Secuado [®] ^{QL} Seroquel [®] ^{QL} Seroquel [®] XR ^{QL} Symbyax [®] ^{CC, QL} Versacloz [®] ^{QL} Zyprexa [®] ^{QL}
Immunomodulators, Atopic Dermatitis	Dupixent [®] ^{CC, QL} Elidel [®] Eucrisa [®] ^{CC, QL}		Protopic [®]	Adbry TM ^{CC, AE, QL} Opzelura TM ^{CC, AE} pimecrolimus tacrolimus ointment



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.