

**\*\* Pharmacy Provider Notice #302- Insulin Glargine Friendly Reminder \*\***

May 15, 2023

As a reminder, generic insulin glargine and insulin glargine solostar are preferred over the name brand Lantus® and Lantus® Solostar products.

The submission clarification code bypass that was implemented on March 15<sup>th</sup>, 2023, should only be used in cases of true shortages. Please note that documentation of the shortage maybe subject to audit review.

Additional information can be found in the provider notice link below.

<https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY-ProviderNotice-294-20230220.pdf>

The current list of preferred and non-preferred products in the Diabetes: Insulins and Related Agents class are shown below:

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):
<b>Diabetes: Insulins and Related Agents</b>	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 insulin aspart/insulin aspart protamine pen and vial insulin glargine vial insulin glargine solostar U-100 insulin lispro pen, vial and Jr. KwikPen® insulin lispro/insulin lispro protamine KwikPen® Levemir® and Levemir® FlexTouch, Flexpen® Novolog® vial, cartridge, and FlexPen® Novolog® Mix FlexPen®	Admelog® and Admelog Solostar® <sup>CC</sup> Afrezza® Apidra™ vial and Solostar® Basaglar® KwikPen® <sup>CC</sup> Fiasp® vial, pen and FlexTouch® <sup>CC</sup> Humalog® 200 unit/mL KwikPen® Humalog® Tempo Pen Humulin® N and Humulin® N KwikPen® insulin degludec pen and vial insulin glargine-yfgn pen and vial <sup>CC</sup> Lantus® and Lantus® Solostar Lyumjev™ pen and vial <sup>CC</sup> Novolin® R, N vial, pen Novolin® 70/30 vial, pen Novolog® Mix vial Semglee™ pen and vial <sup>CC</sup> Semglee (yfgn)™ pen and vial <sup>CC</sup> Symlin® <sup>CC, AE</sup> 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>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.