

**** Pharmacy Provider Notice #303 - Akorn Pharmaceuticals Recall ****

May 17, 2023

Human drug products recalled by Akorn Pharmaceuticals will NOT be covered by Kentucky Medicaid.

The U.S. Food and Drug Administration made the following announcement regarding Akorn Pharmaceuticals on Tuesday, May 2nd, 2023:

“Gurnee, IL, Akorn Operating Company LLC has filed Chapter 7 bankruptcy on February 23, 2023. In connection with that filing, the company has ceased and shutdown all operations and terminated all its employees of all domestic US Sites. The Akorn Trustee is initiating a voluntary recall of various within-expiry human and animal products as a result of the closures and discontinuation of the Quality activities of these marketed products. ... The discontinuation of the Quality program means the company will not be able to support or guarantee that the products will meet all intended specifications through the labeled shelf life of the product. Further distribution or use of any remaining product on the market should cease immediately.”

Additional information is available at the following web address:

<https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/update-akorn-issues-voluntary-nationwide-recall-various-human-and-animal-drug-products-within-expiry#recall-announcement>

A list of the most utilized products made by Akorn can be found below. Please reference the FDA announcement for a complete list.

NDC	DRUG NAME
50383-0700-16	FLUTICASONE PROP 50 MCG SPRAY
50383-0042-48	PREDNISOLONE 15 MG/5 ML SOLN
50383-0042-24	PREDNISOLONE 15 MG/5 ML SOLN
50383-0775-04	LIDOCAINE 2% VISCOUS SOLN
50383-0667-30	LIDOCAINE-PRILOCAINE CREAM
50383-0824-16	SULFAMETHOXAZOLE-TMP SUSP
50383-0779-32	LACTULOSE 10 GM/15 ML SOLUTION
50383-0779-16	LACTULOSE 10 GM/15 ML SOLUTION
50383-0627-50	CHILD FERROUS SULFATE 15 MG/ML

50383-0823-16	SULFAMETHOXAZOLE-TMP SUSP
50383-0795-16	LACTULOSE 10 GM/15 ML SOLUTION
50383-0801-16	PROMETHAZINE 6.25 MG/5 ML SOLN
50383-0241-16	LEVETIRACETAM 100 MG/ML SOLN

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.