

THE NUMBERS LISTED BELOW ARE FOR FEE-FOR-SERVICE (FFS) SUPPORT

PHARMACY SUPPORT CENTER

1-800-432-7005

24 hours per day/7 days per week
For claim assistance, early refill overrides, and lock-in overrides

**CLINICAL SUPPORT CENTER
PRIOR AUTHORIZATIONS**

1-800-477-3071

24 hours per day/7 days per week

DIABETIC SUPPLY QUESTIONS

Prior Authorization

1-800-477-3071

PROVIDER SERVICES

1-877-838-5085

M–F, 10:30 a.m.–4:30 p.m. (ET)
Providers should contact Provider Services for inquiries regarding enrollment and changes.

MEMBER SERVICES

1-800-635-2570

M–F, 8:00 a.m.–5:00 p.m. (ET)
Recipients should contact Member Services for medication replacement requests and co-pay and benefit information.

WEBSITES

Kentucky Department for Medicaid Services

[DMS Pharmacy Website](#)

Magellan Medicaid Administration
<https://kentucky.magellanmedicaid.com>

PROVIDER EDUCATION and FFS HELP

For onsite education presentations or any other questions, concerns, or feedback regarding Fee-for-Service Medicaid, please contact Magellan Rx Management at kyproviders@magellanhealth.com.
Provider education is free of charge.

IVIG/SCIG Criteria Change

The Department for Medicaid Services (DMS) made changes to the Point-of-Sale (POS) messaging and Clinical Criteria for immune globulin (IVIG, SCIG) products. Intravenous immune globulin products will no longer reject at POS as a “medical only” medication, these medications will now require a prior authorization. A patient must meet the clinical criteria AND the product must be administered at home to be covered under the pharmacy benefit. Please follow the link to the provider notice below for more information.

<https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY-ProviderNotice-285-20221208.pdf>

OTC List Reminder

The Kentucky Medicaid covered Over-the-Counter Drug List can be found in the following locations:

- Magellan RX web portal:
https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY_Covered_OTC_DrugList.pdf
- MedImpact web portal:
<https://kyportal.medimpact.com/sites/default/files/2022-01/KY%20Medicaid%20OTC%20List%20v2%202022-02-04%20pa.pdf>
- Cabinet for Health and Family Services web portal:
<https://www.chfs.ky.gov/agencies/dms/dpo/ppb/Pages/default.aspx>

FDA Warning: Autoinjector Devices

The FDA is warning that autoinjector devices that are optional for use with glatiramer acetate injection may not be compatible for use across FDA-approved glatiramer acetate injection drug products and have resulted in missed and partial doses. There are currently 3 FDA-approved glatiramer acetate injection drug products (Copaxone, Glatopa, generic) on the market—all available in a single-dose prefilled syringe with an attached needle for subcutaneous administration. Patients may administer the dose using only the syringe or by inserting the syringe into an autoinjector. The autoinjectors are reusable and are available by prescription separately. The FDA has requested that drug product manufacturers update their labeling to instruct users to confirm the autoinjector is compatible before using it to inject glatiramer acetate.¹

1. FDA alerts patients, caregivers, and health care providers of cross-compatibility issues with autoinjector devices that are optional for use with glatiramer acetate injection. Accessed. March 2, 2023. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-alerts-patients-caregivers-and-health-care-providers-cross-compatibility-issues-autoinjector>

Drug Class	Preferred Agents
Multiple Sclerosis Agents	Avonex [®] CC, QL Betaseron [®] CC, QL Copaxone [®] 20 mg CC, QL dalfampridine ER ^{QL}

dimethyl fumarate ^{CC, QL}
Gilenya™ ^{CC, QL}
Rebif® ^{CC, QL}

Management of Atopic Dermatitis with Topical Therapies

American Academy of Dermatology (AAD) released updated guidelines for the management of atopic dermatitis with topical therapies in adults. The guideline includes strong recommendations for both prescription & nonprescription options, including moisturizers, topical calcineurin inhibitors (pimecrolimus 1% cream & tacrolimus 0.03% or 0.1% ointment), topical corticosteroids, topical phosphodiesterase-4 inhibitors (crisaborole 2% ointment) and topical Janus kinase inhibitors (ruxolitinib 1.5% cream). Please note that there are several preferred topical steroid chemical entities (e.g. mometasone furoate, clobetasol propionate, triamcinolone acetonide) and formulations (e.g. cream, ointment, solution, lotion, shampoo) on the KY Preferred drug list. Brand Elidel is preferred without prior authorization. Eucrisa requires trial and failure of a preferred topical immunomodulator and topical steroid.²

2. Guidelines of care for the management of atopic dermatitis in adults with topical therapies. Published January 11, 2023. [https://www.jaad.org/article/S0190-9622\(23\)00004-X/fulltext](https://www.jaad.org/article/S0190-9622(23)00004-X/fulltext)

Drug Class	Preferred Agents
Immunomodulators, Atopic Dermatitis	Dupixent® ^{CC, QL} Elidel® Eucrisa® ^{CC, QL}

Role of Non-statin Therapies for LDL-Cholesterol

The American College of Cardiology has published an expert consensus decision pathway on the role of non-statin therapies for LDL-cholesterol lowering in the management of atherosclerotic CV disease (ASCVD) risk. Patients with clinical ASCVD at very high risk on maximally-tolerated statin therapy should be prescribed ezetimibe and/or PCSK9 inhibitor therapy for additional LDL lowering. Bempedoic acid is a second line option. For other patient populations requiring LDL-lowering, recommendations are made for the use of ezetimibe, PCSK9 inhibitors, bempedoic acid, inclisiran, evinacumab, and lomitapide. Ezetimibe is preferred. Preferred high intensity statins include atorvastatin and rosuvastatin. Preferred PSK-9 inhibitors (Praluent and Repatha) require prior authorization.³

3. 2022 ACC Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk: A Report of the American College of Cardiology Solution Set Oversight Committee. Published on October 8th, 2022. <https://www.jacc.org/doi/10.1016/j.jacc.2022.07.006>.

Drug Class	Preferred Agents
Lipotropics: Other	ezetimibe niacin ER omega-3 acid ethyl esters

Questions/additional information

Please direct any questions to kyproviders@magellanhealth.com for Fee-For-Service members and to KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.