



**** Fee-For-Service Pharmacy Provider Notice #248 – Single PDL Changes ****

November 6, 2020

Please be advised that the Department for Medicaid Services (DMS) is transitioning to a Single Preferred Drug List (PDL) for Kentucky Medicaid Fee-For-Service (FFS) and the Managed Care Organizations (MCO). Beginning on January 1, 2021 all MCOs will follow the FFS (aka Single) PDL maintained by Magellan Rx Management. The Single PDL will be available for viewing on the Kentucky Medicaid Magellan Rx Portal.

The transition to a Single PDL will simplify pharmacy coverage for patients as well as prescribers by aligning coverage of drug products under MCO with that of FFS.

Members using non-preferred medications in the following protected drug classes will be grandfathered. Members using a generic of a preferred brand NDC will be required to use the brand product, including within the protected drug classes, unless the prescriber submits a prior authorization. The list of Preferred Brands by NDC is below.

Protected Drug Classes
Anticonvulsants
Antidepressants
Antipsychotics
Cytokine and CAM Antagonists
Dupixent and Eucrisa
Epinephrine, Self-Injectable
HIV/AIDS
Immunosuppressants
Movement Disorders
Multiple Sclerosis Agents
Narcotics, Long-Acting
Opiate Dependence Treatments
PCSK9 Inhibitors
Stimulants and Related/Narcolepsy Agents

On December 7, 2020 for Fee-For-Service and January 1, 2021 for the Managed Care Organizations the following brand name medications are preferred over their generics:

Preferred Brands by NDC

Preferred Brand Label Name	National Drug Code (NDC)
ADDERALL XR 10 MG CAPSULE	54092038301
ADDERALL XR 15 MG CAPSULE	54092038501
ADDERALL XR 20 MG CAPSULE	54092038701
ADDERALL XR 25 MG CAPSULE	54092038901
ADDERALL XR 30 MG CAPSULE	54092039101
ADDERALL XR 5 MG CAPSULE	54092038101
ADVAIR 100-50 DISKUS	00173069500
ADVAIR 100-50 DISKUS	00173069504
ADVAIR 250-50 DISKUS	00173069604
ADVAIR 250-50 DISKUS	00173069600
ADVAIR 500-50 DISKUS	00173069704
ADVAIR 500-50 DISKUS	00173069700
AGGRENOX 25 MG-200 MG CAPSULE	00597000160
ALPHAGAN P 0.15% EYE DROPS	00023917710
ALPHAGAN P 0.15% EYE DROPS	00023917715
ALPHAGAN P 0.15% EYE DROPS	00023917705
APRISO ER 0.375 GRAM CAPSULE	65649010302
ATRIPLA TABLET	15584010101
BETHKIS 300 MG/4 ML AMPULE	10122082028
BETHKIS 300 MG/4 ML AMPULE	10122082056
BETHKIS 300 MG/4 ML AMPULE	10122082004
CARAFATE 1 GM/10 ML SUSP	58914017014
CELLCEPT 200 MG/ML ORAL SUSP	00004026129
CIPRODEX OTIC SUSPENSION	00065853302
CONCERTA ER 18 MG TABLET	50458058501
CONCERTA ER 27 MG TABLET	50458058801
CONCERTA ER 36 MG TABLET	50458058601
CONCERTA ER 54 MG TABLET	50458058701
COPAXONE 20 MG/ML SYRINGE	68546031730
DERMA-SMOOTH-FS BODY OIL	68791010104
DERMA-SMOOTH-FS SCALP OIL	68791010204
E.E.S. 200 MG/5 ML SUSPENSION	24338013402
E.E.S. 200 MG/5 ML SUSPENSION	24338013610
ELIDEL 1% CREAM	00187510102
ELIDEL 1% CREAM	00187510203
ELIDEL 1% CREAM	00187510001
EMEND 40 MG CAPSULE	00006046405
EMEND 40 MG CAPSULE	00006046401
EMEND 40 MG CAPSULE	00006046410
EMEND 80 MG CAPSULE	00006046101
EMEND 80 MG CAPSULE	00006046102
EMEND 80 MG CAPSULE	00006046106

Preferred Brand Label Name	National Drug Code (NDC)
HUMALOG 100 UNIT/ML VIAL	00002751017
HUMALOG JR 100 UNIT/ML KWIKPEN	00002771401
HUMALOG JR 100 UNIT/ML KWIKPEN	00002771459
HUMALOG MIX 75-25 KWIKPEN	00002879701
HUMALOG MIX 75-25 KWIKPEN	00002879759
KITABIS PAK 300 MG/5 ML	24492085056
LIALDA DR 1.2 GM TABLET	54092047602
LIALDA DR 1.2 GM TABLET	54092047601
LIALDA DR 1.2 GM TABLET	54092047612
METROCREAM 0.75% CREAM	00299383645
METROGEL TOPICAL 1% GEL	00299382060
METROGEL TOPICAL 1% PUMP	00299382001
METROLOTION TOPICAL 0.75%	00299383802
MOVIPREP POWDER PACKET	65649020176
MOVIPREP POWDER PACKET	65649020175
NATROBA 0.9% TOPICAL SUSP	52246092904
NEXIUM DR 10 MG PACKET	00186401001
NEXIUM DR 20 MG PACKET	00186402001
NEXIUM DR 40 MG PACKET	00186404001
NORVIR 100 MG TABLET	00074333330
NOVOLOG 100 UNIT/ML CARTRIDGE	00169330312
NOVOLOG 100 UNIT/ML FLEXPEN	00169633910
NOVOLOG 100 UNIT/ML VIAL	00169750111
NOVOLOG MIX 70-30 FLEXPEN	00169369619
NOVOLOG MIX 70-30 VIAL	00169368512
PROAIR HFA 90 MCG INHALER	59310057922
PROGLYCEM 50 MG/ML ORAL SUSP	00575620030
RETIN-A 0.01% GEL	00187517215
RETIN-A 0.01% GEL	00187517245
RETIN-A 0.025% CREAM	00187516020
RETIN-A 0.025% CREAM	00187516045
RETIN-A 0.025% GEL	00187517015
RETIN-A 0.025% GEL	00187517045
RETIN-A 0.05% CREAM	00187516245
RETIN-A 0.05% CREAM	00187516220
RETIN-A 0.1% CREAM	00187516445
RETIN-A 0.1% CREAM	00187516420
REVATIO 10 MG/ML ORAL SUSP	00069033621
SABRIL 500 MG POWDER PACKET	67386021165
SABRIL 500 MG TABLET	67386011101
SUBOXONE 12 MG-3 MG SL FILM	12496121201
SUBOXONE 12 MG-3 MG SL FILM	12496121203



Preferred Brand Label Name	National Drug Code (NDC)
EMEND TRIPACK	00006386203
EMTRIVA 200 MG CAPSULE	61958060101
EXELON 13.3 MG/24HR PATCH	00078050315
EXELON 13.3 MG/24HR PATCH	00078050361
EXELON 4.6 MG/24HR PATCH	00078050161
EXELON 4.6 MG/24HR PATCH	00078050115
EXELON 9.5 MG/24HR PATCH	00078050215
EXELON 9.5 MG/24HR PATCH	00078050261
FIRVANQ 25 MG/ML SOLUTION	65628020510
FIRVANQ 25 MG/ML SOLUTION	65628020405
FIRVANQ 50 MG/ML SOLUTION	65628020810
FIRVANQ 50 MG/ML SOLUTION	65628020605
FIRVANQ 50 MG/ML SOLUTION	65628001605
FIRVANQ 50 MG/ML SOLUTION	65628001610
FOCALIN XR 10 MG CAPSULE	00078043105
FOCALIN XR 15 MG CAPSULE	00078049305
FOCALIN XR 20 MG CAPSULE	00078043205
FOCALIN XR 25 MG CAPSULE	00078060805
FOCALIN XR 30 MG CAPSULE	00078043305
FOCALIN XR 35 MG CAPSULE	00078060905
FOCALIN XR 40 MG CAPSULE	00078043405
FOCALIN XR 5 MG CAPSULE	00078043005
GABITRIL 12 MG TABLET	63459041230
GABITRIL 16 MG TABLET	63459041630
GABITRIL 2 MG TABLET	63459040230
GABITRIL 4 MG TABLET	63459040430
GEODON 20 MG/ML VIAL	00049392020
GEODON 20 MG/ML VIAL	00049392083
GEODON 20 MG/ML VIAL	00049120301
GEODON 20 MG/ML VIAL	00049120310
GLYSET 100 MG TABLET	00009501401
GLYSET 25 MG TABLET	00009501201
GLYSET 50 MG TABLET	00009501301
HUMALOG 100 UNIT/ML KWIKPEN	00002879959
HUMALOG 100 UNIT/ML KWIKPEN	00002879901
HUMALOG 100 UNIT/ML VIAL	00002751001

Preferred Brand Label Name	National Drug Code (NDC)
SUBOXONE 2 MG-0.5 MG SL FILM	12496120203
SUBOXONE 2 MG-0.5 MG SL FILM	12496120201
SUBOXONE 4 MG-1 MG SL FILM	12496120403
SUBOXONE 4 MG-1 MG SL FILM	12496120401
SUBOXONE 8 MG-2 MG SL FILM	12496120803
SUBOXONE 8 MG-2 MG SL FILM	12496120801
SYMBICORT 160-4.5 MCG INHALER	00186037020
SYMBICORT 160-4.5 MCG INHALER	00186037028
SYMBICORT 160-4.5 MCG INHALER	00186037060
SYMBICORT 80-4.5 MCG INHALER	00186037228
SYMBICORT 80-4.5 MCG INHALER	00186037220
SYMFI 600-300-300 MG TABLET	49502047593
SYMFI LO 400-300-300 MG TABLET	49502042593
TECFIDERA DR 120 MG CAPSULE	64406000501
TECFIDERA DR 240 MG CAPSULE	64406000602
TECFIDERA STARTER PACK	64406000703
TEGRETOL 100 MG/5 ML SUSP	00078050883
TOBRADEX EYE DROPS	00065064705
TOBRADEX EYE DROPS	00065064725
TOBRADEX EYE DROPS	00065064710
TRACLEER 125 MG TABLET	66215010206
TRACLEER 125 MG TABLET	66215010203
TRACLEER 62.5 MG TABLET	66215010103
TRACLEER 62.5 MG TABLET	66215010106
TRANSDERM-SCOP 1.5 MG (1 MG/3D)	10019055303
TRANSDERM-SCOP 1.5 MG (1 MG/3D)	10019055304
TRANSDERM-SCOP 1.5 MG (1 MG/3D)	10019055390
TRANSDERM-SCOP 1.5 MG (1 MG/3D)	66758020854
TRIZIVIR TABLET	49702021718
TRUVADA 200 MG-300 MG TABLET	61958070101
VANAZOLE VAGINAL 0.75% GEL	00245086070
VENTOLIN HFA 90 MCG INHALER	00173068220
VIDEX EC 125 MG CAPSULE	00087667117
VIDEX EC 200 MG CAPSULE	00087667217
VIDEX EC 250 MG CAPSULE	00087667317
ZOVIRAX 5% CREAM	00187099445

On December 7, 2020 the following changes will be effective for Fee-For-Service and January 1, 2021 for the Managed Care Organizations:

Drug Class	The following products will be moving to <i>preferred</i> :	The following products will be moving to <i>non-preferred</i> :
Topical Acne Agents	erythromycin-benzoyl peroxide clindamycin gel, medicated swab	
ACE Inhibitors	enalapril	
Angiotensin Receptor Blockers	Entresto™	
Antibiotics: Vaginal	Nuessa®	
Antipsychotics: Second-Generation	Vraylar™ CC, QL	
Antipsychotics: Injectable	Aristada ER™ CC, QL Aristada Initio™ CC, QL	
Beta Blockers	bisoprolol nadolol	
Short-Acting Beta2 Adrenergic Agonists	Ventolin HFA® QL	Proventil® HFA QL
COPD Agents	Anoro® Ellipta® QL	Spiriva® Respimat® QL
Diabetes: GLP-1 Receptor Agonists	Trulicity™ ST, QL	
Diabetes: SGLT2 Inhibitors	Farxiga™ ST, QL	
Ophthalmic Quinolones	moxifloxacin (generic for Vigamox™)	Vigamox™ Moxeza™
Ophthalmic Antihistamines		Pazeo™
Ophthalmic Immunomodulators	Xiidra™ QL	
Pulmonary Arterial Hypertension (PAH) Agents	Revatio™ suspension CC	
Ulcerative Colitis Agents	Lialda™ Pentasa®	
Ophthalmic Combinations for Glaucoma		dorzolamide/timolol preservative-free (PF)
Topical Steroids	betamethasone dip. (augmented) cream betamethasone dipropionate cream, lotion desonide cream, ointment hydrocortisone valerate cream	

This is a summary of the Department’s upcoming changes; for current preferred drug list status please refer to the posted preferred drug list (PDL) at:
https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/PreferredDrugGuide_full.pdf.



Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible. Please contact Magellan Medicaid Administration at kyproviders@magellanhealth.com for additional information or any questions you may have.

Sincerely,

Sha Leigh Hammons

ShaLeigh Hammons, CPhT

Account Manager I

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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.
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.