



DATE: January 10, 2022
TO: Commonwealth of Kentucky Medicaid Pharmacy Network
FROM: MedImpact Healthcare Systems
Subject: **No prior authorization required for non-preferred antidepressants**

In response to the recent tornados and supply issues, **no prior authorization is needed for the following non-preferred drugs:**

bupropion (generic for Wellbutrin)

venlafaxine (generic for Effexor)

desvenlafaxine (generic for Pristiq)

sertraline oral concentrate (generic for Zoloft oral concentrate)

This policy is effective immediately and will extend through January 05, 2022 for bupropion, venlafaxine, and desvenlafaxine. It will extend through January 31, 2022 for sertraline oral concentrate.

Contact Information: If you have any questions about the transition of PBM services for the MCOs, please contact MedImpact's Kentucky Team at:

Technical Help Desk: 800-210-7628

Prior Authorizations: 844-336-2676

Program Questions: KYMCOPBM@MedImpact.com

BIN: 023800 / PCN: KYPROD1 / GROUP: KYM01
