



79 C. Michael Davenport Blvd.
Suite A
Frankfort, KY 40601

July 22, 2010

Dear Kentucky Medicaid Provider:

Please be advised that the Kentucky Department for Medicaid Services will be making the following changes to the Pharmacy Program.

On **August 25, 2010**, the **early refill** tolerance will be increased from **80% to 90%**. Currently Kentucky Medicaid allows pharmacists to override an Early Refill (ER) reject (a claim for which at least 80% of a previous supply would not have been used) at point-of-sale (POS). When implemented, the ability to override the Early Refill reject through POS **will be eliminated**. Pharmacies will need to call the Magellan Medicaid Administration Technical Call Center at **(800) 432-7005** to request the override.

On **September 1, 2010**, **over the counter (OTC)** products covered by Kentucky Medicaid will be limited to a specified list. The list of covered products will be posted to the web at <https://kentucky.fhsc.com> on the Providers tab under Drug Information. Products not on this list will no longer be covered by Kentucky Medicaid and will deny at point-of-sale (POS) with NCPDP rejection of 70; NDC not covered. **Overrides can not** be submitted through the POS system or given by a call center. The above referenced list accompanies this provider notice.

As a reminder, on **July 1, 2010**, the Kentucky Medicaid pharmacy program began accepting **telephonic prior authorization** (PA) requests from prescribers and pharmacists in addition to accepting prior authorization requests by fax and mail. Requests for products requiring a drug-specific fax form (currently: Suboxone[®]/Subutex[®], Zyvox[®], Synagis[®], and the Brand Name Request form) will still require the form to be faxed. These forms are located at <https://kentucky.fhsc.com>. Telephonic requests should be directed to **(800) 477-3071**, 24 hours a day, 7 days a week.

Thank you,

Kasie Purvis
Provider Relations Manager