

REVISED Fee-For-Service Pharmacy Provider Notice #172 – 2014 Plan Design Changes

December 13, 2013

11013 W. Broad Street
Glen Allen, VA 23060

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services will make the following changes to the **Kentucky Medicaid Fee-For-Service Pharmacy Program**.

On **January 1, 2014**, Kentucky Medicaid will eliminate the 3-brand prescription limitation as well as the 4 prescription per month limitation from all Fee-For-Service Medicaid members. As a result, prescription limit overrides will no longer be necessary.

On **January 1, 2014**, Kentucky Medicaid will implement new copayments and cost sharing policies. The new copay structure will be as follows:

- \$1 for all generics
- \$4 for preferred brands
- \$8 for non preferred brands

Exceptions to the above copay requirements will be:

- The following drug classes:
 - Family planning, no copays
 - Tobacco Cessation, no copays
 - 2nd Generation Antipsychotics and Injectable Antipsychotics, \$1 copay
 - Anticonvulsants, non-preferred brands, \$4 copay
 - Oral Oncology, non-preferred brands, \$4 copay
 - Diabetic Supplies
 - Meters, no copays
 - Test strips, control solutions, insulin needles, lancets, etc., \$4 copay with no more than one copay per calendar day being charged
- The following eligibility groups are excluded from the generic (\$1) and preferred brand (\$4) copay; however, they ARE subject to the non preferred brand (\$8) copay:
 - Children defined as age <19 years, except for those children eligible under the KCHIP 3 program:
 - Children enrolled in the KCHIP 3 kids plan will be subject to the generic (\$1) and preferred brand (\$4) copay, as well as the non preferred brand (\$8) copay.

- Pregnant women, as identified by NCPDP Field # 335-2C = “2” (pregnant)
- LTC members, as identified by patient residence field (NCPDP Field # 384-4X) = “2”, “3”, “4”, “5”, “6”, or “9”. In the case of a partial fill, this copay will be due in full at the time of the first fill.
- Copayments will be accumulated so that they do not exceed 5% of the family income on a quarterly basis.

Thank you for helping Kentucky Medicaid members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

* Please note: All dates are subject to change.

Sincerely,

Kristina Hawkins, PharmD
Director, Clinical Services

Kentucky Medicaid Fee-For-Service Pharmacy Program’s Contact Information		
Clinical Support Center	(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, Suboxone[®]/Subutex[®], Synagis[®], and Zyvox[®].
Pharmacy Support Center	(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	(877) 838 – 5085 Monday – Friday 8:00 am – 4:30 pm	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	(800) 635 – 2570	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.