

Fee-for-Service Pharmacy Provider Notice #207
****Senate Bill 44 (Medication Synchronization)****

November 25, 2015

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services is making changes to the Kentucky Medicaid Fee-For-Service program (FFS). As a mandate of Senate Bill 44, also referred to as the Medication Synchronization bill, effective January 1, 2016, the FFS program will allow eligible Medicaid recipients to synchronize eligible medication refills to a set cycle that best fits their situation. Medication Synchronization will be permitted when **ALL** of the following are met:

- The member, prescriber and pharmacist all agree that the member would benefit from medication synchronization; **AND**
- Requested medication is used to treat a chronic illness. Chronic illness is defined as:
 - Any illness for which a member is expected to be on the requested medication for longer than a onetime fill; and
 - Member has a history of 3 or more fills in the past 120 days of the requested medication; **AND**
- Member is taking more than 1 medication per 30-day cycle and at least one of those medications qualifies for synchronization; **AND**
- Member is not residing in an institutionalized setting or is responsible for self-administration of their medication(s) (incoming claims with one of the following patient residence codes: 2 – Skilled Nursing Facility, 3 – Nursing Home, 4 – Assisted Living Facility, 5 – Custodial Care Facility, 6 – Group Home, & 9 – Intermediate Care Facility) **AND**
- Requested medication is NOT a controlled substance (DEA Schedule II-V). If necessary, the control drug can determine the synchronizing schedule by allowing early refills for the member's non controlled medications; **AND**
- Member has not gotten an early refill for requested medication for the purposes of medication synchronization in the past 6 months

Please contact **Magellan Medicaid Administration** at kyproviders@magellanhealth.com for any additional information or questions you may have regarding this notice.



Sincerely,

Harris Taylor, CPhT

Harris Taylor, CPhT
Provider Relations Manager
kyproviders@magellanhealth.com

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 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, Buprenorphine products, Synagis[®], and Zyvox[®].
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 am – 4:30 pm	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 am – 5:00 pm	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.