



Fee-for-Service Pharmacy Provider Notice #214
****Non-Rebate Eligible Products****

October 13, 2016

Dear Kentucky Medicaid Provider:

As a reminder, **beginning November 1, 2016**, the reimbursement of non-rebate eligible drug product to pharmacy providers will discontinue. All pharmacy providers that service Kentucky Medicaid Fee-for-Service recipients are urged to review their current over-the-counter (OTC) stock to ensure that it complies with Medicaid policy pertaining to the dispensing of rebate eligible drug product.

On behalf of the Kentucky Department for Medicaid Services and Magellan Rx Management, we would like to thank each provider for the services you render to Medicaid recipients across the Commonwealth while helping to maintain a fiscally responsible Medicaid program.

Please contact **Magellan Rx Management** at kyproviders@magellanhealth.com with any additional questions or requests you may have.

Sincerely,

Harris Taylor, CPhT

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 Provider Relations Manager
kyproviders@magellanhealth.com

| Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information | | |
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| 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 |



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| | | 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. |