

Fee-for-Service Pharmacy Provider Notice #220
****Universal Prescription Drug PA Request Forms****

May 16, 2017

Dear Kentucky Medicaid Provider:

Healthcare providers and their staff are tasked with understanding the complexities that each patient presents when seeking care at their practice. A difficult part of that process includes having to navigate numerous health plans and their unique requirements in order to provide high-value, cost-conscious care for each patient.

In an effort to alleviate one less administrative burden from providers that service Kentucky Medicaid recipients, the Kentucky Department for Medicaid Services has partnered with the Medicaid Managed Care Organizations (MCO) to develop a set of universal prescription drug prior authorization (PA) request forms. The intent behind the development of these forms was to create a standardized format that all providers could utilize when submitting prescription drug PA requests regardless of the health plan to which the Medicaid recipient is enrolled. Although we've moved to standardize the PA request forms across all Kentucky Medicaid health plans, providers are always advised to refer to the respective MCO to obtain specific requirements for the requested product that may not be captured on the universal form(s).

Below are hyperlinks and a brief description of the two (2) new universal prescription drug PA request forms located on the Fee-for-Service pharmacy Web portal:

- [Universal PA Request Form – Buprenorphine](#)
 - This form can be utilized to request the use of buprenorphine products used for the treatment of substance use disorders in an outpatient setting (i.e. Suboxone®, Zubsolv®, Subutex®, etc). Requests for buprenorphine products used in the treatment of pain management should refer to the “general” form mentioned below.

- [Universal PA Request Form – General/Synagis/Zyvox](#)
 - This form can be utilized to request the use of specific drug products, such as Synagis® and Zyvox®, by completing the first page and the applicable section of the second page, as well as buprenorphine for pain management, and any other prescriptive drug request not otherwise noted.



Please be advised that beginning **July 15, 2017**, all prior versions of PA request forms will no longer be accepted by the Fee-for-Service pharmacy program.

Thank you for your continued commitment to the health and wellness of Kentuckians throughout the Commonwealth!

Please visit the provider web portal at <https://kentucky.magellanmedicaid.com>. Also, 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

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 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.