



**\*\* Fee-For-Service Pharmacy Provider Notice #256– Senate Bill 51 and SUPPORT Act \*\***

**June 11, 2021**

Please be advised that the Department for Medicaid Services (DMS) will be making some updates to the Preferred Drug List (PDL) in accordance with Senate Bill 51 that was recently signed into legislation. Effective July 1, 2021 all drugs in the Opiate Dependence Treatments class on the Kentucky Medicaid PDL will be moved to preferred without prior authorization, including non-rebateable NDC’s. The drugs included in this class are branded and generic formulations of **lofexidine, naltrexone, buprenorphine, and buprenorphine/naloxone combination products.**

Safety edits, such as duplicate fill edits, early refill edits, quantity limits, dosing limits, and concurrent utilization edits will remain in place, as required by the Federal SUPPORT Act. Most of these edits will require a Prior Authorization (PA) to override. Exceptions include age and pregnancy edits. Age edits will be moved to a pharmacy level override. Pharmacist may override these age edits at point-of-sale by including a proper PPS Code on the claim after consulting with the prescriber. Pregnancy edits will not cause a claim to deny, instead a warning message will be sent on the claim, which reads, “Pregnancy precaution,” to alert the Pharmacist of the need for further review. Another notable change is the quantity limits on Zubsolv, which will be reduced to 2 per day for the 8.6 mg tablet and 1 per day for the 11.4 mg tablet.

Safety Edits that will require PA to Override	Safety Edits that will NOT require PA to Override
Duplicate Fill	Age Limits
Early Refill Alerts	Pregnancy Edits
Quantity Limits	
Dosage Limits	
Concurrent utilization reviews for opioids and benzodiazepines	
Concurrent utilization reviews for opioids and antipsychotics	

Additionally, a new concurrent utilization edit will be placed on antipsychotics and opioids. If a claim is submitted for an antipsychotic or opioid and the FFS Medicaid member is taking these medications concurrently, a warning message will be sent to the pharmacy, which reads, “OPIOID-ANTIPSYCHOTIC CONFLICT FOUND.” This message will alert the Pharmacist of the need for further review.

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible. Please contact Magellan Medicaid Administration at [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for additional information or any questions you may have.

Sincerely,

*Sha Leigh Hammons*

ShaLeigh Hammons, CPhT



Account Manager I

[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

<b>Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information</b>		
<b>Clinical Support Center</b>	1-800-477-3071 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.
<b>Pharmacy Support Center</b>	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.
<b>Provider Services</b>	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
<b>Member Services</b>	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	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.