



PHARMACY SUPPORT CENTER
1-800-432-7005

24 hours per day / 7 days per week
For claim assistance, early refill overrides, and lock-in overrides

CLINICAL SUPPORT CENTER
1-800-477-3071

24 hours per day / 7 days per week

Please Note: Kentucky Medicaid began allowing telephonic prior authorization requests on July 1, 2010. Drug specific prior authorization requests and brand prior authorization requests must still be submitted via fax.

DIABETIC SUPPLY QUESTIONS

Prior Authorization

1-800-477-3071

Claim Inquiry

1-800-432-7005

Please Note: Questions regarding claims prior to October 5, 2010 should be directed to 1-800-807-1232.

PROVIDER SERVICES

1-877-838-5085

M-F, 10:30 a.m. – 4:30 p.m. ET

Providers should contact Provider Services for inquiries regarding enrollment and changes.

MEMBER SERVICES

1-800-635-2570

M-F, 8:00 a.m. – 5:00 p.m. ET

Recipients should contact Member Services for medication replacement requests and benefit information.

WEB SITES

Kentucky Department for
Medicaid Services

<http://chfs.ky.gov/dms/Pharmacy.htm>

Magellan Medicaid Administration

<https://kentucky.fhsc.com/>

ONSITE PROVIDER EDUCATION

For onsite education presentations, please contact Kasie Purvis at 502-395-0949, M-F 8:30 a.m. – 5:00 p.m. This education is free of charge.

RECENT CHANGES

OCTOBER 5, 2010 - DIABETIC SUPPLIES

Diabetic supplies were previously billed through the Durable Medical Equipment program. Since October 5, 2010, blood glucose meters, blood glucose test strips, urine test or reagent strips, blood ketone test or reagent strips, insulin syringes, pen needles, lancets, lancing devices, and calibration solutions should be billed through pharmacy POS. There will be no grandfathering of blood glucose testing supplies. A list of preferred products has been posted to the web at <https://kentucky.fhsc.com/DiabeticSupply/Notices.asp> on the Diabetic Supply tab.

Claims submitted for members who are Medicare primary will continue to be processed through your DME provider number and not through the Pharmacy Program.

For more information regarding this change, please refer to *Pharmacy Provider Notice #110 - Diabetic Supplies* that is located at <https://kentucky.fhsc.com/Providers/Bulletins.asp>.

OCTOBER 5, 2010 – TOBACCO CESSATION PRODUCTS

All tobacco cessation products were included in the drug exclusion list for the 3-Brand Allowance/4-Prescription Drug Limit. Pharmacies will need to use the methodology described in *Pharmacy Provider Notice #113 - Tobacco Cessation – 3 Brand/4 Script Limitations* that is located at <https://kentucky.fhsc.com/Providers/Bulletins.asp>.

OCTOBER 13, 2010 – NON-MEDICAID PRESCRIBERS

Prescriptions for controlled substances written by prescribers that were not enrolled with Kentucky Medicaid began to deny. For more information regarding this change, please refer to *Pharmacy Provider Notice #112 - UPDATE: Non-Medicaid Prescribers* that is located at <https://kentucky.fhsc.com/Providers/Bulletins.asp>.

DECEMBER 1, 2010 – TOBACCO CESSATION PREFERRED PRODUCTS

As a result of the recommendations from the Kentucky Medicaid Pharmacy & Therapeutics Advisory Committee (PTAC) at its September 16, 2010 meeting, and as adopted by the Cabinet for Health and Family Services' Secretary by order dated October 23, 2010, the following products were made preferred on the Preferred Drug List (PDL). Quantity Limits (QL) were also applied to all tobacco cessation products.

- * Bupropion SR (QL = 2 per day), Chantix® (QL = 2 per day), nicotine gum (QL = 24 per day), nicotine lozenge (QL = 24 per day), and nicotine transdermal system (QL = 1 per day).

For more information regarding this change, please refer to *Pharmacy Provider Notice #115 - PDL Changes September 2010 PTAC Meeting – effective beginning 12/01/2010* and *Pharmacy Provider Notice #116 - Tobacco Cessation Program Coverage* that are located at <https://kentucky.fhsc.com/Providers/Bulletins.asp>.

DECEMBER 21, 2010 – EMERGENCY SUPPLY OVERRIDE

Kentucky Medicaid changed the emergency supply override (**NCPDP field #418-DI = 3**) that was currently utilized. The new requirements for the emergency supply override are as follows:

*One time per member, per drug, per rolling 6 months (180 days)

For the notification regarding this change, please refer to *Pharmacy Provider Notice #117 - October Updates and Upcoming Changes* that is located at <https://kentucky.fhsc.com/Providers/Bulletins.asp>.

JANUARY 5, 2011 – ACETAMINOPHEN (APAP) PRODUCT ACCUMULATION EDIT

Kentucky Medicaid placed an accumulation edit on all acetaminophen (APAP) products, both single entity and combination products. Once the calculated daily dose of APAP from all products is above 4,000 mg (4gm) for a 3-day time span, the claim will deny for prior authorization (PA) required and a call will need to be made to the Clinical Support Call Center at (800) 477-3071 for an override.

For more information regarding this change please refer to *Pharmacy Provider Notice #117 - October Updates and Upcoming Changes* that is located at <https://kentucky.fhsc.com/Providers/Bulletins.asp>.

UPCOMING CHANGES

MULTI-INGREDIENT COMPOUND BILLING

With the implementation of new NCPDP D.0 standards, the only method for billing compounds will be by using the Compound Segment. The two alternatives supported in 5.1 will be removed.

Beginning March 2, 2011 claims submitted with a compound qualifier of “2” will be denied if the Multi-Ingredient Compound functionality is not utilized. For more information regarding this change please refer to *Pharmacy Provider Notice #122 – Multi-Ingredient Compound Billing* that is located at <https://kentucky.fhsc.com/Providers/Bulletins.asp>.

UPCOMING PDL CHANGES

EFFECTIVE MARCH 9, 2011

- Typical Antipsychotics
- First Generation Anticonvulsants
- Bisphosphonates



FOURTH QUARTER PHARMACY PROVIDER NOTICES

#113 - Tobacco Cessation – 3 Brand/4 Script Limitations

#114 - September Updates and Changes

#115 - PDL Changes September 2010 PTAC Meeting – effective beginning 12/01/2010

#116 - Tobacco Cessation Program Coverage

#117 - October Pharmacy Updates and Upcoming Changes

#118 - November Pharmacy Updates and Upcoming Changes

NCPDP D.0

The Kentucky Department for Medicaid Services and Magellan Medicaid Administration will be transitioning from NCPDP Version 5.1 to NCPDP Version D.0 in the Kentucky Medicaid Pharmacy Program on January 1, 2012.

In January 2009, the U.S. Department of Health and Human Services announced two rules supporting the change of the U.S. healthcare system towards a complete electronic data exchange environment. One rule addresses adoption of the National Council for Prescription Drug Programs (NCPDP) Version D.0 for pharmacy transactions. All covered entities (health care plans, clearing houses, and health care providers that electronically transmit any health information) must support the new version of the National Council on Prescription Drug Programs (NCPDP) standards:

- Telecommunication Standard Version D.0 (from Version 5.1)

- Batch Standard Version 1.2 (from Version 1.1)

The other rule addresses the adoption of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding. This replaces the current ICD-9. All covered entities must be compliant by October 1, 2013.

Over the next year, the Department for Medicaid Services and Magellan Medicaid Administration will be distributing various types of correspondence to the provider community. To receive these communications (*via email distribution or fax blast*) please visit the pharmacy website at <https://kentucky.fhsc.com>. The Communications Registration page is listed on the Providers tab. Please note that all of the provider notifications will be posted at <https://kentucky.fhsc.com/asp/Ddot0main.asp>, <https://kentucky.fhsc.com/Providers/Bulletins.asp>, and/or <http://chfs.ky.gov/dms/Pharmacy.htm>.

UPCOMING MEETINGS

PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE (PTAC) UPDATE

The PTAC 2011 committee meetings have been scheduled. The meetings will be from 1:00 p.m. to 5:00 p.m. in the Capitol Annex Building, Room 113. Additional information concerning PTAC can be found at <https://kentucky.fhsc.com> on the Committees tab, under PTAC.

* March 17, 2011, May 19, 2011, July 21, 2011, September 15, 2011, and November 17, 2011.

** The January 20, 2011 meeting was cancelled due to lack of quorum.

DRUG MANAGEMENT REVIEW ADVISORY BOARD (DMRAB) UPDATE

The DMRAB 2011 committee meetings have been scheduled. The meetings will be from 1:00 p.m. to 5:00 p.m. in the Capitol Annex Building, Room 113. Additional information concerning DMRAB can be found at <https://kentucky.fhsc.com> on the Committees tab, under DMRAB.

* May 12, 2011, August 11, 2011, and November 10, 2011.

COMMUNICATIONS REGISTRATION

EMAIL DISTRIBUTION OR FAX BLAST

To be among the first to know about the introduction of new policies/programs or changes to existing policies/programs and important announcements, please sign up to receive these notifications via the email distribution list or fax blast. The Communications Registration page is located at <https://kentucky.fhsc.com/Providers/ProviderInfoRequest.asp>.

HELPFUL REMINDER

With everyone's busy schedule, please remember to take the time to explain to our Kentucky Medicaid members the specific reason their medication was denied. If needed, please refer the member to Member Services at (800) 635-2570 (M-F, 8:00 a.m. – 5:00 p.m. ET).

NEWS RELEASE

NEW WEB-BASED DIRECTORY LINKS DIABETES PATIENTS WITH COMMUNITY RESOURCES

The Kentucky Department for Public Health (DPH) has created a public web-based directory for individuals in need of care and management resources for the treatment of diabetes, linking individuals with doctors, diabetes educators and other resources in their area. The system, known as the Kentucky Diabetes Resource Directory, can be accessed at <https://apps.chfs.ky.gov/KYDiabetesResources/>.

