



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 AND NOTIFICATIONS

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 the claim will deny for prior authorization (PA) required and a call will need to be made to the Clinical Support Center at (800) 477-3071 for consideration of an override. Currently, only members that are 19 years of age and older are affected by this accumulation edit.

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

JANUARY 26, 2011 – D.O FAQs

A list of Frequently Asked Questions related to NCPDP D.O has been posted to the Kentucky Medicaid Pharmacy website at <https://kentucky.fhsc.com>. This list can be found on the NCPDP D.O tab under the Education section.

FEBRUARY 2, 2011 – FDA APPROVED PHARMACOTHERAPIES FOR TOBACCO CESSATION

The FDA released a list of first line approved Pharmacotherapies for tobacco cessation. This list has been posted to the Kentucky Medicaid Pharmacy website at <https://kentucky.fhsc.com> on the Tobacco Cessation tab. On September 1, 2010, Kentucky Medicaid began covering tobacco cessation products. Quantity Limits (QL) and a Maximum Duration (MD) of three (3) months, twice per calendar year have been applied to all tobacco cessation products. The following products are currently preferred on the Preferred Drug List (PDL).

* 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 tobacco cessation coverage, 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* located at <https://kentucky.fhsc.com/Providers/Bulletins.asp>.

FEBRUARY 10, 2011 – KENTUCKY MEDICAID PROVIDER DIRECTORY

A link to the Department for Medicaid Services' (DMS) Provider Directory has been posted to the Kentucky Medicaid Pharmacy website at <https://kentucky.fhsc.com> on the Members tab. Providers and members are able to search for Kentucky Medicaid healthcare providers by name, specialty, county, city, state, zip code, and distance.

FEBRUARY 25, 2011 – KENTUCKY MEDICAID PHARMACY POINT-OF-SALE (POS) BILLING MANUAL

The POS billing manual was revised and combined with the Long Term Care (LTC) billing instructions. The billing manual is located on the Kentucky Medicaid Pharmacy website at <https://kentucky.fhsc.com> on the Providers tab, under Billing.

MARCH 30, 2011 – SPRING 2011 SEMINARS

The Department for Medicaid Services, HP Enterprise Services (medical), and Magellan Medicaid Administration (pharmacy) collectively hosted provider seminars on the policies and procedures of the Kentucky Medicaid Program. For more information concerning the Spring 2011 Seminars, please visit <http://www.kymmis.com/kymmis/Provider%20Relations/workshop.aspx> and/or <https://kentucky.fhsc.com> on the Providers tab, under Seminars.

UPCOMING PDL CHANGES**EFFECTIVE JUNE 8, 2011**

- Atypical Antipsychotics

EFFECTIVE JUNE 22, 2011

- Second Generation Anticonvulsants
- Oral Oncology Agents

EFFECTIVE JUNE 29, 2011

- Anticoagulants
- Oral Agents for Gout

FIRST QUARTER PHARMACY PROVIDER NOTICES

#119 - November 18, 2010 PTAC PDL Changes - effective beginning 02/08/2011

#120 - NCPDP Version D.0

#121 - December Pharmacy Updates

#122 - Multi-Ingredient Compound Billing

#123 - January Pharmacy Updates and Upcoming Changes

#124 - February Pharmacy Updates

#125 - Atypical Antipsychotics PDL Changes from the November 2010 PTAC Meeting (* retracted April 13, 2011)

*Since the retraction of Pharmacy Provider Notice #125 - Atypical Antipsychotics PDL Changes from the November 2010 PTAC Meeting (Pharmacy Provider Notice #126 - Retraction to Pharmacy Provider Notice #125) the Department for Medicaid Services determined that the changes resulting from the November 18, 2010 PTAC meeting will go into effect on June 8, 2011. Please refer to Pharmacy Provider Notice #128 - Atypical Antipsychotics PTAC PDL Changes from the 11/18/2010 PTAC Meeting at <https://kentucky.fhsc.com> on the Providers tab, under Notices.

NCPDP D.0 REMINDER

The Kentucky Department for Medicaid Services and Magellan Medicaid Administration will be transitioning the Pharmacy Program from NCPDP Version 5.1 to NCPDP Version D.0 on January 1, 2012. All pharmacies should check with their software vendor to ensure their systems will meet the January 1, 2012 deadline.

The Department for Medicaid Services and Magellan Medicaid Administration will be distributing various types of correspondence to the provider community throughout the remainder of 2011. 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 meetings are scheduled from 1:00 p.m. Eastern to 5:00 p.m. Eastern in the Capitol Annex Building for the dates listed below. Additional information concerning PTAC can be found at <https://kentucky.fhsc.com> on the Committees tab, under PTAC.

* July 21, 2011, September 15, 2011, and November 17, 2011.

DRUG MANAGEMENT REVIEW ADVISORY BOARD (DMRAB) UPDATE

The DMRAB 2011 meetings are scheduled from 1:00 p.m. Eastern to 5:00 p.m. Eastern in the Capitol Annex Building for the dates listed below. Additional information concerning DMRAB can be found at <https://kentucky.fhsc.com> on the Committees tab, under DMRAB.

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

GETTING TO KNOW KENTUCKY MEDICAID PROVIDERS



Kentucky Medicaid provider, Ron Poole, RPh, has been in business for over 20 years. Featured is the 20th anniversary picture at his Central City Store. He currently has three (3) pharmacies located in Kentucky (Poole's Pharmacy Care, 102 West Broad Street, Central City, KY 42330; Poole's Pharmacy Care, 200 East Parrish Ave., Suite 102, Owensboro, KY 42303; and Poole's Pharmacy Care, 311 Henton Street, Livermore, KY 42352). On average, the stores process a total of 580 prescriptions per day. Each store has one pharmacist and a minimum of two technicians on staff.

Mr. Poole's pharmacies are unique because they utilize PriorAuthPlus through CoverMyMeds. This software automates the submission of prior authorization (PA) requests. PriorAuthPlus is a free service that allows pharmacies to start a specific prior authorization request for Medicare Part D plans, Medicaid plans, and most commercial plans. PriorAuthPlus allows for auto completion of the patient, drug, and prescriber information.

When a pharmacy receives NCPDP rejection 70, 75, or 76, they are able to submit a secondary claim to PriorAuthPlus. The pharmacy receives a rejection response to the claim submission that includes instructions on how to access the PA form and how to send it to the prescribing physician. Physician offices can use CoverMyMeds to complete the PA form that was initiated by the pharmacy or initiate a PA request themselves.

For additional information concerning CoverMyMeds refer to <http://www.covermymeds.com/main/help>, or call (866) 452-5017, Monday through Friday, 8:30 a.m. to 6:30 p.m. ET.

If you would like to see your pharmacy highlighted, please contact Kasie Purvis at KLPurvis@magellanhealth.com.

COMMUNICATIONS REGISTRATION

E-MAIL 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 e-mail distribution list or fax blast. The Communications Registration page is located at <https://kentucky.fhsc.com/Providers/ProviderInfoRequest.asp>.

HELPFUL REMINDER

PRIOR AUTHORIZATION REQUESTS

Please note that for future prior authorization requests, Magellan Medicaid Administration is now offering real time service! Please contact the Clinical Support Center at (800) 477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.

Prior authorization forms are located at <http://kentucky.fhsc.com>. Please fax all requests to Magellan Medicaid Administration at the following numbers:

- Non-Urgent: (800) 365-8835
- Urgent: (800) 421-9064
- Mental Health Providers: (800) 453-2273
- Long Term Care: (800) 453-2273