



**THE NUMBERS LISTED
BELOW ARE FOR FEE-FOR-
SERVICE (FFS) SUPPORT**

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

PRIOR AUTHORIZATIONS

1-800-477-3071

24 hours per day/7 days per week

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 co-pay and benefit
information.

WEBSITES

Kentucky Department for
Medicaid Services

[DMS Pharmacy Website](https://kentucky.magellanmedicaid.com)

Magellan Medicaid Administration
<https://kentucky.magellanmedicaid.com>

PROVIDER EDUCATION and FFS HELP

For onsite education presentations or
any other questions, concerns or
feedback regarding Fee-for-Service
Medicaid, please contact Magellan Rx
Management at
kyproviders@magellanhealth.com.

Provider education is free of charge.

Single PDL Transition

Please be advised that the Department for Medicaid Services (DMS) is transitioning to a Single Preferred Drug List (PDL) for Kentucky Medicaid Fee-For-Service (FFS) and the Managed Care Organizations (MCO). Beginning on January 1, 2021 all MCOs will follow the FFS (aka Single) PDL maintained by Magellan Rx Management. The Single PDL will be available for viewing on the Kentucky Medicaid Magellan Rx Portal.

There are several brand name products that will be preferred over their generics. Members using a generic of a preferred brand NDC will be required to use the brand product, including within the protected drug classes, unless the prescriber submits a prior authorization. The Brand Over Generic List is available on the linked Provider Notice below and available on the Kentucky Medicaid Magellan Rx Portal.

For more information, please refer to Provider Notice #248, available at:

<https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY-ProviderNotice-248-20201106.pdf>

DMS Single PDL Provider FAQ:

<https://chfs.ky.gov/agencies/dms/dpo/ppb/Documents/SinglePDLFAQsforProviders.pdf>

Preferred Diabetic Supply List Changes

The Department for Medicaid Services (DMS) is also expanding the Diabetic Supplies Preferred Product List effective January 1, 2021 for both Fee-For-Service (FFS) and Managed Care Organizations (MCOs).

Please note, the OneTouch Verio Reflect system will continue to be preferred.

For more information and a list of preferred products, please refer to Provider Notice #249, available at:

<https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY-ProviderNotice-249-20201201.pdf>

Clinical Criteria

On **January 1, 2021**, the Prior Authorization Clinical Criteria will be made available to the public on the Kentucky Medicaid Magellan RX Portal. This Clinical Criteria as part of the Single PDL will be followed by both FFS and the six MCOs. To locate the Clinical Criteria on the KY Medicaid Magellan RX Portal, click the link below. It will direct you to KY Provider home page, from there you will click Resources at the top of the page then Documents. Click the Drug Info tab then General Drug Info, you will then see the hyperlink under Drug Information.

<https://kyportal.magellanmedicaid.com/provider/public/home.xhtml>