



**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://dms.pharmacy.ky.gov)

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](mailto:kyproviders@magellanhealth.com).  
Provider education is free of charge.

**Single-Dose Vaccine**

Janssen COVID-19 vaccine NDCs shown below are now payable for KY FFS recipients via pharmacy point-of-sale. Claims should be billed in the same way as the Pfizer and Moderna products, except that submission clarification code (SCC) 6 should be used on the only dose to get the full \$28.39 incentive fee. Failure to submit an SCC may result in \$0 incentive fee paid; submitting SCC=2 will only reimburse the \$16.94 incentive fee.

- Carton NDC 59676-580-15
- Vial NDC 59676-580-05

For more FFS information, please refer to Provider Notice #250, available at:

<https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY-ProviderNotice-250-20210104.pdf>

For Medicaid MCO members, please refer to instructions sent by their PBMs.

**Drug Discontinuations**

- FDA announced that Gilead will be discontinuing manufacture of **Atripla® (efavirenz/emtricitabine/tenofovir disoproxil fumarate)** as of July 2021. Supply is expected to be available until December 2021. There are generics available.
- The FDA has posted Allergan's discontinuation of brand-name **Actigall® (ursodiol)** 300 mg capsules. Generic 300 mg ursodiol capsules remain available as well as brand-name tablet formulations in other strengths (e.g., **Urso® Forte** 500 mg tablet, **Urso®** 250 mg tablet, **ursodiol** 250 mg tablet, and **ursodiol** 500 mg tablet).
- Boehringer Ingelheim reported to FDA the discontinuation of **Catapres® (clonidine)** 0.1 mg, 0.2 mg, and 0.3 mg tablets. Generic products are available.
- Allergan has announced discontinuation of brand-name **Sarafem® (fluoxetine)** tablets (10 mg, 20 mg) due to business reasons. There is a generic version available from Torrent.
- Pfizer reported to the FDA the discontinuation of **Flagyl® (metronidazole)** 250 mg tablets (NDCs 0025-1831-31 and NDC 0025-1831-50). Generic formulations are available.
- The FDA lists the marketing status of **Bunavail™ (buprenorphine/naloxone)** as discontinued.

**Prior Authorization (PA) Criteria**

As part of the Kentucky Medicaid Single Preferred Drug List (PDL) implementation, the Prior Authorization (PA) Criteria is now available to the public on the Kentucky Medicaid Magellan Rx Portal. This PA Criteria is followed by both Fee-For-Service (FFS) and the six Managed Care Organizations (MCOs). To view the PA Criteria, click the link below.

[https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KYRx\\_PDL\\_prior\\_authorization\\_criteria.pdf](https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KYRx_PDL_prior_authorization_criteria.pdf)