



**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

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.

OTC List Update

The Over-The-Counter (OTC) list is being updated effective July 1, 2021. This updated list will apply to all Fee-For-Service (FFS) Medicaid members, including those residing in long-term care facilities. Only federally rebateable, generic versions of the products on the list will be covered.

To find these products, please refer to the Drug Lookup tool found on the KY Medicaid Magellan RX portal linked below:

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

For more FFS information and to see the covered drug list, please refer to Provider Notice #255, available at:

<https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY-ProviderNotice-255-20210601.pdf>

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

Support Act/ Senate Bill 51

In response to Senate Bill 51, the Department for Medicaid Services (DMS) is making changes to the Preferred Drug List (PDL). 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. 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. 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.

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.

For more information on this, please refer to Provider Notice #256, available at:

<https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY-ProviderNotice-256-20210611.pdf>

Single Pharmacy Benefit Manager (PBM) Announcement

In accordance with Senate Bill 50, the Department for Medicaid Services (DMS) is implementing a Single PBM for the six Managed Care Organizations (MCOs). MedImpact was the chosen contractor and will be implementing the program on July 1, 2021. They will follow the FFS Pharmacy Benefit design, PDL, and PA Criteria. Please direct any questions regarding this change to KYMCOPBM@medimpact.com.