

**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](#)

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.

## Chantix

Pfizer has voluntarily recalled 12 lots of the smoking cessation drug, Chantix (varenicline). The product has been found to contain a nitrosamine impurity, N-nitroso-varenicline, higher than the company established acceptable intake rate. The impurity may be associated with increased risk of cancer with long-term use. The FDA states that the benefits of quitting smoking outweigh the potential cancer risk from the impurity.

## HIV Medications for Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP)

The Kentucky Medicaid Preferred Drug List (PDL) is inclusive of all medications recommended for PEP, which is for emergency situations and must be started within 72 hours after exposure. PrEP is for people who do not have HIV but are at high risk for exposure. The FDA approved medications for PrEP are Descovy and Truvada. Both medications are preferred on the KY Medicaid PDL; however, they do require a prior authorization (submitted by the prescriber for a diagnosis of PrEP). Suggested HIV PEP regimens, per the Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis are: Raltegravir (Isentress; RAL) 400 mg PO (by mouth) twice daily plus Truvada, 1 PO once daily or Tenofovir DF (Viread; TDF) 300 mg + emtricitabine (Emtriva; FTC) 200 mg. These medications are also preferred on the KY Medicaid PDL.

With each new drug entry into the market, we will continue to re-evaluate the cost vs. clinical benefit of inclusion on our PDL. Preferred medications are typically single agents instead of combination products. While a multi-drug single pill option is ideal, administration of multiple pills does not prevent a patient from receiving adequate care. The goal is to allow patients access to first line treatment. With over 40 preferred medications in the HIV drug class, including 16 combination products, the goal continues to be surpassed. Approval of non-preferred agents requires trial and therapeutic failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance of 1 preferred agent. To submit a prior authorization, please refer to the support phone numbers provided.

## Single Pharmacy Benefit Manager (PBM) Reminder

As a reminder, the Department for Medicaid Services (DMS) implemented a Single PBM for the six Managed Care Organizations (MCOs) on July 1, 2021. MedImpact was the chosen contractor. They follow the FFS Pharmacy Benefit design, PDL, and PA Criteria. Please direct any questions regarding this change to [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@medimpact.com).