

**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://dmspharmacy.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.
Provider education is free of charge.

Aduhelm™ - Medical Benefit Coverage

Aduhelm will be ONLY covered through the medical benefit after prior authorization (PA) is obtained. The Department for Medicaid Services (DMS) has developed PA criteria that will be applied to both the Managed Care Organization (MCO) and FFS populations. These criteria will be posted on the DMS website. For FFS members, clinical information for PA review should be emailed to DMSPharmacy@ky.gov. Prior Authorization requests for MCO members should be sent to the member's respective MCO for clinical review.

340B Procedures

DMS has created the following new forms and procedures for covered entities to be excluded from the Medicaid rebate program.

- The 340B Participation Notice form is required to be submitted for any stand-alone Covered Entity and/or a Covered Entity and its Contract Pharmacy(ies) in order to be excluded from Medicaid rebate invoicing specific to Kentucky Medicaid Managed Care Organization (MCO) pharmacy claims
- Covered Entities that want to subsequently end participation for it or its Contract Pharmacy(ies) for Kentucky Medicaid MCO pharmacy claims must complete the 340B Non-Participation Notice form. No initial Non-Participation Notice is required. This form should only be completed and submitted for an entity wanting to end participation.
- Complete and accurate information within the forms is crucial and must be provided by email to DMS340B@ky.gov no later than the 15th calendar day of the last month of the quarter. The Department for Medicaid Services (DMS) will not review any documentation received via fax or mail.

Additional information regarding 340B as well as the forms can be found on the Magellan Rx Kentucky Medicaid Web Portal. The path to find them is Resources> Documents> Billing> 340B Information.

[Magellan Medicaid Administration](#) || [Provider Portal](#)

Product Recalls

- Viartis, formerly Mylan, has a voluntary recall on 1 batch of non-interchangeable Semglee (insulin glargine injection), 100 units/ml (U-100), 3 mL prefilled pens, packaged in a labeled carton of 5 pens. Some of the prefilled pens within the labeled carton may be missing a label. The recalled NDC is 49502-0196-75, batch # BF20003118, and expiration date Aug 2022.
- Viona Pharmaceuticals issued a retail-level voluntary recall for 2 lots of metformin HCl ER tablets 750 mg. The impurity of N-nitrosodimethylamine (NDMA) was detected above acceptable limits. The manufacturer is led by Cadila Healthcare.

Please direct any questions to kyproviders@magellanhealth.com