

**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](mailto:kyproviders@magellanhealth.com).

Provider education is free of charge.

## Pharmacy & Therapeutics Committee Meeting Information

Kentucky Pharmacy & Therapeutics Committee Meetings documentation and meeting registration information can be found on the Kentucky Medicaid Magellan web portal. Please see the table below for the document links.

Document	Link	Path
Zoom Meeting link and registration (Each participant must register)	<a href="#">Magellan Medicaid Administration   Provider Portal</a>	Located under “Web Announcements” near bottom of the page.
Agenda, Options for Consideration, Committee Recommendations, Commissioners Decisions	<a href="#">Magellan Medicaid Administration Documentation</a>	Located under Committees > P&T > “This Year’s Meetings”
Speaker Request Form (Must be submitted no later than 5 business days before meeting)	<a href="#">Magellan Medicaid Administration Documentation</a>	Located under Committees > P&T > Forms

## Injectable Drug List

On Monday **May 16th, 2022**, the Department for Medicaid Services (DMS) implemented a Pharmacy Injectable Drug List. Medications on this list can be billed through the pharmacy point of sale (POS). Injectable medications NOT on the list will be payable ONLY through the member’s medical benefit and may require a prior authorization.

Below are the links to the Provider Notice and the Injectable Drug List.

[Kentucky Injectable Drug List Provider Notice](#)

[Kentucky Injectable Drug List \(magellanmedicaid.com\)](#)

## Diabetic Supply List Changes

As of **June 3<sup>rd</sup>, 2022**, the following NDC’s were added to the Diabetic Supply List.

Label Name	NDC	Manufacturer
OMNIPOD 5 G6 PODS (GEN 5) 5PK	08508300021	INSULET
OMNIPOD 5 G6 INTRO KIT (GEN 5)	08508300001	INSULET
OMNIPOD DASH INTRO KIT (GEN 4)	08508200032	INSULET

On **July 7<sup>th</sup>, 2022**, the following changes will occur to the Diabetic Supply List. Quantity limits will be added to disposable insulin pumps and criteria will be added to continuous glucose meters.

Disposable Insulin Pumps and Components			
Manufacturer	Product Name	NDC*	Limitation
INSULET	OMNIPOD STARTER KIT	08508-1140-02	1 per 5 years
INSULET	OMNIPOD DASH 5 PACK POD	08508-2000-05	15 per 30 days
INSULET	OMNIPOD 5 PACK POD	08508-1120-05	15 per 30 days
INSULET	OMNIPOD DASH PDM KIT	08508-2000-00	1 per 5 years
INSULET	OMNIPOD 5 G6 PODS (GEN 5) 5PK	08508-3000-21	15 per 30 days
INSULET	OMNIPOD 5 G6 INTRO KIT (GEN 5)	08508-3000-01	1 per 5 years
INSULET	OMNIPOD DASH INTRO KIT (GEN 4)	08508-2000-32	1 per 5 years
ZEALAND	V-GO 40 DISPOSABLE DEVICE	08560-9400-01	30 per 30 days
ZEALAND	V-GO 30 DISPOSABLE DEVICE	08560-9400-02	30 per 30 days
ZEALAND	V-GO 20 DISPOSABLE DEVICE	08560-9400-03	30 per 30 days

**Clinical Criteria for approval of Continuous Glucose Meters (CGMs):**

**Length of authorization:** 1 year

**Approve if the patient has a diagnosis of:**

- Insulin-dependent T1 DM (ICD-10 group E10); **OR**
- Insulin-dependent T2 DM (ICD-10 group E11); **OR**
- Gestational DM (ICD-10 group O24); **AND**
- The patient is insulin dependent.

Please direct any questions to [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for Fee-For-Service members and to [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@medimpact.com) for Managed Care Organization (MCO) members.