



Pharmacy Benefit Newsletter

For Kentucky Medicaid Managed Care Organizations

Vol. 1, No. 1, October 2021.



Kentucky Senate Bill 51

Effective July 1, 2021, the following drug products will not require Prior Authorization (PA) for the criteria below:

- Buprenorphine-naloxone sublingual film: clinical criteria, non-preferred criteria, generic medically necessary criteria
- Buprenorphine sublingual tablet (generic for Subutex), Bunavail, Zubsolv, Probuphine: clinical criteria, non-preferred criteria
- Lucemyra: clinical criteria

Safety edits, as required by the Federal SUPPORT Act, will remain in effect, and most will require a PA to override. Safety edits that will require a PA to override include duplicate fill, early refill alerts, quantity limits, dosage limits, Morphine Milligram Equivalent (MME) limits, concurrent utilization reviews for opioids and benzodiazepines, and concurrent utilization reviews for opioids and antipsychotics.

Safety edits that can be overridden by a Pharmacist: under 16 or 18 years old age edits

Please note:

- Methadone used for opioid abuse is not affected by Senate Bill 51 and is dispensed only by methadone clinics.
- Zubsolv quantity limits will be reduced from three tablets daily to two 8.6mg tablets daily and one 11.4mg tablet daily.



New Medicaid Member ID Numbers

Effective July 1, 2021, MedImpact Healthcare Systems, Inc. began processing pharmacy claims and prior authorizations for all Kentucky Medicaid Managed Care Organizations (MCOs). **Please use the member's Kentucky-issued Medicaid ID 10-digit number for billing/claim submission. Do not use the member's old MCO ID number.** Kentucky-issued Medicaid ID numbers are on the members' new ID cards or can be found in the search tool on KY Healthnet at <http://www.kymmis.com>.



DAW 9 No Longer Needed

DAW 9 is no longer needed at pharmacy point of sale for preferred brands. Kentucky's Department of Medicaid Services recognizes that this is a change from operations before July 1, 2021, and has given MedImpact permission to allow preferred branded drugs to pay at the pharmacy point of sale when **ANY** DAW value is entered. **Pharmacy staff do NOT need to enter DAW 9 at the point of sale for preferred branded products.** The claim will pay if all other applicable requirements are met (eligibility, DUR edits, etc.).



Brand Preferred Over Generic

The following Brand Name medications have preferred status over the equivalent generic drug.

Preferred Brand	Non-Preferred Generic
TRIZIVIR	ABACAVIR/LAMIVUDINE/ZIDOVUDINE
ZOVIRAX CREAM	ACYCLOVIR CREAM
PROAIR HFA	ALBUTEROL SULFATE HFA, VENTOLIN HFA, PROVENTIL HFA
EMEND	APREPITANT
TRACLEER	BOSENTAN
ALPHAGAN P	BRIMONIDINE TARTRATE
SYMBICORT	BUDESONIDE/FORMOTEROL FUMARATE
TEGRETOL SUSPENSION	CARBAMAZEPINE SUSPENSION
CIPRODEX OTIC	CIPROFLOXACIN HCL/DEXAMETH OTIC
FOCALIN XR	DEXMETHYLPHENIDATE HCL
ADDERALL XR	DEXTROAMPHETAMINE/AMPHETAMINE
PROGLYCEM	DIAZOXIDE
TECFIDERA	DIMETHYL FUMARATE
ATRIPLA	EFAVIRENZ/EMTRICIT/TENOFOVR DF
SYMFI LO	EFAVIRENZ/LAMIVU/TENOFOV DISOP
SYMFI	EFAVIRENZ/LAMIVU/TENOFOV DISOP
EMTRIVA	EMTRICITABINE
TRUVADA	EMTRICITABINE/TENOFOVIR (TDF)
NEXIUM PACKET	ESOMEPRAZOLE MAGNESIUM PACKET
INTELENCE	ETRAVIRINE
DERMA-SMOOTH-FS	FLUOCINOLONE ACETONIDE OIL
DERMA-SMOOTH-FS	FLUOCINOLONE/SHOWER CAP
ADVAIR DISKUS	FLUTICASONE PROPION/SALMETEROL
COPAXONE 20 MG/ML	GLATIRAMER ACETATE 20 MG/ML



Preferred Brand	Non-Preferred Generic
EPIVIR HBV SOLUTION	LAMIVUDINE SOLUTION
LIDODERM	LIDOCAINE PATCH
AMITIZA	LUBIPROSTONE
LIALDA	MESALAMINE
APRISO	MESALAMINE
CONCERTA	METHYLPHENIDATE HCL
METROCREAM 0.75% CREAM	METRONIDAZOLE 0.75% CREAM
VANDAZOLE 0.75% GEL	METRONIDAZOLE 0.75% GEL
METROGEL 1% GEL	METRONIDAZOLE 1% GEL
CELLCEPT SUSPENSION	MYCOPHENOLATE MOFETIL SUSPENSION
MOVIPREP	PEG3350/SOD SUL/NAACL/KCL/ASB/C
ELIDEL	PIMECROLIMUS
EXELON PATCH	RIVASTIGMINE PATCH
BANZEL	RUFINAMIDE
REVELA TABLET	SEVELAMER CARBONATE TABLET
NATROBA	SPINOSAD
CARAFATE SUSPENSION	SUCRALFATE SUSPENSION
IMITREX NASAL SPRAY	SUMATRIPTAN NASAL SPRAY
ANDROGEL 1.62% GEL PUMP	TESTOSTERONE 1.62% GEL PUMP
GABITRIL	TIAGABINE HCL
BETHKIS	TOBRAMYCIN
TOBRADEX EYE DROPS	TOBRAMYCIN/DEXAMETHASONE EYE DROPS
KITABIS PAK	TOBRAMYCIN/NEBULIZER
RETIN-A	TRETINOIN
FIRVANQ	VANCOMYCIN HCL
SABRIL	VIGABATRIN
GEODON 20 MG/ML VIAL	ZIPRASIDONE MESYLATE 20 MG/ML VIAL



Electronic Reimbursement

Providers receiving reimbursement via mailed check are encouraged to enroll in electronic payment. Starting October 1, the United States Postal Service will implement new service standards for first-class mail increasing processing times by 1 to 2 business days, which will affect providers currently receiving mailed checks.

Providers can switch to electronic payment by contacting the Kentucky Cabinet for Health and Family Services Provider Management/Enrollment Unit:

10181 Scripps Gateway Ct, San Diego, CA 92131

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Phone: 1-877-838-5085
 Fax: 1-502-226-1898
 Hours: 10:00am – 4:30pm EST, M-F
 Website: <https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx>



2021-2022 Influenza Vaccine

- The Centers for Disease Control (CDC) confirmed that flu activity is low at this time but still recommends that for all persons aged 6 months or older without contraindications receive the vaccine by the end of October.
- Refer to the chart below for the approved ages and doses for each vaccine:



Vaccine	Approved Ages	Dose Volume
Afluria Quadrivalent	6 months through 35 months	0.25 mL
	≥3 years	0.5 mL
Afluria Quadrivalent	≥6 months	0.5 mL
FluLaval Quadrivalent	≥6 months	0.5 mL
Fluzone Quadrivalent	6 months through 35 months	0.25 mL or 0.5 mL
	≥3 years	0.5 mL
Flucelvax Quadrivalent	≥2 years	0.5 mL
Flublok Quadrivalent	≥18 years	0.5 mL
Fluzone High-Dose Quadrivalent	≥65 years	0.7 mL
Fluad Quadrivalent	≥65 years	0.5 mL



COVID-19 Booster Vaccine

COVID-19 vaccine booster shots are now available for mRNA vaccine (Pfizer-BioNTech and Moderna) recipients who completed their initial series at least 6 months ago:

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- People 65 years and older, 50-64 years with underlying medical conditions and all residents in long-term care settings
- People 18 years or older with underlying medical conditions
- People 18 years or older who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional settings

People who received the Johnson & Johnson/Janssen COVID-19 vaccine and are 18 years and older should receive a booster shot at least 2 months after receiving their primary vaccine dose.

The CDC continues to monitor the safety and effectiveness of COVID-19 vaccines to ensure appropriate recommendations to keep all Americans safe

For more information visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>



COVID-19 Vaccine Reimbursement

If your pharmacy has experienced reimbursement issues with the second COVID-19 vaccine or booster dose, you may now resubmit claims for proper reimbursement. Members locked into a pharmacy may receive COVID-19 vaccines at **ANY** pharmacy enrolled in Kentucky Medicaid.



Newest FDA Drug Shortages

September 30, 2021

Clindamycin and Benzoyl Peroxide Gel, 1%/5% (**Discontinuation**)

Clindamycin Phosphate and Benzoyl Peroxide Gel, 1.2%/5% (**Discontinuation**)

Mannitol Injection (**Current Shortage**)

September 27, 2021

Triamcinolone Acetonide Injectable Suspension (**Current Shortage**)

September 24, 2021

Cytarabine Injection (**Current Shortage**)

September 23, 2021



Ampicillin for Injection (***Discontinuation***)

Mannitol Injection (***Current Shortage***)

Morphine Sulfate Injection (***Current Shortage***)

<https://www.fda.gov/drugs/drug-shortages/drug-shortages-additional-news-and-information>

Please also refer to our latest Provider Manual notification dated July 29, 2021, for additional regulatory updates. The Provider manual is made available via the Pharmacy portal at pharmacy.medimpact.com.



Newsletter Ideas or Questions

If you have a newsletter idea or question, please feel free to send it to: KYMCOPBM@MedImpact.com

Contact Information

If you have any questions about Pharmacy Benefit Management services for the Managed Care Organizations, please contact MedImpact's Kentucky Team at:

Technical Help Desk: 1-800-210-762

Prior Authorizations: 1-844-336-2676

Program Questions: KYMCOPBM@MedImpact.com

Web Site: <https://kyportal.medimpact.com>