



Events

P&T Meeting	3 rd Quarter Provider Webinar Forum
Tuesday, July 9 th (Occurred) 1:00pm - 4:00pm EST https://kyportal.medimpact.com/provider-documents/pt-committee	Wednesday, July 31 st (Upcoming) 10:00am – 11:00am EST https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	NDC
4/2/2024	Atovaquone Oral Suspension USP, 750mg/5mL by AvKARE	50268-0086-12
4/4/2024	Relyvrio (sodium phenylbutyrate/taurursodiol) – MARKET WITHDRAWAL	73063-0035-03 and 73063-0035-04
4/23/2024	Dr. Reddy's Issues Voluntary Nationwide Recall of Sapropterin Dihydrochloride Power for Oral Solution Due to Sub-Potency	43598-0097-30 and 43598-0477-30
5/23/2024	Buprenorphine Hydrochloride Injection Carpuject Units and Labetalol Hydrochloride Injection, USP Carpuject Units by Hospira	00409-2012-32, 00409-2012-03, 00409-2339-34, and 00409-2339-24
5/30/2024	Docetaxel Injection USP, by Sagent Pharmaceuticals	25021-0254-16 and 25021-0254-08
6/28/2024	Potassium Chloride Extended-Release Capsules USP, (750mg) 10 mEq by Glenmark	68462-0357-01 and 68462-0357-05
6/28/2024	Potassium Chloride Extended-Release Capsules USP, (750mg) 10 mEq by Blue Point Laboratories	68001-0396-00 and 68001-0396-03

For additional information regarding the recalls, please refer to the FDA recall notifications at:

<https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts>



Current Drug Shortages

Albuterol HFA	Elidel Cream
<p>A temporary authorization has been given for providers to enter a submission clarification code (SCC) of 02 to bypass the prior authorization requirement when preferred agents are unavailable. SCC is NCPDP field 420-DK. For more information visit: https://kyportal.medimpact.com/sites/default/files/2023-10/kym_albuterol_scc_usage_10-04-2023.pdf</p> <p>Please note this authorization is also applicable to Fee-For-Service (FFS) members.</p>	<p>Effective July 15th, a temporary authorization has been given for providers to enter a submission clarification code (SCC) of 02 to bypass the prior authorization requirement for nonpreferred product pimecrolimus 1% cream. SCC is NCPDP field 420-DK. For more information visit: https://kyportal.medimpact.com/sites/default/files/2024-07/generic_elidel_scc02_override_provider_communication.pdf</p> <p>Please note this authorization is also applicable to Fee-For-Service (FFS) members.</p>

Asthma Immunomodulator Agents

Effective May 1, 2024, the Department for Medicaid Services (DMS) added clinical prior authorization criteria to the following Asthma Immunomodulator Agents:

- Fasenra® (benralizumab)
- Nucala (mepolizumab)
- Xolair® (omalizumab)

Coverage of these agents will remain in preferred status on the Kentucky Preferred Drug List (PDL). Impacted members and providers should have received notice of these changes.

Digihaler Discontinuation

On June 1, 2024, Teva Pharmaceutical Industries Ltd. discontinued distribution of all Digihaler® products in the U.S. This includes ProAir® Digihaler® (albuterol sulfate), AirDuo® Digihaler® (fluticasone propionate and salmeterol), and ArmonAir® Digihaler® (fluticasone propionate). The Digihaler® application and dashboard will not be available for patients and healthcare providers. Patients who have Digihaler® products can continue to use them as prescribed until their expiration date but will no longer be able to access the application for their data.

Currently, the Digihaler® products are covered as non-preferred agents for Kentucky Medicaid. To avoid treatment disruption, providers may consider changing therapy to another inhaler.

For the full list of preferred products for Kentucky Medicaid, please visit: <https://kyportal.medimpact.com/medicaid-provider-portal/medicaid-provider-portal-home>

FFS Vaccine Coverage

On June 1, 2024, DMS began offering vaccine coverage for FFS Medicaid members under the pharmacy benefit, excluding long-term care beneficiaries. The Kentucky Medicaid Vaccine List can be found on the Kentucky Medicaid Provider Portal. <https://kyportal.medimpact.com/provider-documents/drug-information>



As a reminder, vaccines covered under the pharmacy benefit will receive an administration fee of \$27.49 for the first dose in a vaccine series. If applicable, each subsequent vaccine series dose will receive an administration fee of \$9.80. Submission clarification codes (SCC) of 02 and 06 should be used for billing on multi-dose vaccine series. Refer to the table below for proper entry of the SCC values. SCC is NCPDP field 420-DK and Incentive Amount submitted (administration fee) is 438-E3.

Dose	SCC	New Administration Fee
Single dose	Not required	Up to \$27.49
Multi-dose	General <ul style="list-style-type: none">Either SCC 02 or 06 must be submitted on claims.Multiple SCC codes can be submitted on the same claim, but only SCC 02 and 06 will be evaluated in the vaccine administration fee processing.Submitting both SCC 02 and 06 on the same claim will cause the claim to be processed and reimbursed as SCC 06. First Dose <ul style="list-style-type: none">Submit SCC 02. Subsequent Doses <ul style="list-style-type: none">Submit SCC 06.	<ul style="list-style-type: none">SCC 02 = up to \$27.49SCC 06 = up to \$9.80

For more information including important notes and examples visit:

https://kyportal.medimpact.com/sites/default/files/2024-05/ffs_vaccine_coverage_provider_communication_5.20.24.pdf

GLP-1 Agonist Prior Authorization Criteria Changes

Effective July 1, 2024, new prior authorization criteria was implemented for GLP-1 receptor agonist agents. As a part of this criteria change, providers will now be required to submit documentation supporting a patient diagnosis of type 2 diabetes. In addition, requests for coverage of non-preferred agents (Bydureon BCise®, Mounjaro®, Rybelsus®) will now require at least a 3-month trial and failure of 2 preferred agents (Byetta®, Ozempic®, Trulicity®, Victoza®). As a general reminder, GLP-1 receptor agonists are not covered for off-label use or in the treatment of weight loss. Below are the new prior authorization criteria that will be implemented:

Criteria for Approval

- Diagnosis of Type II Diabetes Mellitus (T2DM) confirmed with clinical documentation (e.g., progress note) of one of the following:
 - ICD-10 diagnosis of T2DM; **OR**
 - A1c lab value that correlates to a T2DM diagnosis (i.e., 6.5 or greater); **AND**
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**
- Not used in combination with another GLP-1 receptor agonist **UNLESS** the member is changing therapy; **AND**
- The requested dose does not exceed the maximum FDA-approved dose for the treatment of diabetes mellitus.



Prior authorization criteria can be found at: <https://kyportal.medimpact.com/medicaid-provider-portal/medicaid-provider-portal-home>

Humulin N and Novolin N Vials PDL Status Change

On July 1, 2024, the Department of Medicaid Services (DMS) moved Humulin N and Novolin N vials to preferred status in the *Insulin and Related Agents* PDL drug class. This change does not apply to Humulin N and Novolin N pens, as these agents remain in non-preferred status within the PDL drug class and require prior authorization review for coverage consideration.

Providers are encouraged to reference the Preferred Drug List and Prior Authorization documents found on the Kentucky Medicaid Provider Portal (<https://kyportal.medimpact.com/provider-documents/drug-information>).

MedImpact Drug Lookup Tool

The MedImpact provider portal offers a formulary search option for providers to check coverage of a product. You can search by the brand/generic name, NDC, label name or therapeutic class.

To utilize the drug lookup tool, visit: <https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>

NADAC/WAC Pricing Reminder and Provider Payment Algorithms

The provider is paid at the lesser of:

- Wholesale Acquisition Cost (WAC) + dispense fee; OR
- Federal Upper Limit (FUL) + dispense fee; OR
- State Maximum Allowable Cost (MAC) + dispense fee; OR
- National Average Drug Acquisition Cost (NADAC) + dispense fee; OR
- Usual & Customary (U&C);

A professional dispensing fee of \$10.64 is paid once per member, per drug, per provider, every 23 days for any qualifying dispensed prescription. The final reimbursement determination pricing information is returned in the claim response Basis of Reimbursement Determination (NCPDP field #522-FM). The value and the corresponding reference price source are shown below:

- 4 – Usual & Customary Paid as Submitted
- 6 – MAC
- 10 – ASP
- 13 – WAC
- 20 – NADAC
- 24 – FUL

MedImpact reimburses providers as required, according to the Kentucky Department of Medicaid Services (DMS) Fee-For-Service (FFS) reimbursement methodology. The FFS methodology includes the NADAC benchmark at which most claims reimburse. Providers can see the most up-to-date NADAC prices on the CMS website which is linked below. Website users may track changes inclusive of the updated NADAC price and effective date. For brand products, compendia posted updated NADAC price(s) may be backdated to the effective date of the WAC or AWP increase. To identify updated NADAC price changes, please see below.



- Click on the CMS Pharmacy Pricing Page: [Pharmacy Pricing: Medicaid](#)
- Scroll to the NADAC Cost Comparison Data Section
- Click on the most recent weekly NADAC Comparison downloadable files. The file identifies what NADAC prices have been updated, the new and old NADAC price along with the effective date. Field values in this file are described below.

Providers who feel they may have adjudicated claims prior to the NADAC prices being updated should review posted NADAC rates along with your product invoices. Changes related to these manufacturer increases may impact your reimbursement for newly purchased inventory.

- For any questions or concerns regarding NADAC pricing please contact the CMS NADAC vendor, Myersand Stauffer, LC via email info@mslcrps.com or the toll-free help desk phone number (855) 457-5264.
- To submit a MAC price research request visit: https://kyportal.medimpact.com/sites/default/files/2023-12/kyrx_mac_priceresearchrequestform_final_6.pdf
- For more information, visit: https://kyportal.medimpact.com/sites/default/files/2024-01/ky-nadac-reminder-january-3-2024_0.pdf

New Wegovy Coverage Changes for Cardiovascular Risk Reduction

In March 2024, the FDA approved Wegovy for risk reduction of cardiovascular death, heart attack, or stroke in patients who are either overweight or obese. Following this approval, the U.S. Centers for Medicare and Medicaid Services (CMS) announced that it would begin covering Wegovy only for this new medically accepted indication. CMS further clarified that Wegovy will continue to be excluded from coverage for all weight loss indications.

Effective July 1, 2024, the Kentucky Department for Medicaid Services (DMS) began covering Wegovy for risk reduction of cardiovascular death, heart attack, or stroke in patients who are either overweight or obese. Coverage of Wegovy for this indication will be dependent upon patients meeting the clinical prior authorization criteria that will be implemented. As clarified by CMS, Wegovy requests for the treatment of weight loss will continue to be excluded from coverage.

Prior authorization criteria for Wegovy can be found at: <https://kyportal.medimpact.com/medicaid-provider-portal/medicaidprovider-portal-home>

Second Inhaler Override

Please be aware that if a member at your pharmacy is requesting a second inhaler (not limited to Ventolin) to be stored at either school/daycare, pharmacies can contact our help desk center at 800-210-7628 to request a one-time refill too soon override.

Tax on Pharmacy Claims

Per Kentucky Revised Statute [§ 139.472(a), (b), (d).], prescription drugs, diabetic supplies, and over-the-counter (OTC) products purchased pursuant to a prescription are exempt from state sales tax when provided to a patient residing in the Commonwealth of Kentucky. Tax amounts should not be claimed for these products. To avoid a potential claim audit, pharmacies should confirm if their claims do or do not include sales tax amounts and should make system changes to suppress sales tax amounts on claims, if necessary.

The applicable statute can be found here: [Kentucky Statutes: 139.472 Exemption for certain medical items](#)



Questions / Additional Information

Please direct any questions to KYMFFS@medimpact.com for Fee-For-Service (FFS) members and to KYMOPBM@medimpact.com for Managed Care Organization (MCO) members.



Contact Information

Contact	Contact Information	Availability
Member Services (CHFS)	800-635-2570	8AM to 5PM EST, Monday to Friday
Clinical Support Center (Prior Authorizations)	MCO Phone: 844-336-2676 FFS Phone: 877-403-6034	8AM to 7PM EST, 7 days a week
	MCO and FFS Fax: 858-357-2612	24 hours a day, 7 days a week
Pharmacy/Provider Help Desk	MCO Phone: 800-210-7628 FFS Phone: 877-403-6034	24 hours a day, 7 days a week
MAC Pricing	MAC List: Available on MedImpact Provider Portal under "Resources" page https://kyportal.medimpact.com/provider- documents/maximum-allowable-cost-mac	24 hours a day, 7 days a week
	To appeal MAC pricing: Fax: 877-357-0005 E-mail: StateMACProgram@medimpact.com	
Voice Response Eligibility Verification	800-807-1301	24 hours a day, 7 days a week
Provider Management/Enrollment	Phone: 877-838-5085 Fax: 502-226-1898	8AM to 4:30PM EST, Monday to Friday
MedImpact KY MCO and FFS PBM Account Teams	MCO: KYMCOBPM@MedImpact.com FFS: KYMFFS@MedImpact.com	8AM to 5PM EST, Monday to Friday Other times: on-call
Provider Paper Claims Billing Address	Mail: ATTN: CLAIMS DEPT MedImpact Healthcare Systems, Inc. PO Box 509098 San Diego, CA 92150-9098 Email: claims@medimpact.com Fax: 858-549-1569	
Coordination of Benefits	FFS: 800-635-2570	8AM to 7PM EST,



Pharmacy Quarterly Newsletter

Quarter 2 2024



Volume 1, Number 2

Contact	Contact Information	Availability
(Member Services)		Monday to Friday
	AETNA: 855-300-5528	7AM to 7PM EST, Monday to Friday
	ANTHEM: 855-690-7784	
	HUMANA: 800-444-9137	
	PASSPORT MOLINA: 800-578-0603	
	UNITED: 866-293-1796	
	WELLCARE: 877-389-9457	
Lock-in (Member Services)	AETNA: 855-300-5528	8AM to 5PM EST, Monday to Friday
	HUMANA: 855-355-8054	8AM to 5:30PM EST, Monday to Friday
	ANTHEM: 855-690-7784	7AM to 7PM EST, Monday to Friday
	PASSPORT MOLINA: 800-578-0603	
	UNITED: 866-293-1796	
	WELLCARE: 877-389-9457	
Websites	DMS: https://www.chfs.ky.gov/agencies/dms/dpo/ppb/Pages/default.aspx MedImpact KY FFS & MCO Provider Portal: http://pharmacy.medimpact.com MedImpact KY FFS & MCO website: http://kyportal.medimpact.com	24 hours a day, 7 days a week