



DATE: July 1, 2024
TO: Commonwealth of Kentucky Medicaid Pharmacy Network
FROM: MedImpact Healthcare Systems
Subject: **Generic Elidel Submission Clarification Code Usage**

Status: The Department of Medicaid Services (DMS) is aware of persistent national drug shortage issues with preferred product Elidel 1% cream. In order to assist pharmacies with providing timely access to treatment, DMS is temporarily authorizing pharmacy providers to enter a submission clarification code (SCC) of 02 in order to bypass the prior authorization requirement for pimecrolimus 1% cream. Use of the SCC 02 override for this product will become available on **July 15, 2024**. Further communication will be provided once shortage issues for brand name Elidel have resolved.

Please note, a true shortage MUST exist, meaning the preferred brand product is not available from your wholesaler, in order to use this functionality. Adequate documentation of the shortage is strongly recommended as potentially inappropriate use of SCC 02 may be subject to audit.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	