



Events

P&T Meeting	4 th Quarter Provider Webinar Forum
Thursday, October 17 th (Upcoming) 1:00pm - 4:00pm EST https://kyportal.medimpact.com/provider-documents/pt-committee	Wednesday, October 30 th (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
7/18/2024	One Lot of Clonazepam Orally Disintegrating Tablets, USP (C-IV) Lot Number 550147301 by Endo USA	49884-0306-02
7/23/2024	Acetaminophen Injection, 1000 mg/100 mL Bags by Hikma Pharmaceuticals USA	00143-9386-10, 00143-9386-01
8/6/2024	Baxter Issues Voluntary Nationwide Recall of One Lot of Heparin Sodium	00338-0433-04
8/8/2024	0.9% Sodium Chloride for Injection USP 1000 mL in E3 Containers by B. Braun	00264-7800-09
9/19/2024	Atovaquone Oral Suspension by Bionpharma	69452-252-87
9/24/2024	One Lot of Veklury (Remdesivir) for Injection 100 mg/vial by Gilead	61958-2901-02
9/26/2024	MARKET WITHDRAWAL: Oxbryta (voxelotor)	72786-0102-02, 72786-0102-03, 72786-0101-01, 72786-0111-02, 72786-0111-03

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 applies to Managed Care Organization (MCO) and 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 applies to Managed Care Organization (MCO) and Fee-For-Service (FFS) members.</p>

Continuous Glucose Monitors Prior Authorization Criteria Change

On June 8, 2024, the Kentucky Department for Medicaid Services (DMS) implemented new criteria for preferred continuous glucose monitors (CGMs). As part of this criteria change, Medicaid members with gestational diabetes will no longer require insulin use for approval. The diagnosis criteria have also been expanded to include a history of problematic hypoglycemia as defined below.

Agent(s) Subject to Criteria	Criteria
Preferred CGMs	<p>The patient has one of the following diagnoses:</p> <ul style="list-style-type: none">Insulin-dependent Diabetes Mellitus Type 1 (ICD-10 group E10); ORInsulin-dependent Diabetes Mellitus Type 2 (ICD-10 group E11); ORGestational Diabetes Mellitus (ICD-10 group O24); ORHas a history of problematic hypoglycemia defined as:<ul style="list-style-type: none">Recurrent level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple (2 or more) attempts to adjust medication(s) and/or modify the diabetes treatment plan; ORA history of one level 3 hypoglycemic event (glucose < 54 mg/dL) characterized by altered mental and/or physical status requiring third-party assistance with for treatment of hypoglycemia.

Preferred Diabetic Supplies with the updated prior authorization criteria can be found on the Kentucky Medicaid Provider Portal (<https://kyportal.medimpact.com/provider-documents/drug-information>).



COVID-19 Testing, Prevention, & Treatment Coverage Changes

On October 1, 2024, the Kentucky DMS updated coverage related to the testing, prevention, and treatment of COVID-19 pursuant to the expiration of the American Rescue Plan (ARP). These changes include the following:

- COVID-19 OTC tests are limited to four per member per rolling 90 days. Patients requiring more than the allowed amount of tests are required to submit a prior authorization request for review. Kentucky's Statewide Physician Protocol for Point of Care COVID-19 Testing has been updated to reflect the changes to allowed quantity limits.
- The COVID-19 vaccine administration fee remains the same. Pharmacies administering COVID-19 vaccines will continue to be reimbursed at \$40.
- Pharmacies may continue to bill CPT code 99401 for standalone vaccine counseling.
- COVID-19 treatments classified as EUA (Emergency Use Authorization) may be subject to additional prior authorization review for coverage.

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 DMS 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, Myers and 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

Questions / Additional Information

Please direct any questions to KYMFFS@medimpact.com for FFS members and to KYMCOPBM@medimpact.com for 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,



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