



Events

P&T Meeting	1 st Quarter Provider Webinar Forum
Tuesday, January 21 st (Upcoming) 1:00pm - 4:00pm EST https://kyportal.medimpact.com/provider-documents/pt-committee	Wednesday, January 29 th (Upcoming) 11:00am – 12:00pm EST https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	FDA Recall	NDC(s)
10/29/24	Medtronic Insulin Pump Users of Potential Shortened Pump Battery Life	Link	MiniMed™ 600 series or 700 series insulin pumps
11/20/24	Clonazepam Orally Disintegrating Tablets USP by Endo	Link	49884-0310-02 49884-0306-02 49884-0307-02 49884-0309-02
12/24/24	Adrenalin Chloride Solution (Epinephrine Nasal Solution USP) by Endo USA	Link	42023-0103-01
12/24/24	Systane Lubricant Eye Drops Ultra PF by Alcon Laboratories	Link	0065-1432-06
12/26/24	Prograf (tacrolimus) 0.5mg capsules by Astellas Pharma	Link	0469-0607-73
12/26/24	Astagraf XL (tacrolimus extended release) 0.5mg capsules by Astellas Pharma	Link	0469-0647-73

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

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

Automatic Refill Program

The Commonwealth of Kentucky Department for Medicaid Services (DMS) defines an Automatic Refill Program as a service provided by pharmacies where they automatically refill a patient's prescriptions without the patient having to



request the refill each time. This is typically done for chronic medications that are taken regularly and can help ensure that patient's do not run out of essential medications. DMS does not allow automatic refills or automatic shipments of drugs, devices, or supplies. Members and providers cannot waive the explicit refill request requirement and enroll in an automatic refill program. This policy applies to all DMS members, including Fee-for-Service members, Managed Care members, dual-eligible members and members with other primary insurance.

The Automatic Refill Policy is available in the updated Provider Billing Manuals on the Kentucky Medicaid Provider Portal: <https://kyportal.medimpact.com/provider-information/provider-information>.

GLP-1 Agents Maximum Per Fill Limit

Effective February 1st, 2025, DMS will implement a maximum per fill limit to glucagon-like peptide-1 (GLP-1) receptor agonist agents as follows:

DRUG NAME	MAXIMUM PER FILL
BYDUREON BCISE 2 MG AUTOINJECT	3.4 ML (4 AUTOINJECTORS)
BYETTA (EXENATIDE) 10 MCG DOSE PEN INJ	2.4 ML (1 PEN)
BYETTA (EXENATIDE) 5 MCG DOSE PEN INJ	1.2 ML (1 PEN)
LIRAGLUTIDE 18 MG/3 ML PEN	9 ML (3 PENS)
MOUNJARO 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN, 2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN	2 ML (4 PENS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3 ML (1 PEN)
RYBELSUS 14 MG TABLET, 3 MG TABLET, 7 MG TABLET	30 TABLETS
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	2 ML (4 PENS)
VICTOZA (LIRAGLUTIDE) 2-PAK 18 MG/3 ML PEN, 3-PAK 18 MG/3 ML PEN	9 ML (3 PENS)

As this is an administrative edit, prior authorization requests for receiving more than the allowed quantity per fill will be dismissed. This will apply to both Fee-for-Service and Managed Care members. Please note, other currently existing utilization management edits will continue to apply.

Quantity limits and prior authorization criteria can be found at: <https://kyportal.medimpact.com/provider-documents/drug-information>.

MCO Pharmacy Lock-In Program Policy

Lock-in restricts a members' utilization to a single designated prescriber, pharmacy or both. Member Lock-In identification, management, and updates remain the responsibility of the member's MCO plan. MCOs provide member lock-in files to MedImpact on an as needed basis, sending updated member restriction records when changes are necessary.

To read the full provider notice and view Lock-in contact information for each MCO visit:

https://kyportal.medimpact.com/sites/default/files/2024-10/kym_mco_lock_in_policy_communication_10.08.2024_v3.pdf



Kentucky Pharmacy & Therapeutics Committee 2025 Meeting Schedule

DMS in conjunction with MedImpact would like to announce the 2025 meeting schedule for the Kentucky Pharmacy & Therapeutics Committee. For 2025, quarterly meetings will be held on the following dates:

- Tuesday, January 21, 2025, 1:00 pm – 4:00 pm EST
- Tuesday, April 15, 2025, 1:00 pm – 4:00 pm EST
- Tuesday, July 15, 2025, 1:00 pm – 4:00 pm EST
- Tuesday, October 14, 2025, 1:00 pm – 4:00 pm EST

Please note that committee meetings will be moving to Tuesdays for the upcoming year. Additional information and resources regarding the P&T Committee can be found at: <https://kyportal.medimpact.com/provider-documents/pt-committee>.

MAC Program

MedImpact is reminding providers of the appropriate process to send an appeal for a claim reimbursed using the MAC. The MAC Price Research Request Form must be completed along with a copy of the purchase invoice for the National Drug Code (NDC) of the claim.

MedImpact administers the MAC program for Kentucky Medicaid in compliance with Title 806 (Public Protection Cabinet – Department of Insurance) KAR 17:575 and Title 907 (Medicaid Services) KAR 23:20 of Kentucky Regulations as required. Depending on the ingredient cost reimbursement returned in your paid claim response from MedImpact in the Basis of Reimbursement Determination (NCPDP field #522-FM), the appropriate contact information is listed below for your reference. MedImpact will only review claims which priced at MAC as described below.

Title 806 Chapter 17 Regulation 575 - <https://apps.legislature.ky.gov/law/kar/titles/806/017/575/>

Title 907 Chapter 23 Regulation 20 - <https://apps.legislature.ky.gov/law/kar/titles/907/023/020/>

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

For claims priced with code 4 (U&C), please reverse and resubmit your claim with your corrected U&C if you feel the current price is not accurate.

For claims priced with code 6 (MAC), please submit a MAC Price Research Request Form to StateMACProgram@medimpact.com. The form can be found here: <https://kyportal.medimpact.com/provider-documents/maximum-allowable-cost-mac>. In addition to the form, please submit the purchase invoice for the drug in question which includes details such as the date of acquisition as well as the cost. Please complete a form and submit the corresponding invoice for each drug. MedImpact does not need to receive multiple forms for the same drug simply complete for the earliest date of service as any MAC adjustments will be made retroactive to the date of service of the claim where possible.



For claims priced with code 10 (ASP), The Centers for Medicare & Medicaid Services (CMS) publishes the ASP prices on a quarterly basis. For questions on ASP prices, please e-mail sec303aspdata@cms.hhs.gov.

For claims priced with code 13 (WAC), if you feel the WAC price is not reflective of your purchase price, please work with your wholesaler to ensure the manufacturer has reported the most recent pricing to the drug reference compendia. For claims priced with code 20 (NADAC), we advise providers must contact the CMS NADAC vendor, Myers, and Stauffer via email info@mslcrps.com or toll-free help desk phone number (855) 457-5264. The NADAC is a published pricing benchmark maintained by the Centers for Medicare & Medicaid Services (CMS), not MedImpact or DMS; therefore, neither MedImpact nor DMS have the capability to adjust the NADAC price. NADAC updates are posted to the CMS website every Wednesday. Updated weekly NADAC prices are then loaded into MedImpact's claim adjudication system the following Friday.

For claims priced with code 24 (FUL), The Centers for Medicare & Medicaid Services (CMS) calculates the ACAFUL price monthly. For questions about the FUL program or data, please email FUL@cms.hhs.gov.

Naloxone Nasal Spray Quantity Limit Increase

On October 19, 2024, DMS increased the allowed quantity limit for covered NDCs of naloxone 4 mg nasal spray to 4 units (2 packages) per month. This applies to both brand and generic covered NDCs. Pharmacies are encouraged to continue following the appropriate dispensing protocols for naloxone and only dispense the necessary quantity to Kentucky Medicaid members.

Covered NDCs of naloxone can be found on the MedImpact drug lookup tool: <https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>.

Covered NDC*	Label Name	OTC/Rx
00480-3478-19	NALOXONE HCL	OTC
00480-3478-68	NALOXONE HCL	OTC
45802-0578-00	NALOXONE HCL	OTC
45802-0578-84	NALOXONE HCL	OTC
50090-6963-00	NALOXONE HCL	OTC
69238-2104-01	NALOXONE HCL	OTC
69238-2104-07	NALOXONE HCL	OTC
69547-0627-02	NARCAN	OTC
69547-0353-02	NARCAN	Rx
00093-2165-19	NALOXONE HCL	Rx
00093-2165-68	NALOXONE HCL	Rx
00781-7176-06	NALOXONE HCL	Rx
00781-7176-12	NALOXONE HCL	Rx
50090-2422-00	NARCAN	Rx
50090-5908-00	NALOXONE HCL	Rx
50090-6710-00	NALOXONE HCL	Rx
55700-0457-01	NARCAN	Rx
76329-3669-02	REXTOVY	Rx

**Subject to change. Results of claim submission may differ due to the application of real-time drug, eligibility, formulary, and benefits information.*



NADAC Reimbursement

MedImpact would like to provide some context regarding potential decreases in NADAC reimbursement rates that pharmacies may experience. Changes in market conditions, such as fluctuations in drug wholesale prices, shifts in manufacturer pricing, or changes in supply chain dynamics, can result in updated reimbursement rates that may be lower than previous amounts.

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.

NADAC File Name	Field Description
NADAC Effective Date	The date the NADAC price becomes effective; typically, retroactive to the date of the WAC change.
As of Date	The date the NADAC price was updated by Myers & Stauffer (M&S); aligns with the weekly (Wednesday) M&S maintenance cycle.

Pharmacy providers should use the NADAC help desk form to submit NADAC pricing inquiries. This form is available at <https://www.Medicaid.Gov/medicaid/prescription-drugs/downloads/retailprice-survey/hdform.Pdf>. All fields must be complete for proper submission. Please do not include any personal health information (PHI) on the submitted form or invoice.

Should you have any additional questions or concerns regarding NADAC pricing we advise providers to contact the CMS NADAC vendor, Myers, and Stauffer via email info@mslcrps.com or toll-free help desk phone number (855) 457-5264.

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: KYMCOPBM@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,



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Contact	Contact Information	Availability
(Member Services)		Monday to Friday
	AETNA: 855-300-5528	7AM to 7PM EST, Monday to Friday
	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
	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