Pharmacy Quarterly Newsletter

Quarter 2 2025 Volume 1, Number 6

Events

P&T Meeting	3rd Quarter Provider Webinar Forum
Tuesday, July 15th 1:00pm - 4:00pm EST https://kyportal.medimpact.com/provider-documents/pt-committee	Wednesday, July 30th 2:00pm – 3:00pm EST https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	FDA Recall	NDC(s)
6/4/25	Partial Lot Recall: Amneal Pharmaceutical LLC Issues a Nationwide Recall of Sulfamethoxazole/Trimethoprim Tablets, USP 400mg/80mg Only, Due to Microbial Contamination	Link	65162-271-10, 65162-271-50

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

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

Allison Medical NDCs Being Removed from Diabetic Supplies Preferred List

Effective July 1, 2025, NDCs from Allison Medical that were preferred in the Insulin Pen Needles and Insulin Syringes categories were removed from preferred status. Below are the preferred products in the Insulin Pen Needles and Insulin Syringes categories that went into effect on July 1st.

- Members who are newly prescribed pen needles or syringes, should be prescribed one of the preferred products from Embecta below (next page).
- Members who are currently using Allison Medical products will need to be transitioned to one of the preferred products from Embecta **no later than August 31, 2025**.

Insulin Pen Needles

Manufacturer	Product Name	NDC/NRC	Quantity Limit
EMBECTA	BD UF SHORT PEN NEEDLE 8MMX31G	08290-3201-09	200 per month
EMBECTA	BD UF MINI PEN NEEDLE 5MMX31G	08290-3201-19	200 per month
EMBECTA	BD UF NANO PEN NEEDLE 4MMX32G	08290-3201-22	200 per month
EMBECTA	BD NANO 2 GEN PEN NDL 32GX4MM	08290-3205-50	200 per month
EMBECTA	BD NANO 2 GEN PEN NDL 32GX4MM	08290-3205-74	200 per month
EMBECTA	BD UF MICRO PEN NEEDLE 6MMX32G	08290-3207-49	200 per month
EMBECTA	BD UF ORIG PEN NDL 12.7MMX29G	08290-3282-03	200 per month
EMBECTA	BD AUTOSHIELD DUO NDL 5MMX30G	08290-3295-15	200 per month
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 31GX8MM	83017-0109-03	200 per month

Manufacturer	Product Name	NDC/NRC	Quantity Limit
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 31GX5MM	83017-0119-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/NANO/3 MIS 32GX4MM	83017-0122-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/NANO 2 MIS 32GX4MM	83017-0550-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 32GX6MM	83017-0749-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 29GX12.7	83017-8203-03	200 per month
EMBECTA	EMBECTA AUTOSHIELD DUO 30 MIS DUO PEN NEEDLE	83017-9515-03	200 per month

Insulin Syringes

Manufacturer	Product Name	NDC/NRC
EMBECTA	BD INSULIN SYRINGE UF 1 ML 12.7MMX30G	08290-3284-11
EMBECTA	BD INSULIN SYRINGE UF 1 ML 8MMX31G	08290-3284-18
EMBECTA	BD INSULIN SYRINGE UF 0.3ML 12.7MMX30G	08290-3284-31
EMBECTA	BD INSULIN SYRINGE UF 0.3ML 8MMX31G	08290-3284-38
EMBECTA	BD INSULIN SYRINGE UF 0.3ML 8MMX31G	08290-3284-40
EMBECTA	BD INSULIN SYRINGE UF 0.5ML 12.7MMX30G	08290-3284-66
EMBECTA	BD INSULIN SYRINGE UF 0.5ML 8MMX31G	08290-3284-68
EMBECTA	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-06
EMBECTA	BD VEO INSULIN SYRINGE 0.5ML 6MMX31G	08290-3249-07
EMBECTA	BD VEO INSULIN SYRINGE 1ML 6MMX31G	08290-3249-08
EMBECTA	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-09
EMBECTA	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-10
EMBECTA	BD VEO INSULIN SYRINGE 0.5ML 6MMX31G	08290-3249-11
EMBECTA	BD VEO INSULIN SYRINGE 1ML 6MMX31G	08290-3249-12

Manufacturer	Product Name	NDC/NRC
EMBECTA	BD INSULIN SYRINGE U-500 1-2ML 6MMX31G	08290-3267-30
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4909-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4910-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4911-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4912-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-6730-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 1ML/30G	83017-8411-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 1ML/31G	83017-8418-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.3/30G	83017-8431-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.3/31G	83017-8438-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.3/31G	83017-8440-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.5/30G	83017-8466-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.5/31G	83017-8468-03

The Kentucky Medicaid Diabetic Supplies Preferred Drug list can be found at the following location:
https://kyportal.medimpact.com/sites/default/files/2025-06/master_diabetic_supplies_list_07-01-2025_mi.pdf

Changes to Diabetic Supplies Preferred List- OneTouch Product Update

On July 1, 2025, changes were made to the Preferred Diabetic Supply List in the Traditional Glucometers and Test Strips categories.

Please note: As a part of this change, **OneTouch products from LifeScan became excluded** from coverage.

Members using preferred OneTouch products should have been transitioned to one of the preferred products after the above effective date. Please note the following True Metrix product NDCs that will be newly preferred in each category (highlighted in red)

Traditional Blood Glucose Meters (BGMs)

Manufacturer	Product Name	NDC/NRC	Quantity Limit
ABBOTT DIABETES CARE	FREESTYLE FREEDOM LITE METER	99073-0709-14	1 per year
ABBOTT DIABETES CARE	FREESTYLE INSULINX GLUCOSE SYSTEM	99073-0711-43	1 per year
ABBOTT DIABETES CARE	FREESTYLE LITE METER	99073-0708-05	1 per year
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO METER	57599-5175-01	1 per year
ABBOTT DIABETES CARE	PRECISION XTRA MONITOR	57599-8814-01	1 per year
TRIVIDIA HEALTH, INC.	**TRUE METRIX METER**	**56151-1470-02**	**1 per year**
TRIVIDIA HEALTH, INC.	**TRUE METRIX AIR METER**	**56151-1490-02**	**1 per year**
TRIVIDIA HEALTH, INC.	**RELION TRUE METRIX AIR METER**	**56151-1491-02**	**1 per year**

Blood Glucose and Ketone Strips

Manufacturer	Product Name	NDC/NRC	Quantity Limit
ABBOTT DIABETES CARE	FREESTYLE INSULINX TEST STRIPS	99073-0712-27	200 per month**
ABBOTT DIABETES CARE	FREESTYLE INSULINX TEST STRIPS	99073-0712-31	200 per month**
ABBOTT DIABETES CARE	FREESTYLE LITE TEST STRIPS	99073-0708-22	200 per month**
ABBOTT DIABETES CARE	FREESTYLE LITE TEST STRIPS	99073-0708-27	200 per month**
ABBOTT DIABETES CARE	FREESTYLE TEST STRIPS	99073-0120-50	200 per month**
ABBOTT DIABETES CARE	FREESTYLE TEST STRIPS	99073-0121-01	200 per month**
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO TEST STRIPS	57599-1577-01	200 per month**
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO TEST STRIPS	57599-1579-04	200 per month**
ABBOTT DIABETES CARE	PRECISION XTRA B-KETONE TEST STRIPS	57599-0745-01	200 per month**
ABBOTT DIABETES CARE	PRECISION XTRA TEST STRIPS	57599-9728-04	200 per month**
ABBOTT DIABETES CARE	PRECISION XTRA TEST STRIPS	57599-9877-05	200 per month**
TRIVIDIA HEALTH, INC.	**TRUE METRIX BLOOD GLUCOSE**	**56151-1460-01**	**200 per month****
TRIVIDIA HEALTH, INC.	**TRUE METRIX BLOOD GLUCOSE**	**56151-1460-04**	**200 per month****
TRIVIDIA HEALTH, INC.	**RELION TRUE METRIX BLOOD GLUCOSE**	**56151-1461-01**	**200 per month****
TRIVIDIA HEALTH, INC.	**RELION TRUE METRIX BLOOD GLUCOSE**	**56151-1461-04**	**200 per month****

The Kentucky Medicaid Diabetic Supplies Preferred Drug list can be found at the following location:
https://kyportal.medimpact.com/sites/default/files/2025-06/master_diabetic_supplies_list_07-01-2025_mi.pdf

Hemlibra Prior Authorization Criteria Changes

On July 1, 2025, the Commonwealth of Kentucky Department for Medicaid Services (DMS) implemented criteria for **Hemlibra (emicizumab-kxwh).** The new prior authorization (PA) criteria are defined below.

Any members with at least one paid Hemlibra claim within the 90 days prior to July 1, 2025 (April 2, 2025, through June 30, 2025) will be provided a grandfathered authorization until October 1, 2025, to allow time to obtain a PA and/or transition to a different therapy if applicable. For any members who are new starts or fall outside the 90-day window, a PA will be required starting July 1, 2025.

Agent(s) Subject to Criteria	Criteria for Approval
HEMLIBRA (emicizumab-kxwh)	**Approval Duration**: 1 year (initial), 1 year (renewal) **Initial Approval Criteria** *Hemophilia A **WITH** Factor VIII inhibitors* • Prescribed for prophylactic treatment to prevent or reduce bleeding episodes in patients with Hemophilia A; **AND** • Prescriber provides documentation (e.g., lab result within the past year) confirming the presence of Factor VIII inhibitors; **AND** • Prescriber provides documentation (e.g., chart notes or summary) of patient's current body weight (within last 6 months); **AND** • Provider attests to therapy transition protocol: o During the transition to Hemlibra, short-term overlap with prophylactic bypassing agents or Factor VIII may occur to ensure continuous bleed protection. After the transition period, Hemlibra will not be used in combination with prophylactic Factor VIII or bypassing agents. ▪ Prophylactic use of bypassing agents will be discontinued at least 24 hours prior to starting Hemlibra; **AND** ▪ Prophylactic Factor VIII replacement products will be discontinued within 7 days after starting Hemlibra; **AND** • Provider attests to the following breakthrough bleed protocol: o Hemlibra will not be used in combination with prophylactic Factor VIII or bypassing agents. ▪ On-demand use of Factor VIII products for acute bleeds is permitted ▪ If on-demand bypassing agents are used, dosing will not exceed aPCC ≤ 100 U/kg per 24 hours, and platelet

Agent(s) Subject to Criteria	Criteria for Approval
	counts will be monitored for signs of thrombotic microangiopathy (TMA) or thromboembolism. *Hemophilia A **WITHOUT** Factor VIII inhibitors* • Prescribed for prophylactic treatment to prevent or reduce bleeding episodes in patients with Hemophilia A; **AND** • Prescriber provides documentation (e.g., lab result within the past year) of absence of Factor VIII inhibitors; **AND** • Prescriber provides documentation (e.g. chart notes or summary) of patient's current body weight (within last 6 months); **AND** • Provider attests to therapy transition protocol: o During the transition to Hemlibra, short-term overlap with prophylactic Factor VIII may occur to ensure continuous bleed protection. After the transition period, Hemlibra will not be used in combination with prophylactic Factor VIII or bypassing agents. ▪ Prophylactic Factor VIII products will be discontinued within 7 days after starting Hemlibra; **AND** ▪ On-demand use of Factor VIII products for acute bleeds is permitted. **Renewal Criteria** • Prescriber attests patient has experienced clinical benefit compared to baseline (e.g., reduced bleeding frequency/severity); **AND** • Prescriber provides documentation (e.g., lab result within the past year) of the patient's current Factor VIII inhibitor status (present or absent); **AND** • Prescriber provides documentation (e.g., chart notes or summary) of patient's current body weight (within last 6 months); **AND** • Prescriber attests that patient is not using Hemlibra in combination with Factor VIII products for prophylactic use. On-demand use for acute bleeds is permitted. **Quantity Limit**: 6 mg/kg/month; ≤ 300 mg weekly (exceptions for patients ≥ 50 kg)

Quantity limits and PA criteria for drugs on the preferred drug list can be found on the Kentucky Medicaid Provider Portal (https://kyportal.medimpact.com/provider-documents/drug-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/retail-price-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.

Sublocade Rapid Induction Dosing Update

Please be advised, the Commonwealth of Kentucky Department for Medicaid Services (DMS) has updated the quantity limit for Sublocade (buprenorphine extended release) injections to support the label update for rapid induction.

Previously, Sublocade injection was initiated 7 days after transmucosal buprenorphine. Now, healthcare providers can initiate Sublocade in patients after a single dose of transmucosal buprenorphine or directly in patients already being treated with buprenorphine. The **second** injection may be administered as early as 1 week and up to 1 month after the initial injection.

This update allows **one injection of Sublocade 300 mg every 7 days for the first two doses of the induction phase.** Monthly maintenance injections remain unchanged. This went into effect on **May 10, 2025,** and is outlined below:

NDC	LABEL NAME	QUANTITY LIMIT
12496-0300-01	Sublocade 300 mg/1.5 mL syringe	1 syringe (1.5 mL) per 7 days

Drug compendia have also adjusted their daily dose limits to incorporate these induction doses.

Please note that current dispensing fee limits are unchanged for non-medication-assisted treatment (non-MAT) drugs, injectable buprenorphine (excluding the weekly maintenance subcutaneous buprenorphine prefilled syringe), and XR-naltrexone. The dispensing fee is $10.64 per member, per drug, per provider, every 23 days.

Sublocade does not require prior authorization (PA) for clinical criteria. However, safety edits mandated by the Federal SUPPORT Act—including duplicate fill alerts, early refill alerts, and quantity and dosage limits—will remain in effect, with

most requiring a PA to override. Prescribers must submit a PA request for members needing doses beyond the FDA-approved schedule.

For quantity limits and PA criteria, please refer to the MedImpact Provider Portal at:
https://kyportal.medimpact.com/provider-documents/drug-information

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,

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: 833-410-2496	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