Pharmacy Quarterly Newsletter

Quarter 3 2025 Volume 1, Number 7

Events

4th Quarter Provider Webinar Forum
Tuesday, October 28th 9:00am – 10:00am EST https://kyportal.medimpact.com/provider-documents/provider-webinars

Current Drug Recalls and Market Withdrawals

Notice Date	Drug/Manufacturer	Source	NDC(s)
7/17/25	**All Lot Recall:** Nostrum Laboratories, Inc., voluntarily recalled all lots of Sucralfate Tablets USP 1 gram as a result of the closures and discontinuation of its quality activities. Manufactured dates: 06/1/2023-07/17/2025	Link	29033-0003-05, 29033-0003-01
7/21/25	**Partial Lot Recall:** FDA MedWatch - Dexcom Recalls Certain Glucose Monitor Receivers for Missing Blood Sugar Level Alerts	Link	08627-0091-11, 08627-0078-01
8/20/25	**Partial Lot Recall**: FDA MedWatch - Lactated Ringer's Injection USP, 1000 mL and 0.9% Sodium Chloride Injection USP, 1000 mL by B. Braun Medical	Link	0264-7750-07, 0264-7800-09
8/28/25	**Partial Lot Recall:** FDA MedWatch - Cyclobenzaprine Hydrochloride Tablets USP, 10 mg by Unichem Pharmaceuticals (USA)	Link	29300-0415-19
9/19/25	**Market Withdrawal:** Intercept Pharmaceuticals, Inc., announced the decision to voluntarily withdraw Ocaliva (obeticholic acid) from the US market for the treatment of primary biliary cholangitis (PBC).	Link	69516-0010-30, 69516-0005-30

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

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

Healthcare professionals who have questions about OCALIVA can contact Intercept Medical Information at medinfo@interceptpharma.com or call 1-844-782-4278. Patients should speak with their healthcare professionals and also may contact Intercept's Patient Support Services (Interconnect) at 1-844-622-4278.

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Kentucky Statewide Physician Protocol to Initiate Dispensing of Opioid Antagonists for Opioid Overdose Prevention and Response

This statewide physician protocol was signed by a physician with the Kentucky Department for Public Health that specifies the criteria and procedures for eligible pharmacists who have met the requirements and received certification from the Kentucky Board of Pharmacy, according to and in accordance with the Kentucky Board of Pharmacy administrative regulations 201 KAR 2:360 to initiate the dispensing of opioid antagonists. *This signed protocol is intended for pharmacists that **do not** have a medical provider to issue a protocol.*

National Average Drug Acquisition Cost (NADAC) Reimbursement – Reminder

NADAC prices for brand name products increase throughout the year, with most price increases occurring in the months of January and July because of drug manufacturers increasing their Wholesale Acquisition Cost (WAC) and Average Wholesale Price (AWP) prices. MedImpact would like to provide a review of the NADAC process and the ability to potentially reverse and reprocess claims on products which providers' acquisition cost may have increased. This information is publicly available on the CMS website.

- 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. 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 brand NADAC prices are typically reflective of increases in WAC and AWP for the previous week.
- Drug Compendia (e.g.: First Databank and Medi-Span) pull down the updated NADAC file and incorporate the changes into their Medicaid Pricing Modules.
- Updated weekly NADAC prices are then loaded into MedImpact's claim adjudication system the following Friday.
- NADAC prices are reviewed for updates on both a weekly and monthly schedule – Weekly due to changes in published rates (i.e., WAC)
- 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: https://www.medicaid.gov/medicaid/prescription-drugs/pharmacy-pricing/index.html
- 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.

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.

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.**

Please note: This notice is not a guarantee of updated NADAC prices or of changes in reimbursement following reversal and resubmission of claims. Reversal and resubmission of claims is not without risk due to other potential members or program changes. Reversal and resubmission of claims with a change in NADAC pricing can also cause a temporary reduction in expected weekly payments. The reduction in payments is due to reversals from a previous EOB cycle that result in accounts receivable that are applied to the next provider's payment. While resubmission of the same claim results in a payment to the provider, they must go through the standard EOB cycle to allow funding for payment as seen in Table 1 (see below). This can result in a reduction of the weekly payment received after the reversal was submitted but will be resolved once the resubmission processes through the EOB cycle and will be received in the next payment cycle as seen in Table 2 (see below).

Table 1:

EOB Start	EOB End	Invoice Date to MCO/DMS	Provider Payment Issued
Managed Care Payments			
Friday	Following Thursday	Friday after end of cycle	Following Friday after end of cycle
1/3/2025	1/9/2025	1/10/2025	1/17/2025
1/24/2025	1/30/2025	1/31/2025	2/7/2025
Fee-for-Service Payments			
Friday	Following Thursday	Friday after end of cycle	Second Friday after end of cycle
1/3/2025	1/9/2025	1/10/2025	1/24/2025
1/24/2025	1/30/2025	1/31/2025	2/14/2025

Table 2:

Original claim Fill Date	Original Claim Paid Date	Reversal and Resubmission Date Adjudicated	Paid Date Reduced by Reversal	Resubmission Paid Date
Managed Care Example				
1/18/2025	1/31/2025	1/31/2025	2/7/2025	2/14/2025
1/25/2025	2/7/2025	2/8/2025	2/14/2025	2/21/2025
Fee-for-Service Example				
1/18/2025	2/7/2025	1/31/2025	2/7/2025	2/21/2025
1/25/2025	2/14/2025	2/8/2025	2/14/2025	2/28/2025

DPP-4 and GLP-1 Agonist Concurrent Use Hard Edit

Effective August 29, 2025, the Kentucky Department for Medicaid Services (DMS) implemented a hard edit for the concurrent use of the glucagon-like peptide-1 (GLP-1) agonist and dipeptidyl peptidase-4 (DPP-4) inhibitor drug classes. This update no longer permits the soft edit override with professional pharmacy services (PPS) codes. According to the most recent American Diabetes Association (ADA) guidelines, combination therapy with GLP-1 agonists and DPP-4 inhibitors is not recommended due to a lack of added clinical benefit. While the combination may not be harmful for most patients, it is not more effective. To align with current guidelines, DMS will not cover concurrent use of a GLP-1 agonist and DPP-4 inhibitor.

What this means:

- Claims for a GLP-1 agonist (e.g., Ozempic, Trulicity, Mounjaro) will deny if there is an active claim for a DPP-4 inhibitor (e.g., Januvia, Tradjenta) for the same member.
- Similarly, claims for a DPP-4 inhibitor will deny if there is an active claim for a GLP-1 agonist for the same member.
- Denials cannot be overridden at point-of-sale and exception requests will be dismissed.
- A one-time transition per drug class will be allowed to support members switching from one class to another by prior authorization (PA).

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

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists Prior Authorization Criteria Changes

Effective October 1, 2025, the Kentucky Department for Medicaid Services (DMS) implemented new renewal criteria for all Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists. The criteria is being implemented to ensure appropriate and timely lab monitoring is completed (e.g. Hemoglobin A1C) for these agents. The full prior authorization criteria are below with new additions underlined.

PREFERRED WITH PA (PDP) CRITERIA

Agent(s) Subject to Criteria	Criteria for Approval
Byetta® Ozempic® Trulicity® Victoza®	**Approval Duration**: 6 months **INITIAL APPROVAL CRITERIA** • Diagnosis of Type II Diabetes Mellitus (T2DM) confirmed with clinical documentation including: o ICD-10 diagnosis of T2DM (chart notes within the past 12 months); **AND** ▪ A1c lab value of 6.5 or greater within the past 6 months; **OR** ▪ ***Historical A1c that correlates to a T2DM diagnosis (i.e. 6.5 or greater). AND A1C within the past 6 months; 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 OR DPP4 UNLESS the member is changing therapy: AND*** • The requested dose does not exceed the maximum FDA-approved dose for treating diabetes mellitus. **RENEWAL CRITERIA** • ICD-10 diagnosis of T2DM (chart notes within the past 12 months); ***AND*** • ***Clinical documentation must be submitted demonstrating an A1c value within the past 6 months: AND*** • ***Provider attests that the patient has been evaluated for safety (e.g. lacks treatment limiting adverse events) and demonstrates a positive response to therapy: 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 OR DPP4 UNLESS the member is changing therapy: AND*** • The requested dose does not exceed the maximum FDA-approved dose for treating diabetes mellitus.

NON-PREFERRED (NPD) OR GENERIC MEDICALLY NECESSARY CRITERIA

Agent(s) Subject to Criteria	Criteria for Approval
Bydureon BCise® exenatide liraglutide Mounjaro® Rybelsus®	**Approval Duration**: 6 months **INITIAL APPROVAL CRITERIA** • Diagnosis of Type II Diabetes Mellitus (T2DM) confirmed with clinical documentation including: o ICD-10 diagnosis of T2DM (chart notes within the past 12 months); **AND** ▪ A1c lab value of 6.5 or greater within the past 6 months; **OR** ▪ ***Historical A1c that correlates to a T2DM diagnosis (i.e. 6.5 or greater). AND A1C within the past 6 months; 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 OR DPP4 UNLESS the member is changing therapy; AND*** • The requested dose does not exceed the maximum FDA-approved dose for treating diabetes mellitus; **AND** • A ≥ 3-month trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance of 2 preferred agents, unless otherwise specified (chart notes or claim history must confirm). **RENEWAL CRITERIA** • ICD-10 diagnosis of T2DM (chart notes in the past 12 months); **AND** • ***Demonstrate ONE of the following:*** o ***A1c of less than or equal to 8% within the past 6 months, OR*** o ***Demonstration of improved A1c value, OR*** o ***Provider must submit clinical justification for continued therapy; AND*** • ***Provider attests that the patient has been evaluated for safety (e.g. lacks treatment limiting adverse events) and demonstrates a positive response to therapy; 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 OR DPP4 UNLESS the member is changing therapy; AND*** • The requested dose does not exceed the maximum FDA-approved dose for treating diabetes mellitus. *Drugs used for anorexia, weight loss, or weight gain are excluded from coverage

The current Kentucky Medicaid Preferred Drug List with the updated prior authorization criteria can be found on the Kentucky Medicaid Provider Portal (https://kyportal.medimpact.com/provider- documents/drug-information).

Influenza Vaccine Coverage for 2025-2026 Flu Season

Effective August 14, 2025, the Commonwealth of Kentucky Department of Medicaid Services (DMS) will cover the following influenza vaccines for the 2025-2026 flu season.

Common Vaccine Brand Name(s)*	Vaccine
Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, Fluzone, Fluzone High-Dose	Influenza

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

Pharmacy Claim Adjustment

MedImpact identified claims for brand drugs adjudicated for Kentucky Medicaid Managed Care and Fee-for-Service members between August 5, 2025, to August 12, 2025, that were inadvertently paid at an Affordable Care Act Federal Upper Limit (ACAFUL) rate when a higher rate was available. Providers who have impacted claims are encouraged to reverse and resubmit claims for appropriate payment to occur. Providers may confirm pricing on a claim by reviewing the Basis of Reimbursement Determination for a code "24" to represent the ACAFUL payment type in the pricing segment of their claim response. MedImpact will reprocess any remaining impacted claims in the next 60-90 days and adjustments to paid amounts will be reflected in remittance advice or 834 documents.

COVID-19 Vaccine Coverage for 2025-2026

Effective **September 29, 2025**, the Kentucky Department for Medicaid Services (DMS) will cover the newly released 2025-2026 COVID-19 vaccines for Kentucky Medicaid members. The Kentucky Medicaid Vaccine List can be found on the Kentucky Medicaid Provider Portal (https://kyportal.medimpact.com/provider-documents/drug-information).

Kentucky Statewide Physician Protocol for Point of Care COVID-19 Testing

This statewide physician protocol signed by a physician with the Kentucky Department for Medicaid Services specifies the criteria and procedures for eligible pharmacies who have met the requirements established by the Kentucky Board of Pharmacy and in accordance with the Governor's Executive Order to prevent the spread of COVID-19 in the Commonwealth. **The following protocol is only applicable to Medicaid beneficiaries** *This signed protocol is intended for pharmacists that* ***do not*** *have a medical provider to issue a protocol.*

Point of Care COVID-19 Testing Protocol	
Pharmacy has an active CLIA Certificate of Waiver	• Guidance for SARS-CoV-2 Rapid Testing in Point-of-Care Settings should be reviewed prior to testing. • The Kentucky Office of the Inspector General, Division of Health Care, processes CLIA applications.

Testing Supplies	• Pharmacies should obtain appropriate point-of-care testing machine(s), testing cassettes, and specimen collection kits. • Pharmacy employees should have received training on the testing machine prior to offering testing to patients.
Personal Protective Equipment (PPE)	• CDC Collecting, Handling, and Testing Clinical Specimen from Persons for COVID- 19 Interim Guidelines have been reviewed by all pharmacy employees involved in point of care testing. • The pharmacy must obtain adequate PPE. • All pharmacy employees should be trained on minimum storage, disposal/recycling, and use of PPE.

Specimen Collection	• CDC Collecting, Handling, and Testing Clinical Specimen from Persons for COVID- 19 Interim Guidelines have been reviewed prior to specimen collection.
	• Policies and procedures are in place to address collection, storage, and transport of samples, including:
	  ◦ A pharmacist collects the specimen or aids in self-collection of the specimen, and it is tested by the pharmacy using a point-of-care test.
	  ◦ The pharmacy employee administering the test has reviewed the manufacturer instructions and is trained on the specific type of specimen collection.
	  ◦ Collection is encouraged to take place in an area that minimizes exposure to others in the pharmacy.
	  ◦ The pharmacy has identified a proper method of disposal of specimens and any PPE that may have been in contact with the patient.

Communication of Results	• Pharmacies must develop policies and procedures for reporting the test results to the patient and the patient's primary care provider on the same day as the test. • Pharmacies should review and share the CDC's Respiratory Virus Guidance with patients. • Pharmacies should ensure the patient has a mask or provide the patient with a mask.
Reimbursement for Point of Care Testing	• Pharmacies must enroll as a DME provider. • Pharmacies can then bill using their existing NPI on a CMS 1500 or 837 P electronic form. • Pharmacies should have a standing order from a licensed and enrolled Medicaid provider for COVID-19 testing. O This document will serve as the standing order for the Kentucky Medicaid Medical Director. • Current HCPCS codes of U0002 and CPT 87635 should be billed to Medicaid for COVID-19 testing

COVID-19 At-Home Antigen Tests	• FDA-approved at-home tests for COVID-19 may be covered through the pharmacy benefit. • This standing order will serve as a prescription for COVID-19 OTC tests only. A separate prescription is required for COVID-19 at-home tests that are "Rx only" products. • Pharmacies may fill up to 4 tests per member per rolling 90 days. • Additional tests may be approved via prior authorization when applicable.

Bausch Health Coverage Update and Patient Assistance Program

Effective **October 1, 2025,** Bausch Health will cease participation in the Medicaid Drug Rebate Program (MDRP). As a result, **these products will no longer be eligible for coverage under Kentucky Medicaid**t

This includes **Xifaxan, Trulance and Retin-A. Other** affected products can be found here: U.S. Product List | Bausch Health**. Affected generic medications may have an alternative covered NDC. For medications without a covered alternative,** Bausch Health is directing members to its Patient Assistance Program (PAP), which may provide select medications at no cost to eligible individuals. Members with Medicaid as secondary insurance may not qualify for this program.

Details: For full eligibility requirements and enrollment, please visit: www.bauschhealthpap.com and click on the "Application for Medicaid-Only Patients" link.

We encourage providers to inform patients about this change and help connect them with the Patient Assistance Program to ensure continuity of treatment. For questions or additional information, please contact the Bausch Health Patient Assistance Program at 1-833-862-8727.

Paxlovid Reimbursement Notification

Paxlovid was initially authorized under an Emergency Use Authorization (EUA), which allowed the federal government to distribute it to providers at no cost. Pfizer has since released newer, non-EUA NDCs for Paxlovid. Previously, MedImpact notified providers that the non-EUA NDCs would be reimbursed using Kentucky Medicaid reimbursement logic. However, MedImpact recently discovered that some of these non-EUA NDCs were still reimbursed with $0 ingredient cost. To resolve this, MedImpact is working closely with DMS to update the reimbursement configuration to ensure correct payment for the ingredient cost of the impacted NDCs. For your reference, the table below shows the impacted NDCs.

Note: MedImpact will communicate with you once the configuration update is complete so the pharmacy may reprocess impacted claims. We appreciate your patience and understanding.

NDC	Label Name	Brand Name
00069-0521-11	PAXLOVID 300/150-100 MG (SEVERE)	PAXLOVID
00069-5045-30	PAXLOVID 300-100 MG DOSE PACK	PAXLOVID
00069-5434-20	PAXLOVID 150-100 MG (MODERATE)	PAXLOVID

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	

Contact	Contact Information	Availability
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 (Member Services)	FFS: 800-635-2570	8AM to 7PM EST, 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	24 hours a day, 7 days a week

Contact	Contact Information	Availability
	MedImpact KY FFS & MCO Provider Portal: http://pharmacy.medimpact.com MedImpact KY FFS & MCO website: http://kyportal.medimpact.com	