Pharmacy Quarterly Newsletter

Quarter 1 2025 Volume 1, Number 5

Events

P&T Meeting	Second Quarter Provider Webinar Forum
Tuesday, April 15th 1:00pm - 4:00pm EST https://kyportal.medimpact.com/provider-documents/pt-committee	Tuesday, April 29th 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)
02/04/25	Partial Lot Recall: Alvogen Issues Voluntary Nationwide Recall for One Lot of Fentanyl Transdermal System 25 mcg/h Due to a Defective Delivery System	Link	NDC 47781-424-47
02/18/25	Partial Lot Recall: FDA MedWatch - Potassium Chloride Injection, 10 mEq and 20 mEq by ICU Medical	Link	NDCs 0990-7074-26 and 0990-7075-26
02/27/25	Partial Lot Recall: FDA MedWatch - Phenylephrine 40 mg Added to 0.9% Sodium Chloride 250 mL in 250 mL Excel Bags by Central Admixture Pharmacy Services (CAPS)	Link	NDC 71285-6092-01
02/27/25	Partial Lot Recall: FDA MedWatch - SinuCleanse Soft Tip Squeeze Bottle Nasal Wash System by Ascent Consumer Products	Link	NDC 46011-0001-04
03/11/25	Partial Lot Recall: FDA MedWatch - Immune Globulin Intravenous (IGIV) and Immune Globulin Subcutaneous (IGSC)	Link	Xembify Lot # B01J108133 Xembify Lot # B01J107803 Bivigam Lot # 321524 Panzyga Lot #L319C8261 Gamunex-C Lot #B01J112733 Bivigam Lot # 321724 Bivigam Lot # 237447 Gamunex-C Lot # B23K001433

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

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

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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 patients 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

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 directions to follow and/or 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.

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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

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);

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.

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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.

OTC Vitamin & Mineral Fill Limit

Effective March 15th, 2025, the Commonwealth of Kentucky Department for Medicaid Services (DMS) implemented a fill limit on the covered OTC vitamin and mineral supplements. Fee-for-Service (FFS) and Managed Care (MCO) members can receive a maximum of 4 claims of vitamin and mineral supplements per member per 28 days. Please note, this restriction does not apply to prenatal vitamin products or members residing in long-term care. This is an administrative edit and prior authorization requests for more than 4 claims per 28 days will be dismissed. A provider notice will be sent in the near future with guidance for billing long-term care OTC claims.

The Over the Counter (OTC) Drug List for FFS and MCO can be found at: https://kyportal.medimpact.com/medicaid-provider-portal/medicaid-provider-portal-home

Questions / Additional Information

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

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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: 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

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