

# Kentucky Department for Medicaid Services & Magellan Medicaid Administration



## Kentucky Medicaid Pharmacy Spring 2011

# Website Overview

<https://kentucky.fhsc.com>

# Home Page

The screenshot shows the Kentucky Medicaid website home page. At the top left is the Kentucky logo with the tagline "UNBRIDLED SPIRIT". To the right of the logo is the text "Commonwealth of Kentucky" and "Pharmacy • Home". Below this is a link for "Current PDL (updated: 02/10/2011)". A navigation bar contains links for "Providers", "NCPDP D.O", "PIDL", "Committees", "Diabetic Supply", "Tobacco Cessation", and "Members". Below the navigation bar is a "Web Announcements" section with a date filter for "FEBRUARY 2011". A callout bubble points to the "Home" icon in the top right, stating "The 'house' icon will always return you to the Home page". Another callout bubble points to the "Contact Information" link, stating "Link to various contacts for Kentucky Medicaid providers". A third callout bubble points to the "Current PDL" link, stating "Shortcut to Preferred Drug List (PDL)". A fourth callout bubble points to the "Important Announcements" section, which contains a "Rx Alert! ALL PHARMACIES IN THE LOUISVILLE METRO AREA" and a "Drug Management Review Advisory Board (DMRAB) Update". The "Rx Alert" section describes a white male with dark blonde hair and blue eyes, estimated to be in his early 30's, who is the listed subject in possession of stolen Norton Leatherman Spine Institute prescription blanks. The subject is having the prescription blanks filled for Lortab 10/500 #180 and #240 at several pharmacies throughout Metro Louisville. Subject is also phoning in prescriptions claiming to be Dr. John Johnson of the Leatherman Spine Center. Again, all phoned in prescriptions are well into the #180 and #240 dosage unit range. The detective has identified seven (7) individual names being used to obtain this medication. This individual has used his ID and signature to obtain the prescriptions. He has also used Dr. Robert Couch and Dr. David Roubin. Please notify the LMPD Prescription Drug Diversion Unit at (502) 574-6272 if you encounter this individual. Dial 9-1-1 in case of emergency. The "DMRAB Update" section contains an announcement: "ANNOUNCEMENT: Due to inclement weather and lack of quorum, the Kentucky Medicaid Drug Management Review Advisory Board (DMRAB) meeting that was scheduled for today, February 10, 2011, has been cancelled." Below this is a date filter for "JANUARY 2011" and a "Pharmacy and Therapeutics Advisory Committee (PTAC) Update" section. The "PTAC Update" section contains a notice: "NOTICE: The PTAC meeting that was scheduled for January 20, 2011 has been cancelled due to lack of quorum." and a list of next scheduled meeting dates: "March 17, 2011, May 19, 2011, July 21, 2011, September 15, 2011, and November 17, 2011." At the bottom of the page is a date filter for "OCTOBER 2010".

Kentucky  
UNBRIDLED SPIRIT

Friday • February 18, 2011 • 08:50 AM

Commonwealth of Kentucky

Pharmacy • Home

Current PDL (updated: 02/10/2011)

Providers + NCPDP D.O PIDL Committees + Diabetic Supply Tobacco Cessation Members

Web Announcements

FEBRUARY 2011

**Important Announcements**

**Rx Alert! ALL PHARMACIES IN THE LOUISVILLE METRO AREA**

A white male with dark blonde hair and blue eyes, estimated to be in his early 30's is the listed subject in possession of stolen Norton Leatherman Spine Institute prescription blanks. The subject is having the prescription blanks filled for Lortab 10/500 #180 and #240 at several pharmacies throughout Metro Louisville. Subject is also phoning in prescriptions claiming to be Dr. John Johnson of the Leatherman Spine Center. Again, all phoned in prescriptions are well into the #180 and #240 dosage unit range. The detective has identified seven (7) individual names being used to obtain this medication. This individual has used his ID and signature to obtain the prescriptions. He has also used Dr. Robert Couch and Dr. David Roubin.

Please notify the LMPD Prescription Drug Diversion Unit at (502) 574-6272 if you encounter this individual. Dial 9-1-1 in case of emergency.

**Drug Management Review Advisory Board (DMRAB) Update**

ANNOUNCEMENT: Due to inclement weather and lack of quorum, the Kentucky Medicaid Drug Management Review Advisory Board (DMRAB) meeting that was scheduled for today, February 10, 2011, has been cancelled.

JANUARY 2011

**Pharmacy and Therapeutics Advisory Committee (PTAC) Update**

NOTICE: The PTAC meeting that was scheduled for January 20, 2011 has been cancelled due to lack of quorum.

\* Next scheduled meeting dates: March 17, 2011, May 19, 2011, July 21, 2011, September 15, 2011, and November 17, 2011.

OCTOBER 2010


Home Contact Information

Shortcut to Preferred Drug List (PDL)

The "house" icon will always return you to the Home page

Link to various contacts for Kentucky Medicaid providers

# Contact Information Page

 Monday • March 21, 2011 • 03:37 PM

Commonwealth of Kentucky [Home](#) [Contact Information](#) [Site Map](#)

Pharmacy • Contact Information

[Providers](#) [NCPDP D.O](#) [PIDL](#) [Committees](#) [Diabetic Supply](#) [Tobacco Cessation](#) [Members](#)

### Contact Information

#### Kentucky Department for Medicaid Services

- [KyHealth Choices Information](#)
- [Kentucky Pharmacy Program Information](#)

#### Pharmacists and Physicians

- Pharmacy Support Center**  
1-800-432-7005 (24 hours per day / 7 days per week)
- Clinical Support Center**  
1-800-477-3071 (24 hours per day / 7 days per week)

Please note Kentucky Medicaid began allowing telephonic prior authorization requests on July 1, 2010. Drug specific prior authorization requests and Brand prior authorization requests must still be submitted via fax.

#### Diabetic Supply Questions

- Prior Authorization**  
1-800-477-3071
- Claim Inquiry**  
1-800-432-7005

Please note questions regarding claims prior to October 5, 2010 should be directed to 1-800-807-1232.

#### Provider Financial Inquiries

For inquiries related to remittance advices please email requests to [hwtune@magellanhealth.com](mailto:hwtune@magellanhealth.com) or contact Provider Operations at: (804) 965-7619.

#### DME (Durable Medical Equipment) Questions

- DME Prior Authorization**  
1-800-292-2392 (select option #7)
- DME Claim Payment**  
1-800-807-1232

Please note that these lines are not accepted by the Magellan Medicaid Administration Pharmacy department.

The only numbers that can be utilized by members are the numbers listed for Member Services and the numbers related to Medicare

# Important Contact Information

- Pharmacy Support Center – (800) 432-7005
  - Providers only
  - Claim rejections/denials
  - Overrides
    - Lock-In
    - Early Refills
    - Timely Filing
    - Claims over \$5000.00
  
- Clinical Support Center – (800) 477-3071
  - Providers only
  - Request prior authorization
  - Questions on a prior authorization request
  
- Diabetic Supplies
  - Prior Authorization (800) 477-3071
  - Claims Inquiry (800) 432-70005
    - Claims processed prior to October 5, 2010 will need to be directed to HP (formerly EDS) at (800) 807-1232
  
- Missing Claims Payment / Remittance Advices (835s)
  - Provider Operations at (804) 965-7619 or email [hwtune@magellanhealth.com](mailto:hwtune@magellanhealth.com)

# Site Map

The screenshot shows the website's navigation structure. At the top left is the Kentucky logo with the tagline 'UNBRIDLED SPIRIT'. The top right corner displays the date and time: 'Friday • February 25, 2011 • 10:08 AM'. Below the logo is the text 'Commonwealth of Kentucky' and a navigation menu with links for 'Home', 'Contact Information', and 'Site Map'. The main heading is 'Pharmacy • Sitemap', followed by a series of tabs: 'Providers', 'NCPDP D.0', 'PIDL', 'Committees', 'Diabetic Supply', 'Tobacco Cessation', and 'Members'. The 'Providers' tab is selected and expanded to show a list of links under three sub-sections: 'Home', 'Provider', and 'NCPDP D.0'. The 'Home' section includes links for 'Preferred Drug List (PDL)', 'Contact Information', and 'Important Announcements'. The 'Provider' section includes links for 'Drug Information', 'Communications Registrations' (with sub-links for 'Email Distribution List' and 'Fax Blast'), 'Epocrates@', 'Billing', 'Maximum Allowable Cost (MAC)', 'Notices', 'Prior Authorization', 'Quarterly Newsletter', 'Remittance Advice', and 'Seminars'. The 'NCPDP D.0' section includes links for 'Provider Notifications', 'Education', 'NCPDP Resources', 'CMS Resources', and 'Additional Resources'. A 'Physician Injectable Drug List (PIDL)' link is also visible at the bottom. Two callout boxes provide context: a red one pointing to blue text links stating 'Blue verbiage indicate a quick link', and a blue one pointing to black text links stating 'Black verbiage indicates what information is found on that tab and/or page'.

**Kentucky**  
UNBRIDLED SPIRIT

Friday • February 25, 2011 • 10:08 AM

Commonwealth of Kentucky

Home Contact Information Site Map

Pharmacy • Sitemap

Providers NCPDP D.0 PIDL Committees Diabetic Supply Tobacco Cessation Members

**Home**

- Preferred Drug List (PDL)
- Contact Information
- Important Announcements

**Provider**

- Drug Information
- Communications Registrations
  - Email Distribution List
  - Fax Blast
- Epocrates@
- Billing
- Maximum Allowable Cost (MAC)
- Notices
- Prior Authorization
- Quarterly Newsletter
- Remittance Advice
- Seminars

**NCPDP D.0**

- Provider Notifications
- Education
- NCPDP Resources
- CMS Resources
- Additional Resources

Physician Injectable Drug List (PIDL)

Blue verbiage indicate a quick link

Black verbiage indicates what information is found on that tab and/or page

# Providers Tab

**Kentucky**  
UNBRIDLED SPIRIT

Friday • February 18, 2011 • 10:13 AM

Commonwealth of Kentucky [Home](#) [Contact Information](#)

Pharmacy • Home

[Current PDL](#) (updated: 02/10/2011)

**Providers** NCPDP D.O PIDL Committees + Diabetic Supply Tobacco Cessation Members

Drug Information  
Communications Registration 1  
Epocrates  
Billing MACI  
Maximum Allowable Cost  
Notices  
Prior Authorization  
Quarterly Newsletter  
Remittance Advice  
Seminars

Review Advisory Board (DMRAB) Update

incremental weather and lack of quorum, the Kentucky Medicaid Drug Management Review Advisory Board (DMRAB) meeting that was scheduled for today, February 10, 2011, has been cancelled.

**JANUARY 2011**

**Pharmacy and Therapeutics Advisory Committee (PTAC) Update**

NOTICE: The PTAC meeting that was scheduled for January 20, 2011 has been cancelled due to lack of quorum.

\* Next scheduled meeting dates: March 17, 2011, May 19, 2011, July 21, 2011, September 15, 2011, and November 17, 2011.

**OCTOBER 2010**

# Drug Information Page

 Friday • February 18, 2011 • 10:14 AM

Commonwealth of Kentucky This line segment identifies where you are within the pharmacy website [Home](#) [Contact Information](#)

Pharmacy • **Providers** • Drug Information

[Providers](#) [NCPDP D.O](#) [PIDL](#) [Committees](#) [Diabetic Supply](#) [Tobacco Cessation](#) [Members](#)

**Drug Information**

Item	Last Modified
<a href="#">Maximum Quantity Limits List (effective 12/07/2010)</a>	12/07/2010
<a href="#">Over-The-Counter (OTC) Drug List</a>	01/07/2011
<a href="#">Preferred Drug List (PDL)</a>	02/10/2011
<a href="#">ICD-9 Drug List</a>	10/19/2010

**Kentucky Medicaid Active Labelers**

Item	Last Modified
<a href="#">Active Labelers 3Q2010</a>	01/27/2011

SCREEN ID: DrugInfo.asp

MAGELLAN MEDICAID ADMINISTRATION

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The "Last Modified" field lets you know when the information was last updated

This line segment identifies where you are within the pharmacy website

# Maximum Quantity Limits List

## Pharmacy Maximum Quantity List

Effective December 7, 2010

Maintenance Drugs can be dispensed up to a 92 day supply and 100 units

### Maintenance Drugs

Allow up to a **92-day supply** and **100 units**. Refer to the current PDL at the Kentucky Medicaid pharmacy website: <https://kentucky.fhsc.com>.

The drugs have been listed in alphabetical order

Drug	Quantity Limit
Accolate 10mg, 20mg	2 per day
Aciphex	1 per day
Actiq	1 per day
Actonel 150mg	1 per month
Actonel 30mg	1 per day
Actonel 35 mg	4 per month
Actonel 4mg	30 per 26 days
Actonel 5mg	1 per day
Actonel 75 mg tablet	2 per month
Actonel with Calcium	1 per day
Actoplus MET	3 per day
Actoplus MET XR	1 per day
Actos 15mg	3 per day
Actos 30mg and 45mg	1 per day
Adderall IR	2 per day (60mg per 3 days)
Adderall XR	1 per day (60mg per 3 days)

# Over-The-Counter (OTC) Drug List

## Pharmacy Over-The-Counter (OTC) Covered Drug List

Effective 01/03/2011

Unless otherwise noted, only generic versions of the following products are covered.

### General Definition of Terms

**Quantity Limits (QL)** - Quantity limits have been placed on medications to be consistent with the maximum dosage that the Food and

**Step Therapy (ST)** - Step therapy is an electronic PA process that takes place at the time the pharmacy submits the claim.

**Maximum Duration (MD)** - Medications indicated will be available for a defined period of days per rolling year (365 days) before requiring a new or additional PA.

**Age Edit (AE)** - Medications indicated are available for members above or below XX age without PA.

### ANALGESICS

- |                        |            |
|------------------------|------------|
| acetaminophen          | ibuprofen  |
| aspirin w/buffer       | ketoprofen |
| aspirin                | naproxen   |
| aspirin / calcium / Mg |            |

Medications are listed by therapeutic drug class

# Preferred Drug List (PDL)

## PHARMACY PREFERRED DRUG LIST EFFECTIVE March 9, 2011

### GENERAL DEFINITION OF TERMS

**1st Tier Medications (\$)** – Typically preferred generic medications. A generic medication is identified by its chemical name, while a manufacturer assigns a brand name. Also, the price of the generic medication is usually lower than that of a brand name medication. Both generic and brand name medications may require PA.

**2nd Tier Medications (\$\$)** – Typically preferred brand medications. Preferred brand medications may have generic equivalents. Once a branded medication is available as a generic alternative, the branded medication may move to non-preferred status and the generic medication may become the preferred medication. Some Tier 2 medications may require PA.

**3rd Tier Medications (\$\$\$)** – Typically, branded medications which are not 1st or 2nd Tier. Non-preferred medications are usually available at the highest copay tier for members. Prior authorization is required for all non-preferred medications.

**Clinical Criteria (CC)** – Due to the nature of some medications, prior authorization may be required for the medication to be covered at any copay tier. *Medications that require prior authorization will require that certain clinical criteria be met. Medications may require the use of preferred medications (subject to PDL), in addition to satisfying appropriate clinical criteria, before approval (prior authorization) can be considered.* If a medication requires PA, the ordering physician should contact Magellan Medicaid Administration, the plan's pharmacy benefit administrator. Also, prescriptions exceeding such plan limitations as **Quantity Limits (QL), Step Therapy (ST), Maximum Duration (MD), Age Edit (AE), in addition to those subject to Clinical Criteria (CC),** will also require PA.

**Step Therapy (ST)** – Step therapy is an electronic PA process that takes place at the time the pharmacy submits the claim. For example, in the case of medications considered "second-line" agents, the system will look at the member's paid claims history, and if a claim(s) for the required "first-line" medication(s) is located, the system will approve the claim. If "first-line" medication(s) are not located, the system will not approve the claim, and will return a message to the pharmacy advising that the Step Therapy protocol has not been satisfied and prior authorization is required. At that time, the pharmacy may contact the physician and request that they contact Magellan Medicaid Administration for PA.

**Quantity Limits (QL)** – Quantity limits have been placed on medications to be consistent with the maximum dosage that the Food and Drug Administration (FDA) has approved to be both safe and effective. Medications where the quantity exceed the FDA's maximum daily dose will require PA. Prescriptions exceeding plan limitations will require PA.

**Medication with Maximum Duration (MD)** – Medications indicated will be available for a defined period of days per rolling year (365 days) before requiring a new or additional PA.

**Age Edit (AE)** – Medications indicated are available for members above or below XX age without PA.

**Maintenance Drugs** – Maintenance medications in the following classes can be processed for up to a 92 day supply and 100 units:

Antianginals	Antiarrhythmics	Antiarthritics	Antidiabetics
Antihypertensives	Cardiac Glycosides	Digestants	Diuretics
Oral Contraceptives	Progesterones	Thyroid Preparations	

# PDL Continued

PHARMACY PREFERRED DRUG LIST  
EFFECTIVE  
February 10, 2011

Effective date of the PDL

## III. RESPIRATORY (CONTINUED)

### Corticosteroids, Inhaled

PREFERRED AGENTS	RELATIVE COST
budesonide respules <sup>® AE QL</sup>	\$
Asmanex <sup>® QL</sup>	\$\$
Flovent Diskus <sup>® QL</sup>	\$\$
Flovent HFA <sup>® QL</sup>	\$\$
QVAR <sup>® QL</sup>	\$\$

Drug limitations

### Corticosteroids, Inhaled

NON-PREFERRED AGENTS	RELATIVE COST OF MOST AGENTS - \$\$\$
AeroBid <sup>® QL</sup>	Pulmicort Flexhaler <sup>® QL</sup>
	Respules <sup>® AE QL</sup>

Copay tier

### Corticosteroids, Intranasal

PREFERRED AGENTS	RELATIVE COST
fluticasone propionate <sup>® QL</sup>	\$
Nasonex <sup>® QL</sup>	\$\$
Veramyst <sup>® QL</sup>	\$\$

### Corticosteroids, Intranasal

NON-PREFERRED AGENTS	RELATIVE COST OF MOST AGENTS - \$\$\$
Beconase AQ <sup>® QL</sup>	Nasarel <sup>® QL</sup>
Flonase <sup>® QL</sup>	Omnaris <sup>™ QL</sup>
flunisolide <sup>® QL</sup>	Rhinocort Aqua <sup>® QL</sup>
Nasacort AQ <sup>® QL</sup>	

### Leukotriene Receptor Antagonists

PREFERRED AGENTS	RELATIVE COST
Singulair <sup>® CC, QL, ST</sup>	\$\$
zafirlukast <sup>® CC, QL, ST</sup>	\$

### Leukotriene Receptor Antagonists

NON-PREFERRED AGENTS	RELATIVE COST OF MOST AGENTS - \$\$\$
Accolate <sup>® CC, QL, ST</sup>	

### 5-Lipoxygenase Inhibitors

PREFERRED AGENTS	RELATIVE COST
N/A	

### 5-Lipoxygenase Inhibitors

NON-PREFERRED AGENTS	RELATIVE COST OF MOST AGENTS - \$\$\$
Zyflo CR	

MAGELLAN MEDICAID ADMINISTRATION / KENTUCKY

MAGELLAN MEDICAID ADMINISTRATION CLINICAL CALL

## IV. CENTRAL NERVOUS SYSTEM

### Alzheimer's: Cholinesterase Inhibitors

PREFERRED AGENTS	RELATIVE COST
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### Alzheimer's: Cholinesterase Inhibitors

NON-PREFERRED AGENTS	RELATIVE COST OF MOST AGENTS - \$\$\$
----------------------	---------------------------------------

# PDL Copay Tiers

- **1st Tier Medications (\$)** – Typically preferred generic medications. A generic medication is identified by its chemical name, while a manufacturer assigns a brand name. Also, the price of the generic medication is usually lower than that of a brand name medication. Both generic and brand name medications may require PA.
- **2nd Tier Medications (\$\$)** – Typically preferred brand medications. Preferred brand medications may have generic equivalents. Once a branded medication is available as a generic alternative, the branded medication may move to non-preferred status and the generic medication may become the preferred medication. Some Tier 2 medications may require PA.
- **3rd Tier Medications (\$\$\$)** – Typically, branded medications which are not 1st or 2nd Tier. Non-preferred medications are usually available at the highest co-pay tier for members. Prior authorization is required for all non-preferred medications.

# PDL Acronyms

- **Clinical Criteria (CC)** – Due to the nature of some medications, prior authorization may be required for the medication to be covered at any co-pay tier. Medications that require prior authorization will require that certain clinical criteria be met. Medications may require the use of preferred medications (subject to PDL), in addition to satisfying appropriate clinical criteria, before approval (prior authorization) can be considered. If a medication requires PA, the ordering physician should contact Magellan Medicaid Administration, the plan's pharmacy benefit administrator. Also, prescriptions exceeding such plan limitations as Quantity Limits (QL), Step Therapy (ST), Maximum Duration (MD), Age Edit (AE), in addition to those subject to Clinical Criteria (CC), will also require PA.
- **Step Therapy (ST)** – Step therapy is an electronic PA process that takes place at the time the pharmacy submits the claim. For example, in the case of medications considered “second-line” agents, the system will look at the member's paid claims history, and if a claim(s) for the required “first-line” medication(s) is located, the system will approve the claim. If “first-line” medication(s) are not located, the system will not approve the claim, and will return a message to the pharmacy advising that the Step Therapy protocol has not been satisfied and prior authorization is required. At that time, the pharmacy may contact the physician and request that they contact Magellan Medicaid Administration for PA

# PDL Acronyms Continued

- **Quantity Limits (QL)** – Quantity limits have been placed on medications to be consistent with the maximum dosage that the Food and Drug Administration (FDA) has approved to be both safe and effective. Medications where the quantity exceeds the FDA's maximum daily dose will require PA. Prescriptions exceeding plan limitations will require PA.
- **Medication with Maximum Duration (MD)** – Medications indicated will be available for a defined period of days per rolling year (365 days) before requiring a new or additional PA.
- **Age Edit (AE)** – Medications indicated are available for members above or below XX age without PA.

# PDL Maintenance Drugs

- **Maintenance Drugs** – Maintenance medications in the following classes can be processed for up to a 92 day supply and 100 units:
  - Antianginals
  - Antiarrhythmics
  - Antiarthritics
  - Antidiabetics
  - Antihypertensives
  - Cardiac Glycosides
  - Digestants
  - Diuretics
  - Oral Contraceptives
  - Progesterones
  - Thyroid Preparations

# ICD-9 Drug List

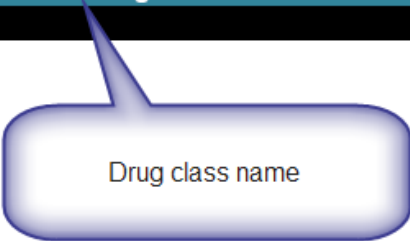
## Kentucky Medicaid ICD-9 Drug List

**NOTE:** The medications listed below may require an ICD-9 code, prerequisite therapy, or both.

### Antihyperkinesia Agents

#### Drug

dexmethylphenidate IR  
dextroamphetamine IR/ER  
Adderall®  
Adderall XR®  
Concerta®  
Daytrana®  
Dexedrine IR/ER®  
Dextrostat®  
Focalin®  
Focalin XR®  
Intuniv™  
Metadate CD/ER®  
Methylin®  
Methylin Chewable®  
Methylin ER®  
Methylin Solution®  
methylphenidate IR/SA/SR  
methylphenidate ER  
mixed amphetamine salts IR  
Procentra™  
Provigil®



Drug class name

# Communications Registration Email Distribution List Page

Kentucky  
UNBRIDLED SPIRIT

Friday • February 18, 2011 • 10:14 AM

Commonwealth of Kentucky [Home](#) [Contact Information](#)

Pharmacy • Providers • Communications Registration

Providers + NCPDP D.O PIDL Committees + Diabetic Supply Tobacco Cessation Members

### Communications Registration

Automatic electronic updates will allow you to be among the first to know about the introduction of new policies/programs or changes to existing policies/programs. Electronic notification is more efficient and more cost effective than mailed notices.

As Kentucky moves away from paper mailings (except for when required by state law, regulation, or statute), electronic updates will become a primary method of communication with the provider community. Register today to be included!

To receive e-mail updates regarding Kentucky Medicaid pharmacy issues, please complete and submit the following information.

**IF YOU WOULD LIKE TO REGISTER FOR UPDATES BY FAX, CLICK [HERE](#)**

**REGISTRATION FOR UPDATES BY E-MAIL** | All fields are required.

Provider Name:

Select Dropdown:

Provider E-mail Address:  (ex: user@domain.com)

Provider Phone Number:  /  -  ext.  (ex: (555-555-5555 5555))


Provider Facility Name:

Provider Location:  (ex: city, state)

| [Clear Form](#)

Link to Fax Blast registration page

# Fax Blast Registration Page

 Friday • February 18, 2011 • 10:14 AM

Commonwealth of Kentucky [Home](#) [Contact Information](#)

Pharmacy • Providers • **Communications Registration**

[Providers](#) + [NCPDP D.O](#) [PIDL](#) [Committees](#) + [Diabetic Supply](#) [Tobacco Cessation](#) [Members](#)

### Communications Registration

To better serve those in the provider community who may not have internet access, Kentucky Medicaid is now offering a new method of communication. To receive provider notifications via fax please complete and submit the following information:

To receive e-mail updates regarding Kentucky Medicaid pharmacy issues, please click [Here](#).

**FAX BLAST** | All fields are required.

**Company Name:**


**Contact Name:**

**Fax Number:**  -  -  ex: (555-555-5555)

| [Clear Form](#)

*Link that redirects you back to the Email Distribution Registration page*

SCREEN ID: ProviderFaxInfoRequest.asp

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# Epocrates™ Page

**Kentucky**  
UNBRIDLED SPIRIT

Friday • February 18, 2011 • 10:15 AM

Commonwealth of Kentucky [Home](#) [Contact Information](#)

Pharmacy • Providers • Epocrates®

Providers + NCPDP D.0 PIDL Committees + Diabetic Supply Tobacco Cession Members

**Epocrates**

**Getting Started**

- [Power for Enhanced Prescribing in the Palm of Your Hand](#) (PDF file)
- [Kentucky Medicaid and Epocrates References](#) (PDF file)


**Downloading the Kentucky Medicaid Preferred Drug List**

- [Quick Downloading Reference for the Kentucky Medicaid Formulary](#) (PDF file)

**Using the Preferred Drug List Feature**

- [Epocrates Formulary Feature Tips](#) (PDF file)

Visit the Epocrates Web site at <http://www.epocrates.com/>.

 You will need Adobe® Reader to view any printable PDF document(s). Click the button to the left to download a free copy of Adobe® Reader.

A link to download a free copy of Adobe Reader has been made available

**MAGELLAN**  
MEDICAID  
ADMINISTRATION


SCREEN ID: Epocrates.asp

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# Epocrates™ Continued

- Kentucky Medicaid's formulary name is **KY Health Choices/Medicaid**
- Access the formulary from a hand-held device or personal computer
- You are able to check the following:
  - Prior authorization requirements
  - Copayment tiers
  - Formulary alternatives and generic substitutes
  - Quantity limits
  - Drug interactions
  - Dosing

# Provider Notices Page

 Friday • February 18, 2011 • 10:23 AM

Commonwealth of Kentucky [Home](#) [Contact Information](#)

Pharmacy • Providers • Notices


[Providers](#) [NCPDP D.0](#) [PIDL](#) [Com](#) [on](#) [Members](#)

**Notices**

Title	Description	Last Modified
<a href="#">Pharmacy Provider Notice #123</a>	January Pharmacy Updates and Upcoming Changes	02/16/2011
<a href="#">Pharmacy Provider Notice #122</a>	Multi-Ingredient Compound Billing	01/26/2011
<a href="#">Pharmacy Provider Notice #121</a>	December Pharmacy Updates	01/26/2011
<a href="#">Pharmacy Provider Notice #120</a>	NCPDP Version D.0	01/06/2011
<a href="#">Pharmacy Provider Notice #119</a>	November 18, 2010 PTAC PDL Changes - effective beginning 02/08/2011 - active 02/08/2011	01/06/2011
<a href="#">Pharmacy Provider Notice #118</a>	November Pharmacy Updates and Upcoming Changes	12/21/2010
<a href="#">Pharmacy Provider Notice #117</a>	October Pharmacy Updates and Upcoming Changes	11/29/2010
<a href="#">Pharmacy Provider Notice #116</a>	Tobacco Cessation Program Coverage	12/01/2010
<a href="#">Pharmacy Provider Notice #115</a>	PDL Changes September 2010 PTAC Meeting – effective beginning 12/01/2010	11/01/2010
<a href="#">Pharmacy Provider Notice #114</a>	September Updates and Changes	11/01/2010
<a href="#">Pharmacy Provider Notice #113</a>	Tobacco Cessation – 3 Brand/4 Script Limitations	10/19/2010
<a href="#">Pharmacy Provider Notice #112</a>	UPDATE: Non-Medicaid Prescribers	09/30/2010
<a href="#">Pharmacy Provider Notice #111</a>	August Pharmacy Updates	09/24/2010
<a href="#">Pharmacy Provider Notice #110</a>	Diabetic Supplies	09/17/2010
<a href="#">Pharmacy Provider Notice #109</a>	July Pharmacy Updates	08/18/2010
<a href="#">Pharmacy Provider Notice #108</a>	PDL Changes from May 2010 PTAC Meeting – effective beginning 09/08/2010	08/05/2010
<a href="#">Pharmacy Provider Notice #107</a>	Early Refill and OTC Changes	07/22/2010
<a href="#">Pharmacy Provider Notice #106</a>	June Pharmacy Updates	07/14/2010

Provider Notices are numbered

# Prior Authorization (PA) Page

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Pharmacy • Providers • **Prior Authorization**

[Providers](#) [NCPDP D.O](#) [PIDL](#) [Committees](#) [Diabetic Supply](#) [Tobacco Cessation](#) [Members](#)

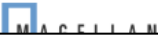
**Prior Authorization**

Title	Last Modified
<a href="#">PA Request Form Brand</a>	06/14/2010
<a href="#">PA Request Form Mental Health (Atypical Antipsychotic Agents Only)</a>	06/14/2010
<a href="#">PA Request Form Regular (all others)</a>	06/14/2010
<a href="#">PA Request Form Sypaqis (2010-2011)</a>	09/28/2010
<a href="#">PA Request Form Suboxone/Subutex</a>	06/30/2010
<a href="#">PA Request Form Zvvox</a>	06/30/2010
Title	Last Modified

**Prior authorization (PA) forms**

For telephonic prior authorization requests or inquiries regarding a prior authorization please call (800) 477-3071.

Please fax prior authorization requests to one of the following numbers:	
Regular Fax Line:	800-365-8835
Urgent Requests:	800-421-9064
Nursing Facility:	800-453-2273
Mental Health Drugs:	800-453-2273

 SCREEN ID: Forms.asp


# Prior Authorization (PA) Denials/Appeals

- Only a patient or family member can appeal a prior authorization denial
- The member has 30 days from receipt of the denial letter to submit a written appeal

Kentucky Department for Medicaid Services  
Division of Administration and Financial Management  
Administrative Services Branch, 6W-C  
275 East Main Street  
Frankfort, KY 40621-0001

- The prescribing physician can attend the appeal hearing and testify on the patient's behalf

# Physician Injectable Drug List (PIDL) Tab

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Pharmacy • PIDL

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**Drug Information**

Item	Last Modified
<a href="#">Physician Injectable Drug List (PIDL)</a>	External URL
Item	Last Modified

**Billing Instructions**

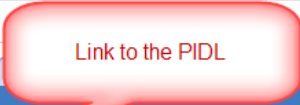
Item	Last Modified
<a href="#">Billing Instructions</a>	External URL
Item	Last Modified

**Education**

Item	Last Modified
<a href="#">Physician Injectable Drug List Tutorial</a>	07/21/2010
<a href="#">Physician Injectable Drug List FAQs</a>	07/21/2010
Item	Last Modified

**Provider Notices**


Title	Last Modified
<a href="#">Department for Medicaid Services</a>	External URL

 Link to the PIDL

# PIDL Continued

- The PIDL is located on the Department for Medicaid Services' website at <http://chfs.ky.gov/dms/fee>. Or the link is also located on the Magellan Medicaid Administration's website at <https://kentucky.fhsc.com> under the tab labeled PIDL
- The PIDL will be updated on a regular basis, at least quarterly
- Drugs that are not covered through the Physician's Drug Program may be covered through the Pharmacy Program. Drugs covered through the Pharmacy program must be obtained by prescription and billed through the online point-of-sale (POS) system at the pharmacy

# Committees – PTAC Page


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### Pharmacy and Therapeutics Advisory Committee

Item	Last Modified
<a href="#">Information about the Pharmacy and Therapeutics Advisory Committee</a>	External URL
Item	Last Modified

### Forms


Item	Last Modified
<a href="#">PTAC Speaker Request Form - PDF</a>	02/08/2011
<a href="#">PTAC Speaker Request Form - Word</a>	02/08/2011
Item	Last Modified

### Meetings

Scheduled PTAC meetings for 2011: January 20, 2011, March 17, 2011, May 19, 2011, July 21, 2011, September 15, 2011, and November 17, 2011.

January 20, 2011	Last Modified
<b>Cancelled due to lack of quorum</b>	N/A
<a href="#">Agenda</a>	01/05/2011
<a href="#">Options</a>	01/05/2011
January 20, 2011	Last Modified

# Committees – DMRAB Page


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**Pharmacy • Committees • DMRAB**

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**Drug Management Review Advisory Board**

Item	Last Modified
<a href="#">Information about the Drug Management Review Advisory Board</a>	External URL
Item	Last Modified

**Forms**


Item	Last Modified
<a href="#">DMRAB Speaker Request Form - PDF</a>	09/30/2010
<a href="#">DMRAB Speaker Request Form - Word</a>	09/30/2010
Item	Last Modified

**Meetings**

Scheduled DMRAB meetings for 2011: February 10, 2011, May 12, 2011, August 11, 2011, and November 10, 2011.

February 10, 2011	Last Modified
<a href="#">Agenda</a>	01/26/2011
<a href="#">Drug to Drug Interactions Recommendations</a>	01/26/2011
February 10, 2011	Last Modified
November 04, 2010	Last Modified
<a href="#">Agenda</a>	10/19/2010

# Diabetic Supply

 Tuesday • March 15, 2011 • 10:38 AM

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Pharmacy • Diabetic Supply

[Providers](#) [NCPDP D.O](#) [PIDL](#) [Committees](#) [Diabetic Supply](#)

### Drug Lists

Item	Last Modified
<a href="#">Diabetic Supply Preferred Product List (effective 10/05/2010)</a>	12/02/2010
Item	Last Modified

**Contacts**

- Prior Authorization  
1-800-477-3071
- Claim Inquiry  
1-800-432-7005

Please note questions regarding claims prior to October 5, 2010 should be directed to 1-800-807-1232.

### Education

Item	Last Modified
<a href="#">Diabetic Supply FAQs</a>	10/06/2010
Item	Last Modified

### Provider Notices

Title	Description	Last Modified
<a href="#">Pharmacy Provider Notice #110</a>	Diabetic Supplies	09/17/2010
Title	Description	Last Modified

Preferred Product List link

Contact Information

Provider Notices

# Diabetic Supply Preferred Product List



## Diabetic Supplies Preferred Product List


Effective October 5, 2010

NOTE: The following diabetic supplies are available without Prior Authorization (PA).

### METERS

Manufacturer	Product	NDC	Limitations
ABBOTT	FREESTYLE LITE	99073-0708-05	1 per year
ABBOTT	FREESTYLE FREEDOM LITE	99073-0709-14	1 per year
ABBOTT	PRECISION XTRA	57599-8814-01	1 per year
LIFESCAN	ONE TOUCH ULTRA	53885-0247-01	1 per year
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0419-01	1 per year
LIFESCAN	ONE TOUCH ULTRA2	53885-0448-01	1 per year
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0208-01	1 per year
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0912-01	1 per year
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0420-01	1 per year
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0911-01	1 per year

# Tobacco Cessation Tab

 Friday • February 18, 2011 • 10:39 AM


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Pharmacy • Tobacco Cessation


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**Tobacco Cessation**



**Medications**

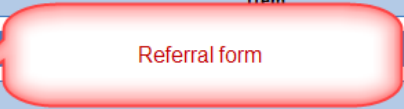
Item	Last Modified
 <a href="#">FDA Approved First Line Pharmacotherapies</a>	02/02/2011
For a list of current preferred products please refer to the Preferred Drug List (PDL) that is posted at <a href="https://kentucky.fhsc.com/Providers/DrugInfo.asp">https://kentucky.fhsc.com/Providers/DrugInfo.asp</a> .	
Item	Last Modified

**Forms**

Item	Last Modified
 <a href="#">Tobacco Cessation Referral Form</a>	10/13/2010
Item	Last Modified

**Provider Notices**

Date	Item
12/02/2010	 <a href="#">Pharmacy Provider Notice #116 - Tobacco Cessation Program Coverage</a>
10/15/2010	 <a href="#">Pharmacy Provider Notice #113 - Tobacco Cessation - 3 Brand/4 Script Limitations</a>
Date	Item



# Tobacco Cessation Form

**Department for Medicaid Services  
Tobacco Cessation Referral Form**

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**Provider Information (to be completed by the provider)**

Provider National Provider Identifier (NPI): \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Provider Fax #: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_  
 Provider Email Address (if available): \_\_\_\_\_

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**Recipient Information (to be completed by the recipient)**

Recipient ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender:  Male  Female  
 Pregnant:  Yes  No  
 Street Address: \_\_\_\_\_  
 Apt/Bldg#: \_\_\_\_\_

Prescriber: Please refer to FDA guidelines regarding the use of Chantix<sup>SM</sup> in pregnant women.

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Telephone#: \_\_\_\_\_ Secondary Telephone#: \_\_\_\_\_  
 Date of Visit: \_\_\_\_\_

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**Tobacco Cessation Medication Choice(s) Prescribed for the Recipient (to be completed by the provider)**

Nicotine replacement therapy (NRT) gum \_\_\_\_\_  NRT patch \_\_\_\_\_  
 NRT lozenge \_\_\_\_\_  NRT inhaler \_\_\_\_\_  
 NRT spray \_\_\_\_\_  Bupropion \_\_\_\_\_  Varenicline \_\_\_\_\_

Prescription amount must be for a one-month supply with two subsequent one-month refills

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**Tobacco Cessation Support Program Chosen for the Recipient (to be completed by the provider)**

The Cooper/Clayton Method  Freedom from Smoking<sup>®</sup> Online  
 Kentucky's Tobacco Quitline  Chantix<sup>SM</sup>

Other Program (Must be Prior Approved by the Department): \_\_\_\_\_  
 Recipient does not require support program  
 Support program attendance would create hardship for recipient (provider: please explain: \_\_\_\_\_)

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**IMPORTANT:** If recommending a program not listed on this form, the provider MUST request approval from the Department for Medicaid Services (DMS) PRIOR to recommending the program; otherwise, the department shall not reimburse for any tobacco cessation medication prescribed in conjunction with the unapproved program. To request DMS approval, please fax this completed form to (502) 564-0223 and write "tobacco cessation program approval request" at the top of this form or on a separate cover page.

Tobacco Cessation Program Contact Person: \_\_\_\_\_  
 Contact Person Phone Number #: \_\_\_\_\_  
 Contact Person Email Address (if available): \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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September 2010 edition

# Tobacco Cessation Preferred Products

- bupropion SR (*QL, MD*)
- Chantix<sup>®</sup> (*QL, MD*)
- nicotine gum (*QL, MD*)
- nicotine lozenge (*QL, MD*)
- nicotine transdermal system (*QL, MD*)

The preferred products are listed on the Preferred Drug List (PDL)

# Members Tab

**Kentucky** UNBRIDLED SPIRIT

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Pharmacy • Members

Providers + NCPDP D.O PIDL Committees + Diabetic Supply Tobacco Cessation **Members**

**Documents**

	Last Modified
<a href="#">Member Handbook revised 08/14/2009</a>	08/25/2009
<a href="#">For Kentucky Medicaid Members - Copay Cap 2008</a>	06/28/2010
<a href="#">For Kentucky Medicaid Members - Questions and Answers for Medicare Part D</a>	12/21/2005
Title	Last Modified

**Drug Information**

Item	Last Modified
<a href="#">Maximum Quantity Limits List (effective 12/07/2010)</a>	12/07/2010
<a href="#">Over-The-Counter (OTC) Drug List</a>	01/07/2011
<a href="#">Preferred Drug List (PDL)</a>	02/10/2011
Item	Last Modified

**Directory**

Title	Description
<a href="http://www.kymmis.com/Provider%20Directory/">http://www.kymmis.com/Provider%20Directory/</a>	Kentucky Medicaid Provider Directory
Title	Description

**Contact Information**

Member handbook

# Medication Replacement

- Kentucky Medicaid has a policy in place for the replacement of medication for members
- Medications can be replaced when they are lost, stolen, destroyed, or kept by a facility
- A one time override is given if back-up documentation is not provided
  - Fire marshal, police, or insurance report
  - Nursing facility statement on letterhead
  - Statement from Red Cross or other organization
- Members or providers can contact Member Services at (800) 635-2570 to initiate the replacement

# Recent and Upcoming Changes

- **Acetaminophen (APAP) products** - On **March 16, 2011** an accumulation edit was placed on all APAP products.
  - Once the calculated daily dose of APAP from all products is above **4,000 mg (4gm) for a 3 day time span**, the claim will deny for prior authorization (PA) required and a call will need to be made to the Clinical Support Center at (800) 477-3071 for an override. **The prescribing provider must initiate the prior authorization request.**
  - This edit is in effect for members **19 years of age and older.**
  - Refer to **Pharmacy Provider Notice #123 – January Pharmacy Updates and Upcoming Changes** for additional information.
- **Atypical Antipsychotics** – On **April 13, 2011** several changes will be made to this drug class.
  - Patients who are on more than 2 Atypical Antipsychotic agents will require PA.
  - Quantity limits have been applied.
  - Revised list of ICD-9 codes has been published
  - Refer to **Pharmacy Provider Notice #125 – Atypical Antipsychotics PDL Changes from the November 2010 PTAC Meeting** for additional information.

# Questions?



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(314) 387-4792