



PHARMACY SUPPORT CENTER
1-800-432-7005

24 hours per day / 7 days per week
For claim assistance, early refill overrides, and lock-in overrides

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 SERVICES

1-877-838-5085

M-F, 10:30 a.m. – 4:30 p.m. ET

Providers should contact Provider Services for inquiries regarding enrollment and changes.

MEMBER SERVICES

1-800-635-2570

M-F, 8:00 a.m. – 5:00 p.m. ET

Recipients should contact Member Services for medication replacement requests and benefit information.

WEB SITES

Kentucky Department for
Medicaid Services

<http://chfs.ky.gov/dms/Pharmacy.htm>

Magellan Medicaid Administration
<https://kentucky.fhsc.com/>

ONSITE PROVIDER EDUCATION

For onsite education presentations, please contact Kasie Purvis at 314-387-4792, M-F 8:30 a.m. – 5:00 p.m. This education is free of charge.

GETTING TO KNOW KENTUCKY MEDICAID PROVIDERS



Wayne's Pharmacy is locally owned and operated and has been a Kentucky Medicaid provider since the pharmacy opened in 2002. The pharmacy is located off US 127 in Frankfort, Kentucky. On average, the store processes around 1200 Medicaid prescriptions per month. Wayne's Pharmacy has 28 employees; at any given time, 2 - 4 pharmacists are available to assist customers. Wayne's Pharmacy is the only pharmacy in Frankfort that offers free citywide delivery.

Wayne's Pharmacy also utilizes an automated system that allows the pharmacy to fully dispense with speed and accuracy. The system is able to dispense oral solids (e.g., pills, tablets, capsules). The system will select and label a vial, dispense the correct dosing, cap the vial and sort the finished prescription by patient name, all in just seconds.

For additional information on Wayne's Pharmacy please refer to <http://www.links2frankfort.com/WaynesPharmacy.html>.

If you would like to see your pharmacy highlighted, please contact Kasie Purvis at KLPurvis@magellanhealth.com.

Did You Know...?

The top ten (10) drugs dispensed for Kentucky Medicaid during 2Q2011 were...

- 1 - hydrocodone/APAP
- 2 – loratadine
- 3 - amoxicillin
- 4 - Prilosec® OTC
- 5 – clonazepam
- 6 – azithromycin
- 7 – cetirizine
- 8 – ibuprofen
- 9 – gabapentin
- 10 – lisinopril

UPCOMING PDL CHANGES

EFFECTIVE AUGUST 24, 2011

- Agents for Pulmonary Hypertension
- Platelet Inhibitors
- Bile Acid Sequestrants
- Cholesterol Absorption Inhibitors
- Fibrin Acid Derivatives Inhibitors
- Omega-3 Fatty Acids
- Statins
- Statin + CCB Combination

EFFECTIVE AUGUST 31, 2011

- Clinical Criteria: Makena®, Vivitrol®, Leukotriene Receptor Antagonists, Clonidine Patches, Regranex®, and Granulocyte Colony Stimulating Factors

EFFECTIVE SEPTEMBER 14, 2011

- Pancreatic Enzymes
- Topical Antiparasitics
- Androgenic Agents
- Oral Steroids

EFFECTIVE SEPTEMBER 21, 2011

- New Drugs to Market: Edarbi™
- Urinary Tract Antispasmodics
- Progestins for Cachexia



- Angiotensin Receptor Blockers
- Angiotensin Receptor Blockers + Diuretics
- Angiotensin Receptor Blockers + CCB (DHP)
- Angiotensin Modulators + CCB Combinations
- Direct Renin Inhibitors
- Alpha/Beta Blockers
- Beta Blockers
- Beta Blocker + Diuretics
- Calcium Channel Blockers (non-DHP)
- Vasodilator + Nitrate Combinations

SECOND QUARTER PHARMACY PROVIDER NOTICES

#126 - Retraction to Pharmacy Provider Notice #125

#127 - March Updates and Upcoming Changes

#128 - Atypical Antipsychotics PTAC PDL Changes from the 11/18/2010 PTAC Meeting

#129 - March 17, 2011 PTAC PDL Changes – effective beginning 06/15/2011

#130 - Non-Medicaid Providers Edit

#131 - April and May Updates and Upcoming Changes

#132 - Reminder for NCPDP Version D.0 Implementation

HELPFUL REMINDER

NEWBORN MEDICAID CARD ISSUANCE

Over 95% of deemed eligible newborns are issued their Kentucky Medicaid card within forty-eight (48) hours of their birth. This is the result of an automation that allows the hospital to report the birth. Occasionally, eligible newborns are not issued a Kentucky Medicaid card within forty-eight (48) hours. In these instances, the legal guardian can contact their caseworker or call the Department for Medicaid Services' Member Services Department at (800) 635-2570.

DRUG INFORMATION

TAMIFLU® ORAL SUSPENSION

To reduce potential prescribing and dosing confusion that could lead to medication errors, the following changes to the label of oseltamivir (Tamiflu®) oral suspension include:

- New lower concentration from 12 mg/mL to 6 mg/mL. The lower concentration of Tamiflu® is less likely to become frothy when shaken, which helps to ensure an accurate measurement.
- Measurements of the oral dosing device have been changed from milligrams (mg=weight) to milliliters (mL=volume).
- Dosing table for Tamiflu® now includes a column for volume (mL) based on the new lower concentration.
- Revised container labels and carton packaging.
- Revised compounding instructions for Pharmacists to prepare a 6 mg/mL concentration oral suspension from Tamiflu® capsules in the event of an emergency and if commercially manufactured Tamiflu® is not available.

Distribution of the 6 mg/mL concentration is scheduled for July 2011 by the manufacturer Genentech (part of the Roche Group). The 12 mg/mL concentration will remain on the market as well as in state or national stockpiles, until all existing supply is exhausted or expired. Since a patient could receive either concentration of Tamiflu® oral suspension from the pharmacy, measures should be taken to avoid a possible medication error. Prescriptions for Tamiflu® oral suspension should contain a concentration (mg/mL) and dose (mL). The pediatric strength Tamiflu® capsules (30 mg and 45 mg) remain available. These capsules can be prescribed for pediatric patients who are able to swallow capsules. If a patient is unable to swallow capsules, the capsule contents can be mixed with flavored foods. Genentech has instituted a voluntary Take Back Program for wholesalers, distributors, and pharmacies, with the goal of removing the 12 mg/mL concentration from the market. The FDA encourages participation in the Take Back Program to minimize medication errors.

Symlin®

Amylin will no longer manufacture the antihyperglycemic pramlintide (Symlin®) vials; supplies remain until exhausted. SymlinPen® pen-injector remains available.

DRUG AVAILABILITY ISSUESⁱ

* Please note that the Estimated Time of Availability (ETA) dates are subject to change.

Medication	NDC	* Availability (as of 07/20/2011)
CONCERTA ER 18 MG TABLET	50458058501	On back order; No ETA
CONCERTA ER 27 MG TABLET	50458058801	On back order; No ETA
CONCERTA ER 36 MG TABLET	50458058601	On back order; No ETA
CONCERTA ER 54 MG TABLET	50458058701	On back order; No ETA
METHYLPHENIDATE ER 18 MG TAB	00591271501	On back order; No ETA
METHYLPHENIDATE ER 27 MG TAB	00591271601	On back order; ETA 07/29/2011
METHYLPHENIDATE ER 36 MG TAB	00591271701	On back order; No ETA
METHYLPHENIDATE ER 54 MG TAB	00591271801	On back order; No ETA

ⁱ Magellan Medicaid Administration, Inc. Clinical Alert. August 2011. Available at www.MagellanMedicaid.com/news/ClinicalAlerts.asp. August 3, 2011.

ⁱⁱ Magellan Medicaid Administration, Inc. Concerta. *Drug Availability Surveillance*. July 20, 2010. Data on file.