MAGELLAN MEDICAID ADMINISTRATION | Kentucky UNBRIDLED SPIRIT

Pharmacy Quarterly

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The Numbers Listed Below Are For Fee-For Service Support

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

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

Peyton's Pharmacy, Inc., has been in business as a Kentucky Medicaid provider for 41 years. The pharmacy is located in West Liberty, Kentucky. Peyton's Pharmacy carries several types of walking aids and diabetic supplies. Fifty to sixty percent of their business is for Kentucky Medicaid members. Peyton's Pharmacy also offers delivery and mail order for customer convenience.

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

Helpful Reminders

DMS E-Alerts

The Cabinet for Health and Family Services offers a free electronic subscription service that allows you to receive automatic e-mail notices regarding important information about the Department for Medicaid Services. Topics include but are not limited to the Kentucky Health Information Exchange (KHIE), health alerts, health care reform, and behavioral health information. You can register at http://chfs.ky.gov/dms/DMS+E-Alerts.htm.

Upcoming Changes

Effective April 3, 2012

Reimbursement on Medications That Require Prior Authorization

Reimbursement shall be denied if prior authorization is required by Kentucky Medicaid and the request for prior authorization has not been submitted prior to dispensing the drug.

NCPDP D.0 Universal Claim Form (UCF)

Kentucky Medicaid will **no longer accept** the Universal Claim Form (UCF) for NCPDP 5.1. Providers will need to order the new UCF for NCPDP D.0. Claims submitted on the old form will be returned. The new claim forms can be ordered through **CommuniForm** (800-387-4792 or http://www.communiform.com/NCPDP/).

Date of Birth Edit

Kentucky Medicaid will expand the edit on the member's date of birth (DOB). Claims will deny if the month and year of birth does not match what is currently on file with the Department for Medicaid Services. Providers will receive the NCPDP "09" – Missing/Invalid (M/I) Date of Birth denial message. The pharmacy will need to verify the DOB with the member. Once confirmed, the pharmacy may contact the Pharmacy Support Center at 800-432-7005 for claim assistance. The member will need to contact Member Services at 800-635-2570 to have their date of birth updated.

Other Coverage Code (OCC)

Kentucky Medicaid will **no longer** accept **Other Coverage Code (OCC) "1 - No other coverage."** Only the following values may be submitted in **NCPDP Field 3Ø8-C8**:

- "0" - Not specified by patient
- "2" - Other coverage exists-payment collected
- "3" - Other coverage billed – claim not covered
- "4" - Other coverage exists-payment not collected

The above-mentioned changes can be found at https://kentucky.magellanmedicaid.com/Providers/Bulletins.asp. Please note these changes affect the Kentucky Medicaid fee-for-service members.

Did You Know...?

Proper Drug Storage

According to the Centers for Medicare & Medicaid Services (CMS), pharmacies should be monitoring proper drug storage including refrigerator thermometers and ensuring all food is stored in a separate location. A refrigerator log should be kept that documents storage of medication, daily refrigerator temperatures, and any mechanical issues.

**CMS Requirements for Tamper-Resistant Prescription Pads*

A handwritten or computer-generated prescription must contain at least one feature in each of the following three characteristic categories to be compliant. No one feature may be counted twice.

- **Copy Resistance:** One or more industry-recognized feature(s) designed to prevent unauthorized copying of a completed or blank prescription form.
- **Erasure/Modification Resistance:** One or more industry-recognized feature(s) designed to prevent the erasure or modification of information written on the prescription by the prescriber.
- **Counterfeit Resistance:** One or more industry-recognized feature(s) designed to prevent the use of counterfeit prescription forms.

As of April 1, 2008, Kentucky Medicaid requires all prescriptions to be written on tamper-resistant prescription pads.

*Provider notices regarding tamper-resistant prescription pad requirements can be viewed at https://kentucky.magellanmedicaid.com/Providers/Bulletins.asp.

Food and Drug Administration (FDA)[1]

Statin Class Label Update

Based on a Food and Drug Administration (FDA) review of the National Lipid Association's Liver Expert Panel and Statin Safety Task Force, the entire statin class has undergone a label change. Routine monitoring for liver enzymes has been removed from statin labels. Liver enzyme tests are now recommended before initiating statin therapy and as clinically indicated thereafter. Serious hepatic injury with statins is rare and unpredictable in individual patients. Routine periodic monitoring of liver enzymes does not appear to be effective in detecting or preventing serious hepatic injury. The potential for generally non-serious and reversible cognitive (e.g., memory loss, confusion) adverse reactions and reports of increased serum glucose and glycosylated hemoglobin (HbA1c) levels has been added to the statin labels. The lovastatin label has been updated with new contraindications and dose limitations when it is taken with certain agents (e.g., CYP3A4 inhibitors) that can increase the risk for myopathy/rhabdomyolysis.

FDA Draft Guidance on Biosimilars

The FDA has issued three draft guidance documents on biosimilar product development to assist the industry in developing them in the United States. A biosimilar is a biological product that is highly similar and considered interchangeable to an already approved biological product. The FDA issued the guidance in accordance with the Biologic Price Competition and Innovation Act of 2009, which is part of the Affordable Care Act. In the guidance, the FDA recommends a stepwise approach for biosimilar development. This approach should include "a comparison of the

proposed product and the reference product with respect to structure, function, animal toxicity, human pharmacokinetics and pharmacodynamics, clinical immunogenicity, and clinical safety and effectiveness." The scientific portion of the draft guidance describes a risk-based "totality-of-the-evidence" approach that the FDA intends to use to evaluate biosimilarity of the proposed product to the reference product. The quality portion considers analytical factors when assessing biosimilarity. The FDA also provides a Q&A document for manufacturers. The FDA is seeking public comment on these draft guidance documents.

Drug Information[1]

Drug Shortages

Gilead has announced a shortage of aztreonam (Cayston®) inhalation solution, as demand exceeds supply. To increase production, Gilead is in the process of qualifying two new contract manufacturing sites and expanding capacity at its own site. These processes are taking longer than expected. It is uncertain how long this shortage will last. Until the shortage is resolved, Gilead will manage existing Cayston inventory by prioritizing patients who are currently active on Cayston therapy. For patients who are not currently active on Cayston therapy, an alternative treatment option should be considered until this supply shortage is resolved. If no feasible alternative exists for a given patient with a significant clinical need for Cayston, Gilead will offer an exception review process.

There is a critical nationwide shortage of lifesaving medications, including injectable methotrexate. The FDA expedited review and approved a new manufacturer (APP Pharmaceuticals) of preservative-free methotrexate that is expected to increase supply. US methotrexate supply is also being bolstered by shipments from abroad. Methotrexate, a folic acid antimetabolite, is approved for a number of uses including several cancers.

Ivacaftor (Kalydeco®)

Vertex has received priority FDA approval for ivacaftor (Kalydeco®) for the treatment of cystic fibrosis (CF) in patients age 6 years and older who have a G551D mutation in the transmembrane conductance regulator (CFTR) gene. If the patient's genotype is unknown, an FDA-cleared CF mutation test should be used to detect the presence of the G551D mutation. The FDA approval was based on two randomized, double-blind, placebo-controlled trials that enrolled 213 clinically stable CF patients. In both studies, treatment with ivacaftor resulted in a significant improvement in lung function (FEV1). Ivacaftor is available in 150 mg tablets. The recommended dose is 150 mg every 12 hours with fat-containing food. Ivacaftor, a CFTR potentiator, is the first available agent that targets the defective CFTR gene as opposed to managing the complications associated with the condition. About 4 percent of CF patients (approximately 1,200 people) are believed to carry the G551D mutation. Ivacaftor is not effective in CF patients with two copies of the F508 mutation in the CFTR gene, the most common mutation that results in CF.

Voluntary Drug Recall

Pfizer announced a voluntary recall of 14 lots each of Lo/Ovral®-28 and norgestrel/ethinyl estradiol tablets due to possibility of inexact tablet counts or out-of-sequence tablets. These tablets were manufactured and packaged by Pfizer and commercialized by Akrimax.

Proton Pump Inhibitors (PPIs)

Proton pump inhibitors (PPIs) may be associated with an increased risk of *Clostridium difficile*-associated diarrhea (CDAD). A diagnosis of CDAD for patients on PPIs who develop diarrhea including abdominal pain and fever that does not improve should be considered. CDAD risk with histamine H2 receptor blockers is also being reviewed by the FDA.

[1] Magellan Medicaid Administration, Inc. Clinical Alert. March 2012. Available at www.MagellanMedicaid.com/news/ClinicalAlerts.asp.