MAGELLAN PHARMACY SOLUTIONS | 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

Prior Authorizations

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.magellanmedicaid.com/

Onsite Provider Education

For onsite education presentations, please contact Kasie Purvis at 1-314-387-4792, M–F 8:30 a.m.–5:00 p.m. This education is free of charge.

International Classification of Diseases (ICD): Are You Ready For ICD-10?

On October 1, 2014, everyone will be required to transition to ICD-10 if you are covered by the Health Insurance Portability Accountability Act (HIPAA). Initially, this transition was to occur on October 1, 2013. Due to concerns about meeting this deadline, the Department of Health and Human Services (HHS) pushed back the transition date until 2014. So, if you are a health care provider, including physicians, payers, or clearinghouses, you are required to comply with this transition.

ICD-10-CM is the diagnosis code set that will replace the ICD-9-CM Volumes 1 and 2. The ICD-10-PCS code set will replace the ICD-9-CM Volume 3. CPT and HCPCS will continue to be the utilized code sets for reporting procedures in outpatient and office settings.

The ICD-9-CM code set has been in use for over 30 years. There is insufficient space to accommodate new procedures and diseases. Therefore, the United States will now transition to ICD-10-PCS. This will allow for more accurate/detail diagnosis in a patient's medical record. Resulting in a better understanding since multiple procedures will no longer be lumped together. With this transition, documentation will require a new level of detail that can support the increased specificity that is required with ICD-10 code sets.

The implementation of ICD-10 will require significant changes to clinical and administrative processes that capture these codes. Assess all areas of your practice or business so you are ready for the changes that are associated with ICD-10. Extensive training should be given to all staff. You may also need to make additional software changes to accommodate the ICD-10 code sets.

The Centers for Medicare & Medicaid Services (CMS) is responsible for the development and maintenance of the ICD-10-PCS code set. CMS is also responsible for oversight of the implementation and compliance with this HIPAA regulation. For additional resources, please refer to the CMS website at www.cms.gov/ICD10/.

Prior Authorization Reminder

Telephonic Prior Authorization Requests

Please contact the Clinical Support Center at 1-800-477-3071 (Sunday through Saturday; 24 hours a day) to request a prior authorization (PA) or to check on the status of a request. Currently, the only drugs that still require a faxed request are brands that are medically necessary, Suboxone/Subutex, Synagis, and Zyvox.

PREFERRED DRUG (PDL) CHANGES

Please be looking for upcoming provider communciations that outline the PDL changes as a result of the March 21, 2013 Pharmacy and Therapeutics Advisory committee (PTAC) meeting.

CLINICAL NEWSERROR! BOOKMARK NOT DEFINED.

2012-2013 INFLUENZA UPDATE

The 2012-2013 influenza season began early, as influenza activity in the US started to increase in mid-November 2012 and remained elevated through February 9, 2013. According to the Centers for Disease Control and Prevention (CDC), while influenza activity persists in parts of the country, activity is decreasing nationally. For the week of February 10–16, 2013, 22 states reported widespread influenza activity, compared to 47 states during the week of January 13–19, 2013. Hospitalization rates are leveling off for the season, but remain high among patients aged 65 years and older, who account for over 50 percent of all reported hospitalizations. An average of 24,000 Americans die each influenza season. The number of influenza-associated pediatric deaths this season totals 78. In recent seasons, the vaccine has been approximately 60–70 percent effective at preventing influenza. Overall this season, the CDC has found the influenza vaccine to be 56 percent effective against influenza A and B viruses. Overall effectiveness by age has been 64 percent (ages 6 months–17 years), 52 percent (ages 18–49 years), 63 percent (ages 50–64 years), and 27 percent (ages 65 years and older). Against the more virulent influenza A (H3N2) strain, the vaccine has offered protection in 46 to 58 percent for persons aged 6 months to 64 years, but in only 9 percent of persons aged 65 years and older, which is not statistically significant. A small sample size has been used to arrive at these percentages. A full evaluation of this season's vaccine effectiveness is particularly needed for the elderly. The CDC recommendation remains unchanged for immunizing all persons aged 6 months and older with the influenza vaccine.

Genentech continues to have the flu treatment oseltamivir (Tamiflu®) 6 mg/mL oral suspension on backorder. However, oseltamivir capsules remain mostly available, and if needed, pharmacists can compound a liquid preparation using oseltamivir capsules.

NATIONWIDE VOLUNTARY RECALL OF PEGINESATIDE (OMONTYS®)

Affymax and Takeda Pharmaceuticals have recalled all lots of peginesatide (Omontys) with the knowledge of the Food and Drug Administration (FDA). This voluntary nationwide recall at the user level is due to reports of anaphylaxis. Serious and fatal hypersensitivity reactions have been reported in some patients receiving their first dose of peginesatide given by an intravenous (IV) injection. The reactions occurred within 30 minutes after administration. There have been no reports of reactions following subsequent once monthly dosing, or in patients who have completed their dialysis session. There have been 19 reports of anaphylaxis from US dialysis centers. According to the FDA, three of the anaphylaxis cases were fatal, with others requiring prompt medical intervention, and in some cases, hospitalization. The FDA is investigating the products and facilities associated with this recall. Injectable peginesatide, an erythropoiesis stimulating agent (ESA) to treat anemia in adults with chronic kidney disease on dialysis, was approved in March 2012. Peginesatide has not been withdrawn from the market, but until further notice, no new or existing patients should receive peginesatide. The product should be returned to the manufacturer.

AMERICAN ACADEMY OF PEDIATRICS (AAP) PRACTICE GUIDELINES IN NEWLY DIAGNOSED TYPE 2 DIABETES MELLITUS IN CHILDREN AND ADOLESCENTS

The AAP has published its first guidelines for the management of type 2 diabetes mellitus (DM) in children ages 10–18 years, in the February issue of Pediatrics. Type 1 has been the type of diabetes seen in this population, but now, largely due to the prevalence of childhood obesity, type 2 DM, which was not typically seen until much later in life, is seen in one in three new cases of youth younger than 18 years, diagnosed with diabetes. This trend is not limited to the US but is occurring internationally. It is projected that by the year 2030, an estimated 366 million people worldwide will have diabetes. The CDC estimates that about 3,600 children in the US are diagnosed with type 2 DM annually. The diagnosis of type 1 DM can initially be difficult, particularly in overweight children. Therefore, these new guidelines recommend initiating insulin if it is unclear whether the patient has type 1 or 2 DM, and in type 2 DM patients who are ketotic or in diabetic ketoacidosis. Patients should continue insulin until the type can be definitely

determined. Metformin and lifestyle changes, including nutrition and exercise, are recommended in all other patients diagnosed with type 2 DM. Hemoglobin A1c should be monitored every three months. Home glucose monitoring is recommended for patients on insulin, during therapy regimen changes, not meeting treatment goals, and during illness. Children with type 2 DM, who require nutrition counseling, are encouraged to exercise at least 60 minutes daily and to limit their nonacademic "screen time," e.g., video games or television, to less than two hours a day.

Drug Information Highlights

- Effective February 1, 2013, tobramycin (TOBI®) nebulizer solution will be available only through an exclusive network of specialty pharmacies. Hospitals and long-term care facilities will continue to have access to TOBI through their normal distribution channels. The specialty pharmacies are Accredo Cura Script, Cigna Tel-Drug, CVS Caremark, Cystic Fibrosis Services, Foundation Care, Modern Health, Optum Rx, Prime Therapeutics Specialty Pharmacy, Right Source, Rite Aid Pharmacy, Walmart, and Specialty Pharmacy.
- In December 2011, the Drug Enforcement Agency (DEA) ruled under the controlled substances act that all carisoprodol products are to be reclassified as schedule IV, controlled substances as of January 2012 due to a high potential for abuse. Scheduling of carisoprodol (Soma®) tablets has finally taken effect and reflected in the label.

Drug Availability

- Abbvie is reporting that the shortage of fenofibrate (Tricor®) 48 mg tablets has been resolved. Both Tricor 48 mg and 145 mg tablets are available.
- The cease in shipment of ipratropium/albuterol (Combivent®) CFC MDI to the wholesalers is still planned for May 2013. When that inventory is depleted, there will no longer be any Combivent CFC MDI available. However, wholesalers will begin to allocate the product to pharmacies in April, resulting in some pharmacies not having the product sooner than May. Boehringer Ingelheim has Combivent® Respimat®, which is replacing Combivent MDI, available.

[1] Magellan Medicaid Administration, Inc. Clinical Alert. March 2013. Available at: www.MagellanMedicaid.com/news/ClinicalAlerts.asp.