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.

Getting to Know Kentucky Medicaid Providers

The Curry and Hubbard Pharmacy is located at 2387 Professional Heights Drive, Suite 160, Lexington, Kentucky. They have been in business since 1916. They have two full-time pharmacists and two part-time pharmacists, as well as three pharmacy technicians. The Curry and Hubbard Pharmacy offers free delivery. They also fill MediPlanners and provide compounding services.

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

International Classification of Diseases (ICD) Reminder

ICD-9 Reminder

The submission of an ICD-9 code on a claim is an attestation by the pharmacy of its accuracy and not a means in which to get a claim to adjudicate in a paid status. Kentucky Medicaid maintains a list of medications and their drug classes that may require an ICD-9 code. This list is located at https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp. Even with the submission of the ICD-9 code, some medications may still require prerequisite therapy. Prior Authorization (PA) requests can be obtained telephonically via the Clinical Support Call Center (1-800-477-3071) or by submitting a faxed form. PA forms are located at https://kentucky.magellanmedicaid.com/Providers/Forms.asp. PAs can be requested 24 hours a day, 7 days a week.

Fun Pharmacy Facts

Women Pharmacists

The first female pharmacist was Susan Hayhurst, who graduated from the Woman's Medical College of Philadelphia in 1859. In 1883, at the age of 63, Hayhurst became the first woman to graduate from the Philadelphia College of Pharmacy.

Benjamin Franklin

Did you know that Benjamin Franklin was once a pharmacist? He later coined the popular saying, "An apple a day keeps the doctor away."

Early Pharmacy

The earliest known compilation of medicinal substances was the Sushruta Samhita, an Indian Ayurvedic (ancient medical system in India) treatise (formal and systematic written discourse on a subject) attributed to Sushruta (father of Indian surgery and ophthalmology) in the sixth century, BC.

PREFERRED DRUG (PDL) CHANGES

Please look for the upcoming provider communication outlining the PDL changes that are a result of the March 21, 2013 Pharmacy and Therapeutics Advisory Committee (PTAC) meeting. Below are the medications and drug classes that will be affected.

New Drugs to Market

- Stivarga®, Vascepa®, Prepopik™, Linzess™, Ultresa™, Eliquis™, Iclusig™, Aubagio®, Xeljanz™

Existing Class Reviews

- Multiple Sclerosis Agents, New Generation Antidepressants, Trycyclic Antidepressants, Antimigraine: 5-HT1 Receptor Agonists, Anxiolytics, Alzheimer's: Cholinesterase Inhibitors, Alzheimer's: NMDA Receptor Antagonists, Antialcoholic Agents, Narcolepsy Agents, Skeletal Muscle Relaxants, Tobacco Cessation, and Dopamine Receptor Agonists

New Class Reviews

- Anticholinergics: Parkinson's, Catechol-O-Methyltransferase (COMT) Inhibitors, Dopamine Precursor/Dopa Decarboxylase Inhibitors, Dopamine Precursor/Dopa Decarboxylase Inhibitor/COMT Inhibitor, MAO-B Inhibitors, and MAOIs

PRESCRIPTION ISSUES

Did You Know...?

The Most Common Deficiencies in a Pharmacy are

- Invalid prescriptions;
- Prescriptions not signed by the prescriber; prescriptions without issue dates, cut faxes; prescriptions that do not contain federal and state required information; and prescriptions not written on temper-resistant prescription pads;
- Missing prescriptions from the pharmacy files;
- Prescriptions without clear, calculable directions (e.g., "Use As Directed");
- Days' supply and quantity violations; and
- Wrong prescribers billed.

CLINICAL NEWS

GENERIC OPANA® ER

The US Food and Drug Administration (FDA) responded to a petition from Endo Pharmaceuticals, the manufacturer of original and reformulated oxymorphone hydrochloride extended-release (Opana® ER), and announced that the original formulation of Opana® ER tablets was not withdrawn from the market due to safety or effectiveness. Therefore, generic versions of the original Opana® ER formulation can continue to be approved and marketed. In the science-based review, the FDA concluded that while there is an increased ability of the reformulated version of Opana® ER to resist crushing versus the original formulation, the reformulated version's extended-release features can be compromised when subjected to other types of manipulation; e.g., cutting, grinding, or chewing, followed by swallowing. According to the FDA, reformulated Opana® ER can be prepared for injection, despite Endo's claim that these tablets have resistance to aqueous extraction. Reformulated Opana® ER can be prepared for snorting using commonly available tools and methods. The FDA has stated that the postmarketing investigations are inconclusive, and even if available data are treated as a reliable indicator of abuse rates, one of these investigations suggests the potential that a higher percentage of reformulated Opana® ER abuse is via injection than with the original formulation. The FDA continues to encourage the development of abuse-deterrent opioid formulations to help reduce prescription drug abuse. As of March 1, 2013, the FDA offers training for opioid prescribers geared towards curbing the opioid epidemic.

American Association of Clinical Endocrinologists (AACE) Type 2 Diabetes Treatment Algorithm

The new evidence-based ACCE algorithm for type 2 diabetes treatment has a goal HbA1c of less than or equal to 6.5 percent for healthy patients with low hypoglycemic risk. For patients with concurrent illness and at risk of hypoglycemia goal HbA1c is greater than 6.5 percent. Lifestyle modification, including medically assisted weight loss, underlies all of the treatments. The guidelines state the choice of therapy must be based on the individual patient, medications, cost, ease of use, other risk factors, and the patient's initial HbA1C level: less than 7.5 percent, greater than or equal to 7.5 percent, and greater than 9 percent. It suggests patients with an HbA1C less than 7.5 percent start with monotherapy, whereas patients with an HbA1C greater than or equal to 7.5 percent begin with dual therapy. Patients with an HbA1C greater than or equal to 9 percent and no symptoms may start either dual or triple antihyperglycemic therapy; patients with an HbA1C greater than 9 percent with symptoms should begin insulin therapy with or without other agents. The HbA1C should be reassessed every 3 months and failure to improve may warrant additional complementary therapy for optimal glycemic control. The guidelines provide prescribers a hierarchical order of the usage of drugs where, like the American Diabetes Association (ADA) guidelines, metformin is the preferred treatment of choice for monotherapy and first-line agent for dual and triple therapy. For patients less than 7.5 percent at entry, monotherapy options considered safer are metformin, a glucagonlike peptide-1 (GLP-1) receptor agonist, a dipeptidyl peptidase-4 (DPP-4) inhibitor, or an alpha-glucosidase inhibitor. Medications to be used with caution include sodium-dependent glucose cotransporter 2 (SGLT2) inhibitors, thiazolidinediones, and sulfonylureas. The guidelines also include an algorithm to address insulin treatment. Rapid-acting insulin analogs are more desirable than regular insulin because they are more predictable. Long-acting insulin analogs are preferred to NPH insulin.

Valproate Products in Pregnancy for Migraine Prevention

The FDA has issued a safety announcement that the anticonvulsants valproate products are contraindicated in pregnant women for the prevention of migraine headaches. The Neurodevelopmental Effects of Antiepileptic Drugs (NEAD) study showed that children exposed to valproate products while their mothers were pregnant had decreased IQs at age 6, compared to children exposed to other anti-epileptic drugs. The difference in average IQ between the children who had been exposed to valproate, and the children who had been exposed to other antiepileptic drugs, varied between 8 and 11 points depending on the comparator drug. As a result, valproate's pregnancy category for migraine use will be changed from D to X. Valproate products will remain in pregnancy category D for treating epilepsy and manic episodes associated with bipolar disorder. For women of childbearing age who are not pregnant, valproate products should not be taken for any condition unless the drug is an essential part of the management. All non-pregnant women of childbearing age taking valproate products should use effective birth control. Valproate products include valproate sodium (Depacon®), divalproex sodium (Depakote®, Depakote® CP, and Depakote® ER), valproic acid (Depakene® and Stavzor™), and their generics.

Lorcaserin (Belviq®) DEA Designation

In May 2013, the Drug Enforcement Administration/Agency (DEA) gave lorcaserin (Belviq®), a Schedule IV controlled substance designation. It was FDA approved in June 2012, but has been pending DEA scheduling. A selective serotonin 2C receptor agonist, lorcaserin tablets were approved in June 2012 for the treatment of obesity as adjunct to diet and exercise in patients with a Body Mass Index (BMI) equal to or greater than 30 kg/m2, or if obesity-related comorbidity, with a BMI equal to or greater than 27 kg/m2. Lorcaserin is dosed 10 mg twice daily. It should be discontinued if 5 percent weight loss is not achieved by week 12. Launch is planned for June 2013.

HbA 1c Test for Diagnosis of Diabetes

Roche Labs has received approval for COBAS INTEGRA 800 Tina-quant HbA1cDx assay (Tina-quant HbA1cDx assay). This is the first prescription assay approved to not only monitor, but also diagnose diabetes for use by health care professionals in clinical labs. Currently available HbA1c tests are only approved to monitor a patient's serum glucose.

DRUG INFORMATION HIGHLIGHTS

- The FDA approved Janssen's golimumab (Simponi®) for the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have demonstrated corticosteroid dependence or who have had an inadequate response to or failed to tolerate oral aminosalicylates, oral corticosteroids, azathioprine, or 6-mercaptopurine for inducing and maintaining clinical response; improving endoscopic appearance of the mucosa during induction; inducing clinical remission and achieving and sustaining clinical remission in induction responders. Golimumab is a tumor necrosis factor (TNF) blocker that is also indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis in combination with methotrexate (MTX); active psoriatic arthritis alone, or in combination with MTX and for active ankylosing spondylitis.
- Erlotinib (Tarceva®) received approval for a new indication as first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test. Erlotinib is indicated for the maintenance treatment of patients with locally advanced or metastatic NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy and for the treatment of locally advanced or metastatic NSCLC after failure of at least one prior chemotherapy regimen. Additionally, erlotinib is indicated for first-line treatment of patients with locally advanced, unresectable or metastatic pancreatic cancer, in combination with gemcitabine.
- Novartis' canakinumab (Ilaris®), a human interleukin-1β blocker, received an expanded indication for the treatment of systemic juvenile idiopathic arthritis in patients 2 years and older. Canakinumab is also approved for cryopyrin-associated periodic syndromes (CAPS), in adults and children 4 years of age and older including familial cold autoinflammatory syndrome and Muckle-Wells Syndrome.

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