



**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 co-pay and benefit
information.

WEBSITES

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 Tina Hawkins at
KMHawkins@magellanhealth.com,
M-F 8:30 a.m.-5:00 p.m.
This education is free of charge.

2014 FEE-FOR-SERVICE PLAN DESIGN CHANGES

On **January 1, 2014**, Kentucky Medicaid will eliminate the 3-brand prescription limitation as well as the 4 prescription per month limitation from all Fee-For-Service Medicaid members. As a result, prescription limit overrides will no longer be necessary.

On **January 1, 2014**, Kentucky Medicaid will implement new copayments and cost sharing policies. The new co-pay structure will be as follows:

- \$1 for all generics
- \$4 for preferred brands
- \$8 for non preferred brand

Exceptions to the above co-pay requirements will be:

- The following drug classes:
 - Family planning, no co-pays
 - Tobacco Cessation, no co-pays
 - 2nd Generation Antipsychotics and Injectable Antipsychotics, \$1 co-pay
 - Anticonvulsants, non-preferred, \$4 co-pay
 - Oral Oncology, non-preferred brands, \$4 co-pay
 - Diabetic Supplies
 - Meters, no co-pays
 - Test strips, control solutions, insulin needles, lancets, etc., \$4 co-pay with no more than one co-pay per calendar day being charged
- The following eligibility groups are excluded from the generic (\$1) and preferred brand (\$4) co-pay; however, they **ARE subject** to the non preferred brand (\$8) co-pay:
 - Children defined as age <19 years, except for those children eligible under the KCHIP 3 program:
 - Children enrolled in the KCHIP 3 kids plan will be subject to the generic (\$1) and preferred brand (\$4) co-pay, as well as the non preferred brand (\$8) co-pay.
 - Pregnant women, as identified by NCPDP Field # 335-2C = "2" (pregnant)
 - LTC members, as identified by patient residence field (NCPDP Field # 384-4X) = "2," "3", "4", "5", "6", or "9." In the case of a partial fill, this co-pay will be due in full at the time of the first fill.
- Copayments will be accumulated so that they do not exceed 5% of the family income on a quarterly basis.

THIRD PARTY LIABILITY REVIEW

On **December 16, 2013**, Kentucky Medicaid began to deny claims if submitted with an Other Coverage Code = 2, U&C ≥ \$50, and the OPAP (Other Payer Amount Paid) <20% of the submitted U&C. Claims will deny for NCPDP 8W "Discrepancy between OCC/Other Payer." Once the provider has verified that the correct U&C and other Payer Amount Paid has been submitted correctly, overrides may be sought from the Magellan technical call center by calling 800-477-3071.

NEW WARNING FOR CLOBAZAM (ONFI™)

On December 3, 2013, FDA issued a Drug Safety Communication alerting healthcare providers about the potential for rare but serious skin reactions associated with the use of clobazam. FDA has approved changes to the Onfi™ Warnings and Precautions section of the drug label and to the patient Medicaid Guide to include the potential for these serious skin reactions.

These rare but serious skin reactions, such as Stevens - Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) have all resulted in hospitalization; one case resulted in blindness and one case resulted in death. While these skin reactions may occur at any time during treatment with clobazam, the greatest potential is during the first 8 weeks of therapy or when therapy is reinitiated.

Patients should be monitored for signs or symptoms of SJS/TEN, especially during initiation or re-initiation of therapy. Clobazam should be discontinued and alternative therapies considered at the first sign of rash, unless drug-related rash can be ruled out. Patients taking clobazam should be instructed to seek immediate medical treatment if they develop a rash, blistering or peeling of the skin, sores in the mouth, or hives. Patients should also be instructed not to stop taking clobazam without first talking to their health care professionals as sudden discontinuation may cause serious withdrawal problems, such as seizures that will not stop, hallucinations, shaking, nervousness, and stomach or muscle cramps. Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of clobazam to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

More information on this FDA alert can be found at: <http://www.fda.gov/Drugs/DrugSafety/ucm377204.htm>.

COMPLETE PHASE-OUT OF CHLOROFLUOROCARBON (CFC) INHALERS

The FDA will complete its phase-out of all inhaler medical products containing CFCs by December 31, 2013. This effort is to comply with an international treaty to protect the ozone layer by phasing out the global production of numerous substances, including CFCs, which contribute to ozone depletion. Most inhalers containing CFCs have already been phased out by the FDA, but Combivent® Inhalation Aerosol (ipratropium and albuterol) and Maxair® Autohaler (pirbuterol) remain, but will no longer be available after the end of this year. Boehringer Ingelheim announced that Combivent Inhalation Aerosol was discontinued in July 2013; Combivent® Respimat® is available as a replacement for Combivent.

LEUKEMIA DRUG ICLUSIG™ PULLED FROM MARKET

At the request of the Food and Drug Administration (FDA), Ariad Pharmaceuticals has suspended marketing and sales of the oral kinase inhibitor ponatinib (Iclusig™) due to the risk of life-threatening blood clots and severe narrowing of blood vessels. Approximately 24 percent of patients in the Phase 2 clinical trial (median treatment duration 1.3 years) and about 48 percent of patients in the Phase 1 study (median treatment duration 2.7 years) have experienced serious adverse vascular events, including fatal and life-threatening myocardial infarction, stroke, loss of blood flow to the extremities resulting in tissue death, and severe narrowing of blood vessels in the extremities, heart, and brain requiring urgent surgical procedures to restore blood flow. In some patients, fatal and serious adverse events have occurred as early as 2 weeks after beginning ponatinib therapy. Patients on ponatinib who are not responding to therapy should stop treatment and seek an alternative in consultation with their healthcare professional. For patients who are responding to ponatinib and whose healthcare professionals determine that the potential benefits outweigh the risks, the FDA recommends that they continue to be treated under a single-patient Investigational New Drug (IND) application or under an expanded-access registry program while FDA's investigation continues. Clinicians should not start treating new patients with ponatinib unless no other treatments are available and all other available therapies have failed. These patients can be considered for treatment under an IND or expanded access registry program. Ponatinib tablets are indicated for adults with chronic-phase, accelerated-phase, or blast-phase chronic myeloid leukemia or Philadelphia chromosome-positive acute lymphoblastic leukemia who do not tolerate or no longer benefit from other therapies.

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