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, 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 Michael Price at kyproviders@magellanhealth.com, M–F 8:30 a.m.–5:00 p.m.
This education is free of charge.

PLAN DESIGN CHANGES FOR 2014 *(RECAP)*

Just a reminder on **January 1, 2014**, Kentucky Medicaid made significant **plan design changes.**

- The three-brand prescription limitation as well as the four prescriptions per month limitation was eliminated from all Fee-for-Service Medicaid members. As a result, ***prescription limit overrides are no longer necessary.***
- New copayments and cost sharing policies were enacted. The ***new co-pay structure*** is as follows:
  - $1 for all generics
  - $4 for preferred brands
  - $8 for non-preferred brand
  - Exceptions to the above co-pay requirements are:
    - Certain drug classes, such as family planning, tobacco cessation, and diabetic supplies
    - Certain eligibility groups, such as children, pregnant women, and members residing in a long-term-care facility
  - Copayments will be accumulated so that they do not exceed 5% of the family income on a quarterly basis

For full details on all of the 2014 Plan Design Changes, please refer to Fee-for-Service Pharmacy Provider Notice #173 located on the Kentucky Pharmacy website under the Providers tab or at: https://kentucky.magellanmedicaid.com/Downloads/providers/KY-ProviderNotice-172-20131212.pdf.

ARE YOU READY FOR ICD-10?

On **October 1, 2014** everyone covered by the Health Insurance Portability Accountability Act (HIPAA) will be required to transition to ICD-10. Initially, this transition was to occur on October 1, 2013; however, due to concerns about meeting this deadline, the department of Health and Human Services (HHS) pushed back the transition date. The implementation of ICD-10 will require significant changes to clinical and administrative processes using the current ICD-9 format. Affected entities should **assess all areas of practice or business** to ensure preparedness for the changes that are associated with ICD-10. **Extensive training** should be given to all staff. **Additional software changes** to accommodate the ICD-10 code sets may be required.

TOBACCO CESSATION PRODUCTS (REVISION)

On **January 3, 2014** Kentucky Medicaid discontinued the duration edit from all tobacco cessation products. It is no longer necessary to contact the department for Medicaid Services for refills of tobacco cessation products.

Introducing the Kentucky Fee-For-Service Web Portal

In April 2014, Kentucky Medicaid will roll out a new Fee-For-Service Web Portal. The Web portal will provide web-based tools such as the following:

- Pharmacy Claims History
- Drug Look-up
- Pharmacy Locator
- Electronic Prior Authorization (PA) submission
- Access to electronic Remittance Advices (RAs)

Please stay tuned for more information about the Web portal as the roll-out date approaches.

Safety Warning for New Single-Entity Hydrocodone Product[1]

In October 2013, the Food and Drug Administration (FDA) went against recommendations of an advisory panel to approve Zohydro™ ER, the first single-entity hydrocodone product. The approval was met with scrutiny; attorney generals from 28 states have asked the FDA to reconsider the approval of Zogenix' Zohydro™ ER capsules or set a rigorous timeline for Zohydro™ ER to be reformulated for abuse-deterrence. States have argued that this Schedule II controlled substance has greater abuse potential than traditional hydrocodone-containing products, as it does not contain abuse-deterrent properties and it is at least five times more potent than the traditional products. Zogenix announced a collaboration with Altus Formulation to develop an abuse-deterrent Zohydro™ ER formulation.

Food and Drug Administration restricting Maximum Acetaminophen (APAP) Dosage per Unit[1]

In January 2011, the FDA recommended that manufacturers of prescription combination drug products containing APAP limit the amount to no more than 325 mg in each tablet or capsule by January 14, 2014, since risks of liver injury outweigh the benefits of the drug. Many manufacturers voluntarily complied with the FDA's request; however, some prescription combination products containing more than 325 mg APAP per dosage unit remain available. In the near future, the FDA plans to begin a process for withdrawing the approval of prescription combination products with more than 325 mg APAP per dosage unit that remain on the market.

It should be noted that although prescribers should only write prescriptions for combination products that contain ≤325 mg APAP, a two-tablet or two capsule dose may still be prescribed (total dose of 650 mg), if appropriate.

Ariad Pharmaceuticals Resumes Marketing of Iclusig™[1]

Ariad Pharmaceuticals has announced the commercial availability of the oral kinase inhibitor, ponatinib (Iclusig™) for adults with refractory chronic myeloid leukemia (CML) and Philadelphia-chromosome positive acute lymphoblastic leukemia (ACL) in the U.S. In October 2013, the FDA had suspended the marketing and sale of this leukemia drug, due to the risk of life-threatening blood clots and severe narrowing of blood vessels. In December 2013, the FDA approved revised prescribing information and communications of Risk Evaluation and Mitigation Strategy (REMS) that allowed ponatinib's marketing and distribution to resume. Changes include a revised indication statement and boxed warning, updated safety information, and recommendations regarding dosing considerations. Ariad expects most patients to transition from the Investigational New Drug (IND) program to commercial therapy by the end of the first quarter of 2014. The ponatinib IND program is now closed to new patients with Philadelphia-positive leukemias.

[1] Magellan Medicaid Administration, Inc. Clinical Alert. 2014. Available at: http://www.MagellanMedicaid.com/news/ClinicalAlerts.asp.