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 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/

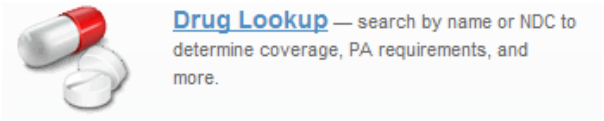
ONSITE PROVIDER EDUCATION

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.

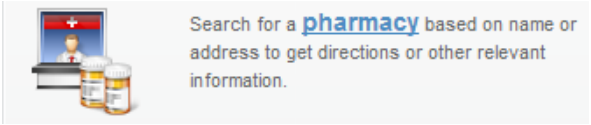
New Kentucky Fee-For-Service Web Portal

The Kentucky Medicaid Fee-For-Service Pharmacy Program introduced the new web portal on June 30, 2014, replacing the old version. Many features are available at http://kentucky.magellanmedicaid.com/, including:

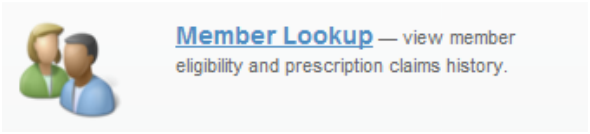
- The ability to **look-up drug coverage** information



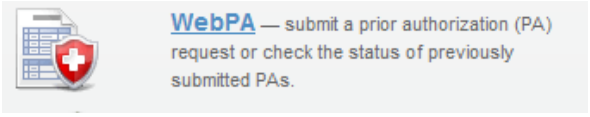
- The ability to **look-up a pharmacy** in your area



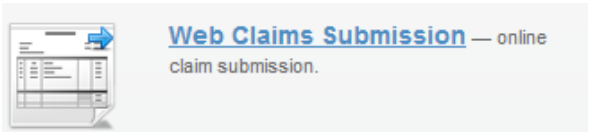
- The ability to view **member eligibility and claims history**



The ability to request **prior authorization** and check the status of that prior authorization



- The ability to **submit claims on line**



We encourage you to explore the portal and its new functionality at http://kentucky.magellanmedicaid.com/.

Tablet Splitting Change

Effective July 27, 2014, Kentucky Fee-For-Service Medicaid will no longer require tablet splitting for citalopram, escitalopram, or sertraline products. These products may now be dispensed in whole tablet form.

Over-the-Counter (OTC) Coverage Changes

Effective August 13, 2014, Kentucky Fee-For-Service Medicaid will no longer cover multi-source branded over-the-counter (OTC) products for its members residing in a long-term care (LTC) facility. Generic and single source branded OTCs will continue to be covered. Kentucky Fee-For-Service Medicaid members who do NOT reside in a LTC facility remain subject to the covered OTC list located at https://kentucky.magellanmedicaid.com/.

Co-pay Changes

The Department of Medicaid Services has made the following changes to 907 KAR 1:604 Recipient Cost-Sharing. Effective July 2014, 907 KAR 1:604 was amended to exempt children under foster care from paying the $8.00 co-pay for non-preferred brand name prescription drugs.

PINNACLE Registry Reports - One in Five Patients on Prasugrel (Effient®) for Inappropriate Indication

The PINNACLE Registry®, the largest outpatient cardiovascular (CV) data repository in the U.S., aids in identifying CV practice patterns. As published online in the Journal of the American College of Cardiology, PINNACLE data, inclusive of 27,533 patients treated with the antiplatelet agent, prasugrel (Effient®), was used to identify that nearly one out of five patients were prescribed the drug for an inappropriate or non-recommended use since its approval in 2009. Prasugrel is indicated for the reduction of thrombotic CV events in patients with acute coronary syndrome (ACS) who are to undergo percutaneous coronary intervention (PCI). Use of prasugrel is contraindicated in patients with a history of transient ischemic attack (TIA) or stroke due to increased risk of major bleeding. PINNACLE reported that 13.9 percent of patients on prasugrel had a history of stroke or TIA. In addition, the benefit of prasugrel therapy has not been shown to outweigh the bleeding risk in patients ≥ 75 years of age without diabetes or history of myocardial infarction (MI); however, 18.3 percent of patients on prasugrel were ≥ 75 years of age with no diabetes or prior MI. PINNACLE also reported that 15.4 percent of patients taking prasugrel were also on aspirin and warfarin. Safety and efficacy of this triple therapy regimen has not been studied and can increase the risk of major bleeding. There was considerable variation of inappropriate prescribing between cardiology practices ranging from zero to 90 percent and inappropriate use was more common in patients with comorbidities (e.g., diabetes, hypertension, dyslipidemia, atrial fibrillation, heart failure, and peripheral artery disease). PINNACLE is now reviewing prescribing trends for the antiplatelet agent ticagrelor (Brilinta®).

American Diabetes Association (ADA) Updates - Blood Sugar Targets for Pediatric Patients with Type 1 Diabetes

Each year, an estimated 18,000 children and adolescents in the U.S. are diagnosed with type 1 diabetes (T1DM), characterized by immune-mediated ß-cell destruction and the need for lifelong insulin therapy. The ADA has updated the target HbA1c for pediatric patients with T1DM to < 7.5% for all pediatric age groups; previously, it was < 8.5% depending on age. Previously, HbA1c pediatric recommendations were based on the avoidance of severe hypoglycemia in young children, thereby reducing the risk of neurocognitive dysfunction. However, more recent studies have failed to support this notion. In fact, there is growing evidence that elevated serum glucose levels in the very young child may produce short term neurocognitive adverse effects. In addition, control of blood glucose and HbA1c levels prior to puberty may reduce the risk for both micro- and macrovascular complications. The ADA recognizes that control of blood glucose in pediatric patients can be problematic, given the physiological and behavioral challenges confronting this age group. The ADA emphasizes that glycemic targets should be individualized to achieve the best possible control while minimizing the risk of severe hyper- and hypoglycemia and maintaining normal growth and development. This new HbA1c target now aligns glycemic goals of the ADA with the International Society for Pediatric and Adolescent Diabetes, the Pediatric Endocrine Society, and the International Diabetes Federation. The ADA's adult HbA1c goals for T1DM remain unchanged.

American Heart Association (AHA), American College of Cardiology (ACC), and Heart Rhythm Society (HRS) Updated Atrial Fibrillation Guidelines

The AHA/ACC/HRS has released updated guidelines for the management of patients with atrial fibrillation. This guideline supersedes the 2006 ACC/AHA/European Society of Cardiology (ESC) guideline for the management of patients with atrial fibrillation and the two subsequent focused updates from 2011. In the 2014 guidelines, warfarin is still recommended for atrial fibrillation in patients with mechanical heart valves with target International Normalized Ratio (INR) of 2.0 to 3.0 or 2.5 to 3.5 based on the type and location of the prosthesis. In patients with nonvalvular atrial fibrillation with prior stroke, transient ischemic attack (TIA), or a CHA2DS2-VASc score of 2 or greater, oral anticoagulants are recommended. Options include: warfarin (Level of Evidence: A), dabigatran (Pradaxa®), rivaroxaban (Xarelto®), or apixaban (Eliquis®) (Level of Evidence: B for the three newer agents). In patients with non-valvular atrial fibrillation unable to maintain a therapeutic INR level with warfarin, use of a direct thrombin or factor Xa inhibitor (dabigatran, rivaroxaban, or apixaban) is recommended (Level of Evidence: C). All recommendations are Class I.

Hereditary Angioedema (HAE): Pediatric Age Expansion Ecallantide (Kalbitor®), a plasma kallikrein inhibitor, is now indicated for acute attacks of HAE in ages ≥ 12 years old. Previously, it was approved in ages ≥ 16 years old. Subcutaneous ecallantide should only be administered by a healthcare professional.

Reporting of Diagnosis Codes

Utilizing incorrect diagnosis codes, such as ICD-9/10 codes, on medical or pharmacy claims is a risk with serious implications. When incorrect diagnosis codes are captured in the electronic medical record, inappropriate medical treatment may be rendered, and the healthcare provider could be charged with malpractice, practicing medicine without a license, slander, or insurance fraud. Therefore, the Department for Medicaid Services encourages all healthcare providers to use extreme caution by ensuring correct diagnosis information is recorded in medical records and by obtaining correct diagnosis information from the prescriber, when necessary, for claims submission.

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