



November 2014

Volume 10, Number 4

### 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/>

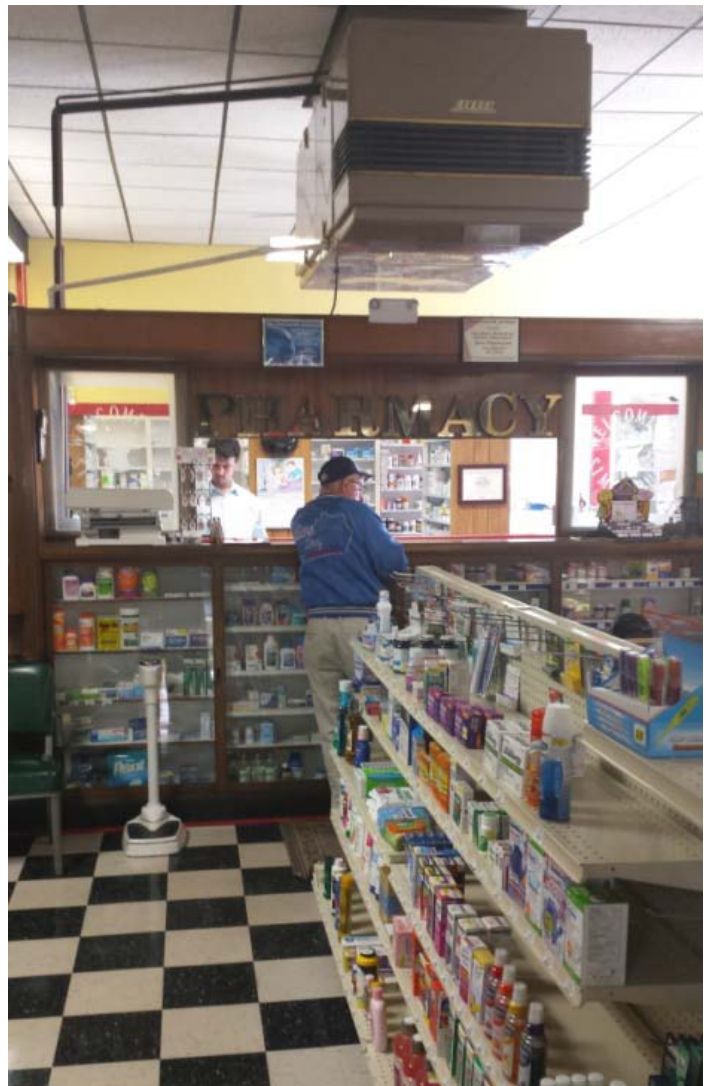
#### ONSITE PROVIDER EDUCATION

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.

### Pharmacy Spot Light – Sims Drug & Gifts

Sims Drug & Gifts has been serving the Wilmore, Kentucky area since 1926. According to Mr. Sims, the fountain and grill was started by his father, and the pharmacy was added later in the 1940s. The décor of the store has not changed much over the years. The 1950's style soda fountain and the pharmacy area have remained unchanged since the 1960s. When you walk in, you will notice arts and crafts created by local artists. All of these treasures are for sale. Sims Drug & Gifts offers burgers, fries, fried fish and other seafood, ice cream sodas, and locally made desserts. Dr. John McDaniel is the current owner and operator of Sims Drug. He would not change a thing about the grill or any part of the drug store because his regular customers love the friendly atmosphere. Sims Drug & Gifts has not only been a long standing provider for FFS members, but remains one of our top 20 pharmacies by claim volume. We appreciate the quality service from all our pharmacy providers, and encourage providers to reach out to us with special news or highlights that we can spotlight each quarter.



## Maximum Quantity List Update

Effective October 8, 2014, Kentucky Fee-For-Service Medicaid made the following changes:

Beginning:	Drug Name:	Quantity Limit:
10/08/2014	Copaxone® 20 mg/ml	1 mL per day
10/08/2014	Copaxone® 40 mg/ml	3 mL per week
10/08/2014	Synagis® 50 mg Synagis® 100 mg	1 Rx per month

## CDC Releases 2014 - 2015 Influenza Season Recommendations

The Center for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) released their 2014-2015 recommendations for the prevention and control of seasonal influenza. The 2014-2015 season influenza vaccine contains the same virus strains as those contained in the 2013-2014 vaccine. Routine annual vaccination is appropriate for those six months of age or older, unless contraindicated. Previously unvaccinated children, aged six months to eight years, should receive two doses of the 2014-2015 vaccine. Only one dose is required for children who received at least one dose of the 2013-2014 vaccine or who received a total of at least two doses of seasonal influenza vaccine since July 1, 2010. Live attenuated influenza vaccine (LAIV) is recommended for those ages two to eight years. If LAIV is not immediately available, then inactivated influenza vaccine (IIV) can be used.

## Updated Synagis® Guidelines for RSV Prophylaxis

The American Academy of Pediatrics (AAP) has updated its guidelines for the use of palivizumab (Synagis) for the prophylaxis of respiratory syncytial virus (RSV) infection in infants and young children. Palivizumab is given intramuscularly at a dosage of 15 mg/kg once a month for five doses for the prevention of serious lower respiratory tract disease due to RSV in children at high risk of RSV disease. The goal of this update is to provide more specific guidance for identifying those infants and children who are at increased risk for hospitalization due to RSV. The AAP found chronologic age to be the single most important risk factor for RSV hospitalization, most of which occur during the first 90 days after birth. Infants with certain comorbidities, such as prematurity, chronic lung disease (CLD), or hemodynamically-significant congenital heart disease (CHD), may be at increased risk for RSV hospitalization. The AAP also concluded that most host and environmental factors, such as variations in living conditions and climate, do not significantly impact the risk of RSV hospitalization.

Major points of revision from the guidance published in the 2012 Redbook include:

- In the first year of life, palivizumab prophylaxis is recommended for infants born before 29 weeks, 0 days' gestation. Consistent data demonstrate a two to four time's greater risk for hospitalization in this group than later pre-term infants. This is a change from gestational age before 35 weeks.
- Palivizumab prophylaxis is not recommended for otherwise healthy infants born at or after 29 weeks, 0 days' gestation. Previous guidelines advised use in infants younger than six months at the start of RSV if born at 29 to less than 32 weeks' gestation or in infants three months of age at the start of RSV season who were born at 32 to less than 35 weeks' gestation who had environmental risk factors for RSV infection.
- Palivizumab prophylaxis is recommended during the first year of life for infants with CLD of prematurity defined as gestational age before 32 weeks, 0 days' and who required more than 21 percent oxygen for at least 28 days after birth. Prophylaxis is no longer recommended in the second year of life except for children with CLD who continue to require medical intervention.
- Palivizumab prophylaxis may be considered in the first year of life for certain infants with hemodynamically-significant CHD.
- Children younger than 24 months who will be significantly immunocompromised during the RSV season may be considered for prophylaxis.
- Discontinue monthly palivizumab if breakthrough RSV hospitalization occurs.

The AAP does not support the use of more than five consecutive monthly doses of palivizumab given during the peak of RSV season, which provides six months of coverage against RSV. For variations in the onset and offset of the RSV season in specific locations, such as Alaska and Florida, local health departments or the CDC should be consulted.