Magellan Rx MANAGEMENT

Kentucky UNBRIDLED SPIRIT

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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 Magellan Medicaid Administration at kyproviders@magellanhealth.com. This education is free of charge.

Passage of Senate Bill 44: Medication Synchronization

Research has shown that approximately 69 million Americans take three or more prescriptions per month, requiring multiple trips to the pharmacy. Many consumers say they miss doses of their medication because they forget to refill their prescriptions before they run out. As a result, missed or skipped doses of medication cause 125,000 deaths every year and account for 10 to 25 percent of hospital and nursing home admissions.[1] Kentucky legislators have recognized the economic disparities present in our communities and have decided to take action.

On May 20, 2015, Governor Beshear signed into law Senate Bill 44 (S. B. 44), an act relating to the synchronization of prescription refills, which becomes effective January 1, 2016. This bill takes into account that Kentucky Medicaid recipients and/or their families may have limited access to providers due to either geographical constraints, access to transportation, financial hardships, or combinations of these. S.B. 44 aims to alleviate issues such as these by allowing recipients to synchronize their medication refills to a set cycle, thereby reducing the number of trips to a pharmacy because all of their medications will be filled during a single visit. This isn't mandatory, but rather an option for those who wish to participate.

For additional information regarding Senate Bill 44 and the eligibility criteria, please refer to "Fee-For-Service Pharmacy Provider Notice #207" found on the Web portal at https://kyportal.magellanmedicaid.com and choosing the Provider/Resources/Documents/Notices tab options, or you may send inquires via email to kyproviders@magellanhealth.com.

Auvi-Q Recall

Sanofi U.S. is voluntarily recalling all Auvi-Q (epinephrine injection) due to the potential for inaccurate dosage delivery. Auvi-Q is a pre-filled, auto-injector indicated for the emergency treatment of type 1 allergic reactions, including anaphylaxis. Auvi-Q is the only self-injectable epinephrine that guides the user through the injection process using both audio and visual cues. This recall involves all Auvi-Q (0.15 mg and 0.3 mg) currently on the market for hospitals, retailers and consumers and includes lot numbers 2299596 through 3037230 that expire March 2016 through December 2016. Although no deaths have been reported, patients should contact their prescribing healthcare professional immediately for a prescription of an alternate epinephrine auto-injector. Sanofi will provide reimbursement for out of pocket costs incurred for the purchase of new epinephrine auto-injectors with proof of purchase.

The Kentucky Department for Medicaid Services has taken additional steps to ensure the safety of its members. The pharmacy providers of affected members were contacted. All providers indicated there were active plans and processes in place for members to get a prescription for an alternative epinephrine injector.

For more information providers can visit www.Auvi-Q.com, send an email inquiry to cs@sanofi.com, or call 1-866-726-6340 Monday through Friday 8 a.m. to 8 p.m. EST for information about how to return their Auvi-Q devices.

[1] *CDC FastStats 2012* http://www.cdc.gov/nchs/fastats/drugs.htm
U.S. Census Bureau 2013 U.S. population estimate http://quickfacts.census.gov/qfd/states/00000.html

AHA/ADA Guideline on CVD prevention in Type 2 Diabetes

The American Heart Association and American Diabetes Association (AHA/ADA) recently released updated joint guidelines on cardiovascular disease (CVD) prevention in patients with type 2 diabetes. This statement updates the 2007 guidelines and provides recommendations from the review of current literature and clinical trials related to the control of blood pressure, blood glucose and cholesterol. Emphasis is placed on lifestyle modification, including recommendations on nutrition and weight management, as well as CVD risk factor management. The updated guidelines state that hemoglobin A1c should be ≤ 7% in most patients in order to reduce the incidence of microvascular disease; however, more or less stringent goals may be appropriate in select patients. The updated guidelines recommend a blood pressure goal of < 140/90 mmHg for most patients with diabetes. Additionally, pharmacological therapy should include a regimen with either an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB). For CVD prevention, the AHA/ADA guidelines incorporate the AHA/American College of Cardiology 2013 recommendations that emphasize the importance of statin use based on overall CVD risk, rather than treating to a LDL-C target. The ADA/AHA statement also highlights areas where additional research is needed to further the goal of better primary CVD prevention in this population, including: the role of glucose-lowering drugs in reducing cardiovascular events, the role of bariatric surgery, the risks of hypoglycemia on the cardiovascular system, appropriate targets for blood pressure, the role of lowering triglyceride levels, and the role of imaging for subclinical CVD assessment.

Injectable Risperidone for Recent Schizophrenia

Schizophrenia has been historically difficult to treat; with several studies demonstrating that nonadherence to medications contributes to the return of psychotic symptoms and relapse. Patients with schizophrenia often have poor insight to the importance of antipsychotic medication adherence, which makes taking oral medications on a daily basis unpredictable. Long-acting injectable (LAI) second-generation antipsychotics have the potential to increase compliance and reduce the rate of relapse.

A recent 12-month clinical trial by Subotnick, et al, included 86 patients randomized to oral risperidone or to LAI risperidone. The study included patients who were diagnosed with schizophrenia, schizoaffective disorder, depressed type, or schizophreniform disorder, and had a recent onset of psychotic illness within the past 2 years. In addition to risperidone therapy, patients in each group were also randomized to receive cognitive remediation to improve cognitive functioning or healthy-behaviors training to improve lifestyle habits. The primary outcome was psychotic exacerbation and/or relapse with the expanded 24-item version of the Brief Psychiatric Rating Scale (BPRS) used to rate patients every 2 weeks. The psychotic exacerbation and/or relapse rate was significantly lower for the LAI risperidone group compared with the oral group (5% versus 33%). Also, LAI risperidone was found to better control levels of delusions and hallucinations. The cognitive remediation and healthy-behaviors training had no impact on psychotic relapse, symptom control, or hospitalization rates.

Based on the results of this trial, starting a long-acting injectable antipsychotic after a recent onset of schizophrenia is more effective than starting an oral antipsychotic. Apparent benefits include ease of medication adherence, which is vital during the early stages of schizophrenia when insight of therapy compliance is notably low. Using long-acting injectables earlier in the course of the disease may very well improve patient outcomes and reduce relapse rates in this extremely fragile population.

Drug Information Highlights

- Due to business reasons, Novartis/Merck will voluntarily discontinue manufacture and distribution of formoterol fumarate inhalation powder (Foradil® Aerolizer®), used to treat asthma and COPD. Inventory is estimated to be depleted on or around January 2016. Healthcare practitioners are urged to identify an appropriate alternative treatment as soon as possible.
- Abbvie has voluntarily discontinued all strengths of their lipid lowing agents niacin extended-release/lovastatin (Advicor®) and niacin extended-release/simvastatin (Simcor®). Supply of these agents will be available until the end of 2015.
- A warning has been issued by the FDA that reports of name confusion between the antidepressant, vortioxetine (Brintellix®) and the antiplatelet agent, ticagrelor (Brilinta®) that have resulted in the wrong medication being prescribed or dispensed. The FDA is advising health care professionals (HCP) to reduce the risk of name confusion by including both the generic and brand names of the medication and the indication for use when prescribing these medications.

Magellan Medicaid Administration, Inc. Clinical Alert. 2015. Available at: http://www.MagellanMedicaid.com/news/ClinicalAlerts.asp.