Magellan Rx MANAGEMENT

Kentucky UNBRIDLED SPIRIT

Pharmacy Quarterly

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FEE-FOR-SERVICE SUPPORT NUMBERS

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.

HEPATITIS C TREATMENT ACCESS EXPANDED FOR MEDICAID RECIPIENTS

The Pharmacy and Therapeutics Advisory Committee (P&T) ratified new Hepatitis C virus (HCV) treatment criteria at the November 16, 2017 meeting. The new criteria will allow more Kentucky Fee-for-Service (FFS) Medicaid recipients to be treated for chronic HCV infection. Although HCV treatment will still require prior authorization, several barriers to access have been removed. They include:

- Disease severity requirements
- Alcohol and substance abuse restrictions
- On-treatment/renewal authorizations

The new criteria, which is already in effect for FFS members, is available in the Commissioner's Final Decisions from the November P&T meeting. This document can be accessed through the Department for Medicaid Services (DMS) website or the Magellan Medicaid Provider Portal. (http://chfs.ky.gov/dms/pt.htm) OR (https://kyportal.magellanmedicaid.com/provider/public/documents.xhtml)
The Committee also approved changes to the FFS preferred drug list (PDL), making Mavyet™ (glecaprevir/pibrentasvir) and Vosevi™ (sofosbuvir/ledipasvir/voxilaprevir) the preferred Hepatitis C products. Both medications were approved in 2017 to treat all HCV genotypes. All other direct-acting antiviral agents are still available when the preferred options are not clinically appropriate.

COMPLIANCE CORNER: Diastat (Diazepam Rectal Gel) Prescriptions

Through pharmacy claims audits, the Kentucky Medicaid Pharmacy Program has found several instances where Diastat (diazepam rectal gel) products were billed incorrectly. Improperly billed claims can result in recoupment and may erroneously exceed the plan's quantity limit of 3 kits per month. Please note that Diastat and its generics are dispensed as a kit, or "twin pack," containing 2 systems.

Diastat should be billed as a kit of 2 systems; it should NOT be billed per dose/system.

Helpful Hints

Prescribers: Please make Diastat orders clear for pharmacies by including units on your prescriptions. For example, writing "1 kit" or "2 systems." This will ensure patients are receiving the intended amount and reduce requests for clarification.

Pharmacies: Please clarify with the prescriber when orders do not contain appropriate units. Note that NCPDP Field 442-E7 (Quantity Dispensed) should contain *the number of kits or twin packs*, not the number of doses/systems. For example, if a prescriber orders 4 systems the appropriate quantity dispensed is 2.

DRUG UTILIZATION BRIEF: Sedative Hypnotics

Sedative hypnotic medications can provide relief from insomnia when non-pharmacological interventions have failed. However, there are several risks associated with these medications that providers and patients should keep in mind when considering use and selection of these agents. In 2007, the FDA requested that manufacturers of sedative hypnotics strengthen warnings about risks associated with these medications. Label updates required the development of a medication guide for each product. More recently, the FDA approved new dosing recommendations for eszopiclone and zolpidem to address next-day driving impairment.

Warnings and Contraindications

Sedative hypnotics carry the risk of severe allergic reactions such as anaphylaxis and angioedema. FDA-approved medication guides discuss sleep-related behaviors where users get out of bed and perform complex activities such as making phone calls, eating and even driving without being fully awake; patients often do not recall these actions the next day. Abnormal thoughts and behaviors like aggression, worsening of depression and suicidality are also associated with this class of medications. Less serious side effects include short-term memory loss, hallucinations, impaired coordination as well as dizziness and light-headedness. Although the frequency of reactions will vary between patients and different medications, these risks are present with all sedative hypnotics.

Mitigating Risks of Sedative Hypnotics

Prescribers should take care to prescribe the lowest effective dose for the shortest amount of time. In order to minimize the risks associated, providers should encourage patients to:

- Read the medication guide that is provided by the pharmacy with each sedative hypnotic prescription.
- Take medication as prescribed; do not use in combination with alcohol or other sleep-inducing drugs.
- Take sedative hypnotics while in bed and only when able to sleep for 7-8 hours.
- Encourage patients to report adverse events that may be associated with these products.

Kentucky Fee-for-Service Medicaid Adds Maximum Duration Edit

In November 2017, the Pharmacy and Therapeutics Advisory Committee (P&T) recommended that the Kentucky Medicaid Pharmacy Program place a limit on the duration of sedative hypnotic therapy that can be filled without the need for a prior authorization. Reasons include the potential for abuse, misuse and diversion of sedative hypnotic medications, many of which are controlled substances.

Patients will now be limited to 60 days of therapy in a 365 day period. For those requiring more frequent and/or prolonged use, prescribers are required to submit a prior authorization to justify the need for continued use. This edit will take effect within the first quarter of 2018 and providers will receive notice 30 days prior to the implementation.

DRUG DISCONTINUATIONS

- Citing business reasons, GlaxoSmithKline (GSK) will voluntarily discontinue manufacture and distribution of **albiglutide (Tanzeum®)**, an injection used to treat type 2 diabetes. GSK anticipates that commercial supplies will be depleted by July 2018. Healthcare practitioners are encouraged to identify an appropriate alternative treatment.
- Forest/Allergan has voluntarily discontinued **Namenda® oral solution**. Memantine oral solution is available currently through generic manufacturers.
- As of 12/31/2017, Bayer will no longer manufacture **Helixate® FS**, a recombinant antihemophilic factor product. Bayer will continue manufacturing Kogenate® FS, which contains the same active ingredient as Helixate® FS with a different reconstitution system. Additional information is available from Bayer at kogenateinfo.com.