Magellan Rx MANAGEMENT

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

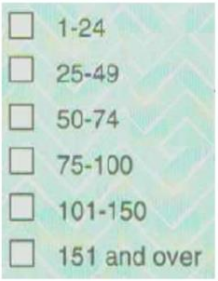
ONSITE PROVIDER EDUCATION

For onsite education presentations, please contact Magellan Medicaid Administration at kyproviders@magellanhealth.com. This education is free of charge.

Compliance Corner: Controlled Substance Prescriptions

The Drug Enforcement Agency (DEA) lays out requirements for controlled substance prescriptions in 21 CFR 1306.05. Additionally, within the Commonwealth of Kentucky all practitioners are mandated by 902 KAR 55:105 to utilize a security prescription blank for controlled substances. In order to be valid, prescriptions must comply with both federal and state regulations. The Kentucky Medicaid Pharmacy Program has identified through pharmacy claim audits the following oversights on controlled substance prescriptions:

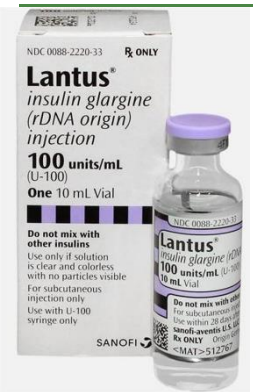
- Quantity check boxes missing or incomplete
- Refill option not marked
- Prescriber's and/or patient's address missing or incomplete
- Drug name, strength, and/or dosage form missing
- Prescriber signature, DEA number, and/or date missing



Quantity check-off boxes required by 902 KAR 55:105. A box matching the written quantity must be marked.

For more information regarding controlled substance prescription compliance please visit the KY Board of Pharmacy FAQ Website or the DEA Prescription FAQ Website.

Compliance Corner: Maintenance Medication Prescriptions



Depending on a patient's dose, 1 vial of Lantus could last less than a week or as much as 28 days.

For Kentucky Fee-for-Service (FFS) Medicaid recipients, many maintenance drugs can be processed for up to a 92 days' supply or 100 units, whichever is greater. For medications in unbreakable packages (e.g., inhalers, injections, eye drops, creams, etc.), always attempt to process claims with the true day supply according to the prescription order, even if it exceeds 30 days. For example; if a patient has a prescription for Lantus with the directions to inject 40 units at bedtime x 3 vials/3 month supply. The pharmacy would appropriately submit the claim for 30 mL of Lantus for a day supply equivalent to 75 days. Not only does this require the patient to come to the pharmacy less, they would also save money as a result of fewer copays.

Helpful Hints:

Prescribers: Please make orders clear for pharmacies by including the full directions on each prescription, rather than "use as directed." Specific dosing information aids patient compliance, reduces medication errors, and facilitates accurate billing.

Pharmacies: Always process the claim for the actual day supply based on the directions for use, even if it is more than a 30 day supply. Please clarify with the prescriber when orders do not contain sufficient information to determine the day supply, such as specific instructions or a maximum daily dose.

Drug Utilization Review: Medication Guides Required to Alert Patients to Possible Cardiovascular and Psychiatric Risks with Certain ADHD Drugs

In 2006, the FDA approved revisions to ADHD drug product labels to reflect concerns about possible cardiac-related adverse events and psychotic symptoms (e.g., hallucinations, delusional thinking, and mania). Since then, drug manufacturers have been required to produce medication guides to help patients understand the risks associated with ADHD products. To ensure these products are used safely and effectively, FDA-approved medication guides *must* be distributed with each ADHD product dispensed.

The following have been reported with use of ADHD products:

1. Heart-related problems:
   - Sudden death in patients who have heart problems or heart defects
   - Stroke and heart attack in adults
   - Increased blood pressure and heart rate
2. Mental (psychiatric) problems:
   - All patients:
     - New or worse behavior and thought problems
     - New or worse bipolar illness
     - New or worse aggressive behavior or hostility
   - Adolescents:
     - New psychotic symptoms (such as hearing voices, believing things that are not true, are suspicious)
     - New manic symptoms

- Physicians should work with individuals using or being considered for treatment with ADHD drug products to develop a treatment plan that includes a careful health history, assessment of family history, and evaluation of current health status, ***particularly for cardiovascular and psychiatric problems.***
- If the prescribing physician detects a heart murmur or high blood pressure, this finding should be investigated and/or monitored before the patient starts an ADHD drug.

A **BLACK BOX WARNING** is the strictest warning put in labeling of prescription drugs or drug products by the FDA, and for ADHD stimulant products states the possibility of high potential for abuse and dependence. Misuse may cause sudden death and serious cardiovascular adverse reactions.

Drug Discontinuation: QVAR® MDI replaced with RediHaler™ Device

Last year, Teva announced that QVAR® (beclomethasone) would be phased out following the the FDA approval of QVAR® RediHaler™, which became available in February. The biggest difference from conventional metered-dose inhalers (MDIs) is that the QVAR® RediHaler™ is breath-actuated, eliminating the need for hand-breath coordination during inhalation. Unfortunately, this new design does not allow for the use of a spacer or volume holding chamber.

Due to the increased expense of this new design, the Kentucky Medicaid Pharmacy Program has made QVAR® RediHaler™ non-preferred at this time; a prior authorization (PA) is required. Flovent HFA (fluticasone propionate) is the preferred alternative and it can be used with a spacer. *Prescribers*— please consider whether Flovent HFA is an appropriate alternative for your patients that were on QVAR. *Pharmacies*— please request that prescribers switch to Flovent HFA, especially for pediatric patients that still require a spacer.

Medication	Strength	Comparative Daily Doses					
		low	medium	high dose	low	medium	high dose
		≥ 12 years	≥ 12 years	≥ 12 years	5 to 11 years	5 to 11 years	5 to 11 years
Beclomethasone HFA (*QVAR*)	40 mcg & 80 mcg inhalation	80 mcg to 240 mcg	280 mcg to 480 mcg	>480 mcg	80 mcg to 160 mcg	200 mcg to 320 mcg	>320 mcg
Fluticasone propionate HFA (*Flovent-HFA*)	44 mcg, 110 mcg, and 220 mcg inhalation	88 mcg to 264 mcg	264 mcg to 440 mcg	>440 mcg	88 mcg to 176 mcg	220 mcg to 352 mcg	>352 mcg

**Daily dose comparison of QVAR® and Flovent®-HFA*

U.S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program, expert panel report 3. Guidelines for the diagnosis and management of asthma.