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.

Compound Dispensing Fee Update for Fee-for-Service Claims

Beginning October 1, 2018 the Cabinet for Health and Family Service, Department for Medicaid Services (DMS) will pay a professional dispensing fee ($10.64 per provider, per recipient) once every **14 days** when the claim is for a compounded, oral medication. For all other claims, the dispense fee will continue to be paid once every 28 days. This change is meant to better align reimbursement with the pharmacy practice standards outlined in USP Chapter 795 Beyond Use Date (BUD) (see Figure 1 below) for compounded nonsterile preparations (CNSP).

This change applies to Fee-for-Service pharmacy claims only.

The *effective* date of this change is retroactive to **January 1, 2018**. Therefore, pharmacy providers are encouraged rebill compound claims between January 1 – September 30 that were dispensed more than once in a 28-day period (e.g., every 14 days) but received only one dispense fee. Claims may be resubmitted within 1 year of the original date of service; however, DMS will not assist in identifying or reprocessing these claims.

Figure 1. <795> Beyond-use Dates

Formulation	BUD Maximum
A nonaqueous formulation (eg, a capsule without water in it)	Six months maximum BUD
An oral formulation containing water	14 days under refrigeration maximum BUD
A topical containing water (eg, ointment)	30 days maximum BUD

Please contact **Magellan Medicaid Administration** at kyproviders@magellanhealth.com if you need additional information or have questions about Fee-for-Service policies or reimbursement. We value your feedback and look forward to hearing from you!

Compliance Corner: Receiving a Transferred Prescription

Within the Commonwealth of Kentucky all practitioners are instructed by state (201 KAR 2:165) and federal (Title 21 CFR 1306.25) to follow proper procedures during the transfer of prescription drug orders between pharmacists and pharmacies. The Kentucky Medicaid Program has identified, through pharmacy claim audits, documentation oversights on transferred prescriptions. Documentation of a prescription transfer must include:

- The date written and refills authorized on the original prescription;
- The date of original dispensing and the date of the last fill;
- Number of refills (and/or number of units) remaining on the prescription;
- The name, address and prescription number of the transferring pharmacy;
- The name of the transferring pharmacist (and intern if applicable for non-controlled);
- If the prescription is for a controlled substance (CIII-V):
  - DEA registration number of the transferring pharmacy;
  - If different from the transferring pharmacy, name, address, DEA number, and prescription number from the pharmacy that originally filled the prescription;
  - It may be transferred once; unless the pharmacies share an electronic, real-time database, then may transfer as many times as there are refills.

Please note: *Pharmacies electronically accessing the same prescription record shall satisfy all information of a manual mode for a prescription transfer.*

Drug Utilization Review: Common Medications with Rare and/or Serious Reactions

The following agents have been the subject of FDA safety warnings regarding rare but serious side effects. These conditions include dangerous and even fatal skin reactions, such as Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) as well as systemic conditions like Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) and hemophagocytic lymphohistiocytosis (HLH). Certain populations may be at higher risk for a reaction than others. This section will review warnings for several common medications, symptoms to watch out for, and counseling points for patients and caregivers. Encourage patients and caregivers to read medication guides and call their physician to report a suspected drug-related event or seek emergency treatment if the reaction is severe.

Carbamazepine (marketed as Carbatrol, Epitol, Equetro, Tegretol, and Tegretol XR):

- Black box warning about serious, possibly fatal skin reactions.
- Strong association between the risk of developing SJS/TEN and the presence of HLA-B*1502, an inherited allelic variant of the HLA-B gene. This variant is typically found in patients of Asian descent; the risk of serious skin reactions may be up to ten-fold higher when HLA-B*1502 is present.
- Discontinue carbamazepine when serious dermatologic reactions are suspected.

Lamotrigine (marketed as Lamictal, Lamictal XR, and Subvenite):

- Black box warning about serious rashes, including SJS, requiring hospitalization and stoppage of treatment.
- Age is the strongest predictor of an adverse dermatologic reaction, which is more common in pediatric patients than adults with occurrence rates of 0.3-0.8% and 0.08-0.3%, respectively.
- Discontinue lamotrigine at the first signs of rash if it is suspected to be drug-related.
- FDA drug safety communication in April 2018 regarding risk of HLH. Monitor for fever, rashes, yellow skin or eyes, enlarged liver (tenderness and pain in upper right belly) or nervous system problems.

Olanzapine (marketed as Zyprexa, Zyprexa Zydis, Zyprexa Relprevv, and Symbyax):

- FDA drug safety communication in May 2016 regarding the rare risk of DRESS, which also appears in the package insert.
- DRESS may start as a rash that can spread to all parts of the body. It can also include fever and swelling of the face and lymph nodes.
- Discontinue olanzapine immediately if DRESS is suspected.

Ziprasidone (marketed as Geodon):

- FDA drug safety communication in December 2014 regarding the rare risk of DRESS, which also appears in the package insert. Other cutaneous reactions, including SJS, are included in the labeling as well.
- Patients who have a fever with a rash and/or swollen lymph glands should seek urgent medical care.
- Immediately stop treatment with ziprasidone if DRESS is suspected.

Early identification and treatment, including stopping the offending agent, are essential to preventing negative outcomes. Counsel patients and caregivers to monitor for signs of skin changes as well as fever or swollen lymph nodes; advise patients to seek urgent medical attention for severe or rapidly progressing symptoms. For additional information, please see the respective products' package inserts and FDA alerts/warnings.

Compliance Corner: Dispense as Written (DAW) Codes

Code	Description
0	No Product Selection Indicated
1	Substitution Not Allowed by Prescriber
2	Substitution Allowed-Patient Requested Product Dispensed
3	Substitution Allowed-Pharmacist Selected Product Dispensed
4	Substitution Allowed-Generic Drug Not in Stock
5	Substitution Allowed-Brand Drug Dispensed as a Generic
6	Override
7	Substitution Not Allowed-Brand Drug Mandated by Law
8	Substitution Allowed-Generic Drug Not Available in Marketplace
9	Substitution Allowed By Prescriber but Plan Requests Brand

Dispense As Written (DAW) codes are an integral part of accurate billing to the Kentucky Medicaid Pharmacy Program and provide the program with the reason why a specific brand or generic is dispensed based on the prescriber, patient or plan preference. Failure to use DAW codes accurately results in misinformation to the Pharmacy Program and its decision making processes. Misinformation on claims may also result in retrospective pharmacy claims review, including recoupment. Inaccurate usage of DAW codes is a common discrepancy found during Kentucky Medicaid Pharmacy audits. A review of DAW codes and their definitions is provided in the table on this page; always submit the DAW code that most closely corresponds to the product selection as it relates to product availability and/or pharmacy, patient, prescriber, or plan preference.

Pharmacies: If you receive a "Plan Prefers Brand" rejection, please resubmit the claim using the corresponding brand name product and DAW code 9. Reserve DAW code 1 for when the prescriber has indicated that the brand product is required.