Magellan Rx MANAGEMENT

Kentucky UNBRIDLED SPIRIT

Pharmacy Quarterly

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THE NUMBERS LISTED BELOW ARE FOR FEE-FOR-SERVICE (FFS) 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
DMS Pharmacy Website
Magellan Medicaid Administration
https://kentucky.magellanmedicaid.com

PROVIDER EDUCATION and FFS HELP

For onsite education presentations or any other questions, concerns or feedback regarding Fee-for-Service Medicaid, please contact Magellan Rx Management at kyproviders@magellanhealth.com. Provider education is free of charge.

Compound Dollar Limit

The Pharmacy and Therapeutics Advisory Committee (P&T) recommended new compound claim criteria at the November 15, 2018 meeting. The updated criteria, to be implemented on February 4th, 2019, will require a prior authorization for compound claims exceeding $100 for Kentucky Fee-for-Service (FFS) Medicaid recipients. Exceptions to the new criteria dollar limit include compound claims where the route of administration is indicated as intravenous or intramuscular ***and*** at least one medication billed is an antibiotic or other anti-infective agent.

The new criteria 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. (https://chfs.ky.gov/agencies/dms/dpo/ppb/Pages/p-tac.aspx) OR (https://kyportal.magellanmedicaid.com/provider/public/documents.xhtml)

PA Form and Substance Use Disorder Treatment Updates

In an effort to process prior authorization (PA) requests more quickly, the Universal PA Form has been updated. This form now guides requestors through the clinical criteria for opioids, Hepatitis C Direct Acting Antiviral therapy, and Synagis®. These therapies can be requested by completing the first page and the applicable section(s) of the second or third pages.

Please note: 907 KAR 23:010 section 5 prohibits issuing a PA for a requested drug if the medication has already been dispensed; therefore, all PAs begin on the date the request is approved. Medications dispensed prior to the date of PA approval may not be reimbursed.

Effective Friday, February 22, 2019, the preferred buprenorphine/naloxone oral product (currently Suboxone® film) will be available without a PA for recipients that are age 16 or older and where the prescribed daily dose of buprenorphine does not exceed 24 mg. This will replace the 14-day emergency supply PA waiver that was implemented in October 2018; single-agent buprenorphine will continue to be available under the emergency access PA waiver criteria established at that time (see FFS Provider Notice #232). Non-preferred treatments, including oral buprenorphine/naloxone products and injectable/implantable buprenorphine will still be subject to PA requirements; please continue to request PA for these products using the Universal PA Request Form – Buprenorphine.

Drug Utilization Review: FDA warnings about oral diabetes agents

Medications in the dipeptidyl peptidase-4 inhibitor (DPP-4i) and sodium–glucose cotransporter 2 inhibitor (SGLT2i) classes are commonly used to treat type 2 diabetes mellitus (T2DM). In recent years, evidence of serious adverse events associated with each class have been recognized by the Food and Drug Administration (FDA). These reports have resulted in updates to the Warnings and Precautions section included in each drug's label. FDA encourages patients to review the medication guides that are included with their prescription medications. Medications in the DPP-4i and SGLT2i classes include the following single-ingredient products listed below and their related fixed-dose combinations with other diabetes agents (not listed):

dipetidyl peptidase-4 inhibitors (DPP-4i)	sodium–glucose cotransporter 2 inhibitors (SGLT2i)
• Januvia (sitagliptin) • Onglyza (saxagliptin) • Tradjenta (linagliptin) • Nesina (alogliptin)	• Invokana (canagliflozin) • Farxiga (dapagliflozin) • Jardiance (empagliflozin) • Steglatro (ertugliflozin)

Selected DPP-4i warnings and precautions (see package insert for complete product-specific warnings):

- The FDA has warned that DPP-4 inhibitors may lead to *severe and debilitating joint pain*. This adverse effect can develop from days to years after initiation, but typically subsides within a month after discontinuation of the medication. Advise patients and caregivers to report signs and symptoms of joint pain.
- There have been postmarketing reports of *worsening renal function, including acute renal failure*, sometimes requiring dialysis. Assessment of renal function is recommended prior to initiating, and periodically during treatment with, a DPP-4i.
- Saxagliptin and alogliptin may *increase the risk of heart failure*, especially in patients with existing heart and/or kidney problems. In patients with known risk factors for development of heart failure, carefully consider risks and benefits of DDP-4is prior to initiation of and during therapy.

Selected SGLT2i warnings and precautions (see package insert for complete product-specific warnings):

- SGLT2 inhibitors have been associated with *ketoacidosis*. Patients should be aware of symptoms of ketoacidosis including nausea, vomiting, abdominal pain, tiredness, and trouble breathing. Patients with signs and symptoms of metabolic acidosis on SGLT2is should be assessed for ketoacidosis regardless of blood glucose level.
- This class of medications has also shown to *increase the risk of urinary tract infection including pyelonephritis, as well as Fournier's gangrene and genital mycotic infections*. Instruct patients to monitor for signs and symptoms of urinary tract infections, including painful urination and urinary urgency.
- FDA found evidence that canagliflozin (Invokana, Invokamet, Invokamet XR) causes an *increased risk of lower limb amputations*. Advise patients and caregivers to report signs and symptoms of infection, new pain or tenderness, sores, or ulcers involving the lower limbs, and discontinue canagliflozin if these complications occur.

DPP-4i Safety Communications: https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm459577.htm
SGLT2i Safety Communications: https://www.fda.gov/Drugs/DrugSafety/ucm446852.htm

Drug Discontinuations

- On December 19, 2018, the FDA announced the discontinuation of Allergan's Byvalson (nebivolol/valsartan) tablets. Byvalson is indicated for the treatment of hypertension. The individual products remain available.
- Citing business reasons, Allergan will voluntarily discontinue all strengths of Thyrolar (liotrix) tablets for treatment of hypothyroidism. Alternatives include liothyronine, levothyroxine, or desiccated thyroid.
- Boehringer Ingelheim reported to the FDA that they are discontinuing Mirapex tablets due to a business related decision. Generic products are available.
- Bristol Myers Squibb will stop distribution of remaining strengths of Daklinza tablets effective June 2019.
- Mylan reported to the FDA the discontinuation of Zovirax capsules and tablets. Generic are available.
- Janssen has announced the discontinuation of Nizoral 2% shampoo. Generics remain available.