Pharmacy Quarterly Newsletter

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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

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.

ProAir HFA Discontinuation Leads to PDL Changes

The Department for Medicaid Services (DMS) is making changes to the Kentucky Medicaid Preferred Drug List (PDL) due to Teva's discontinuation of ProAir HFA, effective October 1, 2022. Proventil HFA and Ventolin HFA will move to preferred on the PDL for all Kentucky Medicaid members. ProAir HFA will also remain preferred until further notice.

Below is the link to the Provider Notice regarding this change.

Kentucky Medicaid Provider Notice #280- ProAir HFA Discontinuation

Substance Use Disorder (SUD) Drug Dispense Fee Changes

Pursuant to 907 KAR 23:020E, DMS will allow additional dispensing fees once every 7 days for certain (SUD) drugs, which aligns with the applicable standard of care. This will be limited to certain transmucosal buprenorphine or buprenorphine-naloxone containing medications. These professional dispensing fees will have certain requirements.

- The incentive fee amount submitted must be $10.64 or less.
- A Submission Clarification Code of "10" must be submitted, certifying compliance with DMS policies for the qualifying SUD therapy.
- A Professional Service Code of "PE" must be submitted, indicating that patient counseling was provided or offered to the member. This must be documented in the patient prescription record.
- A KASPER query must be completed prior to the dispensing of each qualifying SUD therapy and the result documented.
- Documentation of patient counseling/offer to counsel, and the review of KASPER are subject to audits.
- Refills earlier than every 7 days will not receive the fee.

A FFS provider notice will be sent out in the near future with additional details.

For addition information on MCO implementation, please reference the provider notice: ky-09-15-2022-suboxone_df.pdf (medimpact.com)

Biosimilar Availability

Novo Nordisk announced the availability of a biosimilar for Tresiba (insulin degludec). Insulin degludec 100 unit/mL vial and pen and insulin degludec 200 unit/mL pen are currently available. Both the brand Tresiba and the biosimilar products are non-preferred.

Heart Failure Treatment Guideline Update

The 2022 guideline from the American Heart Association/American College of Cardiology/Heart Failure Society of America Heart recommends SGLT2 inhibitors as a first-line medication for all populations in the treatment of heart failure with reduced ejection fraction (HFrEF).[1] A prior authorization for Farxiga ™ or Jardiance ® may be approved with a diagnosis of diagnosis of HFrEF with or without Type 2 Diabetes Mellitus. Likewise, XigduoXR ™ may be approved the HFrEF diagnosis but be mindful that this SGLT2-combination product contains metformin.

Drug Class	Preferred Agents	Non-Preferred Agents
Diabetes: SGLT2 Inhibitors	Farxiga™ CC, QL Invokana® CC, QL Invokamet™ CC, QL Jardiance® CC, QL Synjardy® CC, QL Xigduo™ XR CC, QL	*Invokamet® XR QL* *Segluromet™ QL* *Steglatro™ AE, QL* *Synjardy® XR QL*

[1] Heidenreich, Paul, et al. "2022 AHA/ACC/HFSA Guideline for Management of Heart Failure: A report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines." Circulation, 1 Apr. 2022. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

FDA Alerts Regarding Montelukast and Lamotrigine

- The FDA is requiring a *Boxed Warning*, the most prominent warning, to be added to the prescribing information of montelukast to describe these serious mental health side effects and to recommend that montelukast should only be reserved to treat allergic rhinitis in patients who are not treated effectively with or cannot tolerate other allergy medicines. They are also requiring a new patient Medication Guide to educate patients and parents/caregivers about the medicine.

  Source: https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-boxed-warning-about-serious-mental-health-side-effects-asthma-and-allergy-drug

- The FDA issued Drug Safety Communication for lamotrigine (Lamictal) regarding a potential increased risk of arrhythmias in patients with heart disease due to reports of abnormal ECGs. The FDA will continue to evaluate and inform the public and healthcare professionals of their findings. Health Care Practitioners should assess whether the potential benefits of lamotrigine outweigh the potential risk of arrhythmias for each patient.

  Source: https://www.fda.gov/drugs/studies-show-increased-risk-heart-rhythm-problems-seizure-and-mental-health-medicine-lamotrigine . FDA has approved associated updates to relevant PIs, including updated warnings.

Please direct any questions to kyproviders@magellanhealth.com for Fee-For-Service members and to KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.