Alabama Medicaid Pharmacist

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PDL Update

Effective April 1, 2020, the Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee recommendations as well as quarterly updates. The updates are listed below:

PDL Additions
Byetta—Incretin Mimetics
Bystolic—Beta Blockers
Hemangeol[CC]—Beta Blockers
Incruse Ellipta—Inhaled Antimuscarinics
Stiolto Respimat—Respiratory Beta Agonists
Tobramycin-Dexamethasone Ophthalmic Solution—EENT Antibacterials
Victoza—Incretin Mimetics
PDL Deletions
Proventil HFA—Respiratory Beta Agonists
Seebri Neohaler—Inhaled Antimuscarinics
Tobradex—EENT Antibacterials

[CC]Preferred with Clinical Criteria

Please fax all prior authorization and override requests *directly* to Health Information Designs at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.

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2019 ADHD Guidelines Summary

The treatment guidelines for attention-deficit/hyperactivity disorder (ADHD) had not been updated since 2011. The diagnostic criteria for ADHD used in the 2019 guidelines are based on the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* and are similar to the 2011 guidelines with two exceptions: 1) fewer behaviors are required to diagnose patients 17 years of age and older, and 2) evidence of symptoms is required before age 12 instead of age 7.

The 2019 Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adults published in the *American Academy of Pediatrics* lists 7 key action statements to summarize the recommendations:

1. Patients ages 4 to 18 years with academic or behavioral issues and symptoms of inattention, hyperactivity, or impulsivity should be evaluated for ADHD by a primary care provider.
2. *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) criteria, such as documentation of symptoms and impairment in more than 1 major setting (i.e. social, academic, or occupational) with information directly from parents/ guardians, teachers or other school personnel, mental health clinicians, or others involved in the care of the patient.
    - It is imperative that other alternative causes for academic or behavioral issues be ruled out before a definitive diagnosis of ADHD is made.
3. Screening for comorbid conditions should be a major part of the evaluation process of diagnosing a child with ADHD.
    - Emotional or behavioral conditions: anxiety, depression, oppositional defiant disorder, conduct disorders, substance abuse, etc.
    - Developmental conditions: learning and language disorders, autism spectrum disorders, etc.
    - Physical conditions: tics, sleep apnea, etc.
4. Principles of the chronic care model and the medical home should be followed by the primary care providers managing children and adolescents with ADHD, a chronic condition, as they would for any patient with special health care needs.
5. The recommended interventions differ by age:
    - Pre-school aged (ages 4 to 6 years): Parent training in behavior management (PTBM) is the first line treatment, if available. Methylphenidate is recommended if behavioral interventions are ineffective and moderate-severe disturbances continue. If behavioral treatments are not available, the primary care provider should evaluate the risks versus benefits of starting medication before age 6 against the harm of delaying treatment.
    - Elementary and middle-school aged (ages 6 to 12 years): FDA-approved medications should be prescribed and PTBM and/or behavioral classroom intervention are recommended in addition. Educational interventions and individualized instructional supporting are necessary and typically include an Individualized Education Program (IEP) or a rehabilitation plan (504 plan).
    - Adolescents (ages 12 to 18 years): FDA-approved medications should be prescribed with the patient's approval or agreement. Evidenced-based training interventions and/or behavioral interventions, as well as educational interventions and individualized instructional supports that typically include an IEP or a rehabilitation plan (504 plan), are also encouraged to be utilized and often a necessary part of any treatment plan.

2019 ADHD Guidelines Summary

6. The goal of primary care providers should be to titrate ADHD medication doses to maximize benefits while minimizing side effects to a tolerable level.

7. Primary care providers who are trained or experienced in diagnosing comorbid conditions may initiate treatment or refer to a subspecialist for him or her to initiate treatment. If not trained or experienced in diagnosing or initiating treatment, the primary care physician should refer the patient to an appropriate subspecialist to diagnose and initiate appropriate treatment.

The following are some FDA-approved medications to treat ADHD:

Long-acting Stimulants	Short– and Intermediate-acting Stimulants
Adderall XR (amphetamine)	Dexedrine Dexedrine Spansules (dextroamphetamine)
Ritalin LA (methylphenidate)	Focalin (dexmethylphenidate)
Concerta (methylphenidate)	Ritalin Ritalin SR (methylphenidate)
Daytrana (methylphenidate)	**Nonstimulants**
Focalin XR (dexmethylphenidate)	Strattera (atomoxetine)
Vyvanse (lisdexamfetamine)	Intuniv ER (guanfacine)

ADHD has become a prevalent disease state in recent years. 2016 data from a national survey found that 9.4% of the children in the United States ages 2 to 17 years have been diagnosed with ADHD; and, a surprising 2.4% of those children were ages 2 to 5 years. A 2014 national survey found the median age of diagnosis was age 7 in the U.S. with approximately one-third being diagnosed before age 6. It is important to note that children with ADHD become adults with ADHD, which is why it is paramount to appropriately diagnose and treat patients at onset of ADHD symptoms to help prevent developmental delays, educational disruptions, or social disorders. These updated guidelines have given a framework of recommendations to primary care providers to properly diagnose and treat ADHD.

References:

Wolraich ML, Hagan JF, Allan C, et al. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics.* 2019; 144(4). Doi: 10.1542/peds.2019-2528.

Pharmacy Updates Related to COVID-19

To: Pharmacies, Physicians, Physicians Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes

The Alabama Medicaid Agency is closely monitoring the Coronavirus Disease (COVID-19). In response, the below accommodations related to pharmacy claims will be in place for 30 days, at which time the Agency will reassess and notify our provider community.

1. **Early Refill (ER) Edits:** A universal PA number may be used when claims deny for ER. This universal override number will apply to all medications that hit the ER edit. The pharmacist should use clinical judgement when determining if the universal PA number is utilized.
    a. The universal PA number will be: 9999999999.
    b. This change is anticipated to be effective by Wednesday, March 25th, or earlier.
2. **Morphine Milligram Equivalent (MME):** The Agency will postpone the implementation of the cumulative daily MME edit de- crease scheduled for April 1, 2020. Please refer to the previous ALERT here for more information.
3. **Preferred Drug List (PDL):** The Agency may need to make changes to the preferred drug list as a result of potential drug shortages. Non-preferred products may become preferred if shortages of preferred agents occur. Updates/changes will be maintained on the Agency website under Pharmacy/Programs/Preferred Drug List. Pharmacists are encouraged to report drug shortages to the Agency, or the contractor Myers & Stauffer, if they occur. Myers & Stauffer may be reached by clicking here.
4. **Maintenance Supply Program:** The Alabama Board of Pharmacy (ALBOP) has implemented emergency refills for maintenance medications (see guidance here). In conjunction with the ALBOP's guidance, Alabama Medicaid will allow overrides for maintenance supply medications. This allowance will go into effect immediately. The universal PA number, 9999999999, can be utilized to override the Maintenance Supply edit.
5. **Prior Authorization (PA) Requirements:** Medicaid will allow for temporary exceptions for prior authorization **renewal** requests for lab values or urine drug screens that require an in-person visit with a lab or provider. This allowance will go into effect immediately and will apply to renewal requests.

Alabama Medicaid will continue to review policies and procedures as needed to ensure the safety of the public. Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding PA procedures should be directed to the Health Information Designs (HID) help desk at (800) 748-0130.

Waiver for Medicaid Copayments During COVID-19 Emergency

To: All Medicaid Providers

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, Medicaid is temporarily waiving copayments for all services, including, but not limited to doctor visits, optometric services, certified nurse practitioner visits, health care center visits, rural health clinic visits, inpatient hospital, outpatient hospital, prescription drugs, medical equipment, supplies and appliances, and ambulatory surgical centers.

This action will be effective until the emergency period terminates or upon termination of the public health emergency, including any extensions.

During the COVID-19 emergency, it is important to file claims as quickly as possible to ensure payment from Medicaid is made to Medicaid providers close to the date of service. The Centers for Medicare and Medicaid Services has increased the federal matching percentage for the emergency time frame, but states can only receive the increased match on claims that are paid during the emergency.

For billing questions, please call the provider assistance center at (800) 688-7989—(Nationwide Toll Free) or (334) 215-0111. As the Agency continues to monitor the outbreak of Coronavirus Disease 2019 (COVID-19) in Alabama, we are extending telemedicine to ease access to appropriate medical services for certain codes for your established patients who are recipients of Alabama Medicaid.

Alabama Medicaid Extends Temporary Telemedicine Coverage

As the Agency continues to monitor the outbreak of Coronavirus Disease 2019 (COVID-19) in Alabama, we are extending telemedicine to ease access to appropriate medical services for certain codes for your established patients who are recipients of Alabama Medicaid.

What does the extension include?
The extension of telemedicine services is effective **March 16, 2020.** This extension allows clinicians to provide medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations. The extension also allows some behavioral health services to be appropriately delivered via telecommunication services including telephone consultations. These actions will be effective for one month, expiring on dates of service **April 16, 2020.** It will be reevaluated for a continuance as needed.

This is applicable for recipients who wish to receive their care remotely and limit their exposure to the virus. It can also serve as an initial screening for recipients who may need to be tested for COVID-19. For guidance on coronavirus testing, please refer to the Centers for Disease Control & Prevention, Alabama Department of Public Health, and Alabama Department of Mental Health websites.

Recipient copayment will apply according to the Medicaid recipient handbook. A provider may not deny services to an eligible recipient due to the recipient's inability to pay the copayment amount imposed.

For more information and to see the full ALERT, please visit https://medicaid.alabama.gov/alert_detail.aspx?ID=13746.

April 1st Pharmacy Changes

To: Pharmacies, Physicians, Physicians Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes

Effective April 1, 2020, the Alabama Medicaid Agency will:

1. **Remove prior authorization from tobramycin-dexamethasone ophthalmic solution (generic Tobradex). Brand Tobradex will now require PA.**
2. **Update the PDL to reflect the quarterly updates. The updates are listed below:**

PDL Additions
Byetta—Incretin Mimetics
Bystolic—Beta Blockers
Hemangeol[CC]—Beta Blockers
Incruse Ellipta—Inhaled Antimuscarinics
Stiolto Respimat—Respiratory Beta Agonists
Tobramycin-Dexamethasone Ophthalmic Solution—EENT Antibacterials
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PDL Deletions
Proventil HFA—Respiratory Beta Agonists
Seebri Neohaler—Inhaled Antimuscarinics
Tobradex—EENT Antibacterials

For additional PDL and coverage information, visit our drug look-up site at https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabId/39/Default.aspx.

The Prior Authorization (PA) request form and criteria booklet should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. The PA request form can be completed and submitted electronically on the Agency's website at https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx. Providers requesting Pas by mail or fax should send requests to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P.O.Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescriber believes medical justification should be considered, the prescriber must document this on the form or submit a written letter of medical justification along with the PA form to HID. Additional information may be requested. Staff physicians will review this information.
Policy questions concerning provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding PA procedures should be directed to the HID help desk at 1-800-748-0130.