



# Three-Month Maintenance Supply Program Provider Guidance

## What is the Mandatory Supply Program?

- ❖ **Effective January 1, 2014**, the Alabama Medicaid Agency implemented the mandatory maintenance supply program.
- ❖ The maintenance supply program allows for dispensing of a 3-month supply of certain medications for Medicaid recipients.
- ❖ A maintenance supply prescription will not be counted towards the prescription limit.
- ❖ Only one co-payment is collected from the recipient and only one dispensing fee is paid to the dispensing provider for the 3-month supply.
- ❖ Once a recipient has demonstrated stability for at least 60 days (same strength and dose) on a given medication (through claims data), a 3-month supply is required\*.
- ❖ Per the Alabama State Board of Pharmacy, a pharmacist may shift a patient to a three month supply of a prescribed drug using an existing prescription if adequate units are remaining on the existing prescription. Pharmacists may not add total units to a prescription unless authorized by the prescriber and documented in the patient file.

## What classes are included in the 3-Month Maintenance Supply Program?

Medication Class	Medications Included
<b>ACE Inhibitors</b>	Preferred generics and brands
<b>Alpha Blockers</b>	Preferred generics and brands
<b>Angiotensin II Receptor Blockers</b>	Preferred generics and brands
<b>Antidepressants</b>	Preferred generics and brands
<b>Antiparkinson Agents</b>	Generic benztropine
<b>Asthma</b>	Generic montelukast
<b>Beta Blockers</b>	Preferred generics and brands
<b>Calcium Channel Blockers</b>	Preferred generics and brands
<b>Cardiotonic Agents</b>	Generic digoxin
<b>Central Alpha-Agonists</b>	Generic clonidine tablets
<b>Cholesterol Lowering Agents</b>	Preferred statins and fibric acid derivatives
<b>Contraceptives</b>	Oral, vaginal rings, patches only
<b>Diabetic Agents/Supplies</b>	Generic metformin, generic pioglitazone, generic sulfonylureas, OTC and preferred insulins, and syringes
<b>Direct Vasodilators</b>	Generic hydralazine
<b>Diuretics</b>	Preferred generics and brands (now includes spironolactone containing products)
<b>Estrogens</b>	Generic estradiol tablets
<b>Immunosuppressive Agents</b>	All covered oral formulations of cyclosporine (excluding liquid formulations), mycophenolate tablets and tacrolimus
<b>Lithium</b>	All covered products
<b>Men's Health</b>	Generic tamsulosin
<b>Mucolytic Agents</b>	All covered dornase alfa products
<b>Nitrates and Nitrites</b>	Generic isosorbide tablets and generic nitroglycerin patches
<b>Osteoporosis</b>	Generic alendronate tablets
<b>Pancreatic Enzymes</b>	All covered products
<b>Platelet Aggregation Inhibitors</b>	Generic clopidogrel
<b>Potassium Chloride</b>	Generic potassium chloride
<b>Rheumatoid Arthritis Agents</b>	Generic azathioprine tablets and hydroxychloroquine tablets
<b>Thyroid Replacement</b>	All covered products
<b>Ursodiol</b>	All covered oral ursodiol products
<b>Vitamins and Minerals</b>	Vitamin B-12 injection, vitamin D 50,000 IU and folic acid

### **\*Can recipients “Opt Out” of the program?**

- ❖ Recipients that are not candidates for a maintenance supply due to a clinical/medically justified reason may “opt out” of the program. An Override Request Form (Form 409) must be completed and signed by the prescribing physician and submitted to Health Information Designs (HID).
- ❖ Form 409 can be found on the Agency’s website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) and must contain an appropriate clinical explanation of why the patient should not receive a maintenance supply of medication.

### **What happens beginning January 1, 2014?**

- ❖ Effective January 1, 2014, claims submitted in quantities less than a 3-month supply for drugs on the maintenance supply list will deny.
- ❖ Effective January 1, 2014, entering 0000909090 in the PA field will no longer override the mandatory maintenance supply edit.
- ❖ In the event a prescriber does not approve/change to a 3-month supply prescription, a one-time override may be obtained.
- ❖ Requests for overrides must be submitted to HID and contain documentation supporting why the prescriber is unwilling to prescribe a maintenance supply of the medication.
- ❖ Alabama Medicaid and HID will educate providers and state associations to ensure providers are aware of these policy changes.

### **What other information should pharmacists know about the program?**

- ❖ Until a recipient meets 60-day stable therapy of a drug listed on the 3-month program, pharmacists should process as a 1-month (up to 34 day) supply.
- ❖ Overrides for stable therapy requirements may be approved on a case-by-case basis. Requests for overrides must be submitted to HID and contain supporting documentation.
- ❖ Unless the drug is listed on the 3-month program list, a claim for a 3-month supply will deny.
- ❖ For information regarding the program, visit the Alabama Medicaid website at [https://medicaid.alabama.gov/content/4.0\\_Programs/4.3\\_Pharmacy-DME.aspx](https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx).

### **Contact Information**

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Provider Call Center (HP): 1-800-688-7989  
Alabama Medicaid: 1-334-242-5050

Health Information Designs: 1-800-748-0130  
Email questions to: [rxinfo@medicaid.alabama.gov](mailto:rxinfo@medicaid.alabama.gov)