Alabama Medicaid Pharmacist

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PDL Update

Effective October 2, 2017, 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	
Adzenys XR—ADHD Agents	Ofloxacin Otic Drops—EENT Antibacterials
Brilinta—Platelet Aggregation Inhibitors	Pradaxa—Oral Anticoagulants
Concerta—ADHD Agents	Xarelto—Oral Anticoagulants
Eliquis—Oral Anticoagulants	Zetia—Cholesterol Absorption Inhibitors
Entresto—RAAS Inhibitors	
PDL Deletions*	
Bactroban Nasal—EENT Antibacterials	Moxeza—EENT Antibacterials
Cortisporin-TC—EENT Antibacterials	Moxifloxacin (generic Vigamox) - EENT Antibacterials
Ezetimibe (generic Zetia) - Cholesterol Absorption Inhibitors	Zepatier—Hepatitis C Antivirals
Methylphenidate ER (generic Concerta) - ADHD Agents	

**Denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require prior authorization (PA) for payment. Available covered generic equivalents (unless otherwise specified) will remain preferred.*

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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2017-18 CDC Influenza Vaccine Guidelines

The Center for Disease Control (CDC) recently updated their guidance for the prevention and control of influenza for the 2017-2018 flu season.

Key Updates and Changes from the 2016-17 Guidelines:

Available vaccines this season: trivalent (IIV3) and quadrivalent (IIV4) inactivated (IIV) and recombinant (RIV) vaccines.

- Trivalent vaccines will contain:
    - An A/Michigan/45/2015 (H1N1)-like virus,
    - An A/Hong Kong/4801/2014 (H3N2)-like virus; and
    - A B/Brisbane/60/2008-like virus (Victoria lineage).
- Quadrivalent vaccines will contain:
    - Same hemagglutinin antigens as above + a B/Phuket/3-73/201-like virus (Yamagata lineage)

The live-attenuated influenza vaccine (LAIV4) is NOT recommended during this flu season.

Recommendation changes: Pregnant women may receive any licensed, recommended, and age-appropriate influenza vaccine.

Regulatory changes:

- Afluria Quadrivalent (IIV4) is recommended for persons ≥ 18 years of age.
- Flublok Quadrivalent (RIV4) is recommended for persons ≥ 18 years of age.
- FluLaval Quadrivalent (IIV4) was extended from ≥ 3 years to ≥ 6 months of age.
    - Children 6-35 months of age can also receive 0.5mL
- Afluria (IIV3) is now recommended for persons ≥ 5 years of age.

Who should be immunized?

- All persons ≥ 6 months of age who do not have contraindications
    - Special populations:
        - Children 6 months—8 years of age who haven't received 2 doses of tri/quadrivalent influenza vaccines before July 2017
            - Administer 2 doses of the 2017/2018 vaccine with ≥ 4 weeks between each administration.
        - Children 6 months—8 years of age who have received 2 doses of tri/quadrivalent influenza vaccines before July 2017
            - Administer 1 dose of an appropriate vaccine.
        - Pregnant women
            - All who are or might become pregnant during this year's flu season should receive any of the licensed, recommended, and age-appropriate vaccines OTHER than the LAIV.
            - The vaccine may be administered at any time before, during, or after pregnancy.

2017-18 CDC Influenza Vaccine Guidelines, continued

- Adults ≥ 65 years of age
    - Any age-appropriate IIV (standard- or high-dose trivalent or quadrivalent, adjuvanted, or unadjuvanted) or RIV.
    - The high-dose IIV3 may provide superior protection over the standard-dose.
    - Do not delay vaccination just to find a particular product if one or another appropriate vaccine is available.
- Persons with an egg allergy
    - People who are able to eat cooked eggs without a reaction OR patients who have only had hives after exposure should receive the influenza vaccine.
    - Persons who have experienced angioedema, respiratory distress, lightheadedness, or recurrent emesis, or anyone who required epinephrine may still receive a licensed and recommended influenza vaccine.
        - Note: administer this in an inpatient or outpatient setting supervised by a health care provider and monitor for a reaction.
    - **Do not administer the vaccine to a person who has had a previous severe allergic reaction to the influenza vaccine.**
- Immunocompromised patients
    - **Do NOT use LAIV for this patient population**
    - Patients may receive any age-appropriate IIV or RIV.
    - Timing of vaccination might need to be considered in some patients (either before or after the immunocompromising intervention).
        - The 2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host can provide more detail.
- High-risk patients who are especially at risk of developing the flu:
    - Children 6—59 months of age
    - Adults ≥ 50 years of age
    - Persons with certain chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders
    - Immunocompromised patients
    - Pregnant women (or women who will be pregnant during the flu season)
    - Children/adolescents who are on aspirin or salicylate-containing medications and may be at risk for Reye syndrome
    - Nursing home and long-term care residents
    - American Indians/Alaska Natives
    - Persons who are extremely obese (BMI ≥ 40)
    - Caregivers or contacts of those at risk

2017-18 CDC Influenza Vaccine Guidelines, continued

Who should not be immunized?

- Do not administer the vaccine to a person who has had a previous severe allergic reaction to the influenza vaccine.
- Do not administer the live-attenuated vaccine to:
    - Anyone with a history of severe allergic reaction
    - Children taking aspirin or salicylate therapy
    - Children 2—4 years of age who have asthma
    - Immunocompromised children
    - Pregnant patients
    - Anyone who has received an antiviral medicine within 48 hours

When should patients get vaccinated?

- As soon as the vaccines are available, especially by the end of October
- Children who will require 2 doses should get vaccinated with their first dose as soon as the vaccines become available.

Administration with other vaccines

- All of the inactivated influenza vaccines may be administered with any other vaccines
- The live-attenuated vaccine can be administered simultaneously with other vaccines; however, it must be separated by at least 4 weeks from vaccines not administered on the same day.

Storage of the vaccine

Store in the refrigerator between 2—8°C (36-46°F)

What vaccines are available this year?

Inactivated Quadrivalent	Inactivated Trivalent	Recombinant
Afluria	Afluria	Flublok Quadrivalent
Fluarix	Fluzone	Flublok Trivalent
FluLaval	Fluvirin Trivalent	
Fluzone	Fluad Adjuvanted Trivalent	
Flucelvax cell-cultured		

References:

Center for Disease Control. 2017-2018 Summary of Recommendations: Prevention and Control of Seasonal Influenza with Vaccines. CDC. Available from: https://www.cdc.gov/flu/professionals/acip/2017-18summary.htm

Vaccine Administration Information

Alabama Medicaid reimburses Medicaid-enrolled pharmacy providers for the administration, to eligible recipients age 19 and older, of influenza, pneumococcal and Tdap vaccine. Alabama Medicaid will also continue to, in addition to the administration reimbursement, reimburse pharmacies for the influenza, pneumococcal and Tdap vaccines (i.e. ingredient).

- Pharmacy providers may bill the following NDC numbers on a pharmacy claim for reimbursement of vaccine administration:
    - NDC 99999-9999-10 for influenza vaccine administration
    - NDC 99999-9992-11 for pneumococcal vaccine administration
    - NDC 99999-9993-11 for Tdap vaccine administration

- Reimbursement will be $5 per administration with no dispensing fee or co-pay applied. Claims for vaccine administration will not count towards the prescription limit.

- Claims should be submitted with a dispense quantity of 1 for vaccine administration. There is a maximum quantity for each administration of 1 injection per recipient within a timeframe in accordance with the CDC dosing regimen.

- A prescription from a recipient's Primary Medical Provider (PMP) is required for each Tdap and pneumococcal vaccine administration.

- To facilitate coordination of care, Pharmacy providers are required to inform (via phone, fax, e-mail, mail) each recipient's Primary Medical Provider (PMP) upon administration of the vaccine(s) for which an administration claim is submitted. Documentation must be kept on file at the pharmacy of the notification to the PMP. If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) system at 1-800 -727-7848 to obtain the PMP information. A suggested Immunization Provider Notification Letter, which can be used to notify the PMP, can be found on the Agency website at http://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.11_Vaccine_Admin.aspx

- Alabama State Board of Pharmacy law and regulation should be followed regarding dispensing and administration of legend drugs/vaccines.

- A separate claim for the vaccine (i.e. ingredient) should be submitted with the appropriate NDC of the vaccine (i.e. ingredient) and will be reimbursed according to the current drug/pharmacy reimbursement policy.

October 2nd Pharmacy Changes

Effective October 2, 2017, the Alabama Medicaid Agency will:

1. **Include pancreatic enzymes and vitamin B-12 injection in the mandatory three-month maintenance supply program.** Prescriptions for three-month maintenance supply medications will not count toward the monthly prescription limit. A maintenance supply prescription will be required after 60 days' stable therapy. Please see the website for a complete listing of maintenance supply medications.
2. **Require Prior Authorization (PA) for ezetimibe (generic Zetia), methylphenidate ER (generic Concerta), and . Moxifloxacin (generic Vigamox). Brand Concerta and Zetia will be added as preferred without a PA. Brand Vigamox will remain preferred.** Use Dispense as Written (DAW) Code of 9 for brand Concerta, Vigamox, and Zetia. DAW Code of 9 indicates the following: Substitution Allowed by Prescriber but Plan Requests Brand. This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but the Plan requests the brand product to be dispensed.
3. **Update the PDL to reflect quarterly updates.** The updates are listed below:

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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 PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency's website at www.medicaid.alabama.gov and should be utilized by the prescriber or the dispensing pharmacy when requesting a PA.

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