# Alabama Medicaid Pharmacist

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## PDL Update

Effective July 1, 2019, 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 |
|---|
| Aimovig[CC]—CGRP Receptor Antagonists (Antimigraine Agents) |
| Buprenorphine/Naloxone Tablets[CC]—Opiate Partial Agonists |
| Dexmethylphenidate IR—ADHD Agents |
| Dextroamphetamine/Amphetamine ER—ADHD Agents |
| Emgality[CC]—CGRP Receptor Antagonists (Antimigraine Agents) |
| Kombiglyze XR—Dipeptidyl Peptidase-4 Inhibitors |
| Ledipasvir-Sofosbuvir[CC]—HCV Antivirals |
| Onglyza—Dipeptidyl Peptidase-4 Inhibitors |
| Sofosbuvir-Velpatasavir[CC]—HCV Antivirals |
| Sublocade[CC]—Opiate Partial Agonists |
| **PDL Deletions** |
| Adderall XR—ADHD Agents |
| Citranatal 90 DHA—Prenatal Vitamins |
| Citranatal Assure—Prenatal Vitamins |
| Citranatal B-Calm—Prenatal Vitamins |
| Citranatal DHA—Prenatal Vitamins |
| Citranatal Harmony—Prenatal Vitamins |
| Citranatal Rx—Prenatal Vitamins |
| Focalin—ADHD Agents |

*[CC]Indicates drug will be preferred with clinical criteria.*

**Inside This Issue**



**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.**

# Lyme Disease

Summer is approaching and that means more time outdoors. Children spend a lot of time outdoors and are at particular risk of contracting Lyme disease, the most common vector borne disease. In the United States, Lyme disease is highest among children 5 through 9 years of age and adults 55 through 59 years of age. Most cases of early Lyme disease occur between April and October, with more than 50% occurring during June and July. Most cases of Lyme disease are concentrated heavily in the northeast and upper Midwest. The number of cases has also steadily risen over the past 25 years.

Lyme disease is caused by the bacterium *Borrelia burgdorferi* and is transmitted to humans through the bite of infected blacklegged ticks, or deer ticks. A tick must be attached for 36-48 hours before the Lyme disease bacterium can be transmitted. Ticks can attach to any part of the body but tend to attach to hard-to-see areas such as the scalp, armpits, or groin.

Most humans are infected through the bites of nymphs, or immature ticks. Nymphs are less than 2 mm in size – approximately the size of a poppy seed. Nymphs feed during the spring and summer months. Adult ticks can also infect humans, but they are larger in size and are generally found and removed before they have time to transmit bacteria.

Lyme disease is divided into three stages: early localized, early disseminated, and late disease. A distinctive rash, erythema migrans, can be seen at the site of a recent tick bite and distinguishes early localized disease. Erythema migrans begins as a red macule or papule that forms a large, annular, erythematous lesion over days to weeks. This rash is the most common manifestation of Lyme disease in children. A child may also experience fever, malaise, mild neck stiffness, headache, myalgia, and arthralgia. During this stage, the bacteria have not spread throughout the body. Diagnosis of early localized disease is generally based off of recognition of the characteristic rash. Serodiagnostic tests are insensitive and are not recommended because antibodies against *B burgdorferi* are not detectable in most people within the first few weeks after infection.

Early disseminated disease consists of multiple erythema migrans and occurs as bacteria begin to spread throughout the body. This rash usually occurs several weeks after an infective tick bite and consists of several lesions similar but smaller than the primary lesion. Other symptoms of early disseminated illness include palsies of the cranial nerves, ophthalmic conditions (optic neuritis, uveitis, conjunctivitis), and lymphocytic meningitis. Fever, fatigue, headache, myalgia, and arthralgia are also common during this stage. Diagnosis of early disseminated disease is generally based off of recognition of the primary and secondary lesions along with serologic test results. Most patients with early disseminated disease have antibodies against *B burgdorferi* which may persist for many years.

Late disease is characterized by arthritis affecting only a few joints and typically occurs in larger joints such as the knees. Arthritis may occur without a history of earlier stages of illness and can occur months after the tick bite. Diagnosis of late disease is based off clinical findings and serologic results. Generally, all patients with late disease have antibodies against *B burgdorferi* which may persist for many years or possibly for life.

Even though Lyme disease can be treated successfully, it is best to take steps to prevent tick bites and the possibility of contracting Lyme disease. Parents and caregivers should be extra vigilant during the warmer months to reduce their children's exposure to ticks. Some steps to consider that reduce exposure to ticks: avoid wooded and bushy areas with high grass, walk in the middle of trails, use bug repellents on exposed skin, bathe or shower as soon as possible after coming indoors, conduct a full-body tick check, and examine clothing/gear and pets.

# Lyme Disease, continued

**Recommended Treatment of Lyme Disease in Children***

| | | |
|---|---|---|
| **Early Localized Disease** | | |
| 8 years of age or older | Doxycycline, 4 mg/kg per day divided into 2 doses (maximum 200 mg/day) for 10-21 days | |
| Younger than 8 years or unable to tolerate doxycycline | Amoxicillin, 50 mg/kg per day divided into 3 doses (maximum 1.5 g/day) for 14-21 days **OR** cefuroxime, 30 mg/kg per day in 2 divided doses (maximum 1000 mg/day) or 1000 mg/day for 14-21 days | |
| **Early Disseminated and Late Disease** | | |
| Multiple Erythema Migrans | Same oral regimen as for early localized disease, but for 21 days | |
| Isolated Facial Palsy | Same oral regimen as for early localized disease, but for 14-21 days | Corticosteroids should not be given. Purpose of treatment is to prevent late disease. |
| Arthritis | Same oral regimen as for early localized disease, but for 28 days | |

*Chart does not reflect complete treatment guidelines

**Recommended Treatment of Lyme Disease in Adults**

| Early Localized Disease | Early Disseminated and Late Disease | |
|---|---|---|
| Doxycycline, 100 mg divided into 2 doses for 10-21 days | Multiple Erythema Migrans | Same oral regimen but 10 days for doxycycline and 14 days for amoxicillin and cefuroxime |
| Amoxicillin, 500 mg per day divided into 3 doses for 14-21 days **OR** cefuroxime, 500 mg per day in 2 divided doses or 1000 mg/day for 14-21 days | Isolated Facial Palsy | Same oral regimen as for early localized disease but for 14-21 days |
| | Arthritis | Same oral regimen but treated for 28 days |

*Chart does not reflect complete treatment guidelines

**Macrolides (azithromycin, clarithromycin, and erythromycin) may be used if doxycycline, amoxicillin, and cefuroxime cannot be used but have a much lower efficacy rate.

References:

American Academy of Pediatrics. *Red Book: 2012 Report of the Committee on Infectious Diseases*. Pickering LK, ed. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012.

Lyme disease [2019 June 3]. *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/lyme/.

## Dispense as Written (DAW) Code of 9 Medication List

In cases of cost-effectiveness, the Alabama Medicaid Agency sometimes allows for reimbursement of certain brand-named medications while requiring prior authorization for the generic alternative. In these cases, a Dispense as Written (DAW) code of 9 must be utilized when dispensing the preferred brand-named medication. A DAW code of 9 indicates that substitution is allowed by the prescriber, but Alabama Medicaid requests the brand product be dispensed. **The list is subject to change.** 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

| Brand | Generic |
|---|---|
| Advair Diskus | Fluticasone/Salmeterol Inhalation Device |
| Catapres-TTS | Clonidine Patches |
| Concerta | Methylphenidate ER |
| Copaxone | Glatopa/Glatiramer |
| Diastat | Diazepam Rectal Kit |
| Diastat Accudial | Diazepam Rectal Kit |
| Focalin XR | Dexmethylphenidate ER |
| Kitabis | Tobramycin Inhalation Solution |
| Makena | Hydroxyprogesterone Caproate |
| Norvir | Ritonavir |
| ProAir HFA | Albuterol HFA |
| Proventil HFA | Albuterol HFA |
| Provigil | Modafinil |
| Suboxone | Buprenorphine/Naloxone |
| Tobradex Ophthalmic Drops | Tobramycin/Dexamethasone Ophthalmic Drops |
| Xopenex HFA | Levalbuterol HFA |
| Zyflo CR | Zileuton ER |

## Cumulative MME Edit Coming Early 2019

**Effective August 1, 2019, the Alabama Medicaid Agency will implement hard edits on cumulative daily MME claims exceeding 250 MME/day. A phase-in period for claims exceeding 200 MME/day, but less than 250 MME/day, will also be implemented.**

Higher doses of opioids are associated with higher risk of overdose and death—even relatively low dosages (20-50 MME per day) may increase risk.[1] Therefore, Alabama Medicaid will limit the amount of cumulative MME allowed per day on opioid claims. The edit will begin at 250 cumulative MME per day and will gradually decrease over time. The final cumulative MME target is scheduled to be 90 MME per day.

**Hard Edit Implementation (Greater than 250 MME):**
Effective August 1, 2019, opioid claims that exceed a cumulative MME of 250 MME/day will be denied. **The universal PA 0009996321 will no longer be valid to bypass the 250 MME edit.** Pharmacy override requests for quantities exceeding the MME

# Cumulative MME Edit Coming Early 2019, continued

limit may be submitted to Health Information Designs (HID) and will be reviewed for medical necessity. See the link below for an override form.

**Phase-In Period (200 MME—250 MME):**
Effective August 1, 2019, claims that exceed a cumulative MME of 200 MME/day, but are less than 250 MME/day, will be denied. The dispensing pharmacist will be provided a universal prior authorization (PA) number on the rejection screen and may enter this universal PA number on the claim to allow it to be paid. **Pharmacists are urged to notify the affected patient/prescriber to develop a plan to decrease the patient's total daily MME.**

**Edit Details:**

- The universal PA number to override the 200 MME (but less than 250 MME) edit will be 0009996322.
- The universal PA number will be provided on each cumulative MME rejection screen for the pharmacist's convenience.
- Additional edits, such as therapeutic duplication, maximum quantity limitations, early refill, non-preferred edits, etc., will still apply.
- Claims prescribed by oncologists will bypass the edit.
- Long term care and hospice recipients are excluded.
- Children are included in the edit.
- A recipient Information Sheet for prescribers and pharmacists to provide to recipients can be found at https://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx

**Anticipated Phase Down:**
The Agency plans to gradually decrease the daily cumulative MME limit every 4 months. The next decrease will be a hard edit on claims exceeding 200 MME/day with a phase-in edit for claims that exceed 150 MME/day. This will be implemented on December 1, 2019. Prior to each decrease, a new universal PA number will be assigned to override claims that exceed the new threshold. Providers will be notified via an ALERT prior to each decrease. **Again, pharmacists are urged to notify the affected patient/ prescriber to develop a plan to decrease the patient's total daily MME.**

A link with more information regarding MME calculations is https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf.

**IMPORTANT: Only when the override is denied will the excess quantity above the maximum unit limit be deemed a non-covered service. Then the recipient can be charged as a cash recipient for that amount *in excess* of the limit. A prescriber must not write separate prescriptions, one to be paid by Medicaid and one to be paid as cash, to circumvent the override process. FAILURE TO ABIDE BY MEDICAID POLICY MAY RESULT IN RECOUPMENTS AND/OR ADMINISTRATIVE SANCTIONS. Source: Provider Billing Manual 27.2.3.**

**Override Requests:**
Once the hard edit is implemented, the MME Override Request Form will be used by the prescriber when requesting an override. The form will be found at: https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx

Any policy questions concerning this provider ALERT should be directed to the Pharmacy Program at (334) 242-5050.

[1] https://www.cdc.gov/drugoverdose/prescribing/guideline.html

# July 1st Pharmacy Changes

**Effective July 1, 2019 the Alabama Medicaid Agency will:**

1. **Remove Prior Authorization (PA) from dexmethylphenidate IR (generic Focalin) and dextroamphetamine/ amphetamine ER (generic Adderall XR). Brand Focalin and brand Adderall XR will now require PA.**
2. **Include the Calcitonin Gene-Related Peptide Receptor Antagonists (Antimigraine Agents) in the Preferred Drug List (PDL). Preferred agents will be preferred with clinical criteria.** Preferred products will require a prior authorization request be submitted. Clinical criteria must be met in order to be approved. Non-preferred products will require prior authorization; for a non-preferred product to be approved, failure with a designated number of preferred agents and clinical criteria must be met.
3. **Update the PDL to reflect the quarterly updates. The updates are listed below:**

| PDL Additions |
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| Citranatal Assure—Prenatal Vitamins |
| Citranatal B-Calm—Prenatal Vitamins |
| Citranatal DHA—Prenatal Vitamins |
| Citranatal Harmony—Prenatal Vitamins |
| Citranatal Rx—Prenatal Vitamins |
| Focalin—ADHD Agents |

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.