Alabama Medicaid Pharmacist

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PDL Update

Effective October 1, 2018, 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	
Contempla XR—Agents used for ADHD	Quillichew—Agents used for ADHD
Darifenacin (generic Enablex) - Genitourinary Smooth Muscle Relaxants	Qvar Redihaler—Respiratory Corticosteroids
Moxifloxacin Drops (generic Vigamox) - EENT-Antibacterials	Vesicare—Genitourinary Smooth Muscle Relaxants-Antimuscarinics
Olopatadine (generic Patanase) - EENT-Antiallergic Agents	Zontivity—Platelet Aggregation Inhibitors
PDL Deletions*	
Adzenys—Agents used for ADHD	Strattera—Agents used for ADHD
Enablex—Genitourinary Smooth Muscle Relaxants-Antimuscarinics	Vigamox—EENT-Antibacterials
Patanase—EENT-Antiallergic 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.*

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.

Opioid Naïve Edit Coming This Fall

The Alabama Medicaid Agency is working on implementing limits on short-acting opiates for opioid naïve recipients. The limit is scheduled to be implemented November 1, 2018.

The Agency defines "opioid naïve" as a recipient with no opioid claim in the past 180 days. Recipients age 19 and older will be limited to a 7-day supply for initial opioid claims while children 18 and under will be limited to a 5-day supply. In addition to the days' supply limit, a maximum of 50 morphine milligram equivalents (MME) per day will be allowed on a claim for an opioid naïve patient. Claims for a short acting opioid for an opioid naïve recipient exceeding the maximum days' supply limit or MME limit will be denied. Claims prescribed by an oncologist will bypass the edit. Long term care and hospice patients are also excluded.

Refills of remaining quantities and/or new prescriptions for short acting opiates filled within 180 days of the initial naïve opioid claim **will require an override.** Overrides for quantities exceeding the maximum days' supply limit or MME limit may be submitted to Health Information Designs (HID). Information regarding override requirements and MME examples will be made available on the Alabama Medicaid Agency website closer to the implementation of the new limitations.

Partial filling of a schedule II prescription will be allowed per State and federal law*. Please visit the Alabama Board of Pharmacy website at http://www.albop.com/FAQ.aspx for more information. The refill of the quantity remaining on the partial fill **will not count** towards the monthly adult prescription limit if filled within 30 days of the original prescription. Monthly max unit quantities still apply.

Please refer to the Agnecy website for the latest ALERT and other information regarding this new edit: http://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx

Synagis® Criteria for 2018—2019 Season

The Alabama Medicaid Agency has updated its prior authorization (PA) criteria for the Synagis® 2018-2019 season. Complete criteria can be found on the website at the following link: http://www.medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx

- The approval time frame for Synagis® will begin October 1, 2018 and will be effective through March 31, 2019. Up to five doses will be allowed per recipient in this timeframe. There are no circumstances that will result in the approval of a 6th dose.
- If a dose was administered in an inpatient setting, the date the dose was administered must be included on the PA request form. Subsequent doses will be denied if the recipient experiences a breakthrough RSV hospitalization during the RSV season.
- **Prescribers,** not the pharmacy, manufacturer, or any other third-party entity, are to submit requests for Synagis® on a specific prior authorization form (Form 351) **directly** to Health Information Designs (HID) and completed forms may be accepted beginning September 1, 2018 (for an October 1 effective date). The fax number for Synagis® requests is: **1-800-748-0116.**
- All signatures must meet the requirements of Alabama Medicaid Administrative Code Rule 560-X-1-.18(2)(c). Please note stamped or copied prescriber signatures will not be accepted and will be returned to the provider.
- A copy of the hospital discharge summary from birth or documentation of the first office visit with pertinent information (gestational age, diagnosis, etc) is required on all Synagis® PA requests.
- If approved, each subsequent monthly dose will require submission of the recipient's current weight and last injection date and may be faxed to HID by the prescriber or dispensing pharmacy utilizing the original PA approval letter.
- Prescribers must prescribe Synagis® through a specialty pharmacy. CPT code 90378 remains discontinued for the 2018-2019 season.
- Medicaid is the payor of last resort. Claims must be billed to the primary payor if other third-party coverage exists. Use of NCPDP Other Coverage Codes will be reviewed and inappropriately billed claims will be recouped.

Criteria

Alabama Medicaid follows the 2014 American Academy of Pediatrics (AAP) Redbook guidelines regarding Synagis® utilization. For more details, please review a copy of the guidelines found at http://pediatrics.aappublications.org/content/early/2014/07/23/peds.2014-1665. Additional questions regarding Synagis® criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

What's New This Flu Season?

- Flu vaccines have been updated to better match circulating viruses [the B/Victoria component was changed and the influenza A (H3N2) component was updated].
- What components will the vaccine contain?
    - A/Michigan/45/2015 (H1N1) pdm09-like virus
    - A/Singapore/INFIMH-16-0019/2016 A(H3N2)-like virus (updated)
    - B/Colorado/06/2017-like [Victoria lineage virus (updated)]
    - Quadrivalent will contain an additional component: B/Phuket/3073/2013-like (Yamagata lineage) virus
- For the 2018-2019 season, the nasal spray fly vaccine (LAIV) is again a recommended option for influenza vaccination of persons for whom it is otherwise appropriate.
    - Approved for: non-pregnant women and patients ages 2—49
    - Precaution for people with certain underlying medical conditions
    - LAIV will be quadrivalent
- Most regular dose egg-based flu shots will be quadrivalent.
- All recombinant vaccines will be quadrivalent. No trivalent recombinant vaccine will be available this season.
- Cell-grown flu vaccine will be quadrivalent. For this vaccine, the influenza A(H3N2) and both influenza B reference viruses will be cell-derived, and the influenza A(H1N1) will be egg-derived. All these reference viruses will be grown in cells to produce the components of Flucelvax.
- No intradermal flu vaccine will be available.
- The age recommendation for Fluarix Quadrivalent was changed from 3 years old and older to 6 months and older after the annual recommendations were published last season to be consistent with Food and Drug Administration (FDA)-approved labeling.
- The age recommendation for Afluria Quadrivalent was changed from 18 years old and older to 5 years old and older after the annual recommendations were published last season to be consistent with Food and Drug Administration (FDA)-approved labeling.
- Options for this season include:
    - Standard dose: these are given IM. They usually given with a needle, but Afluria and Afluria Quadrivalent can be given to some people aged 18-64 years with a jet injector.
    - High-dose shots: for people 65 years and older
    - Shots made with adjuvant for people 65 years and older
    - Shots made with virus grown in cell culture
    - Recombinant vaccine

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 1st Pharmacy Changes

Effective October 1, 2018, the Alabama Medicaid Agency will:

1. **Include preferred insulins 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 hydroxyprogesterone injection (generic Makena). Brand Makena will not require prior authorization.** Use Dispense as Written (DAW) Code of 9 for brand Makena. 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

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.