



ALABAMA MEDICAID PHARMACIST

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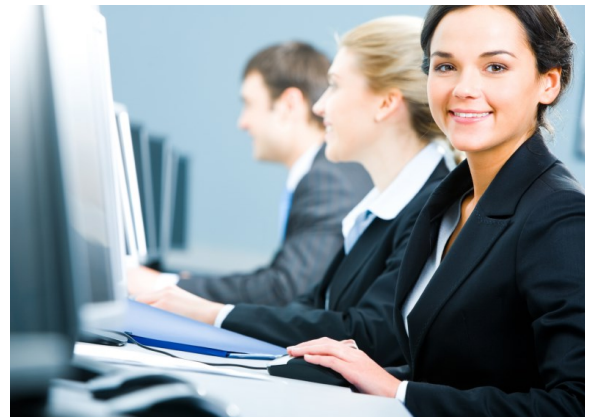
PDL Update

Effective October 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
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
Farxiga—Sodium-glucose Cotransport 2 Inhibitors
Humalog Mix—Insulins
Invokamet—Sodium-glucose Cotransport 2 Inhibitors
Invokana—Sodium-glucose Cotransport 2 Inhibitors
Jardiance—Sodium-glucose Cotransport 2 Inhibitors
Jentaduetto—Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
Mitigare—Antigout
Prempro—Estrogens
Tradjenta—Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
PDL Deletions
Menest—Estrogens
Sklice—Scabicides and Pediculicides

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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.



2019 Global Initiative for Asthma (GINA) Updates

The 2019 Global Initiative for Asthma (GINA) strategy report represents the most important change in asthma management in 30 years. The new recommendations come from a 12-year campaign by GINA to find more effective strategies to improve asthma treatment. The goals of this update are to reduce the risk of serious asthma-related exacerbations and death, to provide consistent messaging about the aims of asthma treatment, and to eliminate a pattern of patient reliance on a SABA early in treatment.

One of the major key updates for the GINA guide for management and prevention is the distinction between a preferred controller and a preferred reliever. Additionally, a short-acting B₂-agonist (SABA) is considered as an “other reliever” option rather than the actual preferred treatment in step 1, even though a SABA has been considered the first-line treatment for 50 years. The “SABA-only” recommendation gives the patient the misconception that “my reliever gives me control over my asthma”, due to its rapid relief of symptoms. Therefore, the need for additional treatment is often misunderstood by the patient and not seen as necessary. GINA found no evidence to support a Step 1 SABA-only recommendation. The lack of evidence for SABA-only treatment contrasted with the strong evidence for safety and efficacy of treatments recommended in steps 2-5 as seen below.

The wheel (see diagrams) is aimed to increase personalized asthma management with 3 key tactics: assess, adjust, and review response. Management strategies include medications, as well as, treating modifiable risk factors and comorbidities, and implementing non-pharmacological strategies.

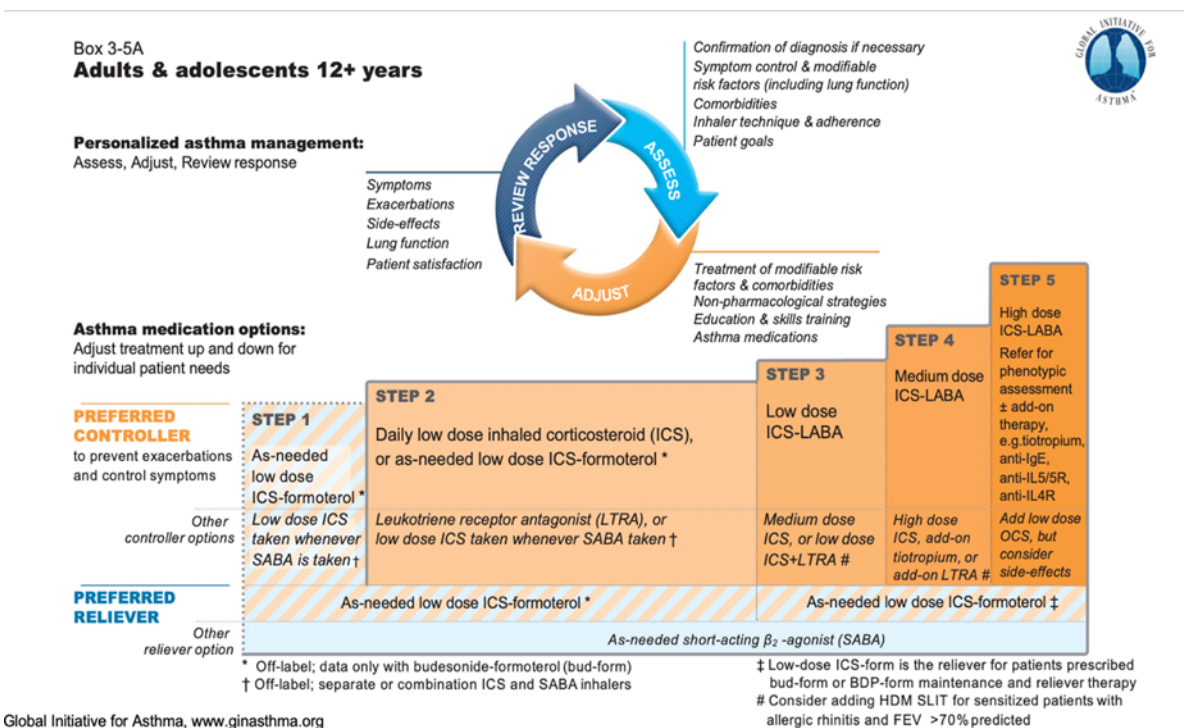
What’s New in GINA 2019:

- SABA-only treatment is no longer recommended for the treatment of asthma in adults and adolescents. SABA-only increases the risk of severe exacerbations and asthma-related death.
- All adults and adolescents should receive either a symptom-driven (as needed treatment for patients with mild asthma) or daily inhaled-corticosteroids (ICS)-containing controller treatment to reduce the risk of severe exacerbations and asthma-related death.
- Recommendations for initial asthma treatment, for stepping down treatment, and for prevention of exercise-induced bronchoconstriction have been updated. Healthcare providers may consider step-down treatment after symptoms have been controlled and lung function stable for 3 months; however, patients with risk factors for exacerbations (high number of exacerbations per year or persistent airflow limitation) do not step down without close supervision. Stepping down ICS doses by 25-50% at 3 months intervals is feasible and safe for most patients. Prevention of exercise-induced bronchoconstriction recommendations include SABA before exercise or low-dose ICS-formoterol before exercise.
- Tiotropium (Spiriva) is now approved as add-on therapy for ages 6 and older. In step 5, add-on tiotropium is one of the ‘preferred’ controller options. In step 4, add-on tiotropium is listed as ‘other’ controller option.
- Add-on low dose azithromycin is recommended as an option for patients with symptomatic asthma despite moderate-high dose inhaled-corticosteroid-long-acting beta-agonist (ICS-LABA).
- High dose ICS-LABA treatment is now recommended only in Step 5.
- Dupilumab (Dupixent) is now recommended as an additional treatment option for patients ≥ 12 years with severe Type 2 asthma (typically allergic asthma with inflammation) or oral corticosteroids (OCS)-dependent asthma.
- Maintenance oral corticosteroids (OCS) are not a ‘preferred’ treatment in Step 5 because of high risk of ADRs such weight gain, high blood pressure, and fluid retention.
- Children 6-11 years old: a separate treatment figure is now provided and is further explained below.
- ICS doses: additional explanation on doses (low, medium, high) have been added. This chart does not rank the ICS treatment based on equivalence but rather on estimated clinical comparability based on studies and product information.

2019 Global Initiative for Asthma (GINA) Updates , continued

- Breathing exercises: confirmation that breathing exercises are associated with improved QoL, but there is no improvement in symptom control.
- Severe exacerbations: Follow-up is now recommended to happen within 2 days after ED visit or hospitalization.
- Pre-school asthma: Early referral is recommended if the child fails to respond to controller treatment.
- Exacerbations in pre-school children: OCS are not generally recommended except in emergency department and hospital settings. Follow-up after hospital visit is recommended within 1-2 working days, and 3-4 weeks later.
- Difficult-to-treat and severe asthma: Chapter 3E includes the content of the GINA 2019 pocket guide (39-page document) and decision tree for the diagnosis and management of difficult to treat asthma. The decision tree was added to help health care professionals in the management and treatment of patients with severe asthma.

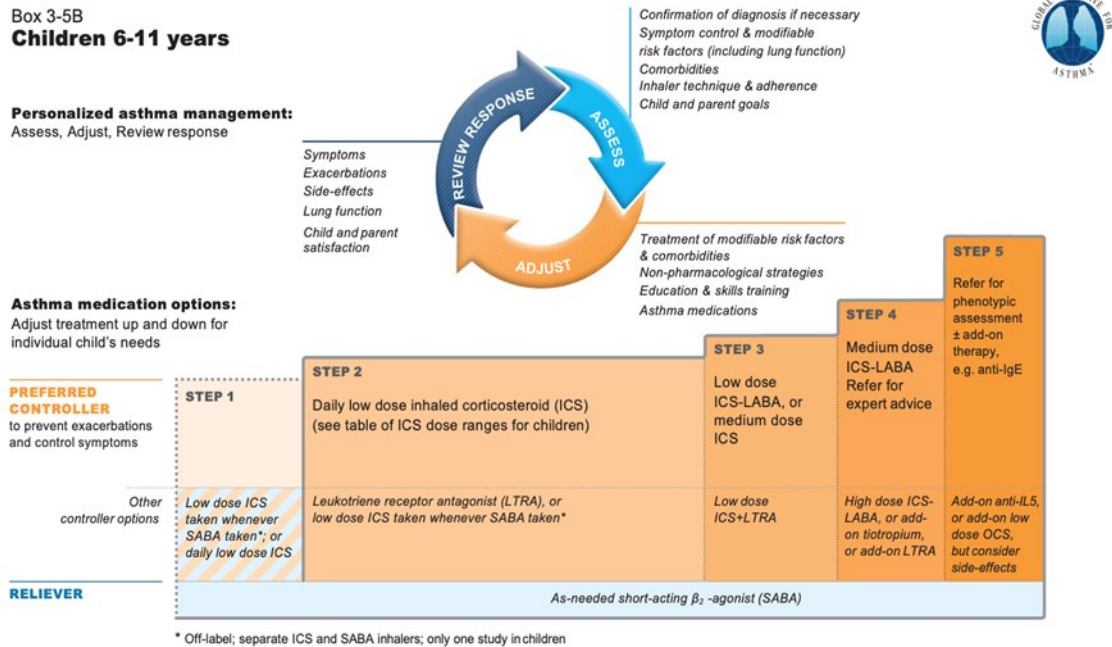
Adults and Adolescents 12+ Years



- Step 1 - treatment is for patients with symptoms less than twice per month and no risk factors for exacerbations; previously, no controller was recommended for step 1 (SABA-only treatment was preferred). GINA now recommends that all adults and adolescents with asthma should receive symptom-driven or regular low dose ICS-containing controller treatment, to reduce the risk of serious exacerbations. 'Controller' treatment means the treatment taken to prevent exacerbations.
- Step 2 - treatment includes two 'preferred' controller options: 1) regular low dose ICS with as-needed SABA and 2) as-needed low dose ICS-formoterol. Other controller options include low dose ICS taken whenever SABA is taken or leukotriene receptor antagonist (less effective for exacerbations).
- Step 3 – consistent with previous GINA recommendations
- Step 4 - preferred controller treatment is now a medium dose ICS-LABA; high dose ICS-LABA is now in step 5.
- Step 5 - refer for assessment and management in adults and adolescents. Some patients may benefit from OCS but long-term systemic side-effects are common and must be considered.

2019 Global Initiative for Asthma (GINA) Updates, continued

Children 6—11 Years



Beginning in 2019, there is a separate treatment figure for children, rather than differences being handled with footnotes, as in the past.

- Step 1 – low dose ICS whenever SABA taken, or daily.
- Step 2 – preferred controller is daily low dose ICS; other controller options include as-needed low dose ICS taken whenever SABA is taken. Leukotriene receptor antagonists (LTRA), i.e. montelukast (Singular) are less effective than regular ICS, particularly for preventing exacerbations. For seasonal allergic asthma, current advice is to start ICS immediately and cease 4 weeks after end of exposure.
- Step 3 – This recommendation has not changed. The preferred controllers are low dose ICS-LABA or medium dose ICS, which have similar benefits.
- Step 4 – preferred controller is medium dose ICS-LABA and refer for expert advice.

Children 5 Years or Younger

- Step 1 – PRN SABA still preferred as a reliever for infrequent viral wheezing and no or fewer interval symptoms.
- Step 2 – Daily low dose ICS (other: LTRA or intermittent ICS) for symptoms pattern consistent with asthma or ≥ 3 exacerbations per year and SABA frequently.
- Step 3 – Double low dose ICS if not well controlled on low dose ICS.
- Step 4 – Continue controller and refer to specialist if not well controlled.

Global Initiative for Asthma (GINA). GINA report, Global Strategy for Asthma Management and Prevention. Updated 2019. [cited 2019 Aug 27]. Available from: <https://ginasthma.org/wp-content/uploads/2019/06/GINA-2019-main-report-June-2019-wms.pdf>

Changes to Pharmacy Vaccine Administration Billing

Effective October 15, 2019, Alabama Medicaid will change how Medicaid-enrolled pharmacy providers submit claims for vaccine administration for eligible recipients age 19 and older. Claims for a vaccine and the administration of the vaccine will be submitted on the same claim.

Instructions for submitting a pharmacy claim for a vaccine with the administration fee:

- Pharmacies should submit a claim for the vaccine (i.e. ingredient) with the appropriate NDC.
- Pharmacies should submit the administration fee in the **Incentive Amount Submitted** field (NCPDP Field 438-E3) on the same claim as the vaccine (i.e. ingredient).
- A maximum reimbursement of \$5 will be allowed for each vaccine administration. Only one dispensing fee (for the ingredient) and copay will be applied to the claim.
- Reimbursement of administration fees will be allowed for the following vaccines:
 - Influenza vaccine
 - Pneumococcal vaccine
 - Tdap vaccine
 - Hepatitis A vaccine
- A prescription is required for each vaccine and administration to be retained on file for documentation purposes.
- Claims for the administration fee only with no vaccine/ingredient will be denied.
- To facilitate coordination of care, Pharmacy providers are required to inform (via phone, fax, email, or mail) each recipient's Primary Medical Provider (PMP) upon administration of the vaccine(s) for which an administration claim is submitted. Documentation of the notification to the PMP must be kept on file at the pharmacy. If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) 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: https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Services/9.4.13_PH_Immunization_Provider_Notification_Letter_2-1-19.pdf
- Alabama State Board of Pharmacy law and regulation should be followed regarding dispensing and administration of legend drugs/vaccines.
- For additional questions regarding this ALERT, please contact Pharmacy Services at 334-242-5050.

October 1st Pharmacy Changes

Effective October 1, 2019, the Alabama Medicaid Agency will:

1. **Include preferred fibric acid derivatives, alendronate tablets, amitriptyline tablets, azathioprine tablets, hydroxychloroquine tablets, methotrexate tablets, pioglitazone tablets, and trazodone tablets in the mandatory three-month 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. **Include the Antigout Agents in the Preferred Drug List (PDL).**
3. **Require Prior Authorization (PA) for colchicine tablets.**
4. **Update the PDL to reflect the quarterly updates. The updates are listed below:**

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Citranatal Assure—Prenatal Vitamins
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PDL Deletions
Menest—Estrogens
Sklice—Scabicides and Pediculicides

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.

Providers requesting PAs by fax should send requests to: 800-748-0116.