



A Service of Alabama Medicaid

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PDL Update

Effective October 1, 2022, 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
Clonidine Transdermal Patches (generic)—Central Alpha Agonists
Genotropin—Growth Hormone Agents
Levalbuterol Tartrate HFA (generic)—Respiratory Beta-Adrenergic Agonists
PDL Deletions
QVAR Redihaler—Respiratory Corticosteroids
Xopenex HFA—Respiratory Beta-Adrenergic Agonists

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Kepro
Medicaid Pharmacy Administrative Services
PO Box 3570
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Please fax all prior authorization and override requests *directly* to Kepro at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.



COVID-19 Emergency Expiration Date and Preparation for the End of the Public Health Emergency

All previously published expiration dates related to the COVID-19 public health emergency (PHE) are once again extended by the Alabama Medicaid Agency (Medicaid). The new expiration date is the earlier of November 30, 2022, the conclusion of the COVID-19 national emergency, or any expiration date noticed by the Alabama Medicaid Agency through a subsequent ALERT.

The Alabama Medicaid Agency is preparing now for the end of the COVID-19 PHE. Medicaid partners can assist in relaying a consistent and simple message to the Medicaid recipients by sharing key messages from the Agency in your newsletters, social media posts, and other means of communication. To learn more about the “Yellow Postcard” campaign and the Communication Toolkit, please visit: https://medicaid.alabama.gov/content/7.0_Providers/7.11_COVID-19_Vaccine_Providers.aspx.

Alabama Medicaid Partner Toolkit: https://medicaid.alabama.gov/documents/7.0_Providers/7.11_COVID-19_Information_For_Providers/7.11_PHE_Unwinding_Toolkit_7-12-22.pdf.

A listing of previous ALERTs related to the COVID-19 PHE is available on the Agency’s provider COVID-19 page: https://medicaid.alabama.gov/content/7.0_Providers/7.11_COVID-19_Vaccine_Providers.aspx.

During the COVID-19 emergency, it is important to file claims as quickly as possible to ensure payment from Medicaid is made to Medicaid providers close to the date of service. The Centers for Medicare and Medicaid Services has increased the federal matching percentage for the emergency time frame, but states can only receive the increased match on claims that are paid during the emergency. Providers should include appropriate COVID-19 diagnosis code(s) on claims submitted to help

Changes to Hepatitis C Prior Authorization (PA) Criteria

with tracking of COVID-19.

Effective October 1, 2022, the Alabama Medicaid Agency will remove the requirement of absence of alcohol and illicit drug use by recipients for the prior approval of antiviral drugs used in the treatment of hepatitis C. A copy of the patient’s drug and alcohol screening lab report will no longer be required. All other criteria remain, including the patient consent form with the patient’s and physician’s signature, which must be submitted with requests.

The updated Prior Authorization (PA) request form and criteria booklet should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Updated forms and criteria can be found here: https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx.

Providers requesting PAs by mail or fax should send requests to:

Kepro
Medicaid Pharmacy Administrative Services
P.O. Box 3570, Auburn, AL 36831
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescriber believes medical justification should be considered, the prescriber must document this on the form or submit a written letter of medical justification along with the PA form to Kepro. Additional information may be requested. Staff physicians will review this information.

Questions related to this policy update can be directed to the Alabama Medicaid Clinical Services Division at (334) 242-5050.

Synagis® Criteria for the 2022-2023 Season

- The 2022-2023 season will begin on October 1, 2022. Doses received prior to that date will not be counted towards the baby's doses for the 2022-2023 Synagis® season.
- The approval time frame for Synagis® for the 2022-2023 RSV season will begin October 1, 2022 and will be effective through March 31, 2023. Up to five doses will be allowed per baby in this time frame. 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 baby experiences a breakthrough RSV hospitalization during the RSV season.
- Medicaid updated its prior authorization (PA) criteria for the Synagis® 2022-2023 season. Complete criteria can be found on the website at the following link: https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.10_Synagis.aspx
- **Prescribers**, not the pharmacy, manufacturer, or any other third-party entity, are to submit requests for Synagis® on a specific PA form (form 351) **directly** to Kepro. Completed forms may be accepted beginning September 1, 2022 (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 that 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 baby's current weight and last injection date and may be faxed to Kepro 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 2022-2023 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.

*Medicaid will closely monitor the CDC surveillance information and coordinate with our state pediatric infectious disease/pulmonary specialist leaders in early 2023 to determine if changes or an extension of the 2022-2023 season is warranted.

Criteria

Additional questions regarding Synagis® criteria can be directed to the Agency's Prior Authorization contractor, Kepro at 1-800-748-0130.

Alabama Medicaid Vaccine Administration Information

Alabama Medicaid reimburses Medicaid-enrolled pharmacy providers for the administration of certain vaccines. Alabama Medicaid will also reimburse pharmacies for the vaccines (i.e. ingredient) that is administered.

Effective October 15, 2019, Alabama Medicaid changed 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—ages 19 and up
 - Pneumococcal vaccine—ages 19 and up
 - Tdap vaccine—ages 19 and up
 - Hepatitis A vaccine—ages 19 and up
 - Shingles vaccine—ages 50 and up
- 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, can be used to notify the PMP, can be found on the Agency website at this [link](#).
- Alabama State Board of Pharmacy law and regulation should be followed regarding dispensing and administration of legend drugs/vaccines.

COVID-19 Prescribing of Paxlovid by Pharmacists

On July 6, 2022, the Food and Drug Administration (FDA) expanded access to COVID-19 treatment by **authorizing state-licensed pharmacists to prescribe Paxlovid to eligible patients**. Accordingly, pharmacists will be able to submit claims dispensed on or after July 6, 2022 to eligible recipients of Alabama Medicaid for Paxlovid prescribed by a state-licensed pharmacist.

According to the FDA, Paxlovid may be prescribed for an individual patient by a state-licensed pharmacist under the following conditions:

- Sufficient information is available, such as through access to health records less than 12 months old, or consultation with a health care provider in an established provider-patient relationship with the individual patient, to assess renal and hepatic function; and
- Sufficient information is available, such as through access to health records, patient reporting of medical history, or consultation with a health care provider in an established provider-patient relationship with an individual patient, to obtain a comprehensive list of medications (prescribed and nonprescribed) that the patient is taking to assess for potential drug interaction.
- Please see the full FDA updated Emergency Use Authorization (EUA) for Paxlovid here: <https://www.fda.gov/media/155049/download>.

Pharmacies should bill claims for Paxlovid through an electronic NCPDP claim.

- Submit \$0.00 or \$0.01 for Paxlovid provided at no cost from the federal government.
- A professional dispensing fee of \$10.64 will be allowed/reimbursed on claims for Paxlovid.
- For a Paxlovid claim prescribed by a state-licensed pharmacist, enter the NPI of the pharmacist or pharmacy in the prescribing provider field on the claim. These claims must include a **Submission Clarification Code (SCC) of 42** indicating that the prescriber ID submitted is valid and prescribing requirements have been met.
- Paxlovid must be administered according to approved labeling per the FDA.

Pharmacy providers with questions regarding Paxlovid prescribing and billing for eligible Alabama Medicaid recipients may call the Alabama Medicaid Pharmacy Program at (334) 242-5050.

October 1st Pharmacy Changes

Effective October 1, 2022, the Alabama Medicaid Agency will:

1. Remove prior authorization (PA) from levalbuterol tartrate HFA (generic Xopenex HFA). Brand Xopenex HFA will now require PA.
2. Update the PDL to reflect the quarterly updates listed below:

PDL Additions
Clonidine Transdermal Patches (generic)—Central Alpha Agonists
Genotropin—Growth Hormone Agents
Levalbuterol Tartrate HFA (generic)—Respiratory Beta-Adrenergic Agonists
PDL Deletions
QVAR Redihaler—Respiratory Corticosteroids
Xopenex HFA—Respiratory Beta-Adrenergic Agonists

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 Prior Authorization (PA) request form and criteria booklet should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. The PA request form can be completed and submitted electronically on the Agency's website at

[https://medicaid.alabama.gov/content/9.0 Resources/9.4 Forms Library/9.4.13 Pharmacy Forms.aspx](https://medicaid.alabama.gov/content/9.0%20Resources/9.4%20Forms%20Library/9.4.13%20Pharmacy%20Forms.aspx).

Policy questions concerning provider notice should be directed to the Pharmacy Program at (334) 242-5050. Providers requesting PAs by mail or fax should send requests to: 1-800-748-0130.

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P.O.Box 3570
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