A Service of Alabama Medicaid

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PDL Update

Effective April 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
Colchicine tablets (generic)—Antigout Agents
Vascepa—Miscellaneous Antilipemic Agents
PDL Deletions
Colchicine capsules (generic)—Antigout Agents
Colcrys—Antigout Agents
Icosapent ethyl—Miscellaneous Antilipemic Agents

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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.

The Yellow Postcard Campaign starts in May to prepare for the end of the national COVID-19 emergency!

As the Alabama Medicaid Agency prepares for the end of the national COVID-19 public health emergency (PHE), the Agency is asking Medicaid partners to assist in relaying a consistent and simple message to the Medicaid recipients by sharing the message in newsletters, social media posts, and other means of communication.

The message is simple…

Recipients need to keep their addresses up to date with Alabama Medicaid so they can receive their notices about when to reapply or when there are benefit changes.

The Agency will distribute yellow postcards with directions for recipients to update their addresses with the Agency. Postcards will be delivered to provider offices and pharmacies through academic detailers starting in May 2022.

Pharmacists and other providers can assist by posting the yellow postcard in their check-in windows or at their checkout counters. When Medicaid recipients check in or check out, they can scan the QR code to take the information with them.

Information for recipients to update their address and other information with the Agency is available at https://medicaid.alabama.gov/content/11.0_Recipient/11.10_Update_Address.aspx.

COVID-19 OTC and "At-Home" Tests for Pharmacy Billing

Effective January 1, 2022, Alabama Medicaid will cover FDA-authorized COVID-19 diagnostic and screening tests with "at-home" sample collection for reimbursement with no cost sharing for eligible beneficiaries. "At-home" tests include FDA-authorized point of care and over-the-counter (OTC) tests.

Policy:

- Covered "at-home" test kits must be authorized by the FDA for use in both symptomatic and asymptomatic patients and allow for self-collection without medical observation.
- A prescription by a Medicaid-enrolled prescriber or the standing order by the Alabama State Health Officer, Dr. Scott Harris, is required. Please see the standing order on the ADPH website here: https://www.alabamapublichealth.gov/covid19/assets/cov-testkit-standingorder.pdf.
- A maximum of 4 tests per month per eligible recipient (each kit may contain two tests for serial testing), will be covered. Maximum unit overrides will be available for medical necessity through the routine pharmacy override process (Kepro).
- Pharmacies may bill using the National Drug Codes (NDCs) provided which have been derived by using the Univeral Product Code (UPC). Pharmacies may utilize the Medicaid online drug look-up tool to determine coverage and see pricing information. The online drug-lookup can be found here: https://www.medicaid.alabamaservices.org/alportal/NDC%20Look%20Up/tabId/5/Default.aspx.
- Reimbursement for tests are based on Medicaid policy (Section 27.2.5, Reimbursement for Covered Drugs and Services, of the Provider Billing Manual). Questions related to reimbursement rates should be directed to the AAC Vendor, Myers & Stauffer, at (800) 591-1183.

Questions related to this ALERT can be addressed by calling the Alabama Medicaid Pharmacy Department at (334) 242-5050.

Information on Billing for Administration of COVID-19 Vaccines (for Non-Pharmacy Providers)

Effective October 29, 2021, the Alabama Medicaid Agency covers the following procedure codes for the administration of the Pfizer vaccine for ages 5 to 11:

Administration CPT Code	Description of Code	Rate
0071A	Administration SARSCV2 10mCG TRS-SUCR-first dose	$40
0072A	Administration SARSCV2 10 MCG TRS-SUCR-second dose	$40

Medicaid enrolled providers should not bill for the vaccine if using federally allocated vaccines.

To participate in the administration of COVID-19 vaccine, Alabama providers must enroll in the Alabama Department of Public Health (ADPH) ImmPRINT COVID-19 Vaccination Program. Follow the steps in the ImmPRINT Registration Roadmap to enroll.

Providers must follow state and federal laws and regulations regarding administration of vaccines. State and federal standing order guidelines for products granted Emergency Use Authorization (EUA) must be followed.

For questions, please visit the Medicaid website at https://medicaid.alabama.gov, or call the Medicaid Fiscal Agent at (800) 688-7989.

The American Headache Society: Updated Consensus Statement

Migraines affect nearly 37 million Americans. Migraine prevalence peaks between the ages of 25 and 55 and can significantly limit daily functioning. Worldwide and among neurological conditions, migraine ranks second in terms of years lost to disability. Migraine treatments can be acute, preventive, or both. Several new medications have been developed and have led to advances in the acute and preventive treatment of migraine. The American Headache Society updated their Consensus Statement to include the use of these new migraine treatments in clinical practice along with the use of established therapies. This Statement uses recommendations from the US Headache Consortium and incorporates new recommendations regarding the use of recently approved therapies, such as monoclonal antibodies to calcitonin gene-related peptide (CGRP) and its receptor, for the treatment of acute and preventive migraines. This article will focus on incorporating the newer medications into the prevention and treatment of migraines.

The table below lists the International Classification of Headache Disorders 3rd edition (ICHD-3) criteria for acute migraine and chronic migraine.

Acute Migraine	**Chronic Migraine**
A. At least five headaches meeting criteria B-D B. Headache attacks lasting 4-72 hours (when untreated or unsuccessfully treated) C. Headache has at least two of the following four characteristics: • Unilateral location • Pulsating quality • Moderate or severe pain intensity • Aggravation by or causing avoidance of routine physical activity D. During headache at least one of the following: • Nausea and/or vomiting • Photophobia and phonophobia E. Not better accounted for by another diagnosis	A. Migraine-like or tension type-like headache on ≥ 15 days/month for > 3 months that fulfill criteria B and C B. Occurring in a patient who has had at least five attacks fulfilling criteria B-D for migraine without aura and/or criteria B and C for migraine with aura C. On ≥ 8 days/month for > 3 months, fulfilling any of the following: • Criteria C and D for migraine without aura • Criteria B and C for migraine with aura • Believed by the patient to be migraine at onset and relieved by a triptan or ergot derivative • Aggravation by or causing avoidance of routine physical activity D. Not better accounted for by another diagnosis

Acute migraine treatment plans should include personalized guidance regarding the benefits of proper nutrition, regular exercise, adequate hydration, proper sleep, stress management, and maintaining a migraine diary. Non-steroidal anti-inflammatory (NSAID) medications, non-opioid analgesics, acetaminophen (APAP), or caffeinated analgesic combinations should be used for mild-to-moderate attacks. Migraine-specific agents, such as triptans, dihydroergotamine (DHE), CGRP antagonists, and selective serotonin ($5\text{-}HT_{1F}$) receptor agonists, should be used for moderate or severe attacks and mild-to-moderate attacks that respond poorly to nonspecific therapy (NSAIDs, non-opioid analgesics, APAP, or caffeinated analgesic combinations).

Evidence suggests that about 30% of patients have an inadequate response to triptans. A trial of a second triptan may be needed in this population or a different migraine-specific therapy may be required. The following criteria may be used to initiate acute treatment with a CGRP antagonist, selective serotonin ($5\text{-}HT_{1F}$) receptor agonist, or neuromodulatory devices:

- Prescribed/recommended by a licensed clinician
- Patient is at least 18 years of age
- Diagnosis of ICHD-3 migraine with aura, migraine without aura, or chronic migraine
- Either of the following:
    - Contraindications to triptans or triptan intolerance

The American Headache Society: Updated Consensus Statement, continued

- Inadequate response to two or more oral triptans, as determined by either of the following:
  - Clinician attestation
  - Validated acute treatment patient-reported outcome questionnaire (mTOQ, Migraine-ACT, PPMQ, FIS, PGIC)

Several therapies for acute migraine treatment have been approved since the initial Consensus Statement:

- Celecoxib oral solution (Elyxyb™)
- Ubrogepant (Ubrelvy®)
- Rimegepant (Nurtec™ ODT)
- Lasmiditan (Reyvow®)
- Remote electrical neuromodulation (REN)

Personalized patient education and lifestyle modifications are important to preventive treatment plans, as well. Patients should be educated on migraine triggers and ways to minimize exposure to triggers. Preventive treatment should be considered for patients with migraines in any of the following situations:

- Attacks significantly interfere with patient's daily routines regardless of acute treatment
- Frequent attacks
- Contraindication to, failure, or overuse of acute treatments, with overuse defined as:
  - Ten or more days per month of ergot derivatives, triptans, opioids, combination analgesics, and a combination of drugs from different classes that are not individually overused
  - Fifteen or more days per month for nonopioid analgesics, acetaminophen, and NSAIDs
  - Adverse events with acute treatments
  - Patient preference

There are now four monoclonal antibodies to CGRP and its receptor approved for preventive migraine treatment: eptinezumab (Vyepti™), erenumab (Aimovig®), fremanezumab (Ajovy®), and galcanezumab (Emgality®). Eptinezumab, fremanezumab, and galcanezumab target the CGRP ligand; erenumab targets the CGRP receptor. Criteria has been developed to aid in the initiation of these new treatments. Use is appropriate when A, B, and either C, D, or E are met:

A. Prescribed by a licensed physician
B. Patient is at least 18 years of age
C. Diagnosis of ICHD-3 migraine with or without aura (4-7 monthly migraine days [MMDs]) and both of the following
   a. Inability to tolerate (due to side effects) or inadequate response to a 9-week trial at a dose established to be potentially effective of two or more of the following:
      - Topiramate
      - Divalproex sodium/valproate sodium
      - Beta-blocker: metoprolol, propranolol, timolol, atenolol, nadolol
      - Tricyclic antidepressants: amitriptyline, nortriptyline
      - Serotonin-norepinephrine reuptake inhibitors: venlafaxine, duloxetine
      - Other Level A or B treatments according to AAN scheme for classification of evidence
   b. At least moderate disability (MIDAS ≥ 11 or HIT-6 > 50)
D. Diagnosis of ICHD-3 migraine with or without aura (8-14 MMDs) and inability to tolerate (due to side effects) or inadequate response to an 8-week trial of two or more of the following:
   a. Topiramate
   b. Divalproex sodium/valproate sodium
   c. Beta-blocker: metoprolol, propranolol, timolol, atenolol, nadolol
   d. Tricyclic antidepressant: amitriptyline, nortriptyline
   e. Serotonin-norepinephrine reuptake inhibitor: venlafaxine, duloxetine

The American Headache Society: Updated Consensus Statement, continued

a. Other Level A or B treatments according to AAN scheme for classication of evidence

E. Diagnosis of ICHD-3 chronic migraine and EITHER a or b:
   a. Inability to tolerate (due to side effects) or inadequate response to an 8-week trial of two or more of the following:
      - Topiramate
      - Divalproex sodium/valproate sodium
      - Beta-blocker: metoprolol, propranolol, timolol, atenolol, nadolol
      - Tricyclic antidepressants: amitriptyline, nortriptyline
      - Serotonin-norepinephrine reuptake inhibitors: venlafaxine, duloxetine
      - Other Level A or B treatments according to AAN scheme for classification of evidence
   b. Inability to tolerate or inadequate response to a minimum of 2 quarterly injections (6 months) of onabotulinumtox-inA

Criteria has also been developed for continuation of monoclonal antibodies to calcitonin gene-related peptide or its receptor or neuromodulation therapy. Reauthorization after initial use is appropriate when either of the following criteria are met:

A. Reduction in mean MHDs or headache days of at least moderate severity of ≥50% relative to the pretreatment baseline (diary documentation or medical professional attestation)
B. A clinically meaningful improvement in ANY of the following validated migraine-specific patient-reported outcome measures:
   a. Migraine Disability Assessment (MIDAS)
      - Reduction of ≥5 points when baseline score is 11-20
      - Reduction of ≥30% points when baseline score is >20
   b. Migraine Physical Function Impact Diary (MPFID)
      - Reduction of ≥5 points
   c. Headache Impact Test (HIT)-6
      - Reduction of ≥5 points

The American Headache Society intends on reviewing this Consensus Statement as additional clinical trial and real-world data accumulate. As always, treatment should be tailored to each patient. Additional information regarding migraine treatment with established therapies, treating nausea and vomiting with migraine, and other treatment modalities can be found in the complete Consensus Statement located at https://headachejournal.onlinelibrary.wiley.com/doi/epdf/10.1111/head.14153.

Reference:

Ailani, J, Burch, RC, Robbins, MS; the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021; 61: 1021– 1039. https://doi.org/10.1111/head.14153

April 1st Pharmacy Changes

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

1. **Require Vascepa to be billed with a Dispense as Written (DAW) Code of 9:** 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.
2. **Require prior authorization (PA) for icosapent ethyl (generic Vascepa). Brand Vascepa will be added as preferred.**
3. **Require prior authorization (PA) for colchicine capsules (generic Mitigare). Brand Mitigare will be added as preferred.**
4. **Treatments for COVID-19 will remain accessible and available through the pharmacy benefit on an outpatient basis through the Federal Public Health Emergency (PHE) period. Approval was granted in order to ensure any drug with a Food and Drug Administration (FDA)-approved or Emergency Use Authorization (EUA)-authorized indication for the treatment of COVID-19 be made available as preferred through the duration of the Federal PHE.**
5. **Update the PDL to reflect the quarterly updates. The updates are listed below:**

PDL Additions
Colchicine tablets (generic)—Antigout Agents
Vascepa—Miscellaneous Antilipemic Agents
PDL Deletions
Colchicine capsules (generic)—Antigout Agents
Colcrys—Antigout Agents
Icosapent ethyl—Miscellaneous Antilipemic 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.

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.
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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Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribers 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.