Alabama Medicaid Pharmacist

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PDL Update

Effective July 2, 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	
CitraNatal RX—Prenatal Vitamins	Moxeza—EENT-Antibacterials
Enablex—Genitourinary Smooth Muscle Relaxants	Suboxone[CC]—Opiate Partial Agonists
Esomeprazole Magnesium (generic Nexium) - Proton-Pump Inhibitors	Vyvanse Chewable Tablets—ADHD
PDL Deletions*	
Darifenacin ER (generic Enablex) - Genitourinary Smooth Muscle Relaxants	Nexium—Proton-Pump Inhibitors
Dulera—Respiratory Corticosteroids	Relpax—Selective Serotonin Agonists
Extavia—Multiple Sclerosis	Technivie—HCV Antivirals
Glatiramer (generic Copaxone) - Multiple Sclerosis	Viekira PAK—HCV Antivirals

**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.*

[CC]Preferred with Clinical Criteria

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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.

Partial Filling of a Schedule II Prescription

The Comprehensive Addiction and Recovery Act (CARA) of 2016 passed the United States Senate and was signed into law on July 22, 2016. CARA allows pharmacists to partially fill Schedule II controlled substances (CS). According to CARA, a prescription may be partially filled if; it is written and filled according to state and federal law; the partial fill is requested by the patient or prescribing practitioner; and the total quantity dispensed does not exceed the quantity prescribed. Remaining portions of partially filled prescriptions must be filled within 30 days of the original written prescription date. There is no single specified way to fill or bill prescriptions under the CARA update.

Quantity Limitations

Claims must be submitted in the units specified on the prescription by the prescribing physician up to a 34 day supply. Medications supplied in a dosage form that would prevent the dispensing of an exact 30-34 day supply for chronic medications, such as insulin, may require quantities that exceed the 34 day maximum and would not be subject to recoupment as long as the pharmacist can provide appropriate documentation.

Pharmacies may not split a prescription into small units and submit them as separate claims in order to obtain additional dispensing fees.

A pharmacist should not change quantities (units) of drugs prescribed by a physician except by authorization of the physician. The pharmacist must contact the prescribing physician for authorization to reduce the quantity of any Medicaid prescription and note physician authorization on the prescription form.

If the prescription to be paid by Medicaid exceeds the drug's maximum unit limit allowed per month, the prescriber or pharmacist must request an override for the prescribed quantity. If the override is denied, then the excess quantity above the maximum unit limit is non-covered and the recipient can be charged as a cash recipient for that amount in excess of the maximum unit limit. In other words, for a prescription to be "split billed" (the maximum unit allowed paid by Medicaid and the remainder paid by the patient), a maximum unit override must be requested by the provider and denied.

A prescriber **should not** write separate prescriptions, one to be paid by Medicaid and one to be paid as cash, to circumvent the override process. Note: A provider's failure or unwillingness to go through the process of obtaining an override does not constitute a non-covered service. For more information, this policy can be found in Chapter 27 of the Alabama Medicaid Provider Billing Manual: http://www.medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.3G_July2018/Jul18_27.pdf.

Days' Supply

Days' supply is an instrumental portion of a legitimate claim. Retroactive audits may consider the days' supply billed, along with quantity of medication billed, in regards to the original prescription. Days' supply billed should be clinically appropriate according to the prescriber's instructions on the prescription. Claims billed with an incorrect days' supply may be recouped, including claims billed for a quantity sufficient for a 90 day supply but billed for a 30 days' supply. Medications that are not included in the maintenance supply program should not be dispensed in a 90 day quantity for a 30 day supply.

Pharmacy "Auto-Refills" Not Allowed

The use of automatic refills by pharmacies is not allowed by the Medicaid Agency. Prescriptions that have been filled but not picked up by the patient or patient's authorized representative should be credited back to pharmacy stock and Medicaid through claims reversal within sixty days. Violations of these policies may result in unauthorized charges. The pharmacy may be held liable or Medicaid may cancel the pharmacy vendor agreement.

DEA Drug Take Back Day

On Saturday, April 28th, the DEA held its 15th National Prescription Drug Take Back Day. This event collected more unused prescription drugs than any of the 14 previous National Prescription Drug Take Back Days. There were close to 5,900 sites across the United States that participated in this initiative. Nearly 475 tons (almost 950,000 pounds) of unused medications collected. Since the initiative began in September 2010, there have been 4,982 tons of unused medications collected. The state of Alabama had 80 collections sites which brought in 6,074 pounds.

The next National Prescription Drug Take-Back Day is scheduled for Saturday, October 27, 2018. For more information on this initiative, please visit http://www.deadiversion.usdoj.gov/drug_disposal/takeback/.

Dispense as Written (DAW) Code 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.

Preferred Brand	Non-preferred Generic
Adderall XR	Amphetamine Salts XR
Catapres-TTS	Clonidine Patches
Concerta	Methylphenidate ER
Copaxone	Glatopa
Diastat	Diazepam Rectal Kit
Diastat Accudial	Diazepam Rectal Kit
Enablex	Darifenacin ER
Focalin IR	Dexmethylphenidate
Focalin XR	Dexmethylphenidate ER
Kapvay	Clonidine ER
Kitabis	Tobramycin Inhalation Solution
Nasonex	Mometasone Nasal Spray
Patanase	Olapatadine Nasal Spray
Provigil	Modafinil

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DAW Code 9 Medication List, continued

Preferred Brand	Non-preferred Generic
Pulmicort Inhalation Solution	Budesonide Inhalation Solution
Suboxone[CC]	Buprenorphine/Naloxone
Vigamox	Moxifloxacin
Xopenex HFA	Levalbuterol HFA
Zyflo CR	Zilueton ER

[CC] Preferred with Clinical Criteria

July 2nd Pharmacy Changes

Effective July 2, 2018, the Alabama Medicaid Agency will:

1. **Implement a Prospective DUR Ingredient Duplication Edit.** The new edit will review claims history for possible ingredient duplication and deny claims when simultaneous use of medications containing the same active ingredient and prescribed by different prescribers are detected. The drugs to be included in the ingredient duplication edit are:

   Pregabalin (ex. Lyrica)

   Gabapentin (ex. Neurontin)

The new ingredient duplication edit will not be able to be overridden with conflict/intervention/outcome codes but will require a manual override. Requests should be submitted to Health Information Designs using Form 409 (Override Request Form). Medical justification is required for patients to be on 2 strengths/formulations of the same medication at the same time by different prescribers and must be included on the form. The form can be found at: http://www.medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.1.4_PH_PA_Form_409_Override_Fillable_7-2-18.pdf.

2. **Include the Complement Inhibitors used to treat Hereditary Angioedema (HAE) in the Preferred Drug List (PDL).**
3. **Remove prior authorization (PA) from esomeprazole magnesium (generic Nexium).** Brand Nexium will now require a PA.
4. **Require PA for darifenacin ER (generic Enablex) and glatiramer (generic Copaxone).** Brand Enablex will be added as preferred without PA. Brand Copaxone will remain preferred.

Use Dispense as Written (DAW) Code of 9 for brand Enablex and Copaxone. 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

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manner specified by prevailing law, that generic substitution is permitted, but the Plan requests the brand product to be dispensed.

5. **Suboxone films will be preferred with clinical criteria. Generic versions will be non-preferred.** Use DAW Code of 9 for brand Suboxone films. Clinical criteria must be met in order to be approved. Non-preferred products will continue to 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.
6. **Update the PDL to reflect the quarterly updates.** The updates are listed below:

PDL Additions	
CitraNatal RX	Prenatal Vitamins
Enablex	Genitourinary Smooth Muscle Relaxants
Esomeprazole Magnesium (generic Nexium)	Proton-Pump Inhibitors
Moxeza	EENT-Antibacterials
Suboxone[CC]	Opiate Partial Agonists
Vyvanse Chewable Tablets	ADHD
PDL Deletions	
Darifenacin ER (generic Enablex)	Genitourinary Smooth Muscle Relaxants
Dulera	Respiratory Corticosteroids
Extavia	Multiple Sclerosis
Glatiramer (generic Copaxone)	Multiple Sclerosis
Nexium	Proton-Pump Inhibitors
Relpax	Selective Serotonin Agonists
Technivie	HCV Antivirals
Viekira PAK	HCV Antivirals

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.

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.