Alabama Medicaid Pharmacist

Published Quarterly by Health Information Designs, Summer 2020 **A Service of Alabama Medicaid**

PDL Update

Effective July 1, 2020, 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
Anora Ellipta—Respiratory Beta Agonists
Bevespi—Respiratory Beta Agonists
Buprenorphine/Naloxone Tablets[CC]—Opiate Partial Agonists
Combivent—Inhaled Antimuscarinics
Modafinil—Wakefulness Promoting Agents
Mometasone Nasal Spray—Intranasal Corticosteroids
Striverdi Respimat—Respiratory Beta Agonists
PDL Deletions
Dymista—Intranasal Corticosteroids
Emgality—CGRP Receptor Antagonists (Antimigraine Agents)
Moxeza—EENT Antibacterials
Nasonex—Intranasal Corticosteroids
Provigil—Wakefulness Promoting Agents
Vesicare—Genitourinary Antimuscarinic
Zubsolv—Opiate Partial Agonists

[CC]Preferred with Clinical Criteria

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.

Updated Ulcerative Colitis Guidelines

Recently, the American Gastrological Association (AGA) updated their guidelines for treatment of moderate to severe ulcerative colitis (UC) with a focus on immunomodulators, biologics, small molecules, and colectomy risk reduction. The AGA makes 11 recommendations in this update of which the hallmark and only strong recommendation is (1) using infliximab (Remicade® and biosimilars), adalimumab (Humira®), golimumab (Simponi®), vedolizumab (Entyvio®), tofacitinib (Xeljanz®), or ustekinumab (Stelara®) over no treatment in outpatient settings. The rest of the recommendations have labeled strengths of "conditional" or "no recommendation" and are also specific to location of treatment (outpatient versus inpatient).

Most of the treatment recommendations outlined in the AGA guidelines focus on treatment in the outpatient setting. For treatment of biologic-naïve adults in this setting , the AGA suggest :

- Infliximab (Remicade®) or vedolizumab (Entyvio®) rather than adalimumab (Humira®), for induction of remission in biologic naïve patients, unless a patient with less severe disease places a higher value on subcutaneously administered medications, and also clarifies that tofacitinib (Xeljanz®) should only be administered as part of a clinical study in these patients. Ustekinumab (Stelara®) or tofacitinib (Xeljanz®) should be used over vedolizumab (Entyvio®), or adalimumab (Humira®) for induction of remission in patients previously exposed to infliximab (Remicade®), particularly those in an outpatient setting with primary nonresponse.
- If patients have active UC, the AGA suggests against using thiopurines or methotrexate monotherapy for induction of remission; it also recommends that thiopurine methotrexate can be used to maintain remission, while methotrexate monotherapy cannot.
- Instead, it is recommended to use biologic therapy, including TNF-alpha inhibitors, vedolizumab (Entyvio®), ustekinumab (Stelara®) , and tofacitinib (Xeljanz®) to reduce remission, although any of the biologic options can be used individually or in combination with methotrexate or thiopurines to maintain remission and achieve better disease state control.
- Also, they recommend against using 5-ASA as the initial step in therapy or continuing 5-ASA if control has been achieved with biologic therapies; in both of these cases, it is preferred for patients to utilize biologic therapy with or without immunomodulators.
- Lastly, they make only four recommendations for treatment of patients in the hospital setting. One of the most interesting is their recommendation to
    - Use no more than 40-80mg/day intravenously of methylprednisolone or equivalent corticosteroid doses.
    - Prefer infliximab (Remicade®) or cyclosporine when IV corticosteroids are ineffective.
    - Recommend against adding antibiotics to UC therapy in patients with no active infection.
    - There is no specific recommendation on the best route of administration for infliximab (Remicade®) in the hospital setting.

References:

Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. Gastroenterology. 202: 158(5): 1450-1461. doi: 10.1053/j.gastro.2020.01.006.

Dispense as Written (DAW) Code 9

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.

Brand	Generic
Advair Diskus	Fluticasone/salmeterol Inhalation Device
Catapres-TTS	Clonidine Patches
Concerta	Methylphenidate ER
Copaxone	Glatopa/Glatiramer
Diastat	Diazepam Rectal Kit
Diastat Accudial	Diazepam Rectal Kit
Focalin XR	Dexmethylphenidate ER
Kitabis	Tobramycin Inhalation Solution
Makena	Hydroxyprogesterone Caproate
Norvir	Ritonavir
Proair HFA	Albuterol HFA
Suboxone	Buprenorphine/Naloxone
Xopenex HFA	Lebalbuterol HFA

[CC]Preferred with Clinical Criteria

COVID-19 Emergency Expiration Date Extended to July 31st

To: Pharmacies, Physicians, Physicians Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes

All previously published expiration dates related to the Coronavirus (COVID-19) emergency are once again extended by the Alabama Medicaid Agency (Medicaid). **The new expiration date is the earlier of July 31, 2020, the conclusion of the COVID -19 National emergency, or any expiration date noticed by the Alabama Medicaid Agency through a subsequent ALERT.**

A listing of previous Provider ALERT and notices related to the health emergency is available by selecting the Agency's COVID-19 page in the link below: https://medicaid.alabama.gov/news_detail.aspx?ID=13729.

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 with tracking of COVID-19.

Three-Month Maintenance Supply Updates

To: Pharmacies, Physicians, Physicians Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, and Nursing Homes

Effective July 1, 2020, the Alabama Medicaid Agency will:

1. **Allow certain medications within the Three-Month Maintenance Supply program to be dispensed with a day's supply in a range from 80 days up to 90 days depending on the dosage of the medication prescribed. All existing policies regarding the maintenance supply program will remain in effect. Medications that will be included in this update are the Insulins.**
2. **Include dornase alfa (Pulmozyme), all oral formulations of mycophenolate, all oral formulations of tacrolimus, and all oral formulations of ursodiol 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.

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

Policy Reminder—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: https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1G_Provider%20Manuals/7.6.1G_Provider_Manuals/7.6.1.3G_July2020.aspx

Policy Reminder—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.

July 1st Pharmacy Changes

To: Pharmacies, Physicians, Physicians Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes

Effective July 1, 2020, the Alabama Medicaid Agency will:

1. **Remove prior authorization (PA) from mometasone nasal spray (generic Nasonex) and modafinil (generic Provigil). Brand Nasonex and Provigil will now require PA.**
2. **Update the PDL to reflect the quarterly updates. The updates are listed below:**

PDL Additions
Anoro Ellipta—Respiratory Beta Agonists
Bevespi—Respiratory Beta Agonists
Buprenorphine/Naloxone Tablets[CC]—Opiate Partial Agonists
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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 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. Providers requesting Pas by mail or fax should send requests to:

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