



# Alabama Medicaid Pharmacist

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## PDL Update

Effective January 1, 2021, 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
Adderall XR—ADHD
Adhansia XR—ADHD
Diazepam Rectal Gel—Anxiolytics, Sedatives, & Hypnotics—Misc
Trulicity—Incretin Mimetics
PDL Deletions
CitraNatal RX—Prenatal Vitamins
Dextroamphetamine/Amphetamine ER—ADHD

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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.

Health Information Designs (HID)  
 Medicaid Pharmacy Administrative Services  
 PO Box 3210  
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## COVID-19 Vaccine Information

**To: Physicians, Nurse Practitioners, Physician Assistants, FQHCs, RHCs, County Health Departments, Pharmacies, Long Term Care Providers, Hospital Providers, and Dentists**

**Re: COVID-19 Vaccine Information**

The federal government will be covering the cost of the COVID-19 vaccine and allocating the vaccine throughout the state. Below are anticipated coverage expectations for the Alabama Medicaid Agency (Medicaid). Specific provider information regarding COVID-19 vaccine administration will be published as it becomes available.

Alabama Medicaid will allow reimbursement of a vaccine administration fee to Medicaid providers who utilize federally-allocated COVID-19 vaccines.

- Payment rates for COVID-19 vaccine administration will be \$28.39 to administer single-dose vaccines.
- For a COVID-19 vaccine requiring a series of two or more doses, the initial dose(s) administration payment rate will be \$16.94, and \$28.39 for the administration of the final dose in the series.
- These rates recognize the costs involved in administering the vaccine, including additional resources involved with required public health reporting, conducting important outreach and patient education, and spending additional time with patients to answer any questions they may have about the vaccine.

To receive, administer, and report COVID-19 vaccines, healthcare providers must enroll in the ADPH's ImmPRINT COVID-19 Vaccination Program. Follow the steps in the [ImmPRINT Registration Roadmap](#) to enroll.

**Resources related to COVID-19 vaccines:**

- [ADPH COVID-19 Vaccine website](#) (including instructions for providers)
- [Alabama COVID-19 Vaccination Plan](#)
- [CMS COVID-19 Vaccination Plan](#) (Toolkit)
- [CDC COVID-19 Vaccination Recommendations](#)
- [FDA COVID-19 Vaccines](#)

For **provider** information regarding COVID-19 vaccinations from Alabama Medicaid, please visit:

[https://medicaid.alabama.gov/content/7.0\\_Providers/7.11\\_COVID-19\\_Vaccine\\_Providers.aspx](https://medicaid.alabama.gov/content/7.0_Providers/7.11_COVID-19_Vaccine_Providers.aspx)

ADPH offers COVID-19 Vaccination Provider Support at the following link:

<https://www.alabamapublichealth.gov/immunization/covid-vaccine-administration.html>

## COVID-19 Vaccine Information for Pharmacy Billing

**To: All Pharmacy Providers**

**RE: COVID-19 Vaccine Information for Pharmacy Billing**

Alabama Medicaid will allow vaccine administration fee reimbursement to Medicaid participating providers for federally-allocated COVID-19 vaccines.

- Pharmacies will bill vaccines through an electronic NCPDP claim.
  - Submit \$0.00 or \$0.01 for vaccine provided at no cost from the federal government.
  - Submit each vaccine with the specific approved vaccine NDC for an eligible recipient.
  - Submit the administration fee in the Incentive Amount Submitted field (NCPDP Field 438-E3) on the same claim as the vaccine (i.e., ingredient).
  - Medicaid will allow for vaccine/administration with an effective date on/after 12/28/2020.
  - Vaccines must be administered according to approved labeling for appropriate ages and dosing interval.

### NCPDP Codes and Allowed Amounts for COVID-19 Vaccine Administration

	Submission Clarification Code (440-E5)	Incentive Amount (Administration Fee 438-E3)	Ingredient Cost (409—D9)
<b>Two-Dose Vaccines</b>			
First Dose	02	\$16.94	\$0.00 or \$0.01
Second Dose	06	\$28.39	\$0.00 or \$0.01
<b>Single-Dose Vaccines</b>			
Single Dose	blank	\$28.39	\$0.00 or \$0.01

- The payment rate for COVID-19 vaccine administration is \$28.39 to administer single-dose vaccines.
  - For single-dose vaccine claims, the Submission Clarification Code (SCC) should remain blank.
- The payment rate for COVID-19 vaccine administration requiring a series of two or more doses is \$16.94 for the initial dose, and \$28.39 for the administration of the final dose in the series.
  - For multi-dose vaccines, submit 02 (other override) for the initial dose in the SCC field.
  - For the second dose, submit 06 (the previous medication was a starter dose and now additional medication is needed to continue treatment) in the SCC field.

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## COVID-19 Vaccine Information for Pharmacy Billing, continued

- To participate in the administration of COVID-19 vaccine, Alabama providers must enroll in the Alabama Department of Public Health's (ADPH) ImmPRINT COVID-19 Vaccination Program. Follow the steps in the [ImmPRINT Registration Roadmap](#) to enroll.
- Pharmacies 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. Standing order guidelines can be found at the links below:
  - Moderna: [https://www.alabamapublichealth.gov/immunization/assets/covid19\\_moderna\\_standingorders.pdf](https://www.alabamapublichealth.gov/immunization/assets/covid19_moderna_standingorders.pdf)
  - Pfizer/BioNTech: [https://www.alabamapublichealth.gov/immunization/assets/covid19\\_pfizervaccine\\_standingorders.pdf](https://www.alabamapublichealth.gov/immunization/assets/covid19_pfizervaccine_standingorders.pdf)
- Pharmacy providers with questions regarding vaccine administration may call the Alabama Medicaid Pharmacy Program at (334) 242-5050.

## COVID-19 Vaccine Information for Pharmacy Billing, continued

**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 January 31, 2021, 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](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.

### 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](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.

## January 1st Pharmacy Changes

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

**Effective January 1, 2021, the Alabama Medicaid Agency will:**

1. **Update the default criteria for pharmacy reimbursement when no average acquisition cost (AAC) is available.** When no AAC is available, Alabama Medicaid will reimburse brand drugs at the Wholesale Acquisition Cost (WAC) - 4%, and generic drugs at WAC + 0%, plus a professional dispensing fee of \$10.64. All other reimbursement criteria in the “lower of” methodology remain unchanged. Please see Rule No. 560-X-16-.06 “Reimbursement for Covered Drugs and Services” for the complete reimbursement rules at [https://medicaid.alabama.gov/content/9.0\\_Resources/9.2\\_Administrative\\_Code.aspx](https://medicaid.alabama.gov/content/9.0_Resources/9.2_Administrative_Code.aspx)
2. **Require Prior Authorization (PA) for dextroamphetamine/amphetamine ER.** Brand Adderall XR will be added as preferred without PA.
3. **Require Adderall XR 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.
4. **Include preferred cyclosporine tablets and liquid 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.**
5. **Update the PDL to reflect the quarterly updates. The updates are listed below:**

PDL Additions
Adderall XR—ADHD
Adhansia XR—ADHD
Diazepam Rectal Gel—Anxiolytics, Sedatives, & Hypnotics—Misc
Trulicity—Incretin Mimetics
PDL Deletions
CitraNatal RX—Prenatal Vitamins
Dextroamphetamine/Amphetamine ER—ADHD

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_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx). Providers requesting Pas by mail or fax should send requests to:

**Health Information Designs (HID)**  
**Medicaid Pharmacy Administrative Services**  
**P.O.Box 3210**  
**Auburn, AL 36832-3210**  
**Fax: 1-800-748-0116**  
**Phone: 1-800-748-0130**

Policy questions concerning 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.