Alabama Medicaid Pharmacist

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PDL Update

The Alabama Medicaid Agency updated 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:

October 2023 PDL Additions & Deletions
PDL Additions
None
PDL Deletions
Tecfidera—Immunomodulatory Agents for Multiple Sclerosis
Citranatal 90 DHA—Prenatal Vitamins
Citranatal Assure—Prenatal Vitamins
Citranatal B-Calm—Prenatal Vitamins
Citranatal Bloom—Prenatal Vitamins
Citranatal DHA—Prenatal Vitamins
Citranatal Harmony—Prenatal Vitamins

January 2024 PDL Additions & Deletions
PDL Additions
Focalin XR—Cerebral Stimulants/Agents Used for ADHD (Long-Acting)
Humalog—Insulins
Skytrofa[CC]—Growth Hormones
PDL Deletions
None

Inside This Issue

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.

Opioid Cumulative Daily Morphine Milligram Equivalents Limit—MME Decrease

Effective November 1, 2023, the Alabama Medicaid Agency implemented hard edits on cumulative daily MME claims exceeding 150 MME/day. A phase-in period for claims exceeding 120 MME/day, but less than 150 MME/day, was also implemented.

Higher doses of opioids are associated with higher risk of overdose and death—even relatively low dosages (20-50 MME per day) may increase risk[1]. Therefore, Alabama Medicaid will limit the amount of cumulative MME allowed per day on opioid claims. The edit began at 250 cumulative MME per day and is gradually being decreased over time. The final cumulative MME target is scheduled to be 90 MME per day.

Hard Edit Implementation (Greater than 150 MME):

Effective November 1, 2023, opioid claims that exceed a cumulative MME of 150 MME/day will be denied. **The universal PA 0009996323 will no longer be valid to bypass the 150 MME edit.** Pharmacy override requests for quantities exceeding the MME limit may be submitted to Kepro and will be reviewed for medical necessity. See the link below for an override form.

Phase-In Period (120 MME—150 MME):

Effective November 1, 2023, claims that exceed the cumulative daily MME limit of 120 MME/day will be denied. The dispensing pharmacy will be provided a universal prior authorization (PA) number on the rejection screen and may enter this universal PA number on the claim to allow it to be paid. **Pharmacists are urged to notify the affected patient/prescriber to develop a plan to decrease the patient's total daily MME.**

Edit Details:

- The universal PA number to override the 120 MME (but less than 150 MME) edit will be 0009996324.
- The universal PA number will be provided on each cumulative MME rejection screen for the pharmacist's convenience.
- Additional edits, such as therapeutic duplication, maximum quantity limitations, early refill, non-preferred edits, etc., will still apply.
- Claims prescribed by oncologists will bypass the edit.
- Long term care and hospice recipients are excluded.
- Children are included in the edit.
- An Opioid Edits information sheet for recipients can be found at https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx

[1] CDC Clinical Practice Guidelines for Prescribing Opioids for Pain—United States, 2022|MMWR

Anticipated Phase Down:

The Agency plans to gradually decrease the daily cumulative MME limit to the target of 90 MME/day. The next decrease will be a hard edit on claims exceeding 120 MME/day with a phase-in edit for claims that exceed 90 MME/day. The Agency anticipates implementation of the next phase-in edit to occur in Spring 2024. Prior to each decrease, a new universal PA

Opioid Cumulative Daily Morphine Milligram Equivalents Limit—MME Decrease, continued

Number will be assigned to override claims that exceed the new threshold. Providers will be notified via an ALERT prior to each decrease. **Again, pharmacists are urged to notify the affected patient/prescriber to develop a plan to decrease the patient's total daily MME.**

Examples of MME calculations/day include:

- 10 tablets per day of hydrocodone/acetaminophen 5/325 = 50 MME/day
- 6 tablets per day of hydrocodone/acetaminophen 7.5/325 = 45 MME/day
- 5 tablets per day of hydrocodone/acetaminophen 10/325 = 50 MME/day
- 2 tablets per day of oxycodone 15 mg = 45 MME/day
- 3 tablets per day of oxycodone 10 mg = 45 MME/day
- 4 tablets per day of tramadol 50 mg = 40 MME/day*
- 1 patch per 3 days of fentanyl 25 mcg/hr = 60 MME/day

A link with more information regarding MME calculations is provided below.

Opioid National Drug Code and Oral MME Conversion File Update|Opioids|CDC

*Please note tramadol MME conversion updated from 0.1 to 0.2 per CDC recommendations.

A link to the U.S. Department of Health and Human Services Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics can be found at https://medicaid.alabama.gov/documents/4.0_Programs/4.3_Pharmacy-DME/4.3_HHS_Guidance_Dosage_Reduction_Discontinuation_Opioids_10-28-19.pdf

IMPORTANT: Only when the override is denied will the excess quantity above the maximum unit limit be deemed a non-covered service. Then the recipient can be charged as a cash recipient for that amount in excess of the limit. A prescriber must not write separate prescriptions, one to be paid by Medicaid and one to be paid as cash, to circumvent the override process. FAILURE TO ABIDE BY MEDICAID POLICY MAY RESULT IN RECOUPMENTS AND/OR ADMINISTRATIVE SANCTIONS. Source: Provider Billing Manual 27.2.3.

Override Requests:

Once the hard edit is implemented, the MME Cumulative Daily Override Form will be used by the prescriber when requesting an override. The form will be found at:

https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx

Any policy questions concerning this provider ALERT should be directed to the Pharmacy Program at (334) 242-5050.

RSV Prevention Criteria for the 2023-2024 Season

Beyfortus®:

- Beyfortus® (nirsevimab), a long-acting monoclonal antibody product, was approved by the US Food and Drug Administration (FDA) on July 17, 2023, for use in newborns and infants to protect against (medically attended) respiratory syncytial virus (RSV).[1]
- On August 3, 2023, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) voted unanimously in favor of recommending use of nirsevimab as indicated in its FDA package insert.[2]
- Beyfortus® will be administered and dispensed through the Vaccines for Children Program (VFC)[3], administered through Alabama Department of Public Health. Therefore, Beyfortus® will not be eligible for billing through the Medicaid pharmacy program.
- Procedure codes 90380 and 90381 have been assigned to Beyfortus® . Medicaid VFC providers should refer to Appendix A, section A.6 of the Provider Billing Manual located at https://medicaid.alabama.gov/ for filing claims related to VFC products.
- Based on guidance from the American Academy of Pediatrics (AAP), if Beyfortus® is not available or not feasible to administer, high risk infants who are recommended to receive Synagis® in the first or second year of life should receive Synagis® until Beyfortus® becomes available.[2]
- Per the FDA label, children who have received Beyfortus® should not receive Synagis® for the same RSV season.[4]
- Questions on Beyfortus® administration through the VFC program should be directed to the Alabama Department of Public Health at (800) 469-4599, or https://www.alabamapublichealth.gov/immunization/vaccines-for-children.html.

Synagis®:

- As a result of the recommendations for use of Beyfortus® , requests for Synagis® (palivizumab) will be reviewed on a case-by-case basis.
- As per normal criteria, **the first dose of Synagis® for newborns must be administered while still inpatient/in the hospital prior to discharge.**
- The 2023-2024 season began on October 1, 2023. Doses received prior to that date will not be counted towards the baby's doses for the 2023-2024 Synagis® season.
- The approval time frame for Synagis® for the 2023-2024 RSV season will be effective October 1, 2023, through March 31, 2024. 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 sixth 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 RSV 2023-2024 season. Complete criteria can be found at: https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.10_Synagis.aspx.

RSV Prevention Criteria for the 2023-2024 Season, continued

- **Prescribers**, not the pharmacy, manufacturer or any third-party entity are to submit requests for Synagis® on a specific prior authorization form (Form 351) **directly** to Kepro. Completed forms may be accepted beginning September 1, 2023 (for an October 1 effective date). The fax number for Synagis® requests is: **1-800-748-0116.**
- All signatures must meet 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. Requests 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 2023-2024 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 2024 to determine if changes or an extension of the 2023-2024 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.

[1]https://www.fda.gov/news-events/press-announcements/fda-approves-new-drug-prevent-rsv-babies-and-toddlers

[2]https://publications.aap.org/redbook/resources/25379?autologincheck=redirected

[3]https://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/rsv-resolution-508.pdf

[4]https://products.sanofi.us/beyfortus/beyfortus.pdf

Provider Enrollment

In order to streamline the process, Alabama Medicaid provider enrollment applicants should gather all needed materials before applying. Below are some of the most common reasons why applicants are denied:

1. **Provider Name Mismatch**

- The provider's name submitted on the application must match the provider's name on all required documents (licenses, certifications, etc.). For example, if a provider applies as, "Benjamin J. Smith," and provides a license with the name, "James Smith," the application will deny due to name mismatch.

2. **Documents and/or Forms Missing**

- If a provider does not submit all the required attachments for the application, the application may deny. Documents can be attached to an application at the time of submission. All providers should review the required documentation according to their provider type. Please visit the Alabama Medicaid website to get a list of the required documents.
    - Documents and/or forms required for all applications include:
        - Civil Rights Forms (page 4 and 17)
    - Documents and/or forms required for some provider types include:
        - CLIA Certificate
        - DEA Certificate
        - IV Sedation Certification (dental providers only)
        - EPSDT Agreement
        - Plan First Agreement
        - Telemedicine Service Agreement/Certification
        - Mobile Dental Facilities Certification (dental providers only)
        - Certification of Mammography Systems
        - Civil Rights Compliance Policies if not enrolled with Medicare
    - Documents required for group or facility provider enrollments include:
        - W-9 Tax Form
        - Disclosure Form(s) required for all owners, officers, directors, shareholders, and managing employees
    - Documents required for some provider types include a Corporate Board of Directors Resolution for all incorporated businesses to mail a notarized hardcopy.

3. **Trading Partner Identification (ID) Incorrect**

- A valid Trading Partner ID is required on all group and/or facility applications.

Provider Enrollment, continued

- To obtain a Trading Partner ID, visit the Alabama Medicaid website and select the 'Providers' tab, then go to 'Provider Enrollment' link, and select forms for provider enrollment and revalidation, then scroll to the bottom of the page and click "Provider Trading Partner ID Request Form." The form must be submitted to alabamasystem-semc@gainwelltechnologies.com. Once the form is received, a Trading Partner PIN letter is generated and mailed to you containing your unique Trading Partner ID.

4. Invalid Signature

- Each individual within Group applications must be signed by the individual provider. Group applications must be signed by an authorized representative. For example, managing employee who is listed on the required Ownership Disclosure Form.

5. Collaborating Agreement Requirements

- Independent Nurse Practitioners under group Provider Type CRNP. The collaborating physician MUST be actively enrolled with Alabama Medicaid within the same group.
- Physician Employed Nurse Practitioners under group Provide Type Physician. The collaborating physician MUST be actively enrolled with Alabama Medicaid within the same group.
- All Nurse Practitioners and Physicians Assistants are required to have an active collaborating physician listed on their license.

If you have any questions regarding your application, please contact Provider Enrollment at (888) 223-3630.

Changes to Hepatitis C Prior Authorization (PA) Criteria

Effective October 1, 2022, the Alabama Medicaid Agency removed 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

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

Coverage for Adult Vaccines/COVID Vaccines and Administration

Effective September 11, 2023, Alabama Medicaid will reimburse Medicaid-enrolled pharmacy providers for the administration and ingredient cost of the commercially distributed COVID vaccines. Effective October 1, 2023, Alabama Medicaid will reimburse Medicaid-enrolled pharmacy providers for the administration and ingredient cost of the Advisory Committee on Immunization Practices (ACIP) recommended vaccines for adults ages 19 and older. Claims may be retroactively billed to the effective date. 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 is allowed for each vaccine administration (current exception of $40 administration for COVID vaccine). Only one dispensing fee (for the ingredient) and copay (if applicable) will be applied to the claim. Currently, copays are not applicable to any Medicaid pharmacy claim.
- For a list of ACIP recommended vaccines please visit the following website: https://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- A prescription or standing order 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 PMP upon administration of any vaccines for which an administration claim is submitted. Documentation must be kept on file at the pharmacy of the notification to the PMP. 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. Pharmacy providers may also notify the recipient's local Alabama Coordinated Health Network (ACHN) region to assist with finding a PMP; ACHN contact information can be located on the Agency website under Contacts/ACHN Contacts. A suggested Immunization Provider Notification Letter, which can be used to notify the PMP, can be found on the Agency website under Pharmacy/Vaccines.
- State and federal laws and regulations should be followed regarding the dispensing and administration of legend drugs/vaccines as well as products granted under Emergency Use Authorization (EUA).
- Pharmacy providers with questions regarding vaccine administration may call the Alabama Medicaid Pharmacy Program at (334) 242-5050. Vaccine guidance can be found on the Agency website under https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.11_Vaccine_Admin.aspx.

Dispense as Written (DAW) Code 9 Medication List

In cases of cost-effectiveness, the Alabama Medicaid Agency sometimes allows for reimbursement of certain brand name medications while requiring prior authorization for the generic alternative. In these cases, a Dispense as Written (DAW) code of 9 must be utilized by the pharmacy 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/Account/Secure%20Site/tabId/22/Default.aspx.

Brand	Generic
Adderall XR	Dextroamphetamine/Amphetamine ER
Advair Diskus	Fluticasone/Salmeterol Inhalation Device
Bethkis	Tobramycin Inhalation Solution
Concerta	Methylphenidate ER
Copaxone	Glatopa/Glatiramer
Daytrana	Methylphenidate Transdermal Patch
Dymista	Azelastine/Fluticasone Nasal Spray
Elidel	Pimecrolimus
Kazano	Alogliptin/Metformin HCL Tablet
Kitabis	Tobramycin Inhalation Solution
Nesina	Alogliptin Tablet
Oseni	Alogliptin/Pioglitazone HCL Tablet
Pradaxa	Dabigatran
Suboxone[CC]	Buprenorphine/Naloxone
Vascepa	Icosapent Ethyl

[CC]Preferred with Clinical Criteria

Preferred Drug List (PDL) and Pharmacy Quarterly Update

Effective October 1, 2023, the Alabama Medicaid Agency:

1. Continued to monitor the stimulant shortage affecting ADHD medications. Should you need assistance, please contact Kepro at the number below for alternative prescribing and dispensing options.
2. Updated the PDL to reflect the quarterly updates listed below:

PDL Additions
None
PDL Deletions
Tecfidera—Immunomodulatory Agents for Multiple Sclerosis
Citranatal 90 DHA—Prenatal Vitamins
Citranatal Assure—Prenatal Vitamins
Citranatal B-Calm—Prenatal Vitamins
Citranatal Bloom—Prenatal Vitamins
Citranatal DHA—Prenatal Vitamins
Citranatal Harmony—Prenatal Vitamins

Effective January 1, 2024, the Alabama Medicaid Agency:

1. Continued to monitor the stimulant shortage affecting ADHD medications. Should you need assistance, please contact Kepro at the number below for alternative prescribing and dispensing options.
2. Allowed brand Focalin XR to be billed with a Dispense as Written (DAW) Code of 8 if the generic is not available. DAW Code of 8 indicates the following: Substitution Allowed—Generic Drug Not Available in Marketplace. This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporarily unavailable.
3. Updated the PDL to reflect the quarterly updates listed below:

PDL Additions
Focalin XR—Cerebral Stimulants/Agents Used for ADHD (Long-Acting)
Humalog—Insulins
Skytrofa^{CC}—Growth Hormones
PDL Deletions
None

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.