



ALABAMA MEDICAID PHARMACIST

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A Service of Alabama Medicaid

PDL Update

Effective October 1, 2015, 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	PDL Deletions*
Catapres-TTS—Central Alpha-Agonists	Advair Diskus—Respiratory/Orally Inhaled Corticosteroids
Ciprodex—EENT Preparations/Antibacterials	Pulmicort Flexhaler—Respiratory/Orally Inhaled Corticosteroids
Jentaduo—Dipeptidyl Peptidase-4 Inhibitors	Symbicort—Respiratory/Orally Inhaled Corticosteroids
Kombiglyze XR—Dipeptidyl Peptidase-4 Inhibitors	
Onglyza— Dipeptidyl Peptidase-4 Inhibitors	
Tradjenta — Dipeptidyl Peptidase -4 Inhibitors	

**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.*

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.

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CMS Biosimilars Summary

On March 30, 2015, The Centers for Medicare and Medicaid Services (CMS) released guidance to states regarding the classification of biosimilar biological products. Key points from the release are listed below:

Classification of Products Approved under Biological License Application

- Biosimilar biological products fall within the definition of single source drugs in the Medicaid Drug Rebate (MDR) program

Biosimilars and Preferred Drug Lists

- Physicians/Pharmacists should be educated on how to prescribe/dispense biosimilars.
 - Proprietary name of biosimilar or product name of biosimilar (found in FDA's Purple Book) will need to be written for it to be dispensed or issue a new prescription if the patient is already taking another biologic; biosimilars are not interchangeable.
- DUR and P&T committees should still be utilized for safety/efficacy of products and appropriate prescribing/dispensing of products.
 - Newsletters to physicians, electronic prescribing messaging, POS edits to pharmacists, or a combination of these are all appropriate for education for states to provide.

Reference: Center for Medicaid and CHIP Services. (2015). Medicaid Drug Rebate Program Notice [Press release]. Retrieved from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Downloads/Rx-Releases/MFR-Releases/mfr-rel-092.pdf>



Emergency PA and After-Hours Clinical Support

Pharmacy providers must contact Health Information Designs (HID) at 1-800-748-0130 for overrides and prior authorization of drugs requiring prior approval. Only HID can issue prior authorizations and overrides.

HID should respond within 24 hours of receipt of requests for prior authorization and overrides. In cases of emergency, HID will make provisions for the dispensing of at least a 72-hour supply of a covered outpatient prescription drug. Federal Law also makes a provision for a 72-hour supply by using the following prior authorization number: 0000999527. This number is to be used only in cases of emergency. Utilization of this code will be strictly monitored and recoupmets will be initiated when the code is found to have been used inappropriately.

The emergency PA number is to be used only in cases of emergency or extenuating circumstances when the after-hours*. PA Assistance is unavailable. Emergencies are deemed as issues in obtaining a PA due to inclement weather or Natural disasters. Extenuating circumstances are deemed to be those instances in which a patient not receiving the Requested medication could potentially result in harm to self and/or others. A PA denial does not constitute an emergency. Providers should continue to verify recipient eligibility through the AVRS (1-800-727-7848) or Web Portal system.

For more information or to contact HID:
 Health Information Designs
 1-800-748-0130*

*HID has clinical staff on call 24 hours a day/7 days a week for PA assistance with an after-hours phone number that can be found on the 1-800-748-0130 voice message.

DAW-9 Medications

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, the 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 table below indicates those preferred brand named medications:

Adderall XR	Catapres-TTS	Diastat	Diastat Accudial	Focalin IR
Focalin XR	Intuniv	Kapvay	Lidoderm	Mepron
	Provigil	Pulmicort Inhalation Solution	TOBI	

ICD-10 Implementation

On October 1, 2015, Alabama Medicaid will comply with federal law and replace ICD-9 code sets used to report diagnosis and inpatient procedures with ICD-10 code sets. All providers are affected by this change.

Claims with dates of service prior to October 1, 2015, must continue to use ICD-9 codes.

Under ICD-10, diagnosis codes will be more detailed. Valid ICD-10 diagnosis codes will contain 3 to 7 characters and must be taken out to the full number of characters required for the code. The claim will deny if this level of information is not provided.

Surgical procedure codes will be substantially different with ICD-10. Surgical procedure codes under ICD-10 use 7 alphanumeric digits instead of the 3 or 4 numeric digits under ICD-9.

In response to requests from the provider community, CMS released additional guidance in July that allows flexibility in Medicare claims auditing and quality reporting process as the medical community gains experience using the new ICD-10 code set. While the guidance speaks specifically to Medicare, it is the intent of Alabama Medicaid Agency to follow a similar policy. To that end, program integrity auditors and contractors will not disallow physician or other practitioner claims as long as the provider used a valid ICD-10 code from the right family of codes.

A “family of codes” is the same as the ICD-10 three-character category. Codes within a category are clinically related and provide differences in capturing specific information on the type of condition. However, the code may require more than three characters to be valid.

Other guidance for providers related to the implementation of ICD-10 is available on the Agency’s website at www.medicaid.alabama.gov > Providers > ICD-10.



Synagis[®] Criteria for 2015-2016 Season

The Alabama Medicaid Agency has updated its prior authorization (PA) criteria for the Synagis[®] 2015 - 2016 season. Complete criteria can be found on the website at the following link: http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.5.0_Pharmacy/4.5.14_Synagis.aspx

The approval time frame for Synagis[®] will begin October 1, 2015, and will be effective through March 31, 2016. Up to five doses will be allowed per recipient in this timeframe. There are no circumstances that will result in the approval of a 6th 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 recipient experiences a breakthrough RSV hospitalization during the RSV season.

Prescribers, not the pharmacy, manufacturer or any other third party entity, are to submit requests for Synagis[®] on a specific prior authorization form (Form 351) **directly** to Health Information Designs (HID) and completed forms may be accepted beginning September 1, 2015 (for an October 1 effective date). **The new fax number for Synagis[®] requests is: 1-866-553-4459.**

All signatures must meet the requirements of Alabama Medicaid Administrative Code Rule 560-X-1-.18(2)(c). Please note 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 recipient's current weight and last injection date and may be faxed to HID by the prescriber or dispensing pharmacy utilizing the original PA approval letter.

Prescribers must prescribe Synagis[®] through a specialty pharmacy. Allowances will be made during the beginning of the 2015-2016 season for physicians' offices to directly bill CPT code 90378 and utilize existing stock; however, any new product should be processed through a pharmacy in lieu of the prescriber ordering/billing directly. CPT code 90378 will be discontinued by the end of the 2015-2016 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.

Criteria

Alabama Medicaid follows the 2014 American Academy of Pediatrics (AAP) Redbook guidelines regarding Synagis[®] utilization. For more details, please review a copy of the guidelines found at <http://pediatrics.aappublications.org/content/early/2014/07/23/peds.2014-1665>. Additional questions regarding Synagis[®] criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

October 1st Pharmacy Changes

Effective October 1, 2015, the Alabama Medicaid Agency will:

- Require prior authorization for payment of clonidine patches (generic Catapres-TTS). Brand Catapres-TTS will be preferred with no PA.**
 - Use Dispense as Written (DAW) Code of 9 for brand Catapres-TTS. DAW Code of 9 indicates the following: Substitution Allowed by Prescriber but Plan Requests Brand—Patient's Plan Requested Brand Product to be Dispensed.
- Update the Preferred Drug List (PDL) to reflect the quarterly updates.** The updates are listed below:

PDL Additions	
Catapres-TTS	Central Alpha-Agonists
Ciprodex	EENT Preparations/Antibacterials
Jentadueto	Dipeptidyl Peptidase-4 Inhibitors
Kombiglyze XR	Dipeptidyl Peptidase-4 Inhibitors
Onglyza	Dipeptidyl Peptidase-4 Inhibitors
Tradjenta	Dipeptidyl Peptidase-4 Inhibitors
PDL Deletions	
Advair Diskus	Respiratory/Orally Inhaled Corticosteroids
Pulmicort Flexhaler	Respiratory/Orally Inhaled Corticosteroids
Symbicort	Respiratory/Orally Inhaled Corticosteroids

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 prescribing physician or the dispensing pharmacy when requesting a PA.

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form to HID. Additional information may be requested.

Staff physicians will review this information.

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