



Alabama Medicaid Pharmacist

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PDL Update

Effective October 1, 2024, the Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee’s recommendations, as well as quarterly updates. The updates are listed below:

PDL Additions
Fasenra ^{CC} —Asthma and Allergy Monoclonal Antibodies
Qvar RediHaler—Respiratory Beta-Adrenergic Agonists
Tezspire ^{CC} —Asthma and Allergy Monoclonal Antibodies
Xolair ^{CC} —Asthma and Allergy Monoclonal Antibodies
PDL Deletions
bepotastine besilate ophthalmic solution—Eye, Ear, Nose, and Throat Antiallergic Agents
Breyna and budesonide/formoterol fumarate inhalation (generic Symbicort)—Respiratory Corticosteroids

^{CC}This agent will be preferred with clinical criteria in place.

*We are excited to introduce our new company name, **Acentra Health**. Kepro merged with Client Network Services, Inc. (CNSI) in November of 2022 to create innovative solutions that deliver maximum value and ensure we continue to be a vital partner for health solutions.*

Please fax all prior authorization and override requests directly to Acentra Health at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.

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Reminder of Changes to Services on October 1st Related to COVID-19 Unwinding

The following information was published in a Provider ALERT on July 2, 2024.

Per federal guidance, the phase down for funds related to the COVID-19 public health emergency (PHE) ended on September 30, 2024. Therefore, some flexibilities the Alabama Medicaid Agency (Medicaid) implemented due to the COVID-19 PHE ended October 1, 2024:

- Pregnant adult recipients (ages 21 and older) are only eligible for dental benefits during pregnancy through the end of the month of 60 days postpartum when rendered by enrolled dental providers.
- At-Home over-the-counter (OTC) COVID-19 Diagnostic Tests from a pharmacy are no longer covered. Medicaid recipients may still be tested for COVID-19 through a physician office or clinic.
- COVID-19 vaccine administration reimbursement changed from \$40 to \$8 per administration. This applies to pharmacy and non-pharmacy providers.
- COVID-19 vaccine counseling reimbursement changed from \$31.70 to \$13.00. This applies to pharmacy and non-pharmacy providers.
- All non-COVID vaccine administration reimbursement changed from \$5 to \$8 per administration. This applies to pharmacy and non-pharmacy providers.
- Copayments for Medicaid covered services were reinstated. The amounts are based on the federally approved maximum amounts and are shown below (including Medicare crossovers):

Services with Copayments	Copayment Amounts	Based on Medicaid's Allowed Amount for the Services
Office Visits (including visits to physicians, optometrists, nurse practitioners)	\$0.65 to \$3.90 per office visit	\$50.01 or more—\$3.90 \$25.01-\$50.00—\$2.60 \$10.01-\$25.00—\$1.30 \$10.00 or less—\$0.65
Federally Qualified Health Centers (FQHC)	\$3.90 per encounter	
Rural Health Office (RHC)	\$3.90 per encounter	
Inpatient Hospital	\$50.00 per admission	
Outpatient Hospital	\$3.90 per visit	
Ambulatory Surgical Centers	\$3.90 per visit	

*Chart Continued on page 3

Reminder of Changes to Services on October 1st Related to COVID-19 Unwinding, continued

Services with Copayments	Copayment Amounts	Based on Medicaid's Allowed Amount for the Services
Durable Medical Equipment/Medical Supplies and Appliances	\$0.65 to \$3.90 per line item	\$50.01 or more—\$3.90 \$25.01-\$50.00—\$2.60 \$10.01-\$25.00—\$1.30 \$10.00 or less—\$0.65
Prescription Drugs	\$0.65 to \$3.90 per prescription	\$50.01 or more—\$3.90 \$25.01-\$50.00—\$2.60 \$10.01-\$25.00—\$1.30 \$10.00 or less—\$0.65

- Copayment does not apply to services provided to/for:
 - Pregnant women
 - Nursing facility residents
 - Recipients 18 years of age and younger
 - Native American Indians with an active user letter from Indian Health Services (HIS)
 - Emergencies
 - Family Planning
 - Vaccines and vaccine administration

A provider may not deny services to any eligible Medicaid recipient because of the recipient's inability to pay the cost-sharing (copayment) amount imposed.

Please continue to visit the [Alabama Medicaid website](#) for up-to-date information related to the 'unwinding' process. If you have questions, please contact the Provider Assistance Line at (800)688-7989.

RSV Prevention Criteria for the 2024-2025 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 2024-2025 season began on October 1, 2024. Doses received prior to that date will not be counted towards the baby's doses for the 2024-2025 Synagis® season.
- The approval time frame for Synagis® for the 2024-2025 RSV season will be effective October 1, 2024, through March 31, 2025. 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 2024-2025 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 2024-2025 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 Acentra Health. Completed forms may be accepted beginning September 1, 2024 (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 Acentra Health 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 2024-2025 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 2025 to determine if changes or an extension of the 2024-2025 season is warranted.

Criteria

Additional questions regarding Synagis[®] criteria can be directed to the Agency's Prior Authorization contractor, Acentra Health 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>

³<https://www.alabamapublichealth.gov/immunization/vaccines-for-children.html>

⁴<https://products.sanofi.us/beyfortus/beyfortus.pdf>

Alabama Tobacco Quitline

What is the Alabama Tobacco Quitline?

The Alabama Tobacco Quitline is a free telephone (800-784-8669) and online coaching service (www.quitnowalabama.com) for any Alabamian who is ready to quit tobacco. The Quitline is open from 6 a.m. to midnight seven days a week.

What services are available?

All Quitline services are **FREE** to Alabama residents including:

- Telephone and online coaching
- Printed supported materials
- Electronic and fax referral program for healthcare providers
- Up to eight weeks of nicotine replacement therapy patches, if enrolled in coaching and medically eligible. *Medicaid patients are not eligible for NRT through the Quitline and should get their cessation medications through Medicaid pharmacy services. Details are below.**

How can the Quitline help your patients?

Healthcare providers are encouraged to refer patients directly to the Quitline by faxing a referral form to 1-800-692-9023 or completing the electronic referral form found at www.quitnowalabama.com, under the for providers tab. The Quitline will contact the referred patient within 24 hours of receiving a referral to enroll the patient into the Quitline coaching program.

****For Medicaid patients:***

Medicaid pays for any of the seven approved cessation medications** for its patients if the following documentation is submitted: **both** the Medicaid Pharmacy Smoking Cessation Prior Authorization Request form **and** Quitline referral form. Both forms should be faxed to Acentra Health at 1-800-748-0116 **and** the Quitline referral form should be faxed to the Quitline at 1-800-692-9023. Plan First Recipients are not required to have a Prior Authorization form submitted.

**Approved cessation medications include nicotine patches, gum, lozenges, inhalers, nasal spray, varenicline and bupropion SR, according to Treating Tobacco Use and Dependence, U.S. Clinical Practice Guidelines, 2008.

Quitline/Medicaid Pharmacy PA forms

The Quitline fax referral forms, both English and Spanish versions, and the Medicaid Pharmacy Smoking Cessation Prior Authorization Request Form can be found at www.quitnowalabama.com.

Meaningful Use:

Recording and providing cessation interventions are core clinical quality measures that can be used to demonstrate meaningful use.

For more information about the Alabama Tobacco Quitline, or to order Quitline materials for your office, call Tracie Cole at 334-206-6432 or email Tracie.Cole@adph.state.al.us.