



ALABAMA MEDICAID PHARMACIST

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A Service of Alabama Medicaid

PDL Update

Effective April 1, 2019, 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
Advair Diskus—Inhaled Corticosteroid Agents
Advair HFA—Inhaled Corticosteroid Agents
Budesonide (generic Pulmicort Respules)—Inhaled Corticosteroid Agents
Dulera—Inhaled Corticosteroid Agents
Omnitrope ^{CC} —Growth Hormone Agents
Tobradex Ophthalmic Drops—EENT Antibacterial Agents
Xifaxan—Miscellaneous Antibacterial Agents
Zomacton ^{CC} —Growth Hormone Agents
PDL Deletions
Albuterol HFA (generic ProAir HFA and Ventolin HFA) - Respiratory Beta-Agonists
Alvesco—Inhaled Corticosteroid Agents
Cotempla XR—ADHD Agents
Fluticasone/salmeterol inhalation device (generic Advair Diskus)—Inhaled Corticosteroid Agents
Kapvay [*] —ADHD Agents
Pulmicort Respules—Inhaled Corticosteroid Agents
Tobramycin/Dexamethasone Ophthalmic Drops (generic Tobradex)—EENT Antibacterials

^{CC}Indicates drug will be preferred with clinical criteria.

^{*}Drug was non-covered effective 01/28/2019.

Inside This Issue

PDL Update	Page 1
Hepatitis A Virus and Vaccine Information	Page 2,3, & 4
Vaccine Administration	Page 4
Cumulative MME Edit	Page 5
April 1st PDL Updates	Page 6

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.



Hepatitis A Virus and Vaccine Information

Hepatitis A is a self-limiting, inflammatory disease of the liver caused by the hepatitis A virus (HAV) and is transmitted person-to-person through the fecal-oral route.

Clinical Presentation:

- Stomach pain, fatigue, fever, joint pain, nausea, vomiting, dark urine, jaundice, and elevated serum aminotransferase levels; 70% of children > 6 years of age and adults present with jaundice
- Incubation period is 28 days after exposure, on average, and persists for 4-8 weeks
- Children < 6 years of age are typically asymptomatic
- Adults > 50 years of age and adults with liver disease are more likely to have additional risks when infected with HAV
- Patients do not need to be tested for HAV unless symptomatic

Diagnosis:

- Positive serologic test for immunoglobulin M (IgM) antibody to hepatitis A virus

Hepatitis A Vaccine Information

Brand Names:

- Havrix® (HAV antigen 1440 ELISA units/mL and 720 ELISA units/0.5 mL)
- Vaqta® (HAV antigen 50 units/mL and 25 units/0.5 mL)

Vaccine Schedule:

Routine vaccination between 12-23 months of age:

- Havrix®: 2-dose series (0, 6-12 months)
- Vaqta®: 2-dose series (0, 6-18 months)

Special Populations:

CDC recommended indications for adults ≥ 19 years: chronic liver disease, clotting factor disorders, men who have sex with men, injectable or non-injectable illicit drug use, homelessness, work exposure with HAV-infected primates or HAV research labs, personal contact with international adoptee newly arriving from countries of high HAV endemicity, or residents in communities with an HAV outbreak

- Havrix®: 2-dose series (0, 6-12 months)
- Vaqta®: 2-dose series (0, 6-18 months)

International Travel:

A single dose of the hepatitis A vaccine is recommended at least 2 weeks prior to travel to a country with moderate to high HAV endemicity. The immune globulin is less preferred, and dosing varies based on duration of travel.

Hepatitis A Virus and Vaccine Information

Post-Exposure Prophylaxis

Only those who have not previously completed the 2-dose HepA vaccine series should receive a single dose of HepA vaccine for post-exposure prophylaxis. Healthy persons ≥ 12 months should receive within 14 days of exposure.

- Havrix®: 1 age appropriate dose
- Vaqta®: 1 age appropriate dose

Healthy persons > 40 years of age:

- In addition to the hepatitis A vaccine, adults > 40 years of age should receive the immune globulin (GamaSTAN S/D) depending on a provider risk assessment.

Persons ≥ 12 months who are immunocompromised or have chronic liver disease:

- Immune globulin (GamaSTAN S/D) should be given simultaneously with the hepatitis A vaccine

Children younger than 12 months and persons for whom vaccine is contraindicated (allergy to any component of vaccine including neomycin):

- Immune globulin recommended only

Dosing/Administration

Havrix® or Vaqta®:

- Children and adolescents ≤ 18 : 0.5 mL/dose IM, anterolateral thigh if < 2 years, deltoid if ≥ 2 years
- Adults ≥ 19 : 1 mL/dose IM, deltoid preferred

Immune Globulin (GamaSTAN S/D)

- Post-exposure prophylaxis dose is a 0.1 mL/kg
- Travel prophylaxis dose:
 - 0.1 mL/kg (covers 1 month of travel)
 - 0.2 mL/kg (covers 2 months of travel)
- May be given concomitantly with Havrix or Vaqta with different syringe and different injection site

Onset: Approximately 2 weeks after first dose.

Duration: Antibodies produced by vaccine last for life; ≤ 3 months for immune globulin

Adverse Effects: Injection site pain, swelling, erythema; loss of appetite, nausea; headache, somnolence, fatigue, fever, malaise

Monitoring: Monitor patient 15 minutes after injection for anaphylaxis and syncope

Formulation:

Havrix® contains no human blood or plasma-derived components; Havrix® and Vaqta® are interchangeable.

Twinrix® contains only $\frac{1}{2}$ the dose of HAV antigen that is contained in a single hepatitis A vaccine.

Hepatitis A Virus and Vaccine Information, continued

Onset: Approximately 2 weeks after 1st dose

Duration: Antibodies produced by vaccine last for life; ≤ 3 months for immune globulin

Adverse Effects: Injection site pain, swelling, erythema; loss of appetite, nausea; headache, somnolence, fatigue, fever, malaise

Monitoring: Monitor patient 15 minutes after injection for anaphylaxis and syncope

Formulation: Havrix[®] contains no human blood or plasma-derived components; Havrix[®] and Vaqta[®] are interchangeable. Twinrix[®] contains only ½ the dose of HAV antigen that is contained in a single hepatitis A vaccine.

References:

Hepatitis A Questions and Answers for Health Professionals. Centers of Disease Control and Prevention. Available from: <https://www.cdc.gov/hepatitis/hav/havfaq.htm#vaccine>

Nelson NP, Link-Gelles R, Hofmeister MG, et al. Update: Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Postexposure Prophylaxis and for Preexposure Prophylaxis for International Travel. MMWR Morb Mortal Wkly Rep 2018; 67:1216–1220. Available from: <https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm>

Vaccine Administration Guidance

Alabama Medicaid reimburses Medicaid-enrolled pharmacy providers for the administration, to eligible recipients age 19 and older, of influenza, pneumococcal and Tdap vaccine. Alabama Medicaid will also continue to, in addition to the administration reimbursement, reimburse pharmacies for the influenza, pneumococcal, Tdap, and hepatitis A vaccines (i.e. ingredient).

- Pharmacy providers may bill the following NDC numbers on a pharmacy claim for reimbursement of vaccine administration:
 - NDC 99999-9999-10 for influenza vaccine administration
 - NDC 99999-9992-11 for pneumococcal vaccine administration
 - NDC 99999-9993-11 for Tdap vaccine administration
 - NDC 99999-9994-11 for hepatitis A vaccine administration
- Reimbursement will be \$5 per administration with no dispensing fee or co-pay applied. Claims for vaccine administration will not count towards the prescription limit.
- Claims should be submitted with a dispense quantity of 1 for vaccine administration. There is a maximum quantity for each administration of 1 injection per recipient within a timeframe in accordance with the CDC dosing regimen.
- A prescription from a recipient's Primary Medical Provider (PMP) is required for each Tdap, pneumococcal, and hepatitis A vaccine administration.

More information can be found at: http://medicaid.alabama.gov/documents/4.0_Programs/4.3_Pharmacy-DME/4.3.11_Vaccine_Admin/4.3.11_Vaccine_Administration_Guidance_Revised_2-1-19.pdf

Cumulative MME Edit Coming Early 2019

In addition to the opioid naïve 5 and 7 day limits, the Alabama Medicaid Agency is working toward implementing cumulative Morphine Milligram Equivalent (MME) edits in early 2019.

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 Alabama has led the nation for the past 6 years in the opioid prescribing rate per 100 population (121 in 2016; 107.2 in 2017) and had nearly 3 times more opioid prescriptions per 100 population than New York.²

The Alabama Medicaid Agency previously executed many programs to address opioid use such as monthly maximum unit limits, therapeutic duplication edits, Drug Utilization Review (DUR) letters, academic detailing report cards and face to face visits, prior authorization, and other educational efforts. Most recently, Medicaid implemented limits for opioid naïve patients to limit first-time use to 5 days for children and 7 days for adults, limiting daily use to 50 MME. Overrides are available for medical necessity.

In an effort to continue combating the opioid crisis, beginning in early 2019, Alabama Medicaid will limit the amount of cumulative MMEs allowed per day on claims for opioid experienced recipients. The edit will begin at 250 cumulative MME per day and will gradually decrease over time. The final MME target will be 90 MME per day.

Claims for opioids that exceed the maximum daily cumulative MME limit will be denied. Claims prescribed by oncologists will be excluded from the edit. Long term care and hospice patients will also be excluded; however, children will be included. Overrides for quantities exceeding the MME limit for medical necessity may be submitted to Health Information Designs (HID). Information regarding override requirements and MME examples will be made available on the Alabama Medicaid Agency website closer to the implementation of the new limitations.

The Agency will implement a robust educational program to include academic detailing visits to the prescribers and pharmacies of the first round of affected patients, extensive training, and notifications to the to all impacted providers through a provider ALERT closer to implementation. Please check the Alabama Medicaid Pharmacy webpage for additional information: http://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx

“Calculating Total Daily Dose of Opioids for Safer Dosage”. CDC. https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf. Accessed 2/1/2019.

“Understanding the Epidemic”. Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/epidemic/index.html>. Accessed 2/1/2019.

April 1st Pharmacy Changes

Effective April 1, 2019 the Alabama Medicaid Agency will:

1. **Require Prior Authorization (PA) for generic tobramycin/dexamethasone ophthalmic drops, generic albuterol HFA, and generic fluticasone/salmeterol inhalation device. Brand Tobradex and Advair Diskus will be added as preferred. Brand ProAir HFA and Proventil HFA will remain preferred.** Use Dispense as Written (DAW) Code of 9 for brand Tobradex, ProAir HFA, Proventil HFA, and Advair Diskus. 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.
2. **Remove Prior Authorization from budesonide respules (generic Pulmicort). Brand Pulmicort Respules will now require PA.**
3. **Include the Growth Hormone Agents in the Preferred Drug List (PDL). Preferred agents will be preferred with clinical criteria.** Preferred products will require a prior authorization request be submitted. Clinical criteria must be met in order to be approved. Non-preferred products will require prior authorization; for a non-preferred product to be approved, failure with a designated number of preferred agents and clinical criteria must be met.
4. **Update the PDL to reflect the quarterly updates. The updates are listed below:**

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