



ALABAMA MEDICAID PHARMACIST

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A Service of Alabama Medicaid

PDL Update

Effective January 2, 2018, 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	
Epclusa ^{CC}	HCV Antiviral
Mavyret ^{CC}	HCV Antiviral
Zepatier ^{CC}	HCV Antiviral
PDL Deletions*	
Viekira XR	HCV Antiviral

^{CC}Preferred with Clinical Criteria

*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.



Inside This Issue	
PDL Update	Page 1
Updated Hypertension Guidelines	Pages 2—4
Smoking Cessation	Page 5
Medicaid Updates	Page 6

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2017 Hypertension Guidelines

The American College of Cardiology (ACC) and the American Heart Association (AHA) updated the hypertension guidelines in November 2017. With the updated guideline came a new categorization of blood pressure (BP) shown in the chart below. The rationale of the new categories was based on data related to the association of systolic/diastolic blood pressure and cardiovascular disease. Additionally, randomized controlled trials of lifestyle modifications to lower blood pressure and hypertensive treatment used to prevent cardiovascular disease were used. With the new categories, the number of patients with hypertension will now make a jump. It is estimated that 46% of Americans will now have hypertension, which is an increase from 32% with the previous guideline. It is estimated that 56% of black women and 59% of black men will have hypertension. Another change was the term prehypertension was removed. Instead, “elevated blood pressure” is used for a systolic blood pressure (SBP) of 120-129 and a diastolic blood pressure (DBP) of <80mmHg.

Categories of Blood Pressure in Adults

BP Category	SBP		DBP
Normal	< 120mmHg	and	< 80mmHg
Elevated	120—129 mm Hg	and	< 80 mmHg
Hypertension			
Stage 1	130—139 mmHg	or	80—89 mmHg
Stage 2	≥ 140 mmHg	or	≥ 90 mmHg

**Individuals with SBP and DBP in 2 categories should be designated to the higher BP category. BP indicates blood pressure based on an average of ≥ 2 careful readings obtained on ≥ 2 occasions.*

New Treatment Recommendations

With the new guidelines a few changes were made in treatment recommendations. Some of the new treatment recommendations include lifestyle changes which can reduce systolic blood pressure in some patients by 4-11 mmHg. Lifestyle recommendations are recommended in all stages of high blood pressure and are summarized below.

Weight Loss:

- Ideal body weight is the goal weight and patients should expect a 1 mmHg drop in blood pressure for each kilogram lost.

Diet:

- DASH diet (rich in fruits, vegetables, whole-grains, and low-fat dairy)
- Reducing sodium intake while increasing potassium intake (may not be safe in all patients)
- Reducing alcohol intake to no more than 2 drinks per day for men and 1 drink per day for women

2017 Hypertension Guidelines, continued

Exercise:

- 90—150 minutes of aerobic and/or resistance exercise per week and/or 3 sessions of isometric exercises per week

In addition to lifestyle changes, the guideline made changes to pharmacological recommendations. With stage 1 hypertension, cardiovascular risk was incorporated into the determination of whether patients will need medication management. Patients with an ASCVD (arteriosclerotic cardiovascular disease) risk score <10% only require lifestyle changes, whereas patients with an ASCVD risk score >10% are recommended to begin one medication. In stage 2 hypertension, treatment is more aggressive and the guideline recommends starting with two medications if the patient's blood pressure is greater than >140/>90 mmHg.

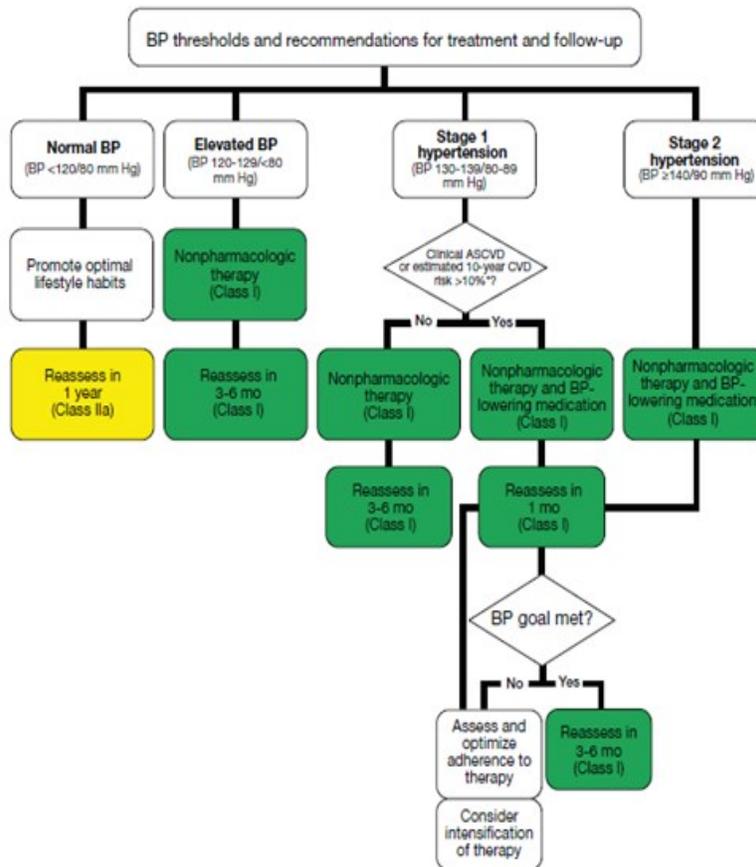
Recommendations for specific patient populations have also been included in the guidelines. For black patients, two or more hypertensive medications are recommended to achieve a target BP of <130/<80 mmHg. Also, the medication regimen for black adults should include either a thiazide-like diuretic or a calcium channel blocker.

BP Category	BP Range (SBP / DBP in mmHg)	Treatment Recommendations
Normal	<120 / <80	Encourage healthy lifestyle changes to maintain BP Evaluate yearly
Elevated	120-129 / <80	Lifestyle changes Reassess in 3-6 months
Stage 1	130-139 / 80-89	ASCVD risk <10% <ul style="list-style-type: none"> • Lifestyle changes • Reassess in 3-6 months ASCVD risk >10%, known CVD, diabetes, CKD <ul style="list-style-type: none"> • Lifestyle changes • 1 BP lowering medication <ul style="list-style-type: none"> • Goal met after 1 month -> reassess in 3-6 months • Goal not met after 1 month -> consider different medication or titration • Continue monthly follow-up until control is achieved
Stage 2	≥140 / ≥90	Lifestyle changes 2 medications of different classes <ul style="list-style-type: none"> • Goal met after 1 month -> reassess in 3-6 months • Goal not met after 1 month -> consider different medication or titration • Continue monthly follow-up until control is achieved

2017 Hypertension Guidelines, continued

Blood Pressure Measurement

The 2017 guideline places emphasis on proper blood pressure measurement technique in addition to recommending more out-of-office monitoring. Based on the recommendation in the guideline, ambulatory blood pressure measurement is the reference standard and is useful to confirm a hypertension diagnosis as well as making adjustments to medication regimens. Providers usually set ambulatory blood pressure monitors to read every 15-30 minutes during the day and every 15 minutes-1 hour at night for a 24 hour period. Measuring blood pressure in this way can better predict long-term cardiovascular outcomes as opposed to clinic measurements. Although, ambulatory measurements are the standard, home blood pressure monitoring by the patient may be more practical. Patients measuring blood pressure at home should take 2 readings 1 minute apart each morning before medication and each evening before supper.



Smoking Cessation

Smoking Cessation Products

Smoking cessation products are covered by Alabama Medicaid. Products will be covered for Plan First recipients without prior authorization. All other recipients require prior authorization for smoking cessation products.

Prior Authorization requests must be submitted to Health Information Designs for approval. A copy of the Department of Public Health's Alabama Tobacco Quit Now Patient Referral/Consent Form signed by the recipient **MUST** be submitted to the Quitline. Additionally, a copy of the signed consent form must be submitted along with the PA form to Health Information Designs for approval.

A list of covered nicotine products can be found on the Alabama Medicaid Agency website (Pharmacy Services/DME: Smoking Cessation Services). To check if a particular NDC is covered, please refer to the Drug Look Up site on the Pharmacy Services page of the Alabama Medicaid Agency website at www.medicaid.alabama.gov.

All forms and information regarding smoking cessation coverage can be found on the Alabama Medicaid Agency website, www.medicaid.alabama.gov. They are located by clicking the Programs tab: Pharmacy Services/DME: Smoking Cessation Services.

Smoking Cessation Counseling

Beginning January 1, 2014, the Alabama Medicaid Agency began coverage of smoking cessation counseling services for Medicaid-eligible pregnant women. Medicaid will reimburse for up to four face-to-face counseling sessions in a 12-month period. The reimbursement period will begin in the prenatal period and continue through the postpartum period (60 days after delivery or pregnancy end). Documentation must support each counseling session. Providers must bill on a HCFA-1500 Form to be reimbursed for counseling services.

The following CPT Codes are applicable:

- 99406—Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes (\$8.60)
- 99407—Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (\$17.12)

The following diagnosis codes must be billed on the claim (UB-04 or CMS-1500 claim form) in order to be reimbursed by Medicaid:

- Z331 – Pregnancy state, incidental,
- Z333 – Pregnancy state gestational carrier,
- Z3400 – Z3493 – Encounter for supervision of normal pregnancy
- O0900 – O0993 – Supervision of high-risk pregnancy/Pregnancy with other poor obstetric history,
- O3680X0 – O3680X9 – Maternal care for other fetal problems, **or**
- Z392 – Encounter for routine postpartum follow-up,

AND

- F17200 – F17299 – Nicotine dependence, unspecified

January 1st Pharmacy Changes

Effective January 1, 2018, the Alabama Medicaid Agency will:

1. **Update the PDL to reflect quarterly updates.** The updates are listed below:

PDL Additions	
Epclusa ^{CC}	HCV Antiviral
Mavyret ^{CC}	HCV Antiviral
Zepatier ^{CC}	HCV Antiviral
PDL Deletions*	
Viekira XR	HCV Antiviral

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 prescriber or the dispensing pharmacy when requesting a PA.

Health Information Designs

Fax: 1-800-748-0116

Phone: 1-800-748-0130

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. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.