



# ALABAMA MEDICAID PHARMACIST

Published Quarterly by Health Information Designs, Winter 2019 edition

A Service of Alabama Medicaid

## PDL Update

Effective January 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   |
|---|
| Zubsolv <sup>CC</sup> —Opiate Partial Agents                              |
| Eucrisa <sup>CC</sup> —Skin and Mucous Membrane, Anti-inflammatory Agents |

<sup>CC</sup>Preferred with Clinical Criteria

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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.



## MME Edit Coming Early 2019

**The Alabama Medicaid Agency is working on implementing 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.<sup>1</sup> Therefore, beginning in early 2019, Alabama Medicaid will limit the amount of cumulative MME's allowed per day on opioid claims. 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 bypass the edit. Long term care, hospice patients, and children will also be excluded.

Overrides for quantities exceeding the MME limit 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.

Additional information will be disseminated 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](http://www.medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx)

<sup>1</sup> <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

## Partial Filling of a Schedule II Prescription

The Comprehensive Addiction and Recovery Act (CARA) of 2016 passed the United States Senate and was signed into law on July 22, 2016. CARA allows pharmacists to partially fill Schedule II controlled substances (CS). According to CARA, a prescription may be partially filled if: it is written and filled according to state and federal law, the partial fill is requested by the patient or prescribing practitioner, and the total quantity dispensed does not exceed the quantity prescribed. Remaining portions of partially filled prescriptions must be filled within 30 days of the original written prescription date. There is no single specified way to fill or bill prescriptions under the CARA update.

## Alabama Tobacco Quitline

### ***What is the Alabama Tobacco Quitline?***

The Alabama Tobacco Quitline is a free telephone number (1-800-784-8669) and online coaching service ([www.quitnowalabama.com](http://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 support 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](http://www.quitnowalabama.com). 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 Health Information Designs 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.

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## Alabama Tobacco Quitline, continued

### ***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](http://www.quitnowalabama.com). Forms and materials may also be found at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) under Programs > Pharmacy > Smoking Cessation.

***For more information about the Alabama Tobacco Quitline, or to order Quitline materials for your office, call Julie Hare at 334-206-3830 or email [Julie.Hare@adph.state.al.us](mailto:Julie.Hare@adph.state.al.us). Visit [www.quitnowalabama.com](http://www.quitnowalabama.com) and [www.adph.org/tobacco](http://www.adph.org/tobacco), click Healthcare Providers link.***

## Smoking Cessation Services Guidance

### ***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

## Smoking Cessation Products

|                           | Zyban®   | Chantix®   | Nicotine Na-sal Spray   | Nicotine In-halation  | Nicotine Gum  | Nicotine Loz-enge  | Nicotine Patch   |
|---------------------------|--|--|---|---|---|--|--|
| <b>Available Products</b> | Zyban®, bupropion SR 150 mg tablets<br><i>Rx only</i>  | Chantix® varenicline 0.5 mg, 1 mg tablets<br>Starting Month PAK<br>Continuing Month PAK<br><i>Rx only</i>  | Nicotrol® NS 0.5 mg nicotine in 50 mcL nicotine solution (1 spray = 0.5 mg nicotine)<br><i>Rx only</i>  | Nicotrol® Inhaler 10 mg cartridge delivers 4 mg inhaled nicotine vapor<br><i>Rx only</i>  | Nicorette®, generic products available 2 mg, 4 mg<br><i>OTC</i>   | Nicorette®, generic products available 2 mg, 4 mg<br><i>OTC</i>  | NicoDerm CQ®, generic products available 7 mg, 14 mg, 21 mg<br><i>OTC</i>  |
| <b>Dosing</b>             | <p><b>Days 1-3:</b> 150 mg daily<br/><b>Then increase to 150 mg BID</b></p> <ul style="list-style-type: none"> <li>-Initiate therapy while patient is still smoking</li> <li>-Set a “target quit date” within the first 2 weeks of treatment</li> <li>-Take at the same time daily</li> <li>-Separate doses by 8 hrs</li> <li>-Do not exceed 300 mg/day</li> <li>-Continue treatment for 7-12 wks</li> </ul> | <p><b>Days 1-3:</b> 0.5 mg daily<br/><b>Days 4-7:</b> 0.5 mg BID<br/><b>Day 8 – end of treatment:</b> 1 mg BID</p> <ul style="list-style-type: none"> <li>-Begin 1 wk before the “target quit date”</li> <li>-Take after eating an with a full glass of water</li> <li>-Treatment duration: 12 weeks</li> <li>-Additional 12-wk course may be used for patients who have Stopped smoking to increase likelihood of long-term abstinence</li> </ul> | <p><b>1 spray into each nostril 1-2 times/hr</b><br/>*1 dose = 2 sprays (1 in each nostril)*</p> <p><b>Initial dose should be at least 8 doses/day</b></p> <ul style="list-style-type: none"> <li>-Patients must stop smoking completely</li> <li>-Do not use &gt; 5 doses/hr</li> <li>-Do not use &gt; 40 doses/day</li> <li>-Wait 5 mins before driving or operating machinery</li> <li>-Do not drink or eat 15 mins before or during use</li> <li>-Treatment duration: up to 3 months</li> </ul> | <p><b>Initial dose for at least 3-6 wks &amp; up to 12 wks:</b><br/>6-16 cartridges/day</p> <ul style="list-style-type: none"> <li>-Patients must stop smoking completely</li> <li>-Best effect with frequent continuous puffing (20 mins)</li> <li>-Inhale into the back of the throat not into the lungs</li> <li>-Gradually reduce daily dosage after 12 wks of therapy</li> <li>-Do not use &gt; 16 cartridges/day</li> <li>-Do not drink or eat 15 mins before or during use</li> <li>-Treatment duration: up to 6 months</li> </ul> | <p><b>If 1<sup>st</sup> cigarette is &gt; 30 mins after waking:</b> 2 mg</p> <p><b>If 1<sup>st</sup> cigarette is ≤ 30 mins after waking:</b> 4 mg</p> <p><b>Weeks 1-6:</b> 1 q 1-2 hrs<br/><b>Weeks 7-9:</b> 1 q 2-4 hrs<br/><b>Weeks 10-12:</b> 1 q 4-8 hrs</p> <ul style="list-style-type: none"> <li>-Chew each piece slowly</li> <li>-Do not drink or eat 15 mins before or during use</li> <li>-Do not continuously use one piece after the other</li> <li>-Do not use &gt; 24 pieces day</li> <li>-Treatment duration: 12 wks</li> </ul> | <p><b>If 1<sup>st</sup> cigarette is &gt; 30 mins after waking:</b> 2 mg</p> <p><b>If 1<sup>st</sup> cigarette is ≤ 30 mins after waking:</b> 4 mg</p> <p><b>Weeks 1-6:</b> 1 q 1-2 hrs<br/><b>Weeks 7-9:</b> 1 q 2-4 hrs<br/><b>Weeks 10-12:</b> 1 q 4-8 hrs</p> <ul style="list-style-type: none"> <li>-Allow to dissolve slowly (20-30 mins)</li> <li>-Do not drink or eat 15 mins before or during use</li> <li>-Do not use &gt; 5 lozenges in 6 hrs</li> <li>-Do not use &gt; 20 lozenges day</li> <li>-Treatment duration: 12 wks</li> </ul> | <p><b>&lt; 10 cigarettes/day:</b> 14 mg x 6 wks<br/>7 mg x 2 wks<br/><b>≥ 10 cigarettes/day:</b> 21 mg x 6 wks<br/>(21 mg x 4 wks if generic brand)<br/>14 mg x 2 wks<br/>7 mg x 2 wks</p> <ul style="list-style-type: none"> <li>-Patients must stop smoking</li> <li>-Apply patc first thing in the morning</li> <li>-Apply at the same time daily</li> <li>-Do not wear more than 1 patch at a time</li> <li>-Do not cut patch</li> <li>-Patch may be worn for 16 or 24 hrs</li> <li>-Treatment duration: 10 wks</li> </ul> |

## January 1st Pharmacy Changes

Effective November 19, 2018 the Alabama Medicaid Agency will:

**1. Add Xofluza<sup>®</sup> to the PDL as a preferred agent.**

In anticipation of the upcoming flu season and the FDA-approval of Xofluza<sup>®</sup> on October 24th, the P & T Committee made an ad hoc recommendation during the November 7th meeting. The Committee recommended to follow the Centers for Disease Control and Prevention (CDC) statewide influenza epidemiology status or all available FDA-approved influenza antivirals (including Xofluza<sup>®</sup>) as soon as is possible to have the agents available for the upcoming flu season. Therefore, Xofluza<sup>®</sup> was added to preferred status prior to the January 1, 2019, PDL update.

Effective January 1, 2019, the Alabama Medicaid Agency will:

**1. Require Prior Authorization (PA) for ritonavir (generic Norvir) Brand Norvir will not require prior authorization.**

Use Dispense as Written (DAW) Code of 9 for brand Makena. DAW Code of 9 indicates the following: Substitution Allowed by Prescriber but Plan Requests Brand. 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. Update the PDL to reflect the quarterly updates.** The updates are listed below:

| PDL Deletions         |  |
|-----------------------|--|
| Zubsolv <sup>CC</sup> | Opiate Partial Agents                              |
| Eucrisa <sup>CC</sup> | Skin and Mucous Membrane, Anti-inflammatory Agents |

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](http://www.medicaid.alabama.gov) and should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Providers requesting PAs by mail or fax should send requests to:

**Health Information Designs (HID)  
Medicaid Pharmacy Administrative Services  
P.O.Box 3210  
Auburn, AL 36832-3210**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescriber believes medical justification should be considered, the prescriber must document this on the form or submit a written letter of medical justification along with the PA 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.