



Three-Month Maintenance Supply Program Provider Guidance

What is the Mandatory Supply Program?

- ❖ **Effective January 1, 2014**, the Alabama Medicaid Agency implemented the mandatory maintenance supply program.
- ❖ The maintenance supply program allows for dispensing of a 3-month supply of certain medications for Medicaid recipients.
- ❖ A maintenance supply prescription will not be counted towards the prescription limit.
- ❖ Only one co-payment is collected from the recipient and only one dispensing fee is paid to the dispensing provider for the 3-month supply.
- ❖ Once a recipient has demonstrated stability for at least 60 days (same strength and dose) on a given medication (through claims data), a 3-month supply is required*.
- ❖ Per the Alabama State Board of Pharmacy, a pharmacist may shift a patient to a three month supply of a prescribed drug using an existing prescription if adequate units are remaining on the existing prescription. Pharmacists may not add total units to a prescription unless authorized by the prescriber and documented in the patient file.

What classes are included in the 3-Month Maintenance Supply Program?

Medication Class	Medications Included
ACE Inhibitors	Preferred generics and brands
Alpha Blockers	Preferred generics and brands
Angiotensin II Receptor Blockers	Preferred generics and brands
Antidepressants	Preferred generics and brands
Antiparkinson Agents	Generic benztropine
Asthma	Generic montelukast
Beta Blockers	Preferred generics and brands
Calcium Channel Blockers	Preferred generics and brands
Cardiotonic Agents	Generic digoxin
Central Alpha-Agonists	Generic clonidine tablets
Cholesterol Lowering Agents	Preferred statins and fibric acid derivatives
Contraceptives	Oral, vaginal rings, patches only
Diabetic Agents/Supplies	Generic metformin, generic pioglitazone, generic sulfonylureas, OTC and preferred insulins, and syringes
Direct Vasodilators	Generic hydralazine
Diuretics	Preferred generics and brands (now includes spironolactone containing products)
Estrogens	Generic estradiol tablets
Immunosuppressive Agents	All covered oral formulations of mycophenolate and tacrolimus
Lithium	All covered products
Men's Health	Generic tamsulosin
Mucolytic Agents	All covered dornase alfa products
Nitrates and Nitrites	Generic isosorbide tablets and generic nitroglycerin patches
Osteoporosis	Generic alendronate tablets
Pancreatic Enzymes	All covered products
Platelet Aggregation Inhibitors	Generic clopidogrel
Potassium Chloride	Generic potassium chloride
Rheumatoid Arthritis Agents	Generic azathioprine tablets and hydroxychloroquine tablets
Thyroid Replacement	All covered products
Ursodiol	All covered oral ursodiol products
Vitamins and Minerals	Vitamin B-12 injection, vitamin D 50,000 IU and folic acid

***Can recipients “Opt Out” of the program?**

- ❖ Recipients that are not candidates for a maintenance supply due to a clinical/medically justified reason may “opt out” of the program. An Override Request Form (Form 409) must be completed and signed by the prescribing physician and submitted to Health Information Designs (HID).
- ❖ Form 409 can be found on the Agency’s website at www.medicaid.alabama.gov and must contain an appropriate clinical explanation of why the patient should not receive a maintenance supply of medication.

What happens beginning January 1, 2014?

- ❖ Effective January 1, 2014, claims submitted in quantities less than a 3-month supply for drugs on the maintenance supply list will deny.
- ❖ Effective January 1, 2014, entering 0000909090 in the PA field will no longer override the mandatory maintenance supply edit.
- ❖ In the event a prescriber does not approve/change to a 3-month supply prescription, a one-time override may be obtained.
- ❖ Requests for overrides must be submitted to HID and contain documentation supporting why the prescriber is unwilling to prescribe a maintenance supply of the medication.
- ❖ Alabama Medicaid and HID will educate providers and state associations to ensure providers are aware of these policy changes.

What other information should pharmacists know about the program?

- ❖ Until a recipient meets 60-day stable therapy of a drug listed on the 3-month program, pharmacists should process as a 1-month (up to 34 day) supply.
- ❖ Overrides for stable therapy requirements may be approved on a case-by-case basis. Requests for overrides must be submitted to HID and contain supporting documentation.
- ❖ Unless the drug is listed on the 3-month program list, a claim for a 3-month supply will deny.
- ❖ For information regarding the program, visit the Alabama Medicaid website at http://www.medicaid.alabama.gov/CONTENT/4.0_Programs/4.5_Pharmacy_Services.aspx.

Provider Call Center (HP): 1-800-688-7989
Alabama Medicaid: 1-334-242-5050

Health Information Designs: 1-800-748-0130
Email questions to: rxinfo@medicaid.alabama.gov