# Alabama Medicaid Pharmacist

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## PDL Update

Effective April 1, 2024, 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 |
|---|
| Apidra—Insulins |
| Apidra Solostar—Insulins |
| Bydureon Bcise[CC]—Incretin Mimetics |
| Ozempic[CC]—Incretin Mimetics |
| Rybelsus[CC]—Incretin Mimetics |
| **PDL Deletions** |
| Clindesse—Skin Mucous Membrane Agents Antibacterials |
| insulin glargine max solostar—Insulins |
| insulin glargine solostar—Insulins |
| saxagliptin HCL—Dipeptidyl Peptidase-4 (DPP-4) |
| saxagliptin-metformin ER—Dipeptidyl Peptidase-4 (DPP-4) |
| tiotropium bromide—Inhaled Antimuscarinics |
| Tudorza Pressair—Inhaled Antimuscarinics |

[CC]This agent will be preferred with clinical criteria in place.

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**Inside This Issue**



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

## Opioid Cumulative Daily Morphine Milligram Equivalents Limit—MME Decrease

**Effective April 1, 2024, the Alabama Medicaid Agency (Medicaid) will implement hard edits on cumulative daily MME claims exceeding 120 MME/day. A phase-in period for claims exceeding 90 MME/day, but less than 120 MME/day, will also be implemented.**

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]. Therefore, Medicaid will limit the amount of cumulative MME allowed per day on opioid claims. The edit began at 250 cumulative MME per day and has been gradually decreased over time. The final cumulative MME target is scheduled to be 90 MME per day.

**Hard Edit Implementation (Greater than 120 MME):**

Effective April 1, 2024, opioid claims that exceed a cumulative MME of 120 MME/day will be denied. **The universal PA 0009996324 will no longer be valid to bypass the 120 MME edit.** Pharmacy override requests for quantities exceeding the MME limit may be submitted to Kepro and will be reviewed for medical necessity. See the link below for an override form.

**Phase-In Period (90 MME—120 MME):**

Effective April 1, 2024, claims that exceed the cumulative daily MME limit of 90 MME/day will be denied. The dispensing pharmacy will be provided a universal prior authorization (PA) number on the rejection screen and may enter this universal PA number on the claim to allow it to be paid. **Pharmacists are urged to notify the affected patient/prescriber to develop a plan to decrease the patient's total daily MME.**

**Edit Details:**

- The universal PA number to override the 90 MME (but less than 120 MME) edit will be 0009996325.
- The universal PA number will be provided on each cumulative MME rejection screen for the pharmacist's convenience.
- Additional edits, such as therapeutic duplication, maximum quantity limitations, early refill, non-preferred edits, etc., will still apply.
- Claims prescribed by oncologists will bypass the edit.
- Long term care and hospice recipients are excluded.
- Children are included in the edit.
- A Recipient Information Sheet for prescribers and pharmacists to provide to recipients can be found at https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME.aspx.

[1] CDC Clinical Practice Guidelines for Prescribing Opioids for Pain—United States, 2022|MMWR

**Anticipated Phase Down:**

The Agency plans to gradually decrease the daily cumulative MME limit to the target of 90 MME/day. The next decrease will be a hard edit on claims exceeding 90 MME/day with no universal override available. Medicaid anticipates implementation of the next edit to occur on July 1, 2024. The Agency recommends providers refer to the most current ALERT for guidance.

## Opioid Cumulative Daily Morphine Milligram Equivalents Limit—MME Decrease, continued

**Again, pharmacists are urged to notify the affected patient/prescriber to develop a plan to decrease the patient's total daily MME.**

**Examples of MME calculations/day include:**

- 10 tablets per day of hydrocodone/acetaminophen 5/325 = 50 MME/day
- 6 tablets per day of hydrocodone/acetaminophen 7.5/325 = 45 MME/day
- 5 tablets per day of hydrocodone/acetaminophen 10/325 = 50 MME/day
- 2 tablets per day of oxycodone 15 mg = 45 MME/day
- 3 tablets per day of oxycodone 10 mg = 45 MME/day
- 4 tablets per day of tramadol 50 mg = 40 MME/day*
- 1 patch per 3 days of fentanyl 25 mcg/hr = 60 MME/day

A link with more information regarding MME calculations is provided below.

Opioid National Drug Code and Oral MME Conversion File Update|Opioids|CDC

*Please note tramadol MME conversion updated from 0.1 to 0.2 per CDC recommendations.

A link to the U.S. Department of Health and Human Services Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics can be found at https://medicaid.alabama.gov/documents/4.0_Programs/4.3_Pharmacy-DME/4.3_HHS_Guidance_Dosage_Reduction_Discontinuation_Opioids_10-28-19.pdf.

**IMPORTANT: Only when the override is denied will the excess quantity above the maximum unit limit be deemed a non-covered service. Then the recipient can be charged as a cash recipient for that amount in excess of the limit. A prescriber must not write separate prescriptions, one to be paid by Medicaid and one to be paid as cash, to circumvent the override process. FAILURE TO ABIDE BY MEDICAID POLICY MAY RESULT IN RECOUPMENTS AND/OR ADMINISTRATIVE SANCTIONS. Source: Provider Billing Manual 27.2.3.**

**Override Requests:**

Once the hard edit is implemented, the MME Cumulative Daily Override Form will be used by the prescriber when requesting an override. The form will be found at:

https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx

Any policy questions concerning this provider ALERT should be directed to the Pharmacy Program at (334) 242-5050.

## Notification of Request for Medical Records from Providers

The Alabama Medicaid Agency (Medicaid) has created a new form titled "Notification of Request for Medical Records from Provider". This form should be used by all Medicaid providers to notify Medicaid that a recipient has requested copies of their medical records.

It is the Medicaid provider's responsibility to collect **all** information from the requestor regarding the purpose and nature of the information being requested and submit this information to Medicaid. Once the form is faxed, the provider should release the requested information to the recipient as Medicaid will no longer provide a response to the provider.

Providers are to ensure that all HIPAA Privacy and Security rules are met regarding an individual's "right of access to inspect and obtain a copy of protected health information about the individual" (as stated in 45 C.F.R §164.524).

The "Notification of Request for Medicaid Records from Provider" form is available on this webpage: https://medicaid.alabama.gov/content/7.0_Providers/7.1_Third_Party/7.1.4_Release_Information.aspx.

If you should have any questions regarding this ALERT, please contact Zeffie Smith at (334) 242-5302 or Codie Rowland at (334) 242-5248.

## National Prescription Drug Take Back Day

On Saturday, October 28, 2023, the DEA held its 25th National Prescription Drug Take Back Day. There were 4,675 sites across the United States that participated in this initiative. Three hundred tons (599,897 pounds) of unused medications were collected. The state of Alabama had 53 collections sites which brought in 5,113 pounds. Since the initiative began in September 2010, there have been 8,950 tons (17,900,351 pounds) of unused medications collected.

The next National Prescription Drug Take-Back Day is scheduled for Saturday, April 27, 2024. For more information on this initiative, please visit https://www.deadiversion.usdoj.gov/drug_disposal/takeback/takeback.html.

If a drug take back location is not available, the next option is to immediately flush potentially dangerous medications down the toilet. The FDA provides a flush list that should be reviewed prior to choosing this route of medication disposal. Some examples of opioid-containing medications on the flush list include: buprenorphine, hydrocodone, oxycodone and methadone .

If a medication is not on the flush list and there is no information provided in the package insert, most medications can be disposed in a home trash.

- Mix liquid or pills with cat litter, dirt, or used coffee grounds. Tablets or capsules should not be crushed.
- Put the mixture in a sealed plastic bag or other container.
- Throw away the container in the trash.
- Delete personal information on the prescription label or medication packaging. The empty bottle or packaging can be trashed or recycled.

https://www.deadiversion.usdoj.gov/drug_disposal/takeback/takeback.html

https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-dispose-non-flush-list-medicine-trash

## The Gold Standard—An Incentive Program for Prescribers

The Gold Standard Program was launched April 1, 2011, as an incentive program to recognize prescribers who have a high compliance rate (top 3% or higher) with the Alabama Medicaid Agency's Preferred Drug List (PDL). The program shall exempt the number of prior authorizations (PAs) that a prescriber must obtain over a certain time.

**How Does a Prescriber Qualify for the Gold Standard Program?**

Pharmacy claims data is reviewed quarterly. Prescribers must have three or fewer non-preferred drug claims and more than 220 prescriptions for preferred or over-the-counter (OTC) drugs written during the previous quarter.

**How are Prescribers Informed of Gold Standard Status?**

Gold Standard letters are distributed to prescribers who qualify for the Gold Standard Program. Kepro's Medicaid Pharmacy Specialists also inform prescribers of their Gold Standard status.

**How Does the Gold Standard Program Work?**

Gold Standard prescribers are exempt from certain PA requirements for a specified time. During that time, most non-preferred prescriptions written by the prescriber will be approved at the pharmacy and will not require a PA request form to be submitted and approved before the prescription can be filled.

**How Long is a Prescriber Included in the Gold Standard Program?**

Prescribers are exempt for one quarter. Prescribers are re-evaluated each quarter, and once a prescriber has been on the Gold Standard list for three or four quarters, the prescriber is exempt for one year.

**Are All Drug Classes Included in the Gold Standard Program?**

No, certain drug classes are excluded from the program and will still require a PA. The following drug classes are excluded: anti-infectives, antipsychotics, biological injectables, growth hormone agents, monoclonal antibodies, nutritional products, opioid-dependence agents, proton pump inhibitors, and phosphodiesterase inhibitors.

**How Many Prescribers are Included in the Gold Standard Program?**

Since the inception of the program, the number of prescribers who meet the Gold Standard criteria has more than doubled. In October 2023, there were 710 prescribers included in the Gold Standard Program.