



September 10, 2018

Re: Pharmacy Program Updates – 2018 Fall

Dear Pharmacists and Prescribers:

On or after October 15, 2018, the following changes will be made to the Alaska Medicaid Pharmacy Program's point-of-sale claims processing system; these changes resulted from the Drug Utilization Review Committee meeting held April 20, 2018.

Early Refill Accumulation Edit – 90 Day Generic Medications

Effective October 15, 2018, medications on the 90 Day Generic Medication List will allow 21 days of medication, instead of 7 days, to be accumulated over the 120 day look back. This edit is designed to help increase patient compliance for recipients residing in outlying communities that have comorbid conditions such as high blood pressure, cholesterol, etc. and are unable to travel to a pharmacy regularly. In 2012 refill tolerances of 93% for narcotic analgesics and 75% for all other medications were set and will remain in place. The additional look back edit that allows a recipient to accumulate 7 days' worth of medication over a 120 day look back period will also continue, with the exception of medications appearing on the Alaska Medicaid 90 Day Generic Prescription Medication List. An increased accumulation of 21 days coincides with the 75% tolerance and will be permitted for medications found on the 90 Day Generic Medication List. The 90 Day Generic Medication List is available at: <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>.

This initiative is in conjunction with the Center for Disease Control's 6|18 Initiative (<https://www.cdc.gov/sixeighteen/index.html>).

Clinical Criteria Update

Vitamin D and Folic Acid: Drug utilization review criteria has been updated for both prescription and over-the-counter Vitamin D3 (cholecalciferol) products to explicitly include pregnant women and infants up to one year of age. Based on commercially available product sizes for infant formulations, most products are anticipated to provide a 90-day supply when dispensed to infants. Special attention should be given to ensure sufficient education is provided to parents and caregivers on appropriate dosing. Folic acid (prescription and over-the-counter) continues to be available for pregnant women; the point of sale system has been updated to recognize pregnancy-related eligibility codes (Groups 11 and 93) to automatically process these claims. In the event that a woman is pregnant but the system does not recognize the current eligibility code as pregnancy related, enrolled pharmacies may submit a **Pregnancy Indicator Code** [Patient Segment Field 335-2C] of "2" on the Vitamin D or Folic Acid claim to identify the

claim as pregnancy-related. Please contact your software vendor for assistance, if needed, to identify the appropriate field for your software. Additionally, claims adjudication questions and assistance is available 24 hours per day, 7-days per week by calling Magellan Medicaid at 800.331.4475.

Specific clinical criteria for use may be found at

<http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>.

This work represents cross-divisional collaboration with the State Division of Epidemiology and is in alignment with the American College of Obstetrics and Gynecology guidance and American Academy of Pediatrics (AAP) and the Canadian Pediatric Society recommendations for infants living north of the 55th parallel, consistent with EPSDT nutritional supplementation needs for rickets prevention.

Covered Outpatient Drug - Reminder

Unless otherwise specified Alaska Medicaid will only cover drugs that meet the definition of a covered outpatient drug [7 AAC 120.110]. Drugs that do not meet the definition of a covered outpatient drug will not be eligible for reimbursement. The definition of a covered outpatient drug is as follows:

- (1) the drug may be dispensed only upon a prescription (Rx Only);*
- (2) the United States Food and Drug Administration (FDA) requires a national drug code (NDC) number;*
- (3) the drug is listed electronically with the FDA;*
- (4) the manufacturer has obtained a new drug application or an abbreviated new drug application from the FDA; and*
- (5) federal Medicaid matching funds are available for the drug. [[7 AAC 120.110](#)]*

Statewide Opioid Initiatives - Reminder

For a prescription or a medical visit to be considered medically necessary for reimbursement purposes, professionals enrolled with Alaska Medicaid who prescribe and/or dispense opioids are expected to adhere to federal and statewide laws, regulations, and policies related to opioids. Alaska Medicaid reminds prescribers of the various legislative changes that have gone into effect over the past year around opioid prescribing. A synopsis of the various changes related to opioid prescribing may be found at https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_EffectiveDates_08.2017.pdf.

Alaska Medicaid will reimburse for a service only if the service:

- (1) is identified as a covered service in accordance with AS 47.07 and 7 AAC 105 - 7 AAC 160;*
- (2) is provided to an individual who is eligible for Medicaid under 7 AAC 100 on the date of service;*
- (3) is ordered or prescribed by a provider authorized to order or prescribe that service under applicable law;*
- (4) is provided by a person who is enrolled as a Medicaid provider or rendering provider under 7 AAC 105.210, or otherwise eligible to receive payment for services under 7 AAC 105 - 7 AAC 160;*
- (5) is medically necessary as determined by criteria established under 7 AAC 105 - 7 AAC 160 or by the standards of practice applicable to the provider;*
- (6) has received prior authorization from the department, if prior authorization is required under 7 AAC 105 - 7 AAC 160; and*
- (7) is not specifically excluded as a noncovered service under 7 AAC 105 - 7 AAC 160. [[7 AAC 105.100](#)]*

The Washington State Agency Medical Directors' Group *Interagency Guideline on Prescribing Opioids for Pain*, *Summary of Dental Guidelines on Prescribing Opioids for Acute Pain Management*, and associated

tools are available at <http://www.agencymeddirectors.wa.gov/>. Prescribers who have patients with daily Morphine Milligram Equivalents (MME) in excess of 90 MME, are expected to consult these and other evidence-based guidelines to develop a treatment plan to taper individuals to a lower MME. Similar consideration should be given to these guidelines prior to escalating the daily opioid dose for an individual or transitioning an individual from short-term to chronic use. Prescribers are expected to refrain from exceeding opioid quantity limits and adhere to Alaska Medicaid prior authorization requirements as part of their enrollment agreement with Alaska Medicaid; failure to adhere to Alaska Medicaid Program rules [[7 AAC 105.210](#)] may subject the prescriber to action on his or her enrollment [[7 AAC 105.400](#)].

For more information on *Heroin & Opioids in the Last Frontier* and the Alaska **Office of Substance Misuse and Addiction**, please visit <http://dhss.alaska.gov/dph/Director/Pages/heroin-opioids/default.aspx>.

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with any questions regarding these updates and changes.

Clinical Criteria for Use may be found at:
<http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>.

Alaska Medicaid Program Updates may be found at:
<http://manuals.medicaidalaska.com/docs/updates.htm>