Alabama Medicaid Pharmacist

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PDL Update

Effective October 1, 2016, 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	PDL Deletions*
Besivance—EENT Antibacterial Agents	Combivent—Respiratory Beta-Adrenergics
Blephamide—EENT Antibacterial Agents	Lidoderm Patches—Antipruritic Skin and Mucous Membrane Agents
Cortisporin-TC—EENT Antibacterial Agents	Mentax—Antifungal Skin and Mucous Membrane Agents
Levemir—Insulins	Metformin ER (generic of brand Fortamet ER and Glumetza ER)—Biguanides
Lidocaine patches (generic)—Antipruritic Skin and Mucous Membrane Agents	Ofloxacin otic drops (generic)—EENT Antibacterials
Moxeza—EENT Antibacterial Agents	Olopatadine nasal spray (generic)—EENT Antiallergic Agents
Patanase—EENT Antiallergic Agents	Pataday—EENT Antiallergic Agents
Pazeo—EENt Antiallergic Agents	Tobi—Aminoglycosides
Tobramycin inhalation solution (generic) - Aminoglycosides	
Vigamox—EENT Antibacterial Agents	
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AAP Recommendations for Influenza in Children

The American Academy of Pediatrics (AAP) recently updated their guidance for the prevention and control of influenza in children for the 2016-2017 season. The recommendations are listed below.

Who should be immunized?

- AAP recommends season influenza vaccination for everyone ≥ 6 months (children and adolescents).
    - Infants that were born preterm
    - Chronic medical conditions
        - Asthma, diabetes mellitus, immunosuppression, neurologic or neurodevelopmental disorders, cardiac disease
    - Household contact/care providers of
        - Infants < 6 months
        - Children with high-risk conditions (especially those < 5 years)
        - American Indian/Alaska Native children
        - All health care personnel
        - All childcare providers and staff
        - All women who are pregnant, considering pregnancy, postpartum or breastfeeding during flu season

Who should not be immunized with inactivated influenza vaccine (IIV)?

- Children with moderate to severe febrile illness (until illness resolved—based on clinician judgement)
- Those who have had a severe allergic reaction
    - Anaphylaxis with cardiovascular changes
    - Respiratory or GI symptoms
    - Reactions that require epinephrine
- Those who have experience Guillain-Barre syndrome within 6 weeks of influenza vaccination

Key points for this flu season:

- Exposure to groups of children (out-of-home childcare or schools) increases the risk of contracting an infectious disease.
    - Higher rate of seeking flu-related medical care as compared to adults
- Care to decrease transmission (via hand washing or appropriate cough etiquette) has been shown to decrease the burden of childhood influenza and transmission.
- For the 2015-2016 flu season:
    - Influenza A (H1N1) predominated overall
    - Influenza A (H3N2) was common October to December
    - Influenza B was commonly identified mid-April to May
- **Live attenuated influenza vaccine (LAIV) has shown ineffectiveness the last 3 flu seasons and should not be used in any setting for the 2016-2017 flu season.**
    - Vaccine effectiveness of any vaccine against Influenza A/B was 47%.

AAP Recommendations for Influenza in Children, continued

- Effectiveness against both Influenza A/B strongly favored inactivated influenza vaccine (IIV) over LAIV.
    - Children who received LAIV4 had 2.5 times greater odds of developing influenza than children who received IIV.
        - Focus should be on administration of IIV for all children and adolescents, especially those with at risk medical conditions.

- Any licensed and age-appropriate IIV should be used as vaccination and is the best available preventive measure against the flu.
    - Pediatricians should give whichever formulation is available (tri or quadrivalent IIV).
- Number of seasonal influenza doses
    - Children ≥ **9 years**: need only 1 dose
    - Children **6 months—8 years:**
        - Need 2 doses (separated by at least 4 weeks) if they have received fewer than 2 doses before July 1, 2016
        - Need only 1 dose if they have previously received ≥ 2 doses before July 1, 2016

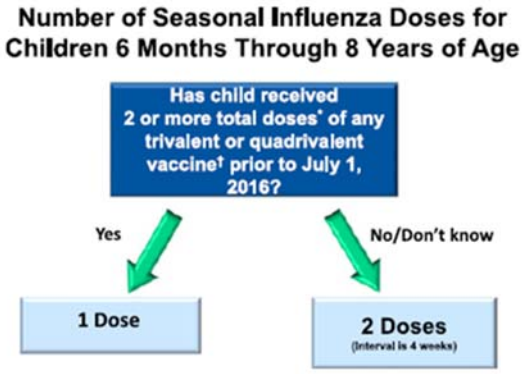

FIGURE 2
Number of 2016–2017 seasonal influenza vaccine doses for children 6 months through 8 years of age. *The 2 doses need not have been received during the same season or consecutive seasons. †Receipt of LAIV4 in the past is still expected to have primed a child's immune system, despite recent evidence for poor effectiveness. There currently are no data that suggest otherwise.

- Pregnant women, who are at high risk of complications from influenza, can safely receive influenza vaccination at any time during pregnancy.
- Health care providers ideally should offer vaccination by the end of October until the end of June.
- Antiviral medications like Tamiflu and Relenza can be used to prevent or treat influenza but should not be used as a substitute for vaccination.

AAP Recommendations for Influenza in Children, continued

Intramuscular (IM) Formulations

- IM injections for both trivalent (IIV3) and quadrivalent (IIV4) formulations will be available for the 2016-2017 season.
    - Can be used in children with or without medical conditions
    - Most common adverse reactions for IIV3
        - Injection site pain and tenderness
        - Fever within 24 hour post immunization (more common in children under 2 years)
        - Nausea, lethargy, headache, muscle ache, chills
    - Most common adverse reactions for IIV4
        - Injection site pain, redness, swelling
        - Drowsiness, irritability, loss of appetite, fatigue, GI symptoms, muscle aches

Intradermal (ID) Formulation

- IIV4 intradermal formulation is licensed for those 18-64 years.
- Contains a shorter needle than that used for IM administration
- Common adverse reactions
    - Injection site redness, swelling, pain, itching
- No preference for IM or ID immunization; pediatrician may choose either product for their young pediatric patients or any adult patients they may be treating.

Concomitant Administration

- Reports of febrile seizures in young children who received same day vaccination of IIV3 and either PCV13 (13-valent pneumococcal conjugate) or DTaP (diphtheria-tetanus-acellular pertussis).
- Although the risk of febrile seizures in children 6 months to < 5 years cannot be ruled out, simultaneous administration of IIV with PCV13 and/or other vaccines for the 2016-2017 flu season continues to be recommended as the benefits of vaccination outweigh the risks for seizure.

References:

AAP Committee on Infectious Diseases. Recommendations for Prevention and Control of Influenza in Children, 2016-2017. Pediatrics. 2016; 138(4): 2016527.

Alabama Medicaid Vaccine Administration Information

Alabama Medicaid reimburses Medicaid-enrolled pharmacy providers for the administration, to eligible recipients age 19 and older, of influenza, pneumococcal and Tdap vaccines. Alabama Medicaid will also continue to, in addition to the administration reimbursement, reimburse pharmacies for the influenza, pneumococcal and Tdap vaccines (i.e. ingredient).

- Pharmacy providers may bill the following NDC numbers on a pharmacy claim for reimbursement of vaccine administration:
    - NDC 99999-9999-10 for influenza vaccine administration
    - NDC 99999-9992-11 for pneumococcal vaccine administration
    - NDC 99999-9993-11 for Tdap vaccine administration

- Reimbursement will be $5 per administration with no dispensing fee or co-pay applied. Claims for vaccine administration will not count towards the prescription limit.

- Claims should be submitted with a dispense quantity of 1 for vaccine administration. There is a maximum quantity for each administration of 1 injection per recipient within a timeframe in accordance with the CDC dosing regimen.

- A prescription from a recipient's Primary Medical Provider (PMP) is required for each Tdap and pneumococcal vaccine administration.

- To facilitate coordination of care, Pharmacy providers are required to inform via phone, fax, e-mail, mail) each recipient's Primary Medical Provider (PMP) upon administration of the vaccine(s) for which an administration claim is submitted. Documentation must be kept on file at the pharmacy of the notification to the PMP. If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) system at 1-800-727-7848 to obtain the PMP information. A suggested Immunization Provider Notification Letter, which can be used to notify the PMP, can be found on the Agency website at http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.5_Pharmacy_Services/5.4.5_Immunization_Provider_Notification_Letter_12-1-10.pdf.

- Alabama State Board of Pharmacy law and regulation should be followed regarding dispensing and administration of legend drugs/vaccines.

- A separate claim for the vaccine (i.e. ingredient) should be submitted with the appropriate NDC of the vaccine (i.e. ingredient) and will be reimbursed according to the current drug/pharmacy reimbursement policy.

October1st Pharmacy Changes

Effective October 1, 2016, the Alabama Medicaid Agency will:

1. **Include folic acid tablets in the mandatory three-month maintenance supply program.** Prescriptions for three-month maintenance supply medications will not count toward the monthly prescription limit. A maintenance supply prescription will be required after 60 days stable therapy. Please see the website for a complete listing of maintenance supply medications.

2. **Require prior authorization (PA) for payment of olopatadine nasal spray (generic Patanase). Brand Patanase will be preferred without PA.** Use Dispense as Written (DAW) Code of 9 for brand Patanase. 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.

3. **Remove prior authorization from lidocaine patches (generic Lidoderm). Brand Lidoderm will not require PA.**

4. **Remove prior authorization from tobramycin inhalation solution (generic Tobi). Brand Tobi will now require PA.**

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

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