

PHARMACY & THERAPEUTICS (P & T) CORNER The last DC Medicaid Fee For Service (FFS) P & T Committee was held on September 7, 2023, and the categories reviewed were: Alzheimer's Agents; Antibiotics, GI; Anticonvulsants; Antidepressants, Others; Antidepressants, SSRIs; Antifungals, Oral; Antifungals, Topical; Antiparkinson's Agents; Antipsychotics; Cytokine and CAM Antagonists; Fluoroquinolones, Oral; Immunosuppressants, Oral; Macrolides and Ketolides; Movement Disorders; Multiple Sclerosis Agents; Neuropathic Pain; and Sedative Hypnotics. You may review the latest [DC FFS Preferred Drug List \(PDL\) here](#), effective Sept 28, 2023.

The public session of the quarterly P & T Committee is open to all, and the next meeting is Thursday December, 7 2023 @ 2:30 pm. Visit the [Magellan DC FFS Providers Website](#) to view all previous agendas, and meeting notices. Once the notice is available for the December meeting, you may follow the specific instructions within to register to attend the December 2023, Pharmacy and Therapeutics Meeting public session.

DHCF NEWS NUGGETS

How to bill Antiretroviral claims for all DC Medicaid Patients: DC Medicaid FFS provides "carve out" coverage of Highly Active Antiretroviral Therapy (HAART) Medications as well as (Pre-exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)). Therefore, DC Medicaid MCO Enrollees --Health Services for Children with Special Needs (HSCSN), Amerigroup, AmeriHealth Caritas, and Medstar Family Choice--shall obtain their ARV drugs for HIV treatment, PrEP, or PEP from the FFS Medicaid program, and the pharmacy providers should use the following processing information and the patient's 8-digit DC Medicaid ID number.

Plan Name/Group Name: DC Medicaid

BIN: 018407

PCN: DCMC018407

Note: Members of the Alliance program shall obtain their ARV drugs for treatment from the ADAP program while the managed care plans are responsible for covering for PrEP and PEP.

Update on Medication Assisted Treatment (MAT) Claims

As of December 29, 2022, per Congressional action, the DATA Waiver Program concerning prescribing of buprenorphine for opioid use disorder (OUD) was eliminated. Moving forward, prescriptions for buprenorphine only require a standard DEA registration number. Statements have been issued by the U.S. Department of Justice (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) that all practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for opioid use disorder in their practice if permitted by applicable state law. The DC FFS list of providers previously authorized to pay MAT drug claims has been removed at the Point of Sale (POS), making prescriptions by any provider, who has DEA registrations as described above, payable at POS. Although the "X" DEA number requirements have been dropped, providers with DEA registrations, must still comply with certain training and educational requirements.

These changes do not apply to OUD treatment with methadone. DC FFS Point of Sale changes are ongoing and will be finalized by December 1, 2023. During the interim, claims from providers who were not previously on the list will still be paid, but may require additional overrides at POS.



MME Changes Effective December 1st All Claims with morphine milligram equivalents exceeding 50 MME/day will require Prior Authorization. This change is reflective of guidance within the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain.

Respiratory Syncytial Virus (RSV) products and Vaccines coverage at POS

Beyfortus™, Arexvy, and Abrysvo™ are RSV disease prevention products newly FDA-approved and recommended by the Advisory Committee on Immunization Practices (ACIP) for RSV prevention in healthy babies born in RSV season; adults aged > 60 years; and pregnant women between 32 to 36 weeks-pregnant from September to January, as endorsed by the American College of Obstetricians and Gynecologists (ACOG), respectively. In lieu of the official CDC vaccination schedule update, DC DOH has per ACIP recommendations issued an emergency rule, permitting pharmacists, who have been certified by the Board of Pharmacy to administer immunizations and vaccinations, to administer the RSV vaccines now in preparation for the anticipated peak of the illness.

One caveat, the Beyfortus™ (nirsevimab-alip) product, will be available via the Vaccines for Children (VFC) program only, so must be obtained from providers who participate in the program. Therefore, Beyfortus™ claims submitted through the POS and or medical benefit will not be paid by DHCF. The VFC program is a federally funded entitlement program that provides vaccines free of charge to enrolled providers that serve eligible patients. VFC helps ensure that all children have a better chance of getting their recommended vaccinations on schedule. To enroll or for more information, [visit DC DOH VFC](#).

Beyfortus™ supplies are limited Noting recent advisories from the CDC ACIP, due to limited Beyfortus™ supplies this RSV season, CDC recommends prioritizing the Beyfortus™ product for those infants at highest risk. While patients that are eligible for Synagis® (palivizumab) for this RSV season should continue with Synagis® or initiate on

Synagis® to preserve Beyfortus™ supply. Synagis® is indicated for certain high-risk infants that are born prematurely (at or before 35 weeks) and who are 6 months of age or less at the beginning of RSV season, or have other chronic lung disease, or certain types of heart disease, among other risk factors. In addition, pregnant women are encouraged to receive the Pfizer Abrysvo™ product, as another way to preserve supply. Note that the Arexvy product, for adults age > 60, should not be used for pregnant women. Visit [the full CDC recommendations](#) concerning the limited Beyfortus™ supply.

DID YOU KNOW?? Here are a few ongoing trends in the pharmaceutical industry-

Three-dimensional (3-D) printing of pharmaceuticals allows for the fabrication of personalized medicines tailored to the unique needs of patients and may potentially improve patient outcomes. By harnessing 3-D printing, pharmacists and health care professionals have the capability to craft medications featuring exact dosages and formulations. This innovation proves invaluable for patients who face challenges swallowing pills or require doses that deviate from the norm.



One drug company, Aprelia Pharmaceuticals, uses ZipDose® technology, which allows tablets to hold a high dosage load of up to 1,000 mg and still rapidly dissolve with just a sip of water. ZipDose® is used in the production of Spritam® (levetiracetam) tablets for oral suspension. Spritam®, indicated for specific types of epileptic seizures, is the only FDA approved drug using 3-D printing technology.

<Nov. 2, 2023>