Alabama Medicaid Pharmacist

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PDL Update

Effective January 2, 2025, the Alabama Medicaid Agency updated the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee's recommendations, as well as quarterly updates. The updates are listed below:

PDL Additions
Concept DHA—Prenatal Vitamins
Concept OB—Prenatal Vitamins
Humulin R U-500—Insulins
Icosapent Ethyl—Antilipemic Agents, Miscellaneous
Insulin Lispro Protamine 75/25 mix pen—Insulins
Nestabs—Prenatal Vitamins
Qulipta[CC]—Calcitonin Gene-related Peptide Antagonists
Sogroya[CC]—Growth Hormone Agents
Thrivite RX—Prenatal Vitamins
Toujeo—Insulins
Tricare—Prenatal Vitamins
Vinate II—Prenatal Vitamins
PDL Deletions
Insulin Glargine Max Solostar (generic Toujeo Max solostar)—Insulins
Insulin Glargine Solostar (generic Toujeo solostar)—Insulins
Levemir*—Insulins
Select OB+DHA—Prenatal Vitamins
Vascepa**—Antilipemic Agents, Miscellaneous
Zovirax Cream—Skin & Mucous Membrane Antivirals

*Levemir will no longer be covered due to manufacturer discontinuation.

**Vascepa is non-preferred and non-covered due to manufacturer ending its rebate agreement effective September 30, 2024.

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

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Acentra Health

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

January 2, 2025 Pharmacy Quarterly Update

Effective January 2, 2025, the Alabama Medicaid Agency will:

- **Continue to monitor the stimulant shortage affecting ADHD medications.** Should you need assistance, please contact Acentra Health at 800-748-0130 for alternative prescribing and dispensing options.
- **Include opioid dependence drugs into the Electronic Prior Authorization (EPA) program.** Opioid dependence drugs (i.e. buprenorphine) can be approved electronically (i.e. at the pharmacy point of sale), with no manual prior authorization (PA), if criteria are met with claims history. If claims history does not meet criteria, the request can be submitted to Acentra Health for a manual review. The "Opioid Dependence Treatment Agreement and Patient Consent Form" and Urine Drug Screenings will no longer be required to be submitted with a PA request. The following information outlines the specific information regarding PA criteria for the Opioid Dependence Agents. This information can also be found in the "Form 369/389 Instructions" document under "Opioid Dependence Drugs" at https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx.

  Appropriate Diagnosis

  - For all requests, the patient must have an appropriate diagnosis supported by documentation in the patient record. For agents indicated for opioid dependence, the patient must have a diagnosis of opioid dependence, opioid abuse, or opioid abuse disorder.

  Prior Treatment Trials

  - For requests for non-preferred agents, the patient must have failed a treatment trial with at least one prescribed and preferred agent in this class, either generic, OTC, or brand, within the past 6 months or have a documented allergy or contraindication to all preferred agents in the class.

  Stable Therapy

  - Not applicable

  Medical Justification

  - Medical justification may include peer-reviewed literature, medical record documentation, or other information specifically requested.
  - For manual requests, attestation from the prescribing physician stating that the Prescription Drug Monitoring Program (PDMP) record for the patient has been reviewed prior to prescribing an opioid dependence medication must also be submitted with each renewal request.

  PA Approval Timeframe

  - Requests may be approved for 1 year.

  Electronic Prior Authorization (EPA)

  - Buprenorphine-containing agents can be approved electronically (i.e., at the pharmacy point of sale), with no manual PA if criteria is met with claims history. For electronic requests, claims history must be free of concurrent (within past 3 months) opioids.
  - If claims history does not meet criteria, the request can be submitted to Acentra Health for a manual review.

January 2, 2025 Pharmacy Quarterly Update, continued

- **Require PA for generic insulin glargine max solostar and generic insulin glargine solostar.** Brand Toujeo Max Solostar and brand Toujeo Solostar will become preferred and will be billed with a Dispense as Written (DAW) Code of 9. 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. **The list is subject to change.** For additional PDL and coverage information, visit our drug-lookup site at https://www.medicaid.alabamaservices.org/alportal/NDC%20Look%20Up/tabId/5/Default.aspx.

Brand	Generic
Adderall XR	Dextroamphetamine/Amphetamine ER
Advair Diskus	Fluticasone/Salmeterol Inhalation Device
Advair HFA	Fluticasone/Salmeterol HFA
Bepreve	Bepotastine Besilate Ophthalmic Solution
Bethkis	Tobramycin Inhalation Solution
Concerta	Methylphenidate ER
Copaxone	Glatopa/Glatiramer
Daytrana	Methylphenidate Transdermal Patch
Dymista	Azelastine/Fluticasone Nasal Spray
Elidel	Pimecrolimus
Humalog	Insulin Lispro
Kazano	Alogliptin/Metformin HCL Tablet
Kitabis	Tobramycin Inhalation Solution
Kombiglyze XR	Saxagliptin-Metformin ER
Lantus	Insulin Glargine (U-100)
Nesina	Alogliptin Tablet
Onglyza	Saxagliptin HCL
Oseni	Alogliptin/Pioglitazone HCL Tablet
Pradaxa	Dabigatran
Spiriva Handihaler	Tiotropium Bromide
Suboxone[CC]	Buprenorphine/Naloxone
Symbicort	Budesonide/Formoterol Fumarate Inhalation
Toujeo	Insulin Glargine (U-300)
Toujeo Max	Insulin Glargine (U-300)

[CC]Preferred with Clinical Criteria

Appropriate Utilization of Dispense as Written (DAW) Codes

Dispense as Written (DAW) (also known as product selection codes) are an integral part of accurate billing to the Alabama Medicaid Agency and provide the agency with the reason why a specific brand or generic is dispensed based on the prescriber's instructions. Failure to accurately use DAW codes results in misinformation to the Pharmacy program and its decision-making process. Misinformation on claims may also result in retrospective pharmacy review and/or recoupment. Inaccurate usage of DAW codes is among one of the discrepancies found during an audit and is one of the Primary Pharmacy Audit Components listed in the Provider Billing Manual Section 27.2.6. The following codes are the various DAW codes available to the Alabama Medicaid Pharmacy program with explanations that have been taken from the National Council on Prescription Drug Programs (NCPDP) version 5.1 data dictionary for field 408-D8 Product Selection Codes. Providers should utilize the correct codes based upon the information submitted on the prescription and the prescriber's signature.

0 = No Product Selection Indicated—This is the field default value that is appropriately used for prescriptions where product selection is not an issue. Examples include prescriptions written for single source brand products and prescriptions written using the generic name and a generic product is dispensed.

1 = Substitution Not Allowed by Prescriber—This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is to be Dispensed as Written.

2 = Substitution Allowed-Patient Requested Product Dispensed—This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources. *(Not permitted by Alabama Medicaid)*

3 = Substitution Allowed-Pharmacist Selected Product Dispensed—This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.

4 = Substitution Allowed-Generic Drug Not in Stock—This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace.

5 = Substitution Allowed-Brand Drug Dispensed as Generic—This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, and the pharmacist is utilizing the brand product as the generic entity.

6 = Override *(Not permitted by Alabama Medicaid)*

7 = Substitution Not Allowed-Brand Drug Mandated by Law—This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted but prevailing law or regulation prohibits the substitution of a brand product even though generic versions of the product may be available in the marketplace.

8 = Substitution Allowed-Generic Drug Not Available in Marketplace—This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporary unavailable.

Appropriate Utilization of Dispense as Written (DAW) Codes, continued

9 = Other/Substitution Allowed-Plan Requests Brand Dispensed—This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but the plan's formulary requests the brand product to be dispensed.

To indicate instructions to the dispensing pharmacy, a physician simply signs the prescription in a manner specified by prevailing law to indicate to a providing pharmacy whether or not generic substitution is allowed. Effective May 1, 2008, and override form and Medwatch 3500 form is required in order to medically justify a provider's reason for requesting a branded product when an exact generic equivalent is available. DAW overrides and the Medwatch 3500 form should be submitted to Acentra Health. For more information or administrative questions regarding the DAW requirements, providers may call the Pharmacy Services unit at (334) 242-5050.

Requirements for Prescribing and Dispensing of Schedule II Controlled Substances

Effective since October 1, 2021, prescribers of Medicaid eligible recipients are required to check the Alabama Prescription Drug Monitoring Program (PDMP) prior to prescribing a Schedule II controlled substance in accordance with Section 5042 of the SUPPORT Act. If the prescriber does not check the PDMP, the prescriber is required to document the reason in the medical record.

Exclusions to this requirement include:

- Prescriptions written for hospice patients
- Patients with an active cancer diagnosis
- Residents of long-term care nursing facility
- Children under the age of 18 (Schedule II prescriptions for ADHD only)

For more information, visit www.Medicaid.Alabama.gov to review the Provider Billing Manual, Chapter 27 (Pharmacy), Section 27.2.1, and Chapter 28 (Physicians), Section 28.2.