



Alabama Medicaid Pharmacist

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Preferred Drug List (PDL) Update

Effective October 1, 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
Dabigatran (generic Pradaxa)—Oral Anticoagulants
Saxagliptin (generic Onglyza)—Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
Saxagliptin-metformin (generic Kombiglyze XR)—Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
PDL Deletions
Entresto—Renin-Angiotensin-Aldosterone System Inhibitors, Misc.
Pradaxa (capsules only)—Oral Anticoagulants
Tamiflu—Neuraminidase Inhibitors

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Acentra Health

Medicaid Pharmacy Administrative Services

P.O. Box 3570

Auburn, AL 36831

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.



Dispense as Written (DAW) Code of 9 Updates

In cases of cost-effectiveness, the Alabama Medicaid Agency sometimes allows for reimbursement of certain brand named medications while requiring prior authorization for the generic alternative. In these cases, a Dispense as Written (DAW) Code of 9 must be utilized when dispensing the preferred brand named medication. A DAW Code of 9 indicates that substitution is allowed by the prescriber but Alabama Medicaid requests the brand product 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
Anoro Ellipta	Umeclidinium-Vilanterol
Bepreve	Bepotastine Besilate Ophthalmic Solution
Bethkis	Tobramycin Inhalation Solution
Copaxone	Glatopa/Glatiramer
Daytrana	Methylphenidate Transdermal Patch
Dymista	Azelastine/Fluticasone Nasal Spray
Elidel	Pimecrolimus
Farxiga	Dapagliflozin
Kazano	Alogliptin/Metformin HCL Tablet
Kitabis	Tobramycin Inhalation Solution
Lantus	Insulin Glargine (U-100)
Nesina	Alogliptin Tablet
Oseni	Alogliptin/Pioglitazone Tablet
Spiriva Handihaler	Tiotropium Bromide
Symbicort	Budesonide/Formoterol Fumarate Inhalation
Toujeo	Insulin Glargine (U-300)
Toujeo Max	Insulin Glargine (U-300)
Victoza ^{CC}	Liraglutide
Vyvanse Capsules	Lisdexamfetamine Dimesylate
Xarelto	Rivaroxaban
Xigduo XR	Dapagliflozin/Metformin ER

^{CC}Preferred with Clinical Criteria

RSV Prevention in Children Criteria for the 2025-2026 Season

Beyfortus®:

- Beyfortus® (nirsevimab), a long-acting monoclonal antibody product, was approved by the U.S. Food and Drug Administration (FDA) on July 17, 2023, for use in newborns and infants to protect against (medically attended) respiratory syncytial virus (RSV).¹
- On August 3, 2023, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) voted unanimously in favor of recommending use of Beyfortus® as indicated in its FDA package insert.²
- Beyfortus® will be administered and dispensed through the Vaccines for Children Program (VFC)³, administered through Alabama Department of Public Health (ADPH). Therefore, Beyfortus® will not be eligible for billing through the Alabama Medicaid Pharmacy Program.
- Procedure codes 90380 and 90381 have been assigned to Beyfortus®. Medicaid VFC providers should refer to Appendix A, Section A.6 of the Provider Billing Manual located at www.medicaid.alabama.gov for filing claims related to VFC products.
- Per the FDA label, children who have received Beyfortus® should not receive Synagis® for the same RSV season.⁴
- Questions on Beyfortus® administration through the VFC program should be directed to the ADPH at (800) 469-4599, or <https://www.alabamapublichealth.gov/immunization/vaccines-for-children.html>.

Enflosia™ and Other VFC-Approved Products:

- Enflosia™ (clesrovimab-cfor), a preventative monoclonal antibody product, was approved by the FDA on June 9, 2025, for prevention of RSV in neonates (newborns) and infants who are born during, or entering, their first RSV season.⁵
- The ACIP of the CDC has voted to recommend Enflosia™ (clesrovimab-cfor) as an option for the prevention of RSV lower respiratory tract disease in infants younger than 8 months of age who are born during, or entering, their first RSV season. The ACIP also voted to include Enflosia™ in the VFC Program.⁵
- Enflosia™, and other products approved, administered, and dispensed through the VFC Program will be managed through ADPH, and therefore not eligible for billing through the Alabama Medicaid Pharmacy Program.
- Procedure Code 90382 has been assigned to Enflosia™. Medicaid VFC providers should refer to Appendix A, Section A.6 of the Provider Billing Manual located at www.medicaid.alabama.gov for filing claims related to VFC products.

Synagis®:

- Synagis® (palivizumab) has been voluntarily discontinued and will no longer be manufactured, distributed, or available for purchase after December 31, 2025.⁶ As in prior RSV seasons, requests for prior authorization (PA) will be reviewed through the Agency PA vendor, Acentra Health. Approvals will be effective October 1, 2025 - March 31, 2026.

RSV Prevention in Children Criteria for the 2025-2026 Season (continued)

- Questions regarding Synagis[®] criteria can be directed to the Agency's PA contractor, Acentra Health, at 1-800-748-0130. Criteria, forms, and instructions for Synagis[®] can be found on the Agency webpage, https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx.
- Prescribers must prescribe Synagis[®] through a specialty pharmacy. CPT Code 90378 remains discontinued for the 2025-2026 season.

¹<https://www.fda.gov/news-events/press-announcements/fda-approves-new-drug-prevent-rsv-babies-and-toddlers>

²<https://publications.aap.org/redbook/resources/25379>

³<https://www.alabamapublichealth.gov/immunization/vaccines-for-children.html>

⁴<https://products.sanofi.us/beyfortus/beyfortus.pdf>

⁵<https://www.cdc.gov/acip/vaccine-recommendations/index.html>

Continuous Glucose Monitor Policy Updates

Effective October 1, 2025, Continuous Glucose Monitors (CGMs) will be covered through the DME program with prior authorization (PA) for recipients (children and adults) with one of the following:

- Type 1 diabetes mellitus
- Type 2 diabetes mellitus AND are insulin treated with multiple (three or more) daily injections of insulin

NOTE: CGMS are not covered through Pharmacy; requests must be submitted through a DME NPI. Please review the full coverage criteria located on the Durable Medical Equipment (DME) webpage at https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.17_CGM.aspx.

An updated checklist will also be available on the DME webpage. https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.17_CGM.aspx.

The Provider Billing Manual will be updated with the new criteria as soon as possible. Policy questions concerning this ALERT should be directed to the DME Program at (334) 242-5050.