

# A L E R T

May 23, 2023

**TO: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes**

**RE: Preferred Drug List (PDL) and Pharmacy Quarterly Update**

Effective July 1, 2023, the Alabama Medicaid Agency will:

- 1. Require Prior Authorization (PA) for methylphenidate transdermal patch (generic Daytrana transdermal patch). Brand Daytrana will be added as preferred.**
- 2. Require Daytrana to 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.
- 3. Update the PDL to reflect the quarterly updates listed below:**

PDL Additions	
Daytrana	Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)
amphetamine-dextroamphetamine ER (generic Adderall XR)	Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)
PDL Deletions	
methylphenidate transdermal patch (generic Daytrana transdermal patch)	Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)
Cimzia	DMARDs

For additional PDL and coverage information, visit our drug look-up site at <https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabId/39/Default.aspx>.

The Prior Authorization (PA) request form and criteria booklet should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. The PA request form can be completed and submitted electronically at

[https://medicaid.alabama.gov/content/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.13\\_Pharmacy\\_Forms.aspx](https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx).

Providers requesting PAs by mail or fax should send requests to:

**Kepro**  
**Medicaid Pharmacy Administrative Services**  
**P.O. Box 3570, Auburn, AL 36831**  
**Fax: 1-800-748-0116**  
**Phone: 1-800-748-0130**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescriber believes medical justification should be considered, the prescriber must document this on the form or submit a written letter of medical justification along with the PA form to Kepro. Additional information may be requested. Staff physicians will review this information.