

A L E R T

December 1, 2021

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 January 1, 2022, the Alabama Medicaid Agency will:

- 1. Require Kazano, Nesina and Oseni 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.
- 2. Update the PDL to reflect the quarterly updates listed below:**

PDL Additions	
Jentaduetto XR	Dipeptidyl Peptidase-4 Inhibitors
Kazano	Dipeptidyl Peptidase-4 Inhibitors
Nesina	Dipeptidyl Peptidase-4 Inhibitors
Oseni	Dipeptidyl Peptidase-4 Inhibitors
Select-OB + DHA	Prenatal Vitamins
Synjardy	Sodium-Glucose Cotransport 2 Inhibitors
Synjardy XR	Sodium-Glucose Cotransport 2 Inhibitors
Vitafol Fe+ Softgel	Prenatal Vitamins
Vitafol-Nano Prenatal Tablet	Prenatal Vitamins
Vitafol-OB Caplet	Prenatal Vitamins
Vitafol-OB+DHA	Prenatal Vitamins
Vitafol-One Softgel	Prenatal Vitamins
Vitafol Prenatal w/Iron Gummies Soft Chew	Prenatal Vitamins
Vitafol Ultra Softgel	Prenatal Vitamins
Xigduo XR	Sodium-Glucose Cotransport 2 Inhibitors
PDL Deletions	
Actos	Thiazolidinediones
Coumadin	Oral Anticoagulants

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 on the Agency's website at

https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx.

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

Kepro
Medicaid Pharmacy Administrative Services
P. O. Box 3210 Auburn, AL 36832-3210
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.