

**A L E R T**

September 8, 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 October 1, 2021, the Alabama Medicaid Agency will:**

- 1. Require Prior Authorization (PA) for Azelastine/Fluticasone nasal spray (generic Dymista). Brand Dymista will be added as preferred.**
- 2. Require Dymista 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:**

<b>PDL Additions</b>	
AirDuo RespiClick	Respiratory Corticosteroids
Arnuity Ellipta	Respiratory Corticosteroids
Breo Ellipta	Respiratory Corticosteroids
Dymista	EENT Antiallergic Agents
Omnitrope <sup>CC</sup>	Growth Hormones
<b>PDL Deletions</b>	
Azelastine/Fluticasone Nasal Spray (generic Dymista)	EENT Antiallergic Agents
Pazeo	EENT Antiallergic Agents

<sup>CC</sup> Preferred with Clinical Criteria

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](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:

**Health Information Designs (HID)  
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 HID. Additional information may be requested. Staff physicians will review this information.