

A L E R T

March 1, 2022

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 April 1, 2022, the Alabama Medicaid Agency will:

- 1. Require Vascepa 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. Require Prior Authorization (PA) for Icosapent Ethyl (generic Vascepa). Brand Vascepa will be added as preferred.**
- 3. Require Prior Authorization (PA) for Colchicine capsules (generic Mitigare). Brand Mitigare will remain non-preferred.**
- 4. Treatments for COVID-19 will remain accessible and available through the pharmacy benefit on an outpatient basis through the Federal Public Health Emergency (PHE) period. Approval was granted in order to ensure any drug with a Food and Drug Administration (FDA)-approved or Emergency Use Authorization (EUA)-authorized indication for the treatment of COVID-19 be made available as preferred through the duration of the Federal PHE.**
- 5. Update the PDL to reflect the quarterly updates listed below:**

PDL Additions	
Colchicine tablets (generic)	Antigout Agents
Vascepa	Miscellaneous Antilipemic Agents
PDL Deletions	
Colchicine capsules (generic)	Antigout Agents
Colcrys	Antigout Agents
Icosapent Ethyl	Miscellaneous Antilipemic Agents

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 Kepron. Additional information may be requested. Staff physicians will review this information.