

# A L E R T

December 1, 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 January 1, 2024, the Alabama Medicaid Agency will:

1. **Continue to monitor the stimulant shortage affecting ADHD medications.** Should you need assistance, please contact Kepro at the number below for alternative prescribing and dispensing options.
2. **Allow brand Focalin XR to be billed with a Dispense as Written (DAW) Code of 8 if the generic is not available.** DAW Code of 8 indicates the following: Substitution Allowed - Generic Drug Not Available in Marketplace. This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporarily unavailable.
3. Update the PDL to reflect the quarterly updates listed below:

PDL Additions	
Focalin XR	Cerebral Stimulants/Agents Used for ADHD (Long-Acting)
Humalog	Insulins
Skytrofa <sup>CC</sup>	Growth Hormones
PDL Deletions	
None	

<sup>CC</sup> This agent will be preferred with clinical criteria in place.

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.