ALABAMA MEDICAID AGENCY

ALERT

June 16, 2025

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, 2025, the Alabama Medicaid Agency (Medicaid) will:

1. **Continue to monitor the stimulant shortage affecting ADHD medications.** Should you need assistance, please contact Acentra Health at the number below for alternative prescribing and dispensing options.

2. **Require PA for buprenorphine/naloxone sublingual film. Brand Suboxone will become non-preferred.** Brand Zubsolv will also become non-preferred. Generic buprenorphine/naloxone sublingual tablets will remain preferred with clinical criteria. Please see below for additional information.

3. **Require PA for generic dapagliflozin (generic Farxiga), generic dapagliflozin/metformin ER (generic Xigduo XR), generic lisdexamfetamine dimesylate capsules (generic Vyvanse capsules), generic rivaroxaban (generic Xarelto), and generic umeclidinium-vilanterol (generic Anoro Ellipta). Brands Farxiga, Xigduo XR, Vyvanse capsules, Xarelto, and Anoro Ellipta will 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.

4. **Update the PDL to reflect the quarterly updates listed below:**

PDL Additions	
Brixadi [CC]	Opiate Partial Agonists
Fiasp	Insulins
Humalog	Insulins
infliximab (generic Remicade) [CC]	Disease-Modifying Antirheumatic Agents
methylphenidate ER (generic Concerta)	Cerebral Stimulants/Agents for ADHD
PDL Deletions	
AirDuo Respiclick	Respiratory Corticosteroids
buprenorphine/naloxone sublingual films	Opiate Partial Agonists
dapagliflozin (generic Farxiga)	Sodium-glucose Co-transporter 2 Inhibitor
dapagliflozin/metformin ER (generic Xigduo XR)	Sodium-glucose Co-transporter 2 Inhibitor
Invokamet	Sodium-glucose Co-transporter 2 Inhibitor
Invokana	Sodium-glucose Co-transporter 2 Inhibitor
lisdexamfetamine dimesylate capsules (generic Vyvanse capsules)	Cerebral Stimulants/Agents for ADHD
Novolog U-100	Insulins
rivaroxaban (generic Xarelto)	Oral Anticoagulants
Suboxone	Opiate Partial Agonists
umeclidinium-vilanterol (generic Anoro Ellipta)	Respiratory Beta-Adrenergic Agonists
Zubsolv	Opiate Partial Agonists

[CC] This agent will be preferred with clinical criteria in place.

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Medicaid Medications for Opioid Use Disorder (MOUD) Project – Program Update

Medicaid continues its commitment to improving access to evidence-based treatment for opioid use disorder (OUD) through the Medications for Opioid Use Disorder (MOUD) initiative. In January 2025, Medicaid launched **Phase I** of this multi-phase initiative, focused on expanding access and reducing administrative barriers to treatment.

Phase I Overview:

Phase I integrated opioid dependence medications into the Electronic Prior Authorization (EPA) program and streamlined access to preferred agents listed on the Agency's Preferred Drug List (PDL). A key enhancement involved automatic processing for **buprenorphine-experienced** recipients, defined as having at least one buprenorphine claim within the past 90 days. These subsequent fills are evaluated through the EPA system to confirm:

1. The recipient has a documented OUD diagnosis.
2. There is no record of opioid use within the preceding 30 days.

If both conditions are met, prior authorization is automatically approved at the pharmacy point-of-sale for up to a year's supply. If opioid use is detected in the past 30 days, a manual prior authorization (PA) request is required.

Phase II Overview:

Under **Phase II**, effective May 12, 2025, **buprenorphine-naïve** recipients, defined as those with no buprenorphine claims in the previous 90 days, may receive up to a **34-day supply** of a **preferred OUD medication** at the pharmacy point-of-sale **without requiring prior authorization**. Claims for **non-preferred** buprenorphine products will be denied, and a manual PA must be submitted for consideration.

Effective July 1, 2025, the following are the preferred buprenorphine products:

- Generic buprenorphine/naloxone sublingual tablets
- Brixadi
- Sublocade

Providers with questions regarding the MOUD program may contact the Alabama Medicaid Pharmacy Department at **334-242-5050**.

For additional PDL and coverage information, visit our drug look-up site at https://www.medicaid.alabamaservices.org/alportal/NDC%20Look%20Up/tabId/5/Default.aspx.

The 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.

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

Acentra Health
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 Acentra Health. Additional information may be requested. Staff physicians will review this information.