Alabama Medicaid Pharmacist

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PDL Update

Effective July 1, 2025, the Alabama Medicaid Agency updated the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee's recommendations, as well as quarterly updates. The updates are 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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Please fax all prior authorization and override requests *directly* to Acentra Health at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.

Acentra Health

Medicaid Pharmacy Administrative Services

P.O. Box 3570

Auburn, AL 36831

July 1, 2025 Pharmacy Quarterly Update

Effective July 1, 2025, the Alabama Medicaid Agency will:

- **Continue to monitor the stimulant shortage affecting ADHD medications.** Should you need assistance, please contact Acentra Health at 800-748-0130 for alternative prescribing and dispensing options.
- **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.
- **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. **The following Dispense as Written (DAW) Code 9 list is subject to change.**

Brand	Generic
Adderall XR	Dextroamphetamine/Amphetamine ER
Advair Diskus	Fluticasone/Salmeterol Inhalation Device
Advair HFA	Fluticasone/Salmeterol HFA
Anoro Ellipta	Umeclidinium-Vilanterol
Bepreve	Bepotastine Besilate Ophthalmic Solution
Bethkis	Tobramycin Inhalation Solution
Copaxone	Glatopa/Glatiramer
Daytrana	Methylphenidate Transdermal Patch
Dymista	Azelastine/Fluticasone Nasal Spray
Elidel	Pimecrolimus
Farxiga	Dapagliflozin
Kazano	Alogliptin/Metformin HCL Tablet
Kitabis	Tobramycin Inhalation Solution
Kombiglyze XR	Saxagliptin-Metformin ER
Lantus	Insulin Glargine (U-100)

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Brand	Generic
Nesina	Alogliptin Tablet
Onglyza	Saxagliptin HCL
Oseni	Alogliptin/Pioglitazone Tablet
Pradaxa	Dabigatran
Spiriva Handihaler	Tiotropium Bromide
Symbicort	Budesonide/Formoterol Fumarate Inhalation
Toujeo	Insulin Glargine (U-300)
Toujeo Max	Insulin Glargine (U-300)
Victoza[CC]	Liraglutide
Vyvanse capsules	Lisdexamfetamine Dimesylate
Xarelto	Rivaroxaban
Xigduo XR	Dapagliflozin/Metformin ER

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

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 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.

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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 a 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 Clinical Services and Support Division at **334-242-5050.**

For additional PDL and coverage information, visit our drug-lookup 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.

Vaccine Administration Information

Alabama Medicaid reimburses Medicaid-enrolled pharmacy providers for the administration of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for ages 19 and older. A list of ACIP recommended vaccines can be located on the CDC website under the vaccine page.

Claims for a vaccine and the administration of the vaccine will be submitted on the same claim. Pharmacy providers should submit a claim for the vaccine (i.e. ingredient) with the appropriate NDC along with the administration fee in the Incentive Amount Submitted field (NCPDP Field 438-E3) on the same claim as the vaccine being administered.

A maximum reimbursement of $8 is allowed for each vaccine administration. Only one dispensing fee (for the ingredient) and copay (if applicable) will be applied to the claim. There is a maximum quantity for each vaccine administered of 1 injection per recipient within a timeframe in accordance with CDC dosing regimen.

A prescription or standing order is required for each vaccine administered and should be retained on file for documentation purposes.

To facilitate coordination of care, Pharmacy providers are required to inform (via phone, fax, email, or mail) each recipient's PMP upon administration of any vaccines for which an administration claim is submitted. Documentation must be kept on file at the pharmacy of the notification to the PMP. If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) at 1-800-727-7848 to obtain the PMP information. Pharmacy providers may also notify the recipient's local Alabama Coordinated Health Network (ACHN) region to assist with finding a PMP; ACHN contact information can be located on the Agency website under Contacts/ACHN Contacts. A suggested Immunization Provider Notification Letter, which can be used to notify the PMP, can be found on the Agency website under Pharmacy/Vaccines.

Alabama State Board of Pharmacy law and regulations should be followed regarding dispensing and administration of legend drugs/vaccines.

Pharmacy providers with questions regarding vaccine administration may call the Alabama Medicaid Clinical Services and Support Division at 334-242-5050.