



Alabama Medicaid Pharmacist

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PDL Update

Effective January 1, 2023, the Alabama Medicaid Agency updated the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee recommendations, as well as quarterly updates. The updates are listed below:

PDL Additions
Ubrelyv*—Calcitonin Gene-related Peptide (CGRP) Antagonists
PDL Deletions
Dabigatran (generic Pradaxa)—Oral Anticoagulants
Trulicity—Incretin Mimetics

*This agent will be preferred with clinical criteria in place.

Inside This Issue

PDL Update	Page 1
Schedule II Controlled Substances Information	Page 2
Changes to Hepatitis C PA Criteria	Page 2
End Date Announced for Continuous Enrollment and COVID-19 PHE	Page 3
Dispense as Written (DAW) Code 9 Medication List	Page 4
January 1st PDL Updates	Page 5

Kepro
Medicaid Pharmacy Administrative Services
PO Box 3570
Auburn, AL 36831

Please fax all prior authorization and override requests ***directly*** to Kepro at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.



Attention Prescribers and Dispensers of Schedule II Controlled Substances

Effective since October 1, 2021, prescribers of Medicaid eligible recipients are required to check the Alabama PDMP (Prescription Drug Monitoring Program) prior to prescribing a Schedule II controlled substance in accordance with Section 5042 of the SUPPORT Act. If the prescriber does not check the PDMP, the prescriber is required to document the reason in the medical record.

Exclusions to this requirement include:

- Prescriptions written for hospice patients
- Patients with an active cancer diagnosis
- Residents of long-term care nursing facility
- Children under the age of 18 (Schedule II prescriptions for ADHD only)

For more information, visit www.Medicaid.Alabama.gov to review the Provider Billing Manual, Chapter 27 (Pharmacy), Section 27.2.1, and Chapter 28 (Physicians), Section 28.2.

Providers may contact kelli.littlejohn@medicaid.alabama.gov with additional questions.

Changes to Hepatitis C Prior Authorization (PA) Criteria

Effective October 1, 2022, the Alabama Medicaid Agency removed the requirement of absence of alcohol and illicit drug use by recipients for the prior approval of antiviral drugs used in the treatment of hepatitis C. A copy of the patient's drug and alcohol screening lab report will no longer be required. All other criteria remain, including the patient consent form with the patient's and physician's signature, which must be submitted with requests.

The updated Prior Authorization (PA) request form and criteria booklet should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Updated forms and criteria can be found here: [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%20Resources/9.4%20Forms%20Library/9.4.13%20Pharmacy%20Forms.aspx).

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

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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.

Questions related to this policy update can be directed to the Alabama Medicaid Clinical Services Division at (334) 242-5050.

End Dates Announced for Continuous Enrollment and the COVID-19 PHE

Continuous enrollment for Alabama Medicaid recipients will end April 1, 2023, and the COVID-19 public health emergency (PHE) will end May 11, 2023.

Medicaid is preparing for the end of the continuous enrollment conditions originally associated with the COVID-19 public health emergency (PHE). The Consolidated Appropriations Act, 2023 (CAA) included significant changes to the continuous enrollment condition outlined in the Families First Coronavirus Response Act (FFCRA). These changes take effect April 1, 2023.

Under the CAA, the end of the continuous enrollment condition and the temporary FMAP increase associated with it will no longer be linked to the end of the PHE. The continuous enrollment condition will end on March 31, 2023. Beginning April 1, 2023, states may terminate Medicaid enrollment for individuals no longer eligible. Further, the FFCRA's temporary FMAP increase will gradually reduce and phase down quarterly through December 31, 2023, with the expectation states return to normal FMAP percentages in January 2024.

Medicaid partners can assist in relaying a consistent and simple message to the Medicaid recipients by sharing key messages from the Agency in your newsletters, social media posts, and other means of communication. To learn more, please visit: https://medicaid.alabama.gov/content/7.0_Providers/7.11_COVID-19_Vaccine_Providers.aspx.

The Agency scheduled a meeting for providers and other Medicaid partners. Please join us virtually or in person on Tuesday, February 7, 2023 at 1:30 p.m. For details, visit https://medicaid.alabama.gov/documents/7.0_Providers/7.11_COVID-19_Information_For_Providers/7.11_Providers_Meeting_2-7-23.pdf.

President Biden called for the end of the PHE effective May 11, 2023. The Agency is finalizing Medicaid's policy changes to take effect at that time. More information will be provided by Medicaid in March.

Key Dates to Remember:

March 31, 2023	The continuous enrollment condition will end.
April 1, 2023	States may terminate Medicaid enrollment for individuals no longer eligible.
May 11, 2023	COVID-19 PHE end date announced by the Biden administration

Provider Resources:

- [COVID-19 Update: Meeting for Medicaid Providers and Partners](#)
- [Communications Toolkit for Medicaid Partners—2/2/23](#)
- [Drop-in Article for Medicaid Partners –2/2/23](#)
- [Medicaid Partners Tip Sheet](#)

Resources for Recipients:

- [Keep your Medicaid Flyer](#)

Dispense as Written (DAW) Code 9 Medication List

In cases of cost-effectiveness, the Alabama Medicaid Agency sometimes allows for reimbursement of certain brand name medications while requiring prior authorization for the generic alternative. In these cases, a Dispense as Written (DAW) code of 9 must be utilized by the pharmacy when dispensing the preferred brand named medication. A DAW Code of 9 indicates that substitution is allowed by the prescriber but Alabama Medicaid requests the brand product be dispensed. **The list is subject to change.** For additional PDL and coverage information, visit our drug look-up site at <https://www.medicaid.alabamaservices.org/alportal/Account/Secure%20Site/tabId/22/Default.aspx>.

Brand	Generic
Adderall XR	Dextroamphetamine/Amphetamine ER
Advair Diskus	Fluticasone/Salmeterol Inhalation Device
Bethkis	Tobramycin Inhalation Solution
Concerta	Methylphenidate ER
Copaxone	Glatopa/Glatiramer
Dymista	Azelastine/Fluticasone Nasal Spray
Elidel	Pimecrolimus
Kazano	Alogliptin/Metformin HCL Tablet
Kitabis	Tobramycin Inhalation Solution
Makena	Hydroxyprogesterone Caproate
Nesina	Alogliptin Tablet
Oseni	Alogliptin/Pioglitazone HCL Tablet
Pradaxa	Dabigatran
Suboxone ^{CC}	Buprenorphine/Naloxone
Vascepa	Icosapent Ethyl

^{CC}Preferred with Clinical Criteria

Preferred Drug List (PDL) and Pharmacy Quarterly Update

Effective January 1, 2023, the Alabama Medicaid Agency:

1. **Required Pradaxa 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. **Required Prior Authorization (PA) for dabigatran (generic Pradaxa). Brand Pradaxa will remain as preferred.**
3. **Updated the PDL to reflect the quarterly updates listed below:**

PDL Additions			
Ubrelyv*—Calcitonin Antagonists	Gene-related	Peptide	(CGRP)
PDL Deletions			
Dabigatran (generic Pradaxa)—Oral Anticoagulants			
Trulicity—Incretin Mimetics			

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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.

Policy questions concerning provider notice should be directed to the Pharmacy Program at (334) 242-5050. Providers requesting PAs by mail or fax should send requests to: 1-800-748-0130.

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