



# Alabama Medicaid Pharmacist

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## Preferred Drug List (PDL) Update

Effective January 1, 2026, 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
Alogliptin (generic Nesina)—Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
Ebglyss <sup>CC</sup> —Skin & Mucous Membrane Immunomodulatory Agents
Fluticasone/Salmeterol (generic AirDuo Respiclick)—Respiratory Corticosteroids
Mounjaro <sup>CC</sup> —Incretin Mimetics
Myrbetriq—Genitourinary Smooth Muscle Relaxants: Beta-3 Adrenergic Agonists
Nemlurio <sup>CC</sup> —Skin & Mucous Membrane Immunomodulatory Agents
Premarin Cream—Estrogens
Rinvoq <sup>CC</sup> —TIMs/DMARDs Agents
PDL Deletions
Brilinta—Platelet-Aggregation Inhibitors/Vasodilating Agents, Miscellaneous
Bydureon Bcise—Incretin Mimetics
Clemastine Syrup (generic Tavist)—First-Generation Antihistamine Agents
Conjugated Estrogens Tablets (generic Premarin Tablets)—Estrogens
Fluticasone/Vilanterol (generic Breo Ellipta)—Respiratory Corticosteroids
Mirabegron (generic Myrbetriq)—Genitourinary Smooth Muscle Relaxants: Beta-3 Adrenergic Agonists
Nesina—Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
Toviaz—Genitourinary Smooth Muscle Relaxants: Antimuscarinics

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

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## Dispense as Written (DAW) Code of 9 Updates

In cases of cost-effectiveness, the Alabama Medicaid Agency sometimes allows for reimbursement of certain brand named medications while requiring prior authorization for the generic alternative. In these cases, a Dispense as Written (DAW) Code of 9 must be utilized 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 DAW 9 code will override the generic AAC rate for that drug grouping, allowing the pharmacy to be reimbursed at the brand AAC (or WAC-4% if no AAC is available) rate for a brand drug. Drugs must be listed below to be eligible for brand reimbursement with a DAW 9 override.

**The list is subject to change.** 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>.

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
Breo Ellipta	Fluticasone Furoate/Vilanterol
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
Lantus	Insulin Glargine (U-100)
Myrbetriq	Mirabegron
Oseni	Alogliptin/Pioglitazone Tablet
Premarin Tablets	Conjugated Estrogens Tablets
Ravicti	Glycerol Phenylbutyrate
Spiriva Handihaler	Tiotropium Bromide
Symbicort	Budesonide/Formoterol Fumarate Inhalation

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## Dispense as Written (DAW) Code of 9 Updates, continued

Toujeo	Insulin Glargine (U-300)
Toujeo Max	Insulin Glargine (U-300)
Victoza <sup>CC</sup>	Liraglutide
Vyvanse Capsules	Lisdexamfetamine Dimesylate
Xarelto	Rivaroxaban
Xigduo XR	Dapagliflozin/Metformin ER

<sup>CC</sup>Preferred with Clinical Criteria

## Continuous Glucose Monitor Policy Updates

Effective October 1, 2025, Continuous Glucose Monitors (CGMs) will be covered through the Durable Medical Equipment (DME) program with prior authorization (PA) for recipients (children and adults) with one of the following:

- Type 1 diabetes mellitus
- Type 2 diabetes mellitus or gestational diabetes AND are insulin treated with multiple (three or more) daily injections of insulin

**NOTE: CGMs are not covered through the pharmacy benefit; requests must be submitted by a DME-enrolled provider with an active National Provider Identifier (NPI).** Please review the full coverage criteria located on the durable medical equipment (DME) webpage at [https://medicaid.alabama.gov/content/4.0\\_Programs/4.3\\_Pharmacy-DME/4.3.17\\_CGM.aspx](https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.17_CGM.aspx).

An updated checklist is available on the DME webpage. [https://medicaid.alabama.gov/content/4.0\\_Programs/4.3\\_Pharmacy-DME/4.3.16\\_DME\\_PA\\_Checklists.aspx](https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.16_DME_PA_Checklists.aspx).

The Provider Billing Manual will be updated with the new criteria as soon as possible. Policy questions concerning this ALERT should be directed to the DME Program at (334) 242-5050.

## Changes to Non-Pharmacy Prior Authorization Process

Beginning January 1, 2026, the Alabama Medicaid Agency (Medicaid) will implement changes to the prior authorization (PA) process for non-pharmacy PAs to comply with the CMS Interoperability and Prior Authorization Final Rule. This Final Rule **does not apply to pharmacy PA requests.**

To ensure compliance to the Final Rule, the following changes will be made to the PA process:

- The rule requires Medicaid to respond to expedited and non-expedited PA requests within a defined timeline. Medicaid will have 72 hours to provide a response for expedited requests and seven calendar days to provide a response for non-expedited requests.
- Expedited Field—A new field will be available in the provider web portal to indicate when a request is expedited. By marking a PA as expedited, the provider is attesting that the recipient's condition requires an urgent PA determination. **Medicaid will monitor provider use of the expedited field for potential abuse or overuse.**
  - Web portal: Select "Y" for Yes for the Expedited field
  - 278 Transaction: Use Loop 2000E—UM06 Level of Service value "Urgent"
- Additional Documentation Timeline—When additional documentation is requested to support a PA decision, providers will have up to 14 **calendar** days to submit it (reduced from the current 30 **business** days). If the required documentation is not received within this time frame, the PA will be denied. Providers are encouraged to submit all supporting documentation promptly to avoid delays or denials.

## Notification of Third Party Resource Other Than Recipient's Own Insurance

The Alabama Medicaid Agency (Medicaid) created a new form titled "Notification of Third Party Resource other than Recipient's Own Insurance" (Form 499). This form should be used by all Medicaid providers to notify Medicaid that the provider has filed with a third party resource other than the recipient's own insurance for payment (as stated in [Medicaid's Administrative Code Rule No. 560-X-20-.02 \(3\)\(d\)](#)).

It is the Medicaid provider's responsibility to collect all information needed to complete the form and submit to Medicaid by emailing [Benefit.Recovery@Medicaid.Alabama.gov](mailto:Benefit.Recovery@Medicaid.Alabama.gov) within five days of filing with the third party.

This form is available at [https://medicaid.alabama.gov/content/9.0\\_Resources/9.4\\_Forms\\_Library.aspx](https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library.aspx).

If you have questions regarding this ALERT, please contact Codie Rowland at (334) 242-5248 or email [Codie.Rowland@Medicaid.Alabama.gov](mailto:Codie.Rowland@Medicaid.Alabama.gov).