



# ALABAMA MEDICAID AGENCY

## Dispense as Written (DAW) Code 9 Medication List

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 list is subject to change.** 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>.

| Brand                  | Generic                                  |
|------------------------|--|
| Adderall XR            | Dextroamphetamine/Amphetamine ER         |
| Advair Diskus          | Fluticasone/Salmeterol Inhalation Device |
| Advair HFA             | Fluticasone/Salmeterol HFA               |
| Bethkis                | Tobramycin Inhalation Solution           |
| Concerta               | Methylphenidate ER                       |
| Copaxone               | Glatopa/Glatiramer                       |
| Daytrana               | Methylphenidate Transdermal Patch        |
| Dymista                | Azelastine/Fluticasone Nasal Spray       |
| Elidel                 | Pimecrolimus                             |
| Humalog                | Insulin Lispro                           |
| Kazano                 | Alogliptin/Metformin HCL Tablet          |
| Kitabis                | Tobramycin Inhalation Solution           |
| Kombiglyze XR          | Saxagliptin-Metformin ER                 |
| Lantus                 | Insulin Glargine                         |
| Nesina                 | Alogliptin Tablet                        |
| Onglyza                | Saxagliptin HCL                          |
| Oseni                  | Alogliptin/Pioglitazone Tablet           |
| Pradaxa                | Dabigatran                               |
| Spiriva Handihaler     | Tiotropium Bromide                       |
| Suboxone <sup>CC</sup> | Buprenorphine/Naloxone                   |
| Vascepa                | Icosapent Ethyl                          |

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