

**A L E R T**

March 13, 2018

**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) Quarterly Update**

**Effective April 1, 2018** the Alabama Medicaid Agency will:

- Update the PDL to reflect the quarterly updates.** The updates are listed below:

<b>PDL Additions</b>	
Alvesco	Orally Inhaled Corticosteroids
Asmanex HFA	Orally Inhaled Corticosteroids
Citranatal Bloom	Prenatal Vitamins
Ezetimibe (generic Zetia)	Cholesterol Absorption Inhibitors
Flovent Diskus	Orally Inhaled Corticosteroids
Flovent HFA	Orally Inhaled Corticosteroids
Nasonex	Intranasal Corticosteroids
Pulmicort Flexhaler	Orally Inhaled Corticosteroids
Seebri	Inhaled Antimuscarinic
Symbicort	Orally Inhaled Corticosteroids
Tudorza	Inhaled Antimuscarinic
Xopenex HFA	Respiratory Beta Agonists
Zetonna	Intranasal Corticosteroids
Zyflo CR	Leukotriene Modifiers
<b>PDL Deletions</b>	
Levalbuterol HFA (generic Xopenex HFA)	Respiratory Beta Agonists
Qnasl	Intranasal Corticosteroids
Qnasl Children	Intranasal Corticosteroids
Qvar	Orally Inhaled Corticosteroids
Zetia	Cholesterol Absorption Inhibitors
Zileuton ER (generic Zyflo CR)	Leukotriene Modifiers

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>.

# A L E R T

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)

and should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Providers requesting PAs by mail or fax should send requests to:

**Health Information Designs (HID)**  
**Medicaid Pharmacy Administrative Services**  
**P. O. Box 3210 Auburn, AL 36832-3210**  
**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 HID. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding PA procedures should be directed to the HID help desk at 1-800-748-0130.