

A L E R T

June 1, 2022

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) and Pharmacy Quarterly Update

Effective July 1, 2022, the Alabama Medicaid Agency will:

- 1. Remove prior authorization (PA) from dexamethylphenidate ER (generic Focalin XR). Brand Focalin XR will now require PA.**
- 2. Update the PDL to reflect the quarterly updates listed below:**

PDL Additions	
Dexamethylphenidate ER (generic)	Cerebral Stimulants/Agents Used for ADHD (Long-Acting)
PDL Deletions	
Adhansia XR	Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)
Focalin XR	Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)

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.

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

Kepro
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 Kepro. Additional information may be requested. Staff physicians will review this information.