

A L E R T

September 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 October 1, 2022, the Alabama Medicaid Agency will:

1. Remove prior authorization (PA) from levalbuterol tartrate HFA (generic Xopenex HFA). Brand Xopenex HFA will now require PA.
2. Update the PDL to reflect the quarterly updates listed below:

PDL Additions	
Clonidine Transdermal Patches (generic)	Central Alpha-Agonists
Genotropin	Growth Hormone Agents
Levalbuterol Tartrate HFA (generic)	Respiratory Beta-Adrenergic Agonists
PDL Deletions	
QVAR Redihaler	Respiratory Corticosteroids
Xopenex HFA	Respiratory Beta-Adrenergic Agonists

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 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 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.