

**A L E R T**

March 10, 2016

**TO: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes**

**RE: PDL Quarterly Update**

**Effective April 1, 2016**, the Alabama Medicaid Agency will:

- 1. Require prior authorization (PA) for payment of esomeprazole magnesium (generic Nexium). Brand Nexium will be preferred without PA.**

Use Dispense as Written (DAW) Code of 9 for brand Nexium. DAW Code of 9 indicates the following: Substitution Allowed by Prescriber but Plan Requests Brand. This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but the Plan requests the brand product to be dispensed.

- 2. Update the Preferred Drug List (PDL) to reflect the quarterly updates.**

The updates are listed below:

PDL Additions	
<b>Nexium</b>	Proton-Pump Inhibitors
<b>Relpax</b>	Selective Serotonin Agonists

- 3. Include Vitamin D 50,000 unit capsules in the mandatory three-month maintenance supply program.**

Prescriptions for three-month maintenance supply medications will not count toward the monthly prescription limit. A maintenance supply prescription will be required after 60 day's stable therapy. Please see the website for a complete listing of maintenance supply medications.

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 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**

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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.