

A L E R T

June 3, 2016

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

RE: PDL Quarterly Update

Effective July 1, 2016, the Alabama Medicaid Agency will:

1. **Include the Disease-Modifying Antirheumatic Drugs (DMARDs) in the Preferred Drug List (PDL).**
2. **Implement a “Preferred with Clinical Criteria” program. For select drug classes, Alabama Medicaid will require clinical criteria be submitted for preferred products on the PDL.** Preferred products will require a prior authorization request be submitted. Clinical criteria must be met in order to be approved. Non-preferred products will continue to require prior authorization; for a non-preferred product to be approved, failure with a designated number of preferred agents and clinical criteria must be met. Alabama Medicaid will begin with the following classes:
 - **DMARDS**
 - **Hepatitis C Antivirals**
3. **Require prior authorization (PA) for payment of all methadone products (including generics).**
4. **Update the PDL to reflect the quarterly updates.**

The updates are listed below: PDL Additions	
Kitabis	Aminoglycosides
guanfacine ER	Cerebral Stimulants/ADHD
Cimzia ^{cc}	Disease-modifying Antirheumatic Agents
Enbrel ^{cc}	Disease-modifying Antirheumatic Agents
Humira ^{cc}	Disease-modifying Antirheumatic Agents
Toviaz	Genitourinary Smooth Muscle Relaxants
Harvoni ^{cc}	HCV Antivirals
Technivie ^{cc}	HCV Antivirals
Viekira Pak ^{cc}	HCV Antivirals
PDL Deletions	
Intuniv	Cerebral Stimulants/ADHD
alogliptin	DPP-4 Inhibitors
alogliptin/metformin	DPP-4 Inhibitors
alogliptin/pioglitazone	DPP-4 Inhibitors
Kombiglyze	DPP-4 Inhibitors
Onglyza	DPP-4 Inhibitors
Tradjenta	DPP-4 Inhibitors
Jentadueto	DPP-4 Inhibitors
methadone	Opiate Agonists
Ventolin HFA*	Respiratory Beta-adrenergic Agonists

^{cc} Preferred with Clinical Criteria

* Product was temporarily preferred due to shortage of preferred agents

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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 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.