

A L E R T

December 9, 2015

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 January 1, 2016, the Alabama Medicaid Agency will:

1. **Include additional drugs in the mandatory three-month maintenance supply program. Drugs include additional preferred antidepressants, preferred alpha blockers and generic isosorbide tablets and nitroglycerin patches.** Prescriptions for three-month maintenance supply medications will not count toward the monthly prescription limit. A maintenance supply prescription will be required after 60 days' stable therapy. Please see the website for a complete listing of maintenance supply medications.
2. **Update the Preferred Drug List (PDL) to reflect the quarterly updates.** The updates are listed below:

PDL Additions	
Anoro Ellipta	Respiratory Beta-Adrenergic Agonists
Bepreve	EENT-Antiallergic Agents
Provida DHA	Prenatal Vitamins
QNASL	Intranasal Corticosteroids
QNASL Children	Intranasal Corticosteroids
PDL Deletions	
Beconase AQ	Intranasal Corticosteroids
Blephamide	EENT-Antibacterials
Daraprim	Antimalarials
Humalog	Insulins
Humalog Mix 50-50	Insulins
Humalog Mix 75-25	Insulins
Levemir	Insulins
Tobrex	EENT-Antibacterials

Synagis® Update:

Effective 1/1/2016, Synagis® must be prescribed through a pharmacy. Allowances were made during the beginning of the 2015-2016 season for prescribers' offices to directly bill CPT code 90378 and utilize existing stock; however, CPT code 90378 will be discontinued effective 1/1/2016.

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>.

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RE: PDL Quarterly Updates

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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.