

# A L E R T

September 9, 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 October 1, 2016**, the Alabama Medicaid Agency will:

- 1. Include folic acid tablets 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 days stable therapy. Please see the website for a complete listing of maintenance supply medications.
- 2. Require prior authorization (PA) for payment of olopatadine nasal spray (generic Patanase). Brand Patanase will be preferred without PA.**  
Use Dispense as Written (DAW) Code of 9 for brand Patanase. 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.
- 3. Remove prior authorization from lidocaine patches (generic Lidoderm). Brand Lidoderm will now require PA.**
- 4. Remove prior authorization from tobramycin inhalation solution (generic Tobii). Brand Tobii will now require PA.**
- 5. Update the PDL to reflect the quarterly updates.** The updates are listed below:

PDL Additions	
Besivance	EENT Antibacterial Agents
Blephamide	EENT Antibacterial Agents
Cortisporin-TC	EENT Antibacterial Agents
Levemir	Insulins
lidocaine patches (generic)	Skin and Mucous Membrane Agents-Antipruritics
Moxeza	EENT Antibacterial Agents
Patanase	EENT Antiallergic Agents
Pazeo	EENT Antiallergic Agents
tobramycin inhalation solution (generic)	Aminoglycosides
Vigamox	EENT Antibacterial Agents
Zepatier <sup>CC</sup>	HCV Antivirals
Zylet	EENT Antibacterial Agents

<sup>CC</sup> Preferred with Clinical Criteria

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PDL Deletions	
Combivent	Respiratory Beta-Adrenergics
Lidoderm Patches	Skin and Mucous Membrane Agents -Antipruritics
Mentax	Skin and Mucous Membrane Agents -Antifungals
metformin ER (generic of brand Fortamet ER and Glumetza ER)	Biguanides
ofloxacin otic drops (generic)	EENT Antibacterials
olopatadine nasal spray (generic)	EENT Antiallergic Agents
Pataday	EENT Antiallergic Agents
Tobi	Aminoglycosides

<sup>cc</sup> Preferred with Clinical Criteria

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**

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.