

A L E R T

December 1, 2016

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

RE: PDL Quarterly Updates

Effective January 3, 2017, the Alabama Medicaid Agency will:

- 1. Require prior authorization (PA) for payment of mometasone nasal spray (generic Nasonex).**
- 2. Require prior authorization for generic tobramycin inhalation solution (generic Tobi and Kitabis). Brand Kitabis will remain preferred without PA.**
Use Dispense as Written (DAW) Code of 9 for brand Kitabis. 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. Update the PDL to reflect the quarterly updates.** The updates are listed below:

PDL Additions	
Omnaris	Intranasal Corticosteroids
Viekira XR ^{cc}	HCV Antivirals
PDL Deletions	
Anoro Ellipta	Respiratory Beta-adrenergic Agonists
mometasone nasal spray (generic Nasonex)	Intranasal Corticosteroids
Nasonex	Intranasal Corticosteroids
Provida DHA	Prenatal Vitamins
tobramycin inhalation solution (generic Tobi and Kitabis)	Aminoglycosides

^{cc} 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>.

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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.