

To: All Providers

RE: Preferred Drug List Update

Effective October 1, 2007, the Alabama Medicaid Agency will update our Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates. The updates are listed below:

PDL Additions	PDL Deletions*
Infergen -Anti-infective Agents /Interferons	Altace -Cardiovascular Health-ACE Inhibitors
† Relenza -Anti-infective Agents/Neuraminidase Inhibitors	Foscavir -Anti-infective Agents/Miscellaneous Antivirals
† Tamiflu -Anti-infective Agents/Neuraminidase Inhibitors	Roferon A -Anti-infective Agents/Interferons
	Teveten -Cardiovascular Health/Angiotensin II Receptor Antagonists
	Teveten HCT -Cardiovascular Health/Angiotensin II Receptor Antagonists Combos
	Zovirax -Anti-infective Agents/Nucleosides and Nucleotides (oral and injectable formulations only)

* denotes that these products will no longer be preferred but are still covered by Alabama Medicaid and will require Prior Authorization (PA).

† denotes that product will be preferred during the defined flu season (October 1 – March 31 unless otherwise specified)

Below are the requirements for approval of PA requests for the anti-infective agents:

- The patient must have an appropriate diagnosis supported by documentation in the patient record.
- The patient must also have failed two treatment trials of no less than three-days each, with at least two prescribed and preferred anti-infectives, either generic, OTC or brand, for the above diagnosis within the past 30 days or have a documented allergy or contraindication to all preferred agents for the diagnosis submitted.
- Patients on anti-infective therapy while institutionalized once discharged or transferred to another setting or patients having 60 day consecutive stable therapy may continue on that therapy with supportive medical justification or documentation.
- Medical justification may include peer-reviewed literature, medical record documentation, or other information specifically requested. Approval may also be given, with medical justification, if the medication requested is indicated for first line therapy when there are no other indicated preferred agents available or if indicated by susceptibility testing or evidence of resistance to all preferred agents.
- PA requests that meet prior usage requirements for approval may be accepted verbally by calling HID at the number below.

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 website at www.medicaid.alabama.gov and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Hard copy PA requests may be faxed or mailed 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 prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form. 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 prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

September 14, 2007