



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

RE: Preferred Drug List (PDL) Update

Effective January 4, 2010, the Alabama Medicaid Agency will:

1. Require prior authorization (PA for payment of the non-preferred brands in the following drug classes:
 - Eye, Ear, Nose and Throat (EENT) Preparations: Antibacterials
 - Prenatal Vitamins, and
2. Update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee's recommendations as well as quarterly updates. The updates are listed below:

PDL Additions	PDL Deletions*
Azasite -EENT Preparations/Antibacterials	Crestor -Cardiovascular Health/HMG CoA Reductase Inhibitors
Bactroban Nasal -EENT Preparations/Antibacterials	Simcor -Cardiovascular Health/HMG CoA Reductase Inhibitors/Combos
Blephamide -EENT Preparations/Antibacterials	
Blephamide S.O.P. -EENT Preparations/Antibacterials	
Bleph-10 -EENT Preparations/Antibacterials	
Neosporin -EENT Preparations/Antibacterials	
Poly-Pred -EENT Preparations/Antibacterials	
Tobrex -EENT Preparations/Antibacterials	
Vigamox -EENT Preparations/Antibacterials	

** Denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require Prior Authorization (PA). Available covered generic equivalents (unless otherwise specified) will remain preferred.*

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 prescribing physician or the dispensing pharmacy when requesting a PA. Providers are to mail or fax hard copy PA 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 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 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 prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.