

**AK MEDICAID / PDL IMPLEMENTATION / EFFECTIVE 2/4/04**  
**PRESCRIBER Quik Reference (CHEATSHEET)**  
~ Document Date 12-31-03 ~

The revised pharmacy program requires prescribers to provide medical justification when a non-preferred drug is prescribed. This medical justification must be in your **handwriting** and provide justification why a preferred product will not meet the medical needs of the Medicaid beneficiary. It will be necessary to provide the same medical justification verbally for prescriptions that are called in by telephone. When a non-preferred drug is prescribed, medical justification and rationale must fall within the program parameters and meet the following criteria:

- Allergy to all medications not requiring medical justification
- History of unacceptable/toxic side effects, contraindication to or drug-to-drug interaction with all Brand name and generic medications not requiring medical justification
- If there is a specific FDA labeled indication for a medication requiring medical justification, for which medications not requiring medical justification are not indicated, then the requested medication may be used.

The department will maintain an up to date Alaska Preferred Product List on its web site at [www.hss.state.ak.us/dhcs/PDL/](http://www.hss.state.ak.us/dhcs/PDL/).

**Example of medical justification for a non-preferred drug**

John Doe MD 1212 AnyStreet Anytown, AK 12121	
Patient: John Smith	01/14/04
<b>RX</b> Cimetidine 400mg	
<b>SIG:</b> 1 Bid	
<i>Medically Necessary</i> <i>Patient allergic to Rantidine</i> <i>Unacceptable side effects with Famotidine</i> <b>(In Prescriber's Handwriting)</b>	
Signature of MD	