



JEB BUSH, GOVERNOR

RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

Dear Pharmacy Provider:

This letter is to inform you of an important change to the Medicaid program as a result of the P&T Committee Meeting on November 13, 2002. The following Novolin brand insulins are included on the Medicaid Preferred Drug List (PDL), and are available without prior authorization: Novolin 70/30, Novolin N, Novolin R, Novolin L, Novolog and Novolog Mix 70/30.

This change affects recipients who use the following insulins: Humalog and Humalog Mix 75/25. Effective March 1, 2003, these insulins will require prior authorization. You or the recipient should contact the prescriber. Pharmacists should not call Medicaid for approvals. The prescriber may agree to change the recipient to the Novolin brand or may contact ACS Consultec at (877) 553-7481 to request authorization to continue a non-preferred brand of insulin.

All recipients and prescribers who routinely receive or prescribe these insulins were mailed a notice of this change. Please communicate this information to any prescriber you feel is not yet aware of this policy.

For additional information, you may contact Medicaid Pharmacy Services at (850) 487-4441.

Sincerely,

George Kitchens, R.Ph.  
Chief, Medicaid Pharmacy Services

