



JEB BUSH, GOVERNOR

RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

Dear Prescriber:

This letter is to inform you of an important change to the Medicaid program's Preferred Drug List. The proton pump inhibitors (PPI's) AcipHex[®] and Prontonix[®] will require a prior authorization, beginning February 1, 2003.

This change affects recipients who are currently taking AcipHex[®] or Prontonix[®] as well as new prescriptions for these products. After February 1, 2003, claims for AcipHex[®] or Prontonix[®] prescriptions that have not received prior authorization will be denied.

Prevacid (lansoprazole) is Florida Medicaid's Preferred PPI. If you feel there is justification for specific recipients to use another PPI, you may contact the Medicaid fiscal agent at (877) 553-7481 to request authorization for that recipient.

All pharmacies have been notified of this prior authorization requirement. Medicaid pharmacy providers have been asked to notify any prescribers they may encounter who have not been advised of this change.

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

Sincerely,

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

