



July 1, 2016

## **Alaska Medicaid Pharmacy Drug Utilization Review Update – Direct Acting Antivirals**

Alaska Medicaid will incorporate several claims processing edits into the pharmacy point of sale system. Below is a summary of the upcoming changes.

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### **UPDATED HEPATITIS C DIRECT ACTING ANTIVIRAL CLINICAL CRITERIA**

**Effective July 1<sup>st</sup>, 2016:**

The following Hepatitis C Direct Acting Antiviral medications require prior authorization for all genotypes

- Daklinza, Harvoni, Olysio, Sovaldi, Technivie, VieKira Pak, Zepatier

Revised criteria with authorized preferred regimens are available and can be accessed at the following website:

<http://dhss.alaska.gov/dhcs/pages/pharmacy/medpriorauthoriz.aspx>

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### **UPDATED HEPATITIS C DIRECT ACTING ANTIVIRAL PRIOR AUTHORIZATION FORM**

**Effective July 1<sup>st</sup>, 2016:**

Alaska Medicaid has an updated standardized Hepatitis C fax form for all Hepatitis C Direct Acting Antiviral medication prior authorization requests. The form may be obtained by calling the Magellan Clinical Call Center at 800-331-4475 or accessed at <http://dhss.alaska.gov/dhcs/pages/pharmacy/medpriorauthoriz.aspx>.