



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.

UPDATED HEPATITIS C DIRECT ACTING ANTIVIRAL CLINICAL CRITERIA

Effective July 1st, 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>

UPDATED HEPATITIS C DIRECT ACTING ANTIVIRAL PRIOR AUTHORIZATION FORM

Effective July 1st, 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>.