THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

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04/21/2021

Notice to Providers

Re: Alaska Medicaid Pharmacy Update – April 2021

PREFERRED DRUG LIST (PDL)

On or after May 1, 2021 the updated Alaska Medicaid Preferred Drug List (PDL) will made available on the Division of Health Care Services Medication Prior Authorization Web Page and will become effective on or after June 1, 2021. Medications on the PDL in category D have been reviewed by the P&T Committee on or before the April 16, 2021 meeting will be reflected on the updated PDL. The next years schedule for the P&T meetings and classes reviewed will be posted by 6/1/2021.

DRUG UTILIZATION REVIEW (DUR)

Alaska Medicaid DUR committee reviewed the utilization of opioids, along with interacting benzodiazepines and antipsychotics. A letter that will be sent to providers regarding the use of antipsychotics in children and the importance of metabolic screening. As a reminder, on 07/01/2021, the Morphine Milligram Equivalent (MME) threshold will be reduced by 50 MME to a cumulative MME of 150. Total MME levels that exceed the limits will require prior authorization.

NEW CLINICAL PRIOR AUTHORIZATION CRITERIA

Effective on or after 5/24/2021 the following medications have been assigned specific clinical criteria for use and may require prior authorization before payment of the service.

- IMCIVREE
- ESBRIET
- WAKIX
- MYTESI
- EVKEEZA

The following new to market medications were added to the Interim Prior Authorization List updated 4/16/2021. These medications will require prior authorization and/or step therapy for consideration of approval.

- VERQUVO
- VESICARE SUSP.
- KLISYRI
- REDITREX
- XELJANZ
- GEMTESA
- PROLATE
- RELTONE

The following medications will be removed from the Interim Prior Authorization List on or after 5/20/21.

- SOLARAVIX
- AYVAKIT
- GIVLAARI
- ASCENIV
- ABSORICA LD
- TOVET KIT
- QUZYTTIR
- PRETOMANID
- RUXIENCE
- XEMBIFY
- ZIRABEV
- BALVERSA
- JATENZO
- ZYKADIA
- HERCEPTIN HYLECTA
- TEGSEDI
- XYOSTED
- NPLATE
- XEPI
- GALAFOLD
- DORYX MPC
- ALLZITAL
- ALECENSA
- BELRAPZO
- EMPLICITI
- DORYX
- NATPARA
- BIVIGAM
- CERDELGA
- ACTICLATE
- AVEED
- IMBRUVICA
- GILOTRIF
- LUPANETA PACK
- BOSULIF
- ROSADAN
- SKLICE
- PICATO
- FERRIPROX
- UREA
- NATROBA
- AFINITOR
- ZINGO
- KEFLEX
- PRIMLEV
- EGATEN
- HYOSCYAMINE SULFATE

Please visit http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for the new criteria and prior authorization forms.

References:

Alaska Medicaid prior authorization clinical criteria for use and standards of care are developed under the authority granted to the Alaska Medicaid Drug Utilization Review Committee in compliance with 7 AAC 120.120, 7 AAC 120.130, 7 AAC 120.140, 42 USC 1396r-8, and 42 CFR 456 Subpart K. The Committee considers each of the following in the development of clinical criteria for use as outlined in 7 AAC 105.230(c): medical necessity, clinical effectiveness, cost-effectiveness, and likelihood of adverse effects as well as service-specific requirements. Drugs which fall into a specific therapeutic category but are approved by the FDA after the most recent revision of that therapeutic drug class review will be subject to the same standards set by DUR Committee for the relevant therapeutic category's prior authorization clinical criteria for use. This includes a requirement to utilize or trial preferred agents prior to the utilization of a non-preferred agent within a given therapeutic category unless a documented clinical contraindication exists.

Covered outpatient drugs must meet the parameters defined in 7 AAC 120.110. Drugs which the FDA has approved but clinical benefit has not been established will not be approved.

Please contact Charles Semling, PharmD, RPh at 907.334.2458 charles.semling@alaska.gov
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with any questions regarding these updates and changes.

Clinical Criteria for Use may be found at:
http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx.
Alaska Medicaid Program Updates may be found at:
http://manuals.medicaidalaska.com/docs/updates.htm