

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH CARE SERVICES

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IMPORTANT INFORMATION for PROVIDERS of ALASKA MEDICAID RECIPIENTS

June 11, 2007

Letter number: FY2007-001-All

To: Alaska Medical Assistance program participating Providers: Advanced Nurse Practitioners, Dentists, Nurse Midwives, Pharmacies, Physicians, Podiatrists, Inpatient, and Outpatient Hospitals.

Dear Providers:

Health Care Services announces changes to Medicaid prior-authorization of medications.

Prior-authorization Required:

Effective July 18, 2007, prior-authorization (PA) is required for: Long Acting Beta Agonists, Long Acting Morphine products, Methadone products, Hydromorphone products, Oxymorphone ER, and Symlin in addition to previously announced medications. **Recipient groups exempted** from this policy include: cancer patients, recipients in a long term care facility, recipients in hospice. 7 AAC 43.594(a)

Programming was implemented last year for a number of drugs on PA. The programming for the PA on proton pump inhibitors (PPI's) did not work correctly. This programming is to be corrected to require the intended PA.

Criteria:

Please see the Health Care Services website for links to the Medicaid medication prior-authorization criteria. <http://hss.state.ak.us/dhcs/authorization.htm>

Background:

It is necessary to enhance our Drug Utilization Review (DUR) program by placing restrictions on medications to limit use to labeled indications and reasonable quantities. This action assures claims for these medications are medically necessary and prescribed in an appropriate manner. While many of the medications are also on the Preferred Drug List, it is necessary to limit utilization.

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Obtain Prior-authorization as follows:

Prior-authorization (PA) requests must be initiated by the **prescribing physician, nurse practitioner or the licensed health care provider with prescriptive authority using the drug authorization form as attached .** The pharmacy may not request the prior approval for these drugs. The completed PA request will be reviewed by Clinical Pharmacists with the First Health Managed Access Program (MAP) at 1-800-331-4475.

If there are any questions, please call me at 907-334-2425.

Sincerely,



Dave Campana, R.Ph.
Medicaid Pharmacy Program Manager

cc: Bill Streur, Director
DUR Committee Members
Melinda Sater, Pharm D, Clinical Manager First Health Services Corporation

Attachment