



January 31, 2019

Notice to Providers

Re: Alaska Medicaid Pharmacy Update – January 2019

Alaska Medicaid will incorporate several claims processing edits to the pharmacy point of sale system resulting from the January 18, 2019 Drug Utilization Review (DUR) Committee meeting. Below is a summary of the upcoming changes.

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## **NEW PRIOR AUTHORIZATION CRITERIA**

Effective on or after March 11, 2019 the following medications have been assigned specific clinical criteria for use and will require prior authorization before payment of the service.

- Baxdela™
- Lucemyra™
- Palynziq™
- Nuedexta®
- Hetlioz®

The following medications were added to the Interim Prior Authorization List updated January 24, 2019. These medications will require prior authorization effective March 11, 2019.

- Tegsedi™
- Revcovi™
- Motegrity™
- Yupelri™

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

## **Opioid Management Strategies**

The Alaska Drug Utilization Review (DUR) Committee, 7 AAC 120.120, has been working toward the implementation of several initiatives that began in 2017. Opioid prescriptions written for dental procedures

was discussed and will now require a prior authorization when the total day supply exceeds 4 days. In reference to the recommendations from the Bree Collaborative and the Centers for Disease Control (CDC) recognizing that a 3 day supply is usually sufficient,<sup>1,2</sup> prescribers have the option of completing a prior authorization, prior to treatment, if provider feels that more than 4 days of an opioid is necessary. This edit will become effective July 1, 2019.

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.

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with any questions regarding these updates and changes.

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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>

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<sup>1</sup> The Bree Collaborative. Dental guideline on prescribing opioids for acute pain management. [http://www.breecollaborative.org/wp-content/uploads/2017-10-26-FINALDental-Opioid-Recommendations\\_Web.pdf](http://www.breecollaborative.org/wp-content/uploads/2017-10-26-FINALDental-Opioid-Recommendations_Web.pdf).

<sup>2</sup> Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain-United States, 2016. *MMWR Recomm Rep*. 2016;65(No.RR-1):1-49.