



5/2/19

Notice to Providers

Re: Alaska Medicaid Pharmacy Update – May 2019

Alaska Medicaid will incorporate several claims processing edits to the pharmacy point of sale system resulting from the April 19, 2019 DUR committee meeting. Below is a summary of the upcoming changes.

NEW PRIOR AUTHORIZATION CRITERIA

Effective on or after 06/10/19 the following medications have been assigned specific clinical criteria for use and may require prior authorization before payment of the service.

- Crysvida®
- VMAT2 inhibitors
- Hemlibra®
- Benzodiazepines

The following medications Prior authorization criteria was revised and will be effective 6/10/2019.

- Stelara®
- Orkambi®
- Orilissa™
- Hepatitis C

The following new to market medications were added to the Interim Prior Authorization List updated 4/10/2019. These medications will require prior authorization and/or step therapy for consideration of approval.

- Rocklatan™
- Mayzent®
- Elzonris™
- Nivestym™
- Tirosint® Solution
- Apadaz™
- Inbrija™
- Bijuva™
- Motegrity™

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

QUANTITY LIMIT UPDATES

The maximum units list has been updated for benzodiazepines and opioids, to reflect a reduction in total MME per day. Dosages exceeding quantity limits approved by the Alaska Drug Utilization Committee will require prior authorization to determine medical necessity. Refer to the Prior Authorization Medication List “Quantities Exceeding Maximum Units”: <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx> http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/max_units_all.pdf . The updated maximum units list will be effective 6/10/2019.

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.

Please contact Charles Semling, PharmD, RPh at 907.334.2458 charles.semaling@alaska.gov
or Erin Narus, PharmD, RPh at 907.334.2425 erin.narus@alaska.gov
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>