



September 26, 2019

Notice to Providers

Re: Alaska Medicaid Pharmacy Update – September 2019

PREFERRED DRUG LIST (PDL)

On October 1, 2019 the Alaska Medicaid Preferred Drug List (PDL) will be made available on the [Division of Health Care Services Medication Prior Authorization Web Page](#) and become effective November 1, 2019.

DRUG UTILIZATION REVIEW (DUR)

Alaska Medicaid will incorporate several claims processing edits to the pharmacy point of sale system resulting from the September 20, 2019 DUR Committee meeting and the [SUPPORT Act](#). Below is a summary of the upcoming changes.

NEW CLINICAL PRIOR AUTHORIZATION CRITERIA

Effective on and after November 20, 19 the following medications have been assigned specific clinical criteria for use and may require prior authorization before payment of the service.

- Mavenclad®
- Mayzent®
- Sunosi™
- Emflaza®

The following medications Prior authorization criteria were revised and will be effective 11/20/2019.

- Statins (criteria to be retired)
- Clobazam
- Relistor®

The following Step Edit will be retired October 31, 2019.

- Statins

The following new to market medications were added to the Interim Prior Authorization List updated September 20, 2019. These medications will require prior authorization and/or step therapy for consideration of approval. Medications on the PDL that have been reviewed by the P&T Committee on or before the September 20, 2019 meeting will be reflected on the PDL, effective November 01, 2019.

- SKYRIZI™
- KATERZIA™
- EVEKEO ODT™
- ADHANSIA XR™
- EVENITY®
- EZALLOR SPRINKLE™
- ZULRESSO™
- ZOLGENSMA®
- EGATEN™
- JORNAY PM™
- CUTAQUIG®
- TREMFYA®
- DUOBRII™

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.

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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>