



October 9, 2018

Re: Alaska Medicaid Pharmacy Update – September 2018

Alaska Medicaid will incorporate several claims processing edits to the pharmacy point of sale system resulting from the September 2108 DUR committee meeting. Below is a summary of the upcoming changes.

NEW PRIOR AUTHORIZATION CRITERIA

Effective on or after 11/12/18 the following medications will require prior authorization before payment of the service is rendered.

- Cambia®
- Eucrisa™
- Viberzi™
- Gralise®
- Horizant®

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

UPDATE PRIOR AUTHORIZATIONS

The following prior authorization criteria was reviewed, updated, and approved by the Drug Utilization Committee for the following products:

- Suboxone® SL tablets, films, and generics
- Bunavail® SL tablets
- Zubsolv® SL tablets
- Subutex® SL tablets and generics

The Alaska Medicaid DUR Committee has approved a change to the process for oral buprenorphine based products requiring prior authorization; prescribers may choose to continue to request prior authorizations on an individual basis following the initial 28-day period or the prescriber may opt to attest to Alaska MAT standards of care consistent with Federal regulations for the provision of Medication Assisted Therapy for Opioid Use Disorder. The standards of care process will allow patients better continuity of care when medication is being prescribed in conjunction with therapy. The attestation prior authorization will encompass

each of the provider's patients' prescriptions for oral buprenorphine based products and can be renewed annually. Prescriptions filled during the prescriber's 12 month authorization period will not require separate individual prior authorizations. Prescribers of office-based opioid treatment wishing to demonstrate compliance with Alaska Medicaid Standards of Care may complete and submit the Provider Attestation and Application for review to Magellan Medicaid administration. Attesting to meeting the Alaska Medicaid standards of care criteria does not guarantee approval of the application or continued patient prior authorization.

The forms can be found at: <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>. Fax completed forms to Magellan Medicaid 1.888.603.7696.

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 at 907.334.2458 with any questions regarding these updates and changes.