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### Remittance Advice (RA) Message

Title: **Pharmacy Program Updates**

Issue Date: 08/24/2016

Run Length: 6 weeks

Provider Type(s): 020, 030, 033, 034, 035, 070

Message: Alaska Medicaid will incorporate claims processing edits into the pharmacy point of sale system on 10/03/2016 for the following medications: Belsomra®, Cosentyx®, Fortamet®, Glumetza®, Lemtrada®, Lyrica®, Orkambi®, Praluent®, Repatha®, and Tecfidera®.

Revised clinical prior authorization criteria will go into effect on 10/03/2016 for the following medications: Botulinum toxin preparations, H.P. Acthar Gel®, human growth hormone, Kalydeco®, lidocaine patch, Serostim®, and Xifaxan®.

A claims processing edit in the pharmacy point of sale system will become effective 11/30/2016 for Movantik™.

Butrans® Patch will no longer require prior authorization; however, prescriptions for Butrans® will continue to require "Medically Necessary" documentation as required under 7 AAC 120.112(7)(B) until the Preferred Drug List is updated under regulation.

These changes reflect work by the Alaska Medicaid Drug Utilization Review Committee. Please refer to the 08/22/2016 Pharmacy Program Changes and Updates flyer at <http://manuals.medicaidalaska.com/docs/pharmacy.htm> for more specific information.