



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Pharmacy Program Updates – December 2018**

Issue Date: 12/07/2018

Run Length: 8 weeks

Provider Type(s): 001, 002, 003, 005, 008, 010, 012, 020, 021, 025, 028, 030, 033, 034, 035, 036, 039, 040, 041, 042, 045, 051, 053, 054, 055, 056, 059, 062, 068, 070, 072, 078, 080, 107

Message: The Alaska Medicaid December 2018 Pharmacy Program Update is now available on the [Provider Updates](http://manuals.medicaidalaska.com/docs/updates.htm) page (<http://manuals.medicaidalaska.com/docs/updates.htm>). In this update you will find information about pharmacy changes resulting from the work of the Alaska Medicaid Drug Utilization Review Committee, including:

- New specific clinical prior authorization criteria effective 01/15/2019.
- Criteria for existing prior authorizations have been updated effective 01/15/2019.
- New Medications have been added to the Interim Prior Authorization list effective 01/07/2019.