



Alaska Medical Assistance

PO Box 240808  
Anchorage, AK 99524-0808  
Phone: 907.644.6800  
Toll-free: 800.770.5650  
<http://medicaidalaska.com>

### Remittance Advice (RA) Message

Title: **Preferred Drug List Effective November 1, 2019**

Issue Date: 09/25/2019

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

Message: On October 1, 2019 the Alaska Medicaid Preferred Drug List will be available on the [Division of Health Care Services Prior Authorization Web Page](#) and become effective November 1, 2019. For questions or comments regarding the new Preferred Drug List please contact Charles Semling at [charles.semling@alaska.gov](mailto:charles.semling@alaska.gov).