



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: **Pharmacy Program Updates – September 2019**

Issue Date: 09/27/2019

Run Length: 10 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 Pharmacy Program September 2019 Updates is now available at <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 Committed, including:

- Preferred Drug List (PDL) effective 11/01/2019.
- New specific clinical prior authorization criteria effective 11/20/2019.
- Criteria for existing prior authorizations have been updated effective 11/20/2019.
- New Medications have been added to the Interim Prior Authorization list updated 9/20/2019.