



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 February 10, 2020**

Issue Date: 01/02/2020

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 updated Alaska Medicaid Preferred Drug List, effective February 10, 2020, is available on the Division of Health Care Services [Prior Authorization](#) page. Questions or comments? Please contact Charles Semling at charles.semling@alaska.gov.