



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Pharmacy Program Updates – January 2020**

Issue Date: 01/28/2020

Run Length: 10 weeks

Provider Type(s): All

Message: The Alaska Medicaid Pharmacy Program January 2020 Updates is now available on the [Provider Updates](#) page. In this update you will find information about pharmacy changes resulting from the work of the Alaska Medicaid Drug Utilization Review Committed, including:

- New specific clinical prior authorization criteria effective 03/16/2020.
- Updates to existing prior authorization criteria effective 03/16/2020.
- New Medications have been added to the Interim Prior Authorization list updated 1/17/2020.
- Morphine Milligram Equivalent (MME) threshold will be reduced to 250 MME on 03/02/2020.
- ICD-10 codes to be required on schedule II stimulant prescriptions for age 21 and over on 05/01/2020.