



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 – April 2020**

Issue Date: 04/23/2020

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 April 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 06/15/2020.
- Updates to existing prior authorization criteria effective 06/15/2020.
- New Medications have been added to the Interim Prior Authorization list updated 4/17/2020.
- Morphine Milligram Equivalent (MME) threshold will be reduced to 250 MME on 06/01/2020.
- ICD-10 codes to be required on schedule II stimulant prescriptions for age 21 and over on 06/01/2020.