



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 – January 2021**

Issue Date: 01/26/2021

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 January 2021 Update 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 Committee, including:

- New specific clinical prior authorization criteria effective 3/15/2021.
- Updates to existing prior authorization criteria effective 3/15/2021.
- New Medications have been added to the Interim Prior Authorization list updated 1/15/2021.
- New preferred drug list updates will become effective on or after 3/1/2021.
- Morphine Milligram Equivalent (MME) threshold was reduced to 200 MME on 01/06/2021.