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### Remittance Advice (RA) Message

Title: **Pharmacy Program Updates – 2021 November**

Issue Date: 11/23/2021

Run Length: 10 weeks

Provider Type(s): 020, 021, 030, 033, 034, 035, 036, 070, 001, 005, 008, 020, 021, 033, 034, 051, 056, 080, 002, 003, 010, 012, 025, 028, 039, 040, 041, 042, 045, 053, 054, 055, 056, 059, 062, 068, 072, 078, 107, 122

Message: **Pharmacy Program Updates – November 2021**

The Alaska Medicaid Pharmacy Program November 2021 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 Committee, including:

- New specific clinical prior authorization criteria effective 1/4/2022.
- New Medications have been added to the Interim Prior Authorization list updated 11/19/2021.
- New preferred drug list updates will become effective on or after 1/4/22.
- Effective on or after 1/4/22, prior authorization will be removed for the preferred Direct Acting Antiviral Hepatitis C drug(s).
- Morphine Milligram Equivalent (MME) threshold will be reduced to 100 MME on 6/1/2022.