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Remittance Advice (RA) Message

Title: **New Pharmacy Preferred Drug List Effective March 15, 2015 (Updated)**

Issue Date: 02/18/2015

Run Length: 6 weeks

Provider Type(s): 008, 020, 021, 030, 034, 051, 056, 070

Message: The proposed Alaska Medicaid Preferred Drug List has been adopted into reference and is effective as of March 15, 2015. The current and proposed Preferred Drug Lists are both available online at <http://dhss.alaska.gov/dhcs/Pages/pdl/default.aspx> along with a summary of the changes that went into effect on March 15, 2015.