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### Remittance Advice (RA) Message

Title: **Pharmacy Program Updates – September 2020 Revised**

Issue Date: 09/24/2020

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 September 2020 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 11/16/2020.
- Updates to existing prior authorization criteria effective 11/16/2020.
- New Medications have been added to the Interim Prior Authorization list updated 09/18/2020.
- Morphine Milligram Equivalent (MME) threshold will be reduced to 200 MME on 01/06/2021.
- The Preferred Drug list will be made available on or after 10/01/2020 and become effective on or after 11/01/2020.