



February 2, 2015

Alaska Medicaid Pharmacy Winter 2015 Update

Alaska Medicaid will incorporate several claims processing edits to the pharmacy point of sale system. Below is a summary of the upcoming changes.

UPDATED MEDICATION PRIOR AUTHORIZATION WEBSITE

The State of Alaska Medication Prior Authorization website has been revised to make the navigation experience easier. Additional links have been added to help supplement the information found on the site. If you have any questions, please contact Erin Narus at erin.narus@alaska.gov.

NEW PRIOR AUTHORIZATION CRITERIA

The following medications will require prior authorization before payment of the service is rendered.

- **Direct Acting Antivirals for Hepatitis C** (references Harvoni™, Olysio®, Sovaldi®, VieKira Pak™)
 - **Direct Acting Antivirals for Hepatitis C Genotype 1**
 - **Direct Acting Antivirals for Hepatitis C Genotypes 2, 3, 4**

Please visit <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx> for the criteria.

MAXIMUM UNITS

The following quantity limits were assigned:

Product	Not to exceed:
• Mitigare (colchicine)	▪ 2 capsules per day
• Colcrys (colchicine) for gout flares	▪ 21 tablets per 30 days for gout flare
• Colcrys (colchicine) for Familial Mediterranean Fever	▪ 3 tablets per day for Familial Mediterranean Fever (ages 4-12) ▪ 4 tablets per day for Familial Mediterranean Fever (ages > 12) <i>Note, documentation of Familial Mediterranean Fever must be provided</i>
• Harvoni®	▪ 1 tablet per day
• Olysio®	▪ 1 capsule per day
• Sovaldi®	▪ 1 tablet per day
• VieKira Pak™	▪ 4 tablets per day

Please visit <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx> for the Maximum Units Med List.