Alaska Medicaid Prior Authorization Medication List

	Permitted PA Requester		Prior Authorization Processed through		
	Prescriber PA Requester	**Pharmacist PA Requester**	**Clinical Call Center (MAP Desk)**	**Electronic Step-edits**	**ICD-10 on Claim**
New Products & Interim Prior Authorization List drugs (7 AAC 120.130)	X		X		
Brand Name Multisource Medications	X		X		
New Products & Interim Prior Authorization List drugs (7 AAC 120.130)	X		X		
Quantity Limits (refer to Maximum Units list)	X		X		
Quantity Limit with no History edit	X		X		
Medication Class					
Opioids, Short Acting	*Point-of-Sale overrides available for Oncology and Hospice (O,H); refer to website for guidance*				
• Exceed Quantity Limits (NCPDP-76)	X		X O,H		O,H only
• Clinical Prior Auth Required (NCPDP-75)	X		X O,H		O,H only
• Cost Exceeds Maximum Limits (NCPDP-78)	X		X O,H		O,H only
• Diagnosis required on claim (NCPDP-39)					X
Opioids, Long Acting	*Point-of-Sale overrides available for Oncology and Hospice (O,H); refer to website for guidance*				
• Exceed Quantity Limits (NCPDP-76)	X		X O,H		O,H
• Clinical Prior Auth Required (NCPDP-75)	X		X O,H		O,H
• Cost Exceeds Maximum Limits (NCPDP-78)	X		X O,H		O,H
• Diagnosis required on claim (NCPDP-39)					X
Opioids, Product Specific	*Point-of-Sale overrides available for Oncology and Hospice (O,H); refer to website for guidance*				
• Abstral®, Actiq®, Fentora®, Lazanda™ (fentanyl)	X		X O,H		O,H only
• Butorphanol Nasal Spray	X		X O,H		O,H only
• Hydromorphone Products, Oral	X		X O,H		O,H only
• Methadone Products	X		X O,H		O,H only
• Oxycodone (IR and ER) Products [including Oxecta, Primlev, Xtampza ER and others]	X		X O,H		O,H only
• Oxymorphone ER products	X		X O,H		O,H only

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	Prescriber PA Requester	**Pharmacist PA Requester**	**Clinical Call Center (MAP Desk)**	**Electronic Step-edits**	**ICD-10 on Claim**
Antibiotics (NCPDP-75) *Call Center overrides available for discharging patients; Pharmacy may call Magellan Call Center to request*	X	*Pharmacy may request discharge overrides from Call Center*	X		
• Dalvance	X	*Pharmacy may request discharge overrides from Call Center*	X		
• Linezolid	X	*Pharmacy may request discharge overrides from Call Center*	X		
• Sivextro	X	*Pharmacy may request discharge overrides from Call Center*	X		
• Vancomycin	X	*Pharmacy may request discharge overrides from Call Center*	X		
• Xifaxan	X	*Pharmacy may request discharge overrides from Call Center*	X		
• Zerbaxa	X	*Pharmacy may request discharge overrides from Call Center*	X		
Antibiotics (NCPDP-78) *Call Center overrides available for discharging patients; Pharmacy may call Magellan Call Center to request*	X	*Pharmacy may request discharge overrides from Call Center*	X		
Atypical Antipsychotic Therapeutic Duplication (NCPDP-75) *Call Center overrides available for discharging patients; Pharmacy may call Magellan Call Center to request*	X	*Pharmacy may request discharge overrides from Call Center*	X		
Atypical Antipsychotic Quantity Limit Exceeded (NCPDP-76) *Call Center overrides available for discharging patients; Pharmacy may call Magellan Call Center to request*	X	*Pharmacy may request discharge overrides from Call Center*	X		
Atypical Antipsychotic Child < 5 yrs (NCPDP-75)	X		X		

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	Prescriber PA Requester	**Pharmacist PA Requester**	**Clinical Call Center (MAP Desk)**	**Electronic Step-edits**	**ICD-10 on Claim**
Benign Prostatic Hypertension (BPH)					
• Cialis® 5mg (tadalafil)	**X**		**X**		
Bisphosphonate Step Edit				**X**	
Botulinum Toxin Products (approvable through medical only)	**X**	N/A	**MEDICAL ONLY**		
Cystic Fibrosis (NCPDP-75, -78)					
• Kalydeco	**X**		**X** *initial*		**X** *annual renewal*
• Orkambi	**X**		**X** *initial*		**X** *annual renewal*
• TOBI Podhaler	**X**		**X** *initial*		**X** *annual renewal*
Gene Therapies (NCPDP-75, -78) *requires FDA approval*	**X**		**X**		
Gene Therapies, CAR-T Therapies (NCPDP-75, -78) *including Kymriah™ (tisagenlecleucel), Yescarta (axicabtagene ciloleucel), and all CAR-T products*	**X**		**X**		
Growth Hormones	**X**		**X**		
• Human Growth Hormones	**X**		**X**		
• Serostim®	**X**		**X**		
Hepatitis C – Direct Acting Antivirals (NCPDP-75, -78) *For information on the Alaska Medicaid Coordinated Care Initiative, please visit:* *http://dhss.alaska.gov/dhcs/Pages/amcci/default.aspx*	**X**		**X**		
Hereditary Angioedema (NCPDP-75, -78)					
• Berinert®	**X**		**X**		
• Cinryze® (prophylaxis)	**X**		**X**		
• Firazyr®	**X**		**X**		
HIV Antiretrovirals (NCPDP-75)	**X**				**X**
HIV Antiretrovirals (NCPDP-78)	**X**		**X**		**X** *annual renewal*
Homozygous Familial Hypercholesterolemia products *includes Juxtapid®; ICD-10 required on claim*	**X**		**X**		

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H. pylori kits	**X**		**X**		**X**
Hyaluronate products	**X**	N/A	**MEDICAL ONLY**		
Iron Chelators					**X**
Metabolic Disorder Therapies (NCPDP-75, -78)	**X**		**X**		
Minimally-Sedating Antihistamines√ *including Clarinex, etc.*	**X**			**X**	
Muscle Relaxants					
• Carisoprodol	**X**		**X**		
• Cyclobenzaprine Long Acting (Amrix®) (NCPDP-75)	**X**		**X** O,H		
• Cyclobenzaprine 7.5mg (Fexmid®) (NCPDP-75)	**X**		**X**		
• Zanaflex Capsules® (All Strengths) (NCPDP-75)	**X**		**X**		
Multiple Sclerosis					
• Ampyra™	**X**		**X**		
• Lemtrada® (alemtuzumab)	**X**	N/A	**MEDICAL ONLY**		
Oncology Agents, Oral (NCPDP-78)	**X**		**X** *NCCN Guidelines*		**X** *4 month renewal*
Oncology Agents, Injectable (NCPDP-78) *administered in an outpatient setting*	**X**		**X** *NCCN Guidelines*		**X** *4 month renewal*
PCSK9 Inhibitors (NCPDP-78) *including Praluent® (alirocumab), Repatha® (evolocumab), and all PCSK9 inhibitor products*	**X**		**X** *initial and 6 month renewal*		**X** *12 month renewal*
Proton Pump Inhibitors	**X**		**X**	**X**	
Pulmonary Arterial Hypertension (PAH)					
• Adcirca® (tadalafil)	**X**		**X**		**X**
• Letairis	**X**		**X**		
• Revatio® (sildenafil)	**X**		**X**		**X**
• PAH claims exceeding $7,500 (NCPDP-78)					**X**
Stimulants					
• Exceed Quantity Limits (NCPDP-76)	**X**		**X** O,H		O,H
• Clinical Prior Auth Required (NCPDP-75)	**X**		**X** O,H		O,H

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• Cost Exceeds Maximum Limits (NCPDP-78)	**X**		**X** O,H		O,H
• Diagnosis required on claim (NCPDP-39)					**X** O,H
Adasuve® inhaler (loxapine)	**X**		**X**		
Amitiza, Linzess	**X**		**X**		
Ampyra	**X**		**X**		
Amrix	**X**		**X**		
Bactroban Cream (15g and 30g) (ointment does not require PA)	**X**		**X**		
Belsomra	**X**		**X**		
Byvalson™ (nebivolol/valsartan)	**X**		**X**		
Cosentyx	**X**		**X**		**X**
Daliresp	**X**		**X**		
Diclegis	**X**		**X**		
Egrifta	**X**		**X**		
Ergocalciferol [Oral Drops; 50,000 unit cap]	**X**		**X**		
Fexmid	**X**		**X**		
GoNitro™ (nitroglycerin SL powder)	**X**		**X**		
Grastek tab SL, Ragwitek tab SL	**X**		**X**		
Hemangeol™ (propranolol)	**X**				**X** *FDA labeled indication*
H.P. Acthar	**X**		**X**		
Human Chorionic Gonadotropin (HCG) products	**X**		**X**		
Hycofenix® *requires ICD-10 on claim*					**X** *FDA labeled indication*
Juxtapid	**X**		**X**		
Karbinal™ ER suspension	**X**		**X**		
Kcentra kit	**X**	N/A	**MEDICAL ONLY**		
Keveyis (dichlorphenamide)	**X**		**X**		
Korlym	**X**		**X**		
Kynamro	**X**		**X**		
Lemtrada	**X**		**X**		**X**
Leuprolide	**X**		**X**		
Lovaza®	**X**		**X**		
Lupron Depot®; Eligard®	**X**		**X**		
Makena™ (hydroxyprogesterone)	**X**		**X**		
Marinol	**X**		**X**		
Metformin, extended-release (Glumetza, Fortamet ER)	**X**		**X**		

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Midazolam PF syringe		N/A	**MEDICAL ONLY**		
Mirvaso 0.33% gel pump	**X**		**X**		
Morgidox	**X**		**X**		
Movantik	**X**		**X**		
Nexium DR packet	**X**		**X**		
Nizoral	**X**		**X**		
Northera	**X**		**X**		
Noxafil	**X**		**X**		
Nymalize oral solution	**X**		**X**		
Obredon solution	**X**		**X**		
Ocaliva	**X**		**X**		
Ofev	**X**		**X**		
Onfi® (clobazam)	**X**		**X**		
Oralair	**X**		**X**		
Otrexup	**X**		**X**		
Panretin (alitretinoin)	**X**		**X**		
Papaverine/alprostadil	**NCPDP-70**				
Papaverine/phentolamine	**NCPDP-70**				
Papaverine/alprostadil/phentolamine	**NCPDP-70**				
Praxbind	**X**	N/A	**MEDICAL ONLY**		
Probuphine	**X**	N/A	**MEDICAL ONLY**		
Proton pump inhibitor step edit	**X**		**X**		
Qbrelis	**X**		**X**		
Quinine Sulfate (infectious disease only)					**X**
Rayaldee	**X**		**X**		
Rayos DR	**X**		**X**		
Relistor (methylnalrexone)	**X**		**X**		
Reyataz powder pack	**X**		**X**		
Scopolamine Hydrobromide (Patch)	**X**	O,H	**X** O,H		
Sitavig buccal tab	**X**		**X**		
Soma	**X**		**X**		
Stelara	**X**		**X**		**X**
Synagis® *Payment through pharmacy point-of-sale only*	**X**		**X**		
Vascepa	**X**		**X**		
Vecamyl	**X**		**X**		
Veltassa	**X**		**X**		
Xyrem (sodium oxybate)	**X**		**X**		
Yosprala	**X**		**X**		
Zanaflex	**X**		**X**		

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ICD-10 Required on Claim					
ATryn® (antithrombic, recombinant)	X				X
Beleodaq	X				X
Bendeka	X				X
Cabometyx	X				X
Ceenu	X				X
Cetylev	X				X
Cholbam cap	X				X
Cometriq	X				X
Cotellic	X				X
Cyramza	X				X
Evotaz	X				X
Farydak	X				X
Gattex	X				X
Iclusiq	X				X
Impavido	X				X
Jakafi	X				X
Kanuma	X				X
Keytruda	X				X
Kuvan (NCPDP-75,-78)	X		X		X
Lenvima	X				X
Mekinist	X				X
Myalept	X				X
Ninlaro	X				X
Odomzo	X				X
Ofadin	X				X
Orfadin	X				X
Portrazza	X				X
Signifor, Signifor LAR	X				X
Sutent	X				X
Syvant	X				X
Tafinlar	X				X
Tybost	X				X
Valchlor gel	X				X
Vemlidy	X				X
Venclexta	X				X
Vimizim	X				X
Vitekta	X				X
Xtandi	X				X
Zelboraf	X				X
Zydelig	X				X
Zytiga	X				X

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	Prescriber PA Requester	**Pharmacist PA Requester**	**Clinical Call Center (MAP Desk)**	**Electronic Step-edits**	**ICD-10 on Claim**
Standards of Care					
Hemophilia factor	**X**		**X**		
Medication Assisted Therapy, buprenorphine-based *Prescribers attesting to conforming to Standards of Care will not require prior authorization for prescribing; refer to website for guidance*	**X**		**X**		
For information on the Alaska Medicaid Coordinated Care Initiative, please visit: http://dhss.alaska.gov/dhcs/Pages/amcci/default.aspx					

Call Center	Phone	Fax
Magellan Clinical Call Center	800.331.4475	888.603.7696
Conduent Call Center – Service Authorization	800.770.5650	907.644.8131

Pharmacy Point-of-Sale Edits	
NCPDP-39	*Missing/incorrect diagnosis code*
NCPDP-41	*Submit bill to other processor or primary payer*
NCPDP-70	*Product/service not covered*
NCPDP-75	*Prior authorization required*
NCPDP-76	*Plan limitations exceeded*
NCPDP-78	*Cost exceeds maximum*
NCPDP-88	*Early refill/refill too soon*

Prior authorization requirements apply both to the branded and generic product unless otherwise noted in posted criteria.

Regulatory Authority:

Alaska Medicaid prior authorization clinical criteria for use are developed under the authority granted to the Alaska Medicaid Drug Utilization Review Committee in compliance with 7 AAC 120.120, 7 AAC 120.130, 7 AAC 120.140, 42 USC 1396r-8, and 42 CFR 456 Subpart K. The Committee considers each of the following in the development of clinical criteria for use as outlined in 7 AAC 105.230(c): medical necessity, clinical effectiveness, cost-effectiveness, and likelihood of adverse effects as well as service-specific requirements. Drugs which fall into a specific therapeutic category but are approved by the FDA after the most recent revision of that therapeutic drug class review will be subject to the same standards set by DUR Committee for the relevant therapeutic category's prior authorization clinical criteria for use. This includes a requirement to utilize or trial preferred agents prior to the utilization of a non-preferred agent within a given therapeutic category unless a documented clinical contraindication exists.

Covered outpatient drugs must meet the parameters defined in 7 AAC 120.110. Drugs which the FDA has approved but clinical benefit has not been established will not be approved.