

Alaska Medicaid Interim Prior Authorization List

Last updated 09/18/2020

Medication	Date Added	Date Removed	Additional Notes
Quantity Limit with No History Edit	2/15/2013, updated 6/10/2019		http://dhss.alaska.gov/dhcs/Documents/pharmacy/Documents/max_units_all_201908.pdf
Zanaflex Capsules (all strengths)	4/6/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Folic Acid 1mg	4/6/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vitamin D 50,000 units	4/6/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lidoderm Patches	4/27/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Makena (hydroxyprogesterone caproate)	4/27/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Human Chorionic Gonadotropin products	5/6/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Proton Pump Inhibitor step-edit	5/18/2011	Revised 8/7/2013	Step-edit required: see http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for details.
Bactroban Cream (15g and 30g)	5/25/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Botulinum Toxin products	5/25/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Victreis	6/3/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Incrivek	6/15/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Firazyr	9/8/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lovaza	11/1/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Cialis 5mg	1/4/2012		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Egrifta	1/4/2012		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxecta 7.5mg	2/29/2012	Moved to Oxy-IR PA Criteria	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kalxedco 150mg	2/29/2012	Moved to PA-List 5/8/2013	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vancocin	3/1/2012		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xifaxan	3/1/2012		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zyvox	3/1/2012		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Subsys 100mcg,200mcg,400mcg,600mcg, 800mcg,1200mcg,1600mcg	3/28/2012	Moved to PA-List 5/8/2013	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Korlym 300mg	4/18/2012	Moved to PA-List 5/8/2013	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Beriner 500 Unit Kit	5/23/2012	Moved to PA-List 6/19/2013	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Brand Name Multisource Medications	5/30/2012		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Atypical Antipsychotics (TD and PA)	6/13/2012		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Omeclamox-PAK	6/20/2012	See H. Pylori KITS PA	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Clarinet (All forms)	6/27/2012		Step-Edit Required: see http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for details.
Xyzit (All forms)	6/27/2012		Step-Edit Required: see http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for details.
Kadian 40mg,70mg,130mg,150mg	9/21/2012	7/3/2013 - see new edit	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xaligo ER 32mg	9/21/2012	7/3/2013 - see new edit	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Binosto 70mg EFF	9/21/2012	See Bisphosphonate Edit	Step-edit required: see http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for details.
Nexium DR 2.5mg,5mg Packet	9/21/2012	7/3/2013 - see new edit	Step-edit required: see http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for details.
Opana ER 5,7.5,10,15,20,30,40mg NEW	1/16/2013	7/3/2013 - see new edit	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vascepa 1g, 0.5g	1/16/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Juxtapid 5mg,10mg,20mg	2/20/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kynamro 200mg/mL syringe	3/20/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Celebrex all strengths	5/8/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Daliresp	5/8/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
H. Pylori Kits	5/8/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Beriner	6/19/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
HP Acthar Gel	6/19/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Marinol	6/19/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Noxafil Suspension	6/19/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Rybix ODT	6/19/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tobi Podhaler	6/26/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Extended Release Opioid Edit	7/31/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Proton Pump Inhibitor step-edit (Revised)	8/7/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ibandronate 3mg/3mL vial	4/11/2014		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zydeliq	10/17/2014		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Evzio	3/16/2015		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kalxedco gran pack	7/31/2015		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Praxbind	11/16/2015		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Purixan oral suspension	11/16/2015		PA Required - submit ICD-10 on prescription
Kanuma	12/21/2015		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Coagadex	12/21/2015		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Nuplazid	5/30/2016		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ofadin	6/23/2016		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Orfadin	9/12/2016		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tecfidera	10/3/2016	2/28/2020	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Fortamet (All forms)	10/3/2016		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Glumetza (All forms)	10/3/2016		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Cambia	11/12/2018		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Eucrisa	11/12/2018		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Viberzi	11/12/2018		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Gralise	11/12/2018		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Horizant	11/12/2018		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Orilissa, Oriahann	1/15/2019, updated 11/16/20		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Epidiolex	1/15/2019, updated 11/16/20		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
CGRP receptor inhibitors oral and injectable	1/15/2019, updated 11/16/20		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xyrem	1/15/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Baxdela	3/11/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lucentra	3/11/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Palynziq	3/11/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Nuedexta	3/11/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hetlioz	3/11/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Crysvisa	6/10/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx

Medication	Date Added	Date Removed	Additional Notes
VMA2T inhibitors	6/10/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hemibra	6/10/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
benzodiazepine criteria	6/10/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Mavenclad	11/11/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Mayzent	11/11/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Sunosi	11/11/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Emflaza	11/11/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Firoadpse, Ruzurgi	1/6/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vyndaqel, Vyndamax	1/6/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Corlanor	1/6/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xiaflex	1/6/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Jynarque	3/16/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Evenity	3/16/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vumerity	3/16/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Dupixent	6/15/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xolair	6/15/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Interleukin-5 inhibitors (Cinqair, Nucala, Fasenra)	6/15/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxbryta	6/15/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Strensiq	11/16/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Nexletol, Nexlizent	11/16/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxevate	11/16/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Orexin receptor antagonists (Belsomra, Dayvigo)	10/3/16, updated 6/15/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Onfi 5mg, 10mg, 20mg, Symptazan (clobazam)	1/4/2012, updated 9/20/2019	Moved to PA-List 5/8/2013	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Relistor	10/9/13, updated 9/20/2019		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hydromorphone	6/13/2007, update 1/6/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxycodone IR	6/23/2007, update 1/6/2020		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Direct Acting Antivirals for Hepatitis C Virus (HCV) - All	9/29/2017, updated 3/16/2020		PA Required See website for class criteria and preferred regimen - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bisphosphonates Step-Edit	TBD		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Abstral (all strengths)	3/2/2011		Class 2: at least 2 previously failed therapies required
Morgidox	5/18/2011		Class 2: at least 2 previously failed therapies required
Lotemax Ointment	9/8/2011		Class 2: at least 2 previously failed therapies required
Rosadan	9/28/2011		Class 2: at least 2 previously failed therapies required
Lazanda	11/2/2011, 7/7/2016		Class 2: at least 2 previously failed therapies required
Leukine	11/23/2011		Class 2: at least 2 previously failed therapies required
TL-Cermide, Epiceram	12/21/2011		Class 2: at least 2 previously failed therapies required
Jakafi (5mg-25mg)	12/21/2011		Class 2: at least 2 previously failed therapies required
Atrapro Hydrogel and Dermal Spray	2/29/2012		Class 2: at least 2 previously failed therapies required
Aurstat	2/29/2012		Class 2: at least 2 previously failed therapies required
Rectiv	2/29/2012		Class 2: at least 2 previously failed therapies required
Keflex 750mg	2/29/2012		Class 2: at least 2 previously failed therapies required
Naftin 2% Cream	3/14/2012		Class 2: at least 2 previously failed therapies required
Tramadol Hcl 150mg Capsules	3/28/2012		Class 2: at least 2 previously failed therapies required
Dymista Spray	7/20/2012		Class 2: at least 2 previously failed therapies required
Zetonna Nasal Spray	7/20/2012		Class 2: at least 2 previously failed therapies required
Sklice 0.5% Lotion	7/20/2012		Class 2: at least 2 previously failed therapies required
Neosalus CP Cream	8/17/2012		Class 2: at least 2 previously failed therapies required
Gabapentin 250mg/cup, 300mg/6ML	9/21/2012		Class 2: at least 2 previously failed therapies required
Rayos DR 1mg, 2mg, 5mg	10/24/2012		Class 2: at least 2 previously failed therapies required
Lotemax 0.5% Ophth Gel	1/16/2013		Class 2: at least 2 previously failed therapies required
Quilivant XR 25mg/5mL Susp	2/20/2013		Class 2: at least 2 previously failed therapies required
Pomalyst all strengths	3/20/2013		Class 2: at least 2 previously failed therapies required
Sod Surface-Sulfur 9-4.5% Wash (Blocomp)	5/22/2013		Class 2: at least 2 previously failed therapies required
Liptuzet all strengths	6/26/2013		Class 2: at least 2 previously failed therapies required
Doryx DR 200mg	7/17/2013		Class 2: at least 2 previously failed therapies required
Nymalize solution	7/17/2013		Class 2: at least 2 previously failed therapies required
Fioricet Capsule 50-300-40	8/21/2013		Class 2: at least 2 previously failed therapies required
Zubsolv all strengths	8/21/2013		Class 2: at least 2 previously failed therapies required
Brisdelle 7.5mg	8/21/2013		Class 2: at least 2 previously failed therapies required
Astagraf XL all strengths	8/21/2013		Class 2: at least 2 previously failed therapies required
Esomeprazole DR 24.65mg/49.3mg	9/18/2013		Class 2: at least 2 previously failed therapies required
Primlev (all strengths)	12/4/2013		Class 2: at least 2 previously failed therapies required
Granix 300mcg & 480mcg	12/4/2013		Class 2: at least 2 previously failed therapies required
Prodrin	3/14/2014		Class 2: at least 2 previously failed therapies required
Adasuve inhaler	3/14/2014		Class 2: at least 2 previously failed therapies required
Lupaneta kit	3/14/2014		Class 2: at least 2 previously failed therapies required
Zohydro ER (all strengths)	3/14/2014		Class 2: at least 2 previously failed therapies required
Xartemis XR	4/11/2014		Class 2: at least 2 previously failed therapies required
Aveed 750mg/3mL vial	4/11/2014		Class 2: at least 2 previously failed therapies required
Hetlioz capsule	4/11/2014		Class 2: at least 2 previously failed therapies required
Elocotate	10/17/2014		Class 2: at least 2 previously failed therapies required
Fluphenazine decanoate 100% liquid	10/17/2014		Class 2: at least 2 previously failed therapies required
Vexa patch	10/17/2014		Class 2: at least 2 previously failed therapies required
Bunavail	10/17/2014		Class 2: at least 2 previously failed therapies required
Acticlate	10/17/2014		Class 2: at least 2 previously failed therapies required
Rasuvo	10/17/2014		Class 2: at least 2 previously failed therapies required

Medication	Date Added	Date Removed	Additional Notes
Revatio suspension	10/17/2014		Class 2: at least 2 previously failed therapies required
Obredon solution	2/6/2015		Class 2: at least 2 previously failed therapies required
Rytary (all strengths)	2/6/2015		Class 2: at least 2 previously failed therapies required
Humalog Kwikpen	7/31/2015		Class 2: at least 2 previously failed therapies required
Proair Respiclick	7/31/2015		Class 2: at least 2 previously failed therapies required
Nuvessa gel	7/31/2015		Class 2: at least 2 previously failed therapies required
Fentanyl Patch [37.5, 62.5, 87.5 mcg/hr]	7/31/2015		Class 2: at least 2 previously failed therapies required
Zingo Intradermal system (lidocaine)	11/16/2015		Class 2: at least 2 previously failed therapies required
Oxaydo	11/16/2015		Class 2: at least 2 previously failed therapies required
Otrexup syringe	11/16/2015		Class 2: at least 2 previously failed therapies required
Zecuity Patch	11/16/2015		Class 2: at least 2 previously failed therapies required
Finacea 15%	11/16/2015		Class 2: at least 2 previously failed therapies required
Dyloject Vial	11/16/2015		Class 2: at least 2 previously failed therapies required
Hycofenix	11/16/2015		Class 2: at least 2 previously failed therapies required
Epiduo Forte	11/16/2015		Class 2: at least 2 previously failed therapies required
Tolak 4%	11/16/2015		Class 2: at least 2 previously failed therapies required
Belbuca Film	12/21/2015		Class 2: at least 2 previously failed therapies required
Vivodex Capsule	12/21/2015		Class 2: at least 2 previously failed therapies required
Uptravi	1/11/2016		Class 2: at least 2 previously failed therapies required
Dyanavel XR	2/4/2016		Class 2: at least 2 previously failed therapies required
Allizital	3/7/2016		Class 2: at least 2 previously failed therapies required
Metoprolol Tartrate (37.5 mg and 75mg only)	3/25/2016		Class 2: at least 2 previously failed therapies required
Descovy	4/28/2016		Class 2: at least 2 previously failed therapies required
Otrexup 22.5 MG, 17.5 MG	4/28/2016		Class 2: at least 2 previously failed therapies required
Adzenys XR-ODT	4/28/2016		Class 2: at least 2 previously failed therapies required
Xtampza ER	5/30/2016		Class 2: at least 2 previously failed therapies required
Doryx MPC	8/1/2016		Class 2: at least 2 previously failed therapies required
Otrexup 12.5mg	8/1/2016		Class 2: at least 2 previously failed therapies required
Gialax	8/29/2016		Class 2: at least 2 previously failed therapies required
Gelsyn-3	8/29/2016		Class 2: at least 2 previously failed therapies required
Qbrexelis	8/29/2016		Class 2: at least 2 previously failed therapies required
Byvalson	8/29/2016		Class 2: at least 2 previously failed therapies required
Lazanda	11/2/2011, 7/7/2016		Class 2: at least 2 previously failed therapies required
Yosprala	11/7/2016		Class 2: at least 2 previously failed therapies required
Gonitro	11/7/2016		Class 2: at least 2 previously failed therapies required
Cuvitru	11/7/2016		Class 2: at least 2 previously failed therapies required
Bromsite	11/7/2016		Class 2: at least 2 previously failed therapies required
Micort-HC	11/7/2016		Class 2: at least 2 previously failed therapies required
Xyosted	12/14/2018		Class 2: at least 2 previously failed therapies required
Galafoid	12/14/2018		Class 2: at least 2 previously failed therapies required
Osmolex ER	12/14/2018		Class 2: at least 2 previously failed therapies required
Gocovri	12/14/2018		Class 2: at least 2 previously failed therapies required
Inbrija	4/19/2019		Class 2: at least 2 previously failed therapies required
Ezallor Sprinkle	9/20/2019		Class 2: at least 2 previously failed therapies required
Proair Digihaler	11/15/2019		Class 2: at least 2 previously failed therapies required
Ozobax	11/15/2019		Class 2: at least 2 previously failed therapies required
Rybelsus	11/15/2019		Class 2: at least 2 previously failed therapies required
Tosymra	11/15/2019		Class 2: at least 2 previously failed therapies required
Amzeeq	1/17/2020		Class 2: at least 2 previously failed therapies required
Gabacaine	1/17/2020		Class 2: at least 2 previously failed therapies required
Aralzo	4/17/2020		Class 2: at least 2 previously failed therapies required
Trijardy XR	4/17/2020		Class 2: at least 2 previously failed therapies required
Zerviate	4/17/2020		Class 2: at least 2 previously failed therapies required
Riomet ER	4/17/2020		Class 2: at least 2 previously failed therapies required
Valtoco	4/17/2020		Class 2: at least 2 previously failed therapies required
Quzyttir	4/17/2020		Class 2: at least 2 previously failed therapies required
simvastatin (Flolipid Sol)	4/17/2020		Class 2: at least 2 previously failed therapies required
Absorca LD	4/17/2020		Class 2: at least 2 previously failed therapies required
Talicia	4/17/2020		Class 2: at least 2 previously failed therapies required
Consensi	4/17/2020		Class 2: at least 2 previously failed therapies required
Breztri Aerosphere	9/18/2020		Class 2: at least 2 previously failed therapies required
Zilxi	9/18/2020		Class 2: at least 2 previously failed therapies required
Nexlizent	9/18/2020		Class 2: at least 2 previously failed therapies required
Dicloviix M	9/18/2020		Class 2: at least 2 previously failed therapies required
Natroba 0.9%	2/9/2011		Class 1: at least 1 previously failed therapy required
Benlysta	3/23/2011		Class 1: at least 1 previously failed therapy required
Zytiga	5/18/2011		Class 1: at least 1 previously failed therapy required
Zelboraf	9/8/2011		Class 1: at least 1 previously failed therapy required
Xalkori	9/28/2011		Class 1: at least 1 previously failed therapy required
Picato 0.05% and 0.015% Gel	3/14/2012		Class 1: at least 1 previously failed therapy required
Zioptan 0.0015% Eye Drops	3/14/2012		Class 1: at least 1 previously failed therapy required
Hecoria 0.5mg, 1mg, 5mg	7/20/2012		Class 1: at least 1 previously failed therapy required
Viokace 10 and 20	9/21/2012		Class 1: at least 1 previously failed therapy required
Xtandi 40mg	10/24/2012		Class 1: at least 1 previously failed therapy required
Bosulfif 100mg, 500mg	10/24/2012		Class 1: at least 1 previously failed therapy required

Medication	Date Added	Date Removed	Additional Notes
Stivarga 40mg	10/24/2012		Class 1: at least 1 previously failed therapy required
Linzess 145mcg and 290mcg	12/12/2012		Class 1: at least 1 previously failed therapy required
lclisig 15mg and 45 mg	1/16/2013		Class 1: at least 1 previously failed therapy required
Cometriq 60mg,100mg,140mg	2/20/2013		Class 1: at least 1 previously failed therapy required
Gattex 5mg KIT	2/20/2013		Class 1: at least 1 previously failed therapy required
Fulyzaq 125mg DR tablet	3/20/2013		Class 1: at least 1 previously failed therapy required
Signifor ampule All strengths	4/24/2013		Class 1: at least 1 previously failed therapy required
Invokana 100mg,300mg	4/24/2013		Class 1: at least 1 previously failed therapy required
Osphepa 60mg	5/22/2013		Class 1: at least 1 previously failed therapy required
Diclegis DR 10-10	5/22/2013		Class 1: at least 1 previously failed therapy required
Sirturo 100mg	5/22/2013		Class 1: at least 1 previously failed therapy required
Afinitor Disperz 2mg,3mg,5mg	5/22/2013		Class 1: at least 1 previously failed therapy required
Vecarmyl 2.5mg	5/22/2013		Class 1: at least 1 previously failed therapy required
Mekinist all strengths	7/17/2013		Class 1: at least 1 previously failed therapy required
Tafinlar all strengths	7/17/2013		Class 1: at least 1 previously failed therapy required
Clotriif all strengths	9/18/2013		Class 1: at least 1 previously failed therapy required
Mirvaso 0.33% Gel	9/18/2013		Class 1: at least 1 previously failed therapy required
Adempas (all strengths)	10/23/2013		Class 1: at least 1 previously failed therapy required
Valchlor Gel 0.016%	12/4/2013		Class 1: at least 1 previously failed therapy required
Imbruvica 140mg	12/4/2013		Class 1: at least 1 previously failed therapy required
Noxafil DR 100mg tablet	12/27/2013		Class 1: at least 1 previously failed therapy required
Velphoro	3/14/2014		Class 1: at least 1 previously failed therapy required
Vimizim	3/14/2014		Class 1: at least 1 previously failed therapy required
Kuvan powder pack	3/14/2014		Class 1: at least 1 previously failed therapy required
Tretten 2500 unit vial	4/11/2014		Class 1: at least 1 previously failed therapy required
Kcentra kit	4/11/2014		Class 1: at least 1 previously failed therapy required
Noxafil vial	4/11/2014		Class 1: at least 1 previously failed therapy required
Alprolix vial (all strengths)	5/16/2014, 12/5/2016		Class 1: at least 1 previously failed therapy required
Grastek tab SL	5/16/2014		Class 1: at least 1 previously failed therapy required
Ragwitek tab SL	5/16/2014		Class 1: at least 1 previously failed therapy required
Myalept vial	5/16/2014		Class 1: at least 1 previously failed therapy required
Cyramza vial	5/16/2014		Class 1: at least 1 previously failed therapy required
Zykadia cap	5/16/2014		Class 1: at least 1 previously failed therapy required
Tanzeum pen injector	6/27/2014		Class 1: at least 1 previously failed therapy required
Sitavig buccal tab	6/27/2014		Class 1: at least 1 previously failed therapy required
Sylvant	7/25/2014		Class 1: at least 1 previously failed therapy required
Karbinal ER Suspension	7/25/2014		Class 1: at least 1 previously failed therapy required
Atryn	7/25/2014		Class 1: at least 1 previously failed therapy required
Sivextro vial and tablet	7/25/2014		Class 1: at least 1 previously failed therapy required
Cyclophosphamide capsule	7/25/2014		Class 1: at least 1 previously failed therapy required
Sutent	7/25/2014		Class 1: at least 1 previously failed therapy required
Kcentra (all forms)	7/25/2014		Class 1: at least 1 previously failed therapy required
Dalvance	7/25/2014		Class 1: at least 1 previously failed therapy required
Hycyvia	10/17/2014		Class 1: at least 1 previously failed therapy required
Midazolam PF 10mg/2mL syringe	10/17/2014		Class 1: at least 1 previously failed therapy required
Beleodaq	10/17/2014		Class 1: at least 1 previously failed therapy required
Northera	10/17/2014		Class 1: at least 1 previously failed therapy required
Cerdelga	10/17/2014		Class 1: at least 1 previously failed therapy required
Keytruda	10/17/2014		Class 1: at least 1 previously failed therapy required
Somavert	10/17/2014		Class 1: at least 1 previously failed therapy required
Tybost	12/19/2014		Class 1: at least 1 previously failed therapy required
Esbriet	12/19/2014		Class 1: at least 1 previously failed therapy required
Ofev	12/19/2014		Class 1: at least 1 previously failed therapy required
Belesomra (all strengths)	1/9/2015		Class 1: at least 1 previously failed therapy required
Lynparza	1/9/2015		Class 1: at least 1 previously failed therapy required
Zerbaxa	1/9/2015		Class 1: at least 1 previously failed therapy required
Soolantra cream	1/9/2015		Class 1: at least 1 previously failed therapy required
Incruse Ellipta	1/9/2015		Class 1: at least 1 previously failed therapy required
Reyataz powder pack	1/9/2015		Class 1: at least 1 previously failed therapy required
Paricalcitol	2/6/2015		Class 1: at least 1 previously failed therapy required
Neulasta syringe	2/6/2015		Class 1: at least 1 previously failed therapy required
Evotaz tab	7/31/2015		Class 1: at least 1 previously failed therapy required
Duopa	7/31/2015		Class 1: at least 1 previously failed therapy required
Chobam cap	7/31/2015		Class 1: at least 1 previously failed therapy required
Prezcobix tab	7/31/2015		Class 1: at least 1 previously failed therapy required
Prestalia tab	7/31/2015		Class 1: at least 1 previously failed therapy required
Rexulti tab	7/31/2015		Class 1: at least 1 previously failed therapy required
Entresto tab	7/31/2015		Class 1: at least 1 previously failed therapy required
Orkambi tab 200/125mg, 100/125mg	7/31/2015, 11/7/2016		Class 1: at least 1 previously failed therapy required
Invega Trinza	7/31/2015		Class 1: at least 1 previously failed therapy required
Doryx DR tab - all strengths	7/31/2015		Class 1: at least 1 previously failed therapy required
Stioto Respimat	7/31/2015		Class 1: at least 1 previously failed therapy required
Ibinity	7/31/2015		Class 1: at least 1 previously failed therapy required
Seroquel XR dosepack	7/31/2015		Class 1: at least 1 previously failed therapy required
Juxtapid - all strengths	7/31/2015		Class 1: at least 1 previously failed therapy required
Testone CIK kit	7/31/2015		Class 1: at least 1 previously failed therapy required

Medication	Date Added	Date Removed	Additional Notes
Gammagard S-D	7/31/2015		Class 1: at least 1 previously failed therapy required
Levoleucovorin calcium	7/31/2015		Class 1: at least 1 previously failed therapy required
Jadenu	7/31/2015		Class 1: at least 1 previously failed therapy required
Natpara cartridge	7/31/2015		Class 1: at least 1 previously failed therapy required
Cresamba vial	7/31/2015		Class 1: at least 1 previously failed therapy required
Bivigam	7/31/2015		Class 1: at least 1 previously failed therapy required
Gamunex	7/31/2015		Class 1: at least 1 previously failed therapy required
Gammaplex	7/31/2015		Class 1: at least 1 previously failed therapy required
Gammagard liquid	7/31/2015		Class 1: at least 1 previously failed therapy required
Flebogamma DIF	7/31/2015		Class 1: at least 1 previously failed therapy required
Privigen	7/31/2015		Class 1: at least 1 previously failed therapy required
Novoeight	7/31/2015		Class 1: at least 1 previously failed therapy required
Farydak cap	7/31/2015		Class 1: at least 1 previously failed therapy required
Lenvima cap	7/31/2015		Class 1: at least 1 previously failed therapy required
Signifor LAR - all strengths	7/31/2015		Class 1: at least 1 previously failed therapy required
Pazeo ophth	7/31/2015		Class 1: at least 1 previously failed therapy required
Ibrance cap	7/31/2015		Class 1: at least 1 previously failed therapy required
Cosentyx - all strengths, all forms	7/31/2015		Class 1: at least 1 previously failed therapy required
Glyxambi tab	7/31/2015		Class 1: at least 1 previously failed therapy required
Movantik tab	7/31/2015		Class 1: at least 1 previously failed therapy required
Vitekta tab	7/31/2015		Class 1: at least 1 previously failed therapy required
Ravict	11/16/2015		Class 1: at least 1 previously failed therapy required
Stiolto Respimat	11/16/2015		Class 1: at least 1 previously failed therapy required
Lonsurf	11/16/2015		Class 1: at least 1 previously failed therapy required
Odanzo	11/16/2015		Class 1: at least 1 previously failed therapy required
Praluent syringe, vial	11/16/2015		Class 1: at least 1 previously failed therapy required
Repatha Syringe, Sureclick	11/16/2015		Class 1: at least 1 previously failed therapy required
Keveyis	11/16/2015		Class 1: at least 1 previously failed therapy required
Ceenu	11/30/2015		Class 1: at least 1 previously failed therapy required
Utibron	11/30/2015		Class 1: at least 1 previously failed therapy required
Genvoya	11/30/2015		Class 1: at least 1 previously failed therapy required
Tagrisso	11/30/2015		Class 1: at least 1 previously failed therapy required
Viberzi	11/30/2015		Class 1: at least 1 previously failed therapy required
Cotellic	11/30/2015		Class 1: at least 1 previously failed therapy required
Ninlaro Capsule	12/21/2015		Class 1: at least 1 previously failed therapy required
Adynovate Vial	12/21/2015		Class 1: at least 1 previously failed therapy required
Veltassa	12/21/2015		Class 1: at least 1 previously failed therapy required
Ferriprox Solution	12/21/2015		Class 1: at least 1 previously failed therapy required
Empliciti Vial	12/21/2015		Class 1: at least 1 previously failed therapy required
Alecensa	1/11/2016		Class 1: at least 1 previously failed therapy required
Bendeka	1/11/2016		Class 1: at least 1 previously failed therapy required
Portrazza	1/11/2016		Class 1: at least 1 previously failed therapy required
Odefsey	3/25/2016		Class 1: at least 1 previously failed therapy required
Idelvion	3/25/2016		Class 1: at least 1 previously failed therapy required
Cinqair	4/28/2016		Class 1: at least 1 previously failed therapy required
Willate	4/28/2016		Class 1: at least 1 previously failed therapy required
Impavido	4/28/2016		Class 1: at least 1 previously failed therapy required
Briviact	4/28/2016		Class 1: at least 1 previously failed therapy required
Venclexta	4/28/2016		Class 1: at least 1 previously failed therapy required
Cabometyx	5/30/2016		Class 1: at least 1 previously failed therapy required
Oralair	5/30/2016		Class 1: at least 1 previously failed therapy required
Mirvaso 0.33% Gel Pump	5/30/2016		Class 1: at least 1 previously failed therapy required
Ocaliva	6/23/2016		Class 1: at least 1 previously failed therapy required
Cetylev	6/23/2016		Class 1: at least 1 previously failed therapy required
Hqyvia IG Component	6/23/2016		Class 1: at least 1 previously failed therapy required
Hqyvia HY Component	6/23/2016		Class 1: at least 1 previously failed therapy required
Lenvima	6/23/2016		Class 1: at least 1 previously failed therapy required
Afstyla	6/23/2016		Class 1: at least 1 previously failed therapy required
Probuaphine	6/23/2016		Class 1: at least 1 previously failed therapy required
Jentaduo XR	7/7/2016		Class 1: at least 1 previously failed therapy required
Repatha Pushtronex	8/1/2016		Class 1: at least 1 previously failed therapy required
Vonvendi	8/1/2016		Class 1: at least 1 previously failed therapy required
Rayaldee	12/5/2016		Class 1: at least 1 previously failed therapy required
Xepi	12/14/2018		Class 1: at least 1 previously failed therapy required
Solosec	12/14/2018		Class 1: at least 1 previously failed therapy required
Lokelma	12/14/2018		Class 1: at least 1 previously failed therapy required
Baxdela	12/14/2018	Move to PA 3/11/2019	Class 1: at least 1 previously failed therapy required
Palyzinq	12/14/2018	Move to PA 3/11/2019	Class 1: at least 1 previously failed therapy required
Tegsedi	3/11/2019		Class 1: at least 1 previously failed therapy required
Revcovi	3/11/2019		Class 1: at least 1 previously failed therapy required
Nivestym	4/19/2019		Class 1: at least 1 previously failed therapy required
Tirosent solution	4/19/2019		Class 1: at least 1 previously failed therapy required
Elzonris	4/19/2019		Class 1: at least 1 previously failed therapy required
Bijuvia	4/19/2019		Class 1: at least 1 previously failed therapy required
Douobrii	9/20/2019		Class 1: at least 1 previously failed therapy required
Cautaquig	9/20/2019		Class 1: at least 1 previously failed therapy required

Medication	Date Added	Date Removed	Additional Notes
Egaten	9/20/2019		Class 1: at least 1 previously failed therapy required
Aklief	11/15/2019		Class 1: at least 1 previously failed therapy required
Xembify	11/15/2019		Class 1: at least 1 previously failed therapy required
Fasenra Pen	11/15/2019		Class 1: at least 1 previously failed therapy required
Beovu	11/15/2019		Class 1: at least 1 previously failed therapy required
Drizalma Sprinkle	11/15/2019		Class 1: at least 1 previously failed therapy required
Nouriaz	11/15/2019		Class 1: at least 1 previously failed therapy required
Duaklir Pressair	11/15/2019		Class 1: at least 1 previously failed therapy required
Fiasp Penfill	11/15/2019		Class 1: at least 1 previously failed therapy required
Wakix	11/15/2019		Class 1: at least 1 previously failed therapy required
Nyzilam	11/15/2019		Class 1: at least 1 previously failed therapy required
Gvoke	11/15/2019		Class 1: at least 1 previously failed therapy required
Myxredlin	11/15/2019		Class 1: at least 1 previously failed therapy required
Xenleta	11/15/2019		Class 1: at least 1 previously failed therapy required
Asceniv	1/17/2020		Class 1: at least 1 previously failed therapy required
Pretomanid	1/17/2020		Class 1: at least 1 previously failed therapy required
Ziextenzo	1/17/2020		Class 1: at least 1 previously failed therapy required
Reblozyl	1/17/2020		Class 1: at least 1 previously failed therapy required
Nexletol	4/17/2020		Class 1: at least 1 previously failed therapy required
Nurtec ODT	4/17/2020		Class 1: at least 1 previously failed therapy required
Vyepti	4/17/2020		Class 1: at least 1 previously failed therapy required
Palforzia	4/17/2020		Class 1: at least 1 previously failed therapy required
Reyvow	4/17/2020		Class 1: at least 1 previously failed therapy required
Caplyta Capsule	4/17/2020		Class 1: at least 1 previously failed therapy required
Ubrvelvy	4/17/2020		Class 1: at least 1 previously failed therapy required
Esperoct	4/17/2020		Class 1: at least 1 previously failed therapy required
Secuado	4/17/2020		Class 1: at least 1 previously failed therapy required
Bafiertam	9/18/2020		Class 1: at least 1 previously failed therapy required
Ortikos	9/18/2020		Class 1: at least 1 previously failed therapy required
Fintepla	9/18/2020		Class 1: at least 1 previously failed therapy required
Bynfezia	9/18/2020		Class 1: at least 1 previously failed therapy required
Lyumjev	9/18/2020		Class 1: at least 1 previously failed therapy required
Kynmobi	9/18/2020		Class 1: at least 1 previously failed therapy required
Oriahnn	9/18/2020		Class 1: at least 1 previously failed therapy required
Avsola	9/18/2020		Class 1: at least 1 previously failed therapy required
Zeposia	9/18/2020		Class 1: at least 1 previously failed therapy required
Bonsity	9/18/2020		Class 1: at least 1 previously failed therapy required
Xcopri	9/18/2020		Class 1: at least 1 previously failed therapy required
Addyi	11/16/2015		Drug Not Covered (7 AAC 105.110)
Papaverine/ Phentolamine/ Alprostadil	7/7/2016		Drug Not Covered (7 AAC 105.110)
Papaverine/ Alprostadil	7/7/2016		Drug Not Covered (7 AAC 105.110)
Papaverine/ Phentolamine	8/1/2016		Drug Not Covered (7 AAC 105.110)
Belviq XR	10/26/2016		Drug Not Covered (7 AAC 120.112 and 7 AAC 105.110)
		11/19/2010	PA requirement removed prior to implementation
Buprenorphine Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Chorionic Gonadotropin Powder	3/2/2011		Active Pharmaceutical Ingredient (API) not covered
Codeine Phosphate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Fentanyl Base Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Fentanyl Citrate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Hydrocodone Bitartrate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Hydromorphone Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Methadone Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Minoxidil Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Morphine Sulfate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Naltrexone Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Oxycodone Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Sildenafil Citrate Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Sufentanyl Powder	2/23/2011		Active Pharmaceutical Ingredient (API) not covered
Auralgan Otic (GSN 48556, 8112, 64389)	2/17/2011		Drug Not Covered - DESI or IRS drugs not covered
Hydrocortisone/Pramoxine (GSN 67048)	3/2/2011		Drug Not Covered - DESI or IRS drugs not covered
Belladonna/Phenobarbital (GSN 4777)	3/2/2011		Drug Not Covered - DESI or IRS drugs not covered