

Alaska Medicaid Interim Prior Authorization List

Last Updated 9/29/2017

Medication	Date Added	Date Removed	Additional Notes
Quantity Limit with No History Edit	2/15/2013		http://medicaidalaska.com/dnld/Pharmacy_Program_Changes_and_Update_Nov_2012.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
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
Human Chorionic Gonadotropin products	5/6/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Victrelis	6/3/2011		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Incivek	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
Onfi 5mg,10mg,20mg	1/4/2012	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
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
Kalydeco 150mg	2/29/2012	Moved to PA-List 5/8/2013	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
Berinert 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
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
Berinert	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
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

New Product Prior Authorization Criteria
 Class 1 requires treatment failure with at least 1 prior therapy
 Class 2 requires treatment failure with at least 2 prior therapies

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Medication	Date Added	Date Removed	Additional Notes
Exalgo ER 32mg	9/21/2012	7/3/2013 - see new edit	PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
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
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
Bisphosphonates Step-Edit	TBD		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zydelig	10/17/2014		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
Kalydeco gran pack	7/31/2015		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.
Statin step-edit	5/18/2011		Step-edit required; see http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for details.
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.
Clarinet (All forms)	6/27/2012		Step-Edit Required; see http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for details.
Xyzal (All forms)	6/27/2012		Step-Edit Required; see http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for details.
Vascepa 1g, 0.5g	1/16/2013		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Praxbind	11/16/2015		PA Required - submit medical necessity
Purixan oral suspension	11/16/2015		PA Required - submit ICD-10 on prescription
Kanuma	12/21/2015		PA Required - submit medical necessity
Coagadex	12/21/2015		PA Required - submit medical necessity
Nuplazid	5/30/2016		PA Required - submit medical necessity
Ibandronate 3mg/3mL vial	4/11/2014		PA Required See website - http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Evzio	3/16/2015		PA Required - submit medical necessity
Ofadin	6/23/2016		PA Required - submit medical necessity
Orfadin	9/12/2016		PA Required - submit medical necessity
Tecfidera	10/3/2016		PA Required - submit medical necessity
Fortamet (All forms)	10/3/2016		PA Required - submit medical necessity
Glumetza (All forms)	10/3/2016		PA Required - submit medical necessity
Direct Acting Antivirals for Hepatitis C Virus (HCV) - All	9/29/2017 (updated)		PA Required See website for class criteria and preferred regimen - 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
Kapvay ER 0.1mg	12/21/2011		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

New Product Prior Authorization Criteria
 Class 1 requires treatment failure with at least 1 prior therapy
 Class 2 requires treatment failure with at least 2 prior therapies

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Medication	Date Added	Date Removed	Additional Notes
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
QNASL 80mcg Nasal Spray	4/18/2012		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
Ciclodan 0.77% Cream Kit	8/17/2012		Class 2: at least 2 previously failed therapies required
Ultravate X Ointment combo	8/17/2012		Class 2: at least 2 previously failed therapies required
Ultravate X Cream combo	8/17/2012		Class 2: at least 2 previously failed therapies required
Neosalus CP Cream	8/17/2012		Class 2: at least 2 previously failed therapies required
Reprexain 2.5/200,5/200,10/200	9/21/2012		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
Forfivo XL 450mg	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
Synalar TS 0.01% kit	10/24/2012		Class 2: at least 2 previously failed therapies required
Onmel 200mg	1/16/2013		Class 2: at least 2 previously failed therapies required
Synalar 0.025% Crm & Oint Kit	1/16/2013		Class 2: at least 2 previously failed therapies required
Lotemax 0.5% Opth Gel	1/16/2013		Class 2: at least 2 previously failed therapies required
Oxtellar XR 150mg,300mg,600mg	1/16/2013		Class 2: at least 2 previously failed therapies required
Quillivant XR 25mg/5mL Susp	2/20/2013		Class 2: at least 2 previously failed therapies required
Uceris 9mg ER	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
Delzicol DR 400mg capsule	3/20/2013		Class 2: at least 2 previously failed therapies required
Prolensa 0.07% drops	5/22/2013		Class 2: at least 2 previously failed therapies required
Topicort 0.25% Spray	5/22/2013		Class 2: at least 2 previously failed therapies required
Sod Sulfate-Sulfur 9-4.5% Wash (Biocomp)	5/22/2013		Class 2: at least 2 previously failed therapies required
Simbrinza 1% - 0.2% drops	5/22/2013		Class 2: at least 2 previously failed therapies required
Namenda XR pack and all strengths	5/22/2013		Class 2: at least 2 previously failed therapies required
Zipsor 25mg	5/22/2013		Class 2: at least 2 previously failed therapies required
Liptruzet 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 with Codeine 50-300-40-30	8/21/2013		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

New Product Prior Authorization Criteria
 Class 1 requires treatment failure with at least 1 prior therapy
 Class 2 requires treatment failure with at least 2 prior therapies

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Last Updated 9/29/2017

Medication	Date Added	Date Removed	Additional Notes
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
Trokendi XR all strengths	9/18/2013		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
Fabior 0.1% Foam	9/18/2013		Class 2: at least 2 previously failed therapies required
Brintellix (all strengths)	10/23/2013		Class 2: at least 2 previously failed therapies required
Actemra 162mg/0.9mL	12/4/2013		Class 2: at least 2 previously failed therapies required
Zorvolex (all strengths)	12/4/2013		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
Fetzima (all strengths)	12/27/2013		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
Xartemis XR	4/11/2014		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
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
Orenitram ER	4/11/2014		Class 2: at least 2 previously failed therapies required
Hydrocodone/APAP 5/300mg	5/16/2014		Class 2: at least 2 previously failed therapies required
Hydrocodone/APAP 7.5/300mg	5/16/2014		Class 2: at least 2 previously failed therapies required
Hydrocodone/APAP 10/300mg	5/16/2014		Class 2: at least 2 previously failed therapies required
Qudexy XR cap	6/27/2014		Class 2: at least 2 previously failed therapies required
Eloctate	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
Clodan 0.05%	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
Ryanodex	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
Revatio suspension	10/17/2014		Class 2: at least 2 previously failed therapies required
Sumavel Dosepro	12/19/2014		Class 2: at least 2 previously failed therapies required
Akynzeo	12/19/2014		Class 2: at least 2 previously failed therapies required
Afrezza	1/9/15, 8/29/16, 9/12/16		Class 2: at least 2 previously failed therapies required
Trezix	1/9/2015		Class 2: at least 2 previously failed therapies required
Hysingla ER	1/9/2015		Class 2: at least 2 previously failed therapies required

New Product Prior Authorization Criteria
 Class 1 requires treatment failure with at least 1 prior therapy
 Class 2 requires treatment failure with at least 2 prior therapies

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Medication	Date Added	Date Removed	Additional Notes
Sulfacetamide sodium 10% cleanser gel	1/9/2015		Class 2: at least 2 previously failed therapies required
Onexton gel with pump	1/9/2015		Class 2: at least 2 previously failed therapies required
Obredon solution	2/6/2015		Class 2: at least 2 previously failed therapies required
Embeda ER (all strengths)	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
Onexton gel	2/6/2015		Class 2: at least 2 previously failed therapies required
Afrezza inh1	7/31/2015		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
Nuessa gel	7/31/2015		Class 2: at least 2 previously failed therapies required
Toujeo Solostar	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
Aristada Syr	11/16/2015		Class 2: at least 2 previously failed therapies required
Envarsus XR	11/16/2015		Class 2: at least 2 previously failed therapies required
Synjardy	11/16/2015		Class 2: at least 2 previously failed therapies required
Durlaza	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
Hycufenix	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
Varubi	11/16/2015		Class 2: at least 2 previously failed therapies required
Clobetasol Spray	11/16/2015		Class 2: at least 2 previously failed therapies required
Pandel 0.1% cream	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
Vivlodex Capsule	12/21/2015		Class 2: at least 2 previously failed therapies required
Upravi	1/11/2016		Class 2: at least 2 previously failed therapies required
Enstilar	2/4/2016		Class 2: at least 2 previously failed therapies required
Dyanavel XR	2/4/2016		Class 2: at least 2 previously failed therapies required
Allzital	3/7/2016		Class 2: at least 2 previously failed therapies required
Quillichew ER	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
Xeljanz XR	3/25/2016		Class 2: at least 2 previously failed therapies required
Spritam	3/25/2016		Class 2: at least 2 previously failed therapies required

New Product Prior Authorization Criteria
Class 1 requires treatment failure with at least 1 prior therapy
Class 2 requires treatment failure with at least 2 prior therapies

Alaska Medicaid Interim Prior Authorization List

Last Updated 9/29/2017

Medication	Date Added	Date Removed	Additional Notes
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
Zembrace SymTouch	4/28/2016		Class 2: at least 2 previously failed therapies required
Sernivo	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
Ultravate Lotion	5/30/2016		Class 2: at least 2 previously failed therapies required
Delzicol (manufactured by Allergan)	6/23/2016		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
Qbrexis	8/29/2016		Class 2: at least 2 previously failed therapies required
Emend 125mg Suspension	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
Relistor 150mg Tablet	9/12/2016		Class 2: at least 2 previously failed therapies required
Yosprala	11/7/2016		Class 2: at least 2 previously failed therapies required
Invokamet XR	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
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
Bosulif 100mg, 500mg	10/24/2012		Class 1: at least 1 previously failed therapy required
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
Iclusig 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

New Product Prior Authorization Criteria
 Class 1 requires treatment failure with at least 1 prior therapy
 Class 2 requires treatment failure with at least 2 prior therapies

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Medication	Date Added	Date Removed	Additional Notes
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
Osphena 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
Vecamyl 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
Gilotrif 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
Vaichlor Gel 0.016%	12/4/2013		Class 1: at least 1 previously failed therapy required
Opsumit 10mg tablet	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
Fycopma	3/14/2014, 7/7/2016		Class 1: at least 1 previously failed therapy required
Ecoza 1% foam	3/14/2014		Class 1: at least 1 previously failed therapy required
Farxiga	3/14/2014		Class 1: at least 1 previously failed therapy required
Velphoro	3/14/2014		Class 1: at least 1 previously failed therapy required
Luzu 1% cream	3/14/2014		Class 1: at least 1 previously failed therapy required
Aptiom	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
Otezla - all strengths	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
Jublia solution	6/27/2014		Class 1: at least 1 previously failed therapy required

New Product Prior Authorization Criteria
Class 1 requires treatment failure with at least 1 prior therapy
Class 2 requires treatment failure with at least 2 prior therapies

Alaska Medicaid Interim Prior Authorization List

Last Updated 9/29/2017

Medication	Date Added	Date Removed	Additional Notes
Zontivity tab	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
Hemangeol	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
Entyvio	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
Trulicity	10/17/2014		Class 1: at least 1 previously failed therapy required
Hyqvia	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
Neo-synalar 0.5-0.025% cream	10/17/2014		Class 1: at least 1 previously failed therapy required
Bydureon pen	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
Jardiance	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
Invokamet	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
Kerydin	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
Mitigare	12/19/2014		Class 1: at least 1 previously failed therapy required
Plegridy (all strengths)	12/19/2014		Class 1: at least 1 previously failed therapy required
Tybost	12/19/2014		Class 1: at least 1 previously failed therapy required
Humira syringe kit	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
Spiriva Respimat	12/19/2014		Class 1: at least 1 previously failed therapy required
Xigduo XR	12/19/2014		Class 1: at least 1 previously failed therapy required
Lemtrada	12/19/2014		Class 1: at least 1 previously failed therapy required
Belsomra (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

New Product Prior Authorization Criteria
 Class 1 requires treatment failure with at least 1 prior therapy
 Class 2 requires treatment failure with at least 2 prior therapies

Alaska Medicaid Interim Prior Authorization List

Last Updated 9/29/2017

Medication	Date Added	Date Removed	Additional Notes
Arnuity Ellipta	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
Mircera syringe (all strengths)	1/9/2015		Class 1: at least 1 previously failed therapy required
Kitabis Pak	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
Qnasl Children	2/6/2015		Class 1: at least 1 previously failed therapy required
Savaysa (all strengths)	2/6/2015		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
Cholbam 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
Cymbalta DR 40mg	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
Stiolto Respimat	7/31/2015		Class 1: at least 1 previously failed therapy required
Ixinity	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
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
Pristiq ER	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

New Product Prior Authorization Criteria
 Class 1 requires treatment failure with at least 1 prior therapy
 Class 2 requires treatment failure with at least 2 prior therapies

Alaska Medicaid Interim Prior Authorization List

Last Updated 9/29/2017

Medication	Date Added	Date Removed	Additional Notes
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
Ravicti	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
Odomzo	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
Ultibron	11/30/2015		Class 1: at least 1 previously failed therapy required
Seebri	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
Vraylar	3/7/2016		Class 1: at least 1 previously failed therapy required
Otiprio	3/7/2016		Class 1: at least 1 previously failed therapy required
Odefsey	3/25/2016		Class 1: at least 1 previously failed therapy required
Humulin R U-500 KwikPen	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
Taltz	4/28/2016		Class 1: at least 1 previously failed therapy required
Cinqair	4/28/2016		Class 1: at least 1 previously failed therapy required

New Product Prior Authorization Criteria
 Class 1 requires treatment failure with at least 1 prior therapy
 Class 2 requires treatment failure with at least 2 prior therapies

Alaska Medicaid Interim Prior Authorization List

Last Updated 9/29/2017

Medication	Date Added	Date Removed	Additional Notes
Striverdi Respimat	4/28/2016		Class 1: at least 1 previously failed therapy required
Wilate	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
Hyqvia IG Component	6/23/2016		Class 1: at least 1 previously failed therapy required
Hyqvia 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
Probuphine	6/23/2016		Class 1: at least 1 previously failed therapy required
Jentadueto XR	7/7/2016		Class 1: at least 1 previously failed therapy required
Orencia ClickJect	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
Zinbryta	8/1/2016		Class 1: at least 1 previously failed therapy required
Bevespi Aerosphere	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
Xiidra	8/29/2016		Class 1: at least 1 previously failed therapy required
Otovel	8/29/2016		Class 1: at least 1 previously failed therapy required
Zurampic	9/12/2016		Class 1: at least 1 previously failed therapy required
Adlyxin	9/12/2016		Class 1: at least 1 previously failed therapy required
Vemlidy	12/5/2016		Class 1: at least 1 previously failed therapy required
Rayaldee	12/5/2016		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)

New Product Prior Authorization Criteria
 Class 1 requires treatment failure with at least 1 prior therapy
 Class 2 requires treatment failure with at least 2 prior therapies