

Alaska Medicaid Interim Prior Authorization List

Last Updated 11/17/2023

Medication	Date Added	Date Removed	Additional Notes
Quantity Limit with No History Edit	2/15/2013, updated 6/10/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zanaflex Capsules (all strengths)	4/6/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Folic Acid 1mg	4/6/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vitamin D 50,000 units	4/6/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Makena (hydroxyprogesterone caproate)	4/27/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Human Chorionic Gonadotropin products	5/6/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Proton Pump Inhibitor step-edit	5/18/2011	PA removed 11/1/2022	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bactroban Cream (15g and 30g)	5/25/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Botulinum Toxin products	5/25/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vitreolis	6/3/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Incivek	6/15/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Firazyr	9/8/2011		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lovaza, Vescepa	11/1/2011, updated 3/15/2021		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Cialis 5mg	1/4/2012		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Egrifta	1/4/2012		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxecta 7.5mg	2/29/2012	Moved to Oxy-IR PA Criteria	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kalycoco 150mg	2/29/2012	Moved to PA-List 5/8/2013	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xifaxan	3/1/2012		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zyvox	3/1/2012	PA removed 11/1/2022	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Subsys 100mcg,200mcg,400mcg,600mcg, 800mcg,1200mcg,1600n	3/28/2012	Moved to PA-List 5/8/2013	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Korlym 300mg	4/18/2012	Moved to PA-List 5/8/2013	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Berimert 500 Unit Kit	5/23/2012	Moved to PA-List 6/19/2013	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Brand Name Multisource Medications	5/30/2012		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Atypical Antipsychotics (TD and PA)	6/13/2012		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Omeclamox-PAK	6/20/2012	See H.Pylori KITS PA	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Claritex (All forms)	6/27/2012		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xyzal (All forms)	6/27/2012		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kadian 40mg,70mg,130mg,150mg	9/21/2012	7/3/2013 - see new edit	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Exalgo ER 32mg	9/21/2012	7/3/2013 - see new edit	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Binosto 70mg EFF	9/21/2012	See Bisphosphonate Edit	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Nexium DR 2.5mg,5mg Packet	9/21/2012	7/3/2013 - see new edit	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Opans ER 5,7.5,10,15,20,30,40mg NEW	1/16/2013	7/3/2013 - see new edit	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vascepa 1g, 0.5g	1/16/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Juxtapid 5mg,10mg,20mg	2/20/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kynamro 200mg/mL syringe	3/20/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Daliresp	5/8/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
H.Pylori Kits	5/8/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Diclegis DR 10-10, Bonjesta	5/22/2013, updated 6/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bernert	6/19/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
HP Acthar Gel	6/19/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Marinol	6/19/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Noxafil Suspension	6/19/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Rybix ODT	6/19/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Extended Release Opioid Edit	7/3/2013		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ibandronate 3mg/3mL vial	4/11/2014		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zydrelig	10/17/2014		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Evzio	3/16/2015		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kalycoco gran pack	7/31/2015		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Praxbind	11/16/2015		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Purixan oral suspension	11/16/2015		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kanuma	12/21/2015		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Coagadex	12/21/2015		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Nuplazid	5/30/2016		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ofadin	6/23/2016		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Orfadin	9/12/2016		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tecfidera	10/3/2016	2/28/2020	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Fortamet (All forms)	10/3/2016		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Glumetza (All forms)	10/3/2016		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Growth Hormone (Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Nutropin AQ NuSpin, Omnitrope, Saizen, Skytrofa,Zomacton, Zorbtive)	10/3/16, updated 1/2/2023		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Cambia	11/12/2018		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Viberzi	11/12/2018		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Gralise	11/12/2018		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Horizant	11/12/2018		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Orlissa, Oriahann, Myfembree	1/15/2019, updated 11/1/2021		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Epidiolex	1/15/2019, updated 11/16/20		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
CGRP receptor inhibitors (Nurtec, Ubrovelvy, Qulipta,Aimovig,Ajovy,Emgality, Vyepti)	1/15/2019, updated 11/16/20		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xyrem, Xywav	1/15/2019, updated 01/11/21		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Baxdela	3/11/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lucemyra	3/11/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Palynziq	3/11/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Nuedexta	3/11/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hetlioz	3/11/2019, updated 5/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Crysivita	6/10/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
VMAT2 inhibitors (Austedo, Ingrezza, Xenazine)	6/10/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hemibra	6/10/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
benzodiazepine criteria	6/10/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Mavencard	11/11/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx

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Medication	Date Added	Date Removed	Additional Notes
Mayzent	11/11/2019, updated 11/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Sunosi	11/11/2019		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Enflaza	11/11/2019		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Frivadape, Ruzurji	1/6/2020		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Vyndaqel, Vyndamax	1/6/2020		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Corianor	1/6/2020		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Xiaflex	1/6/2020		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Jynarque, Samsca	3/16/2020, updated 6/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Evenity	3/16/2020		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Vumerity	3/16/2020		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Dupixent	6/15/2020, updated 11/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Xolair	6/15/2020, updated 11/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Interleukin-5 inhibitors (Cinqair, Nucala, Fasenna)	6/15/2020, updated 01/17/22		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Oxbryta	6/15/2020, updated 11/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Strensiq	11/16/2020		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Nexletol, Nexlizent	11/16/2020		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Oxervate	11/16/2020		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Reyvow	1/11/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Palforzia	1/11/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Apokyn, Kynobi	1/11/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Dojolvi	1/11/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Insulin Pens	1/11/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Ofev	3/15/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Finlepla	3/15/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Kesimpta	3/15/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Xcopri	3/15/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Imcivree	5/24/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Esbriet	5/24/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Wakix	5/24/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Mytesi	5/24/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Evkeeza	5/24/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Lupkynis	11/1/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Isturisa	11/1/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Aduhelm	11/1/2021		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Lybalvi	1/4/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Kerendia	1/4/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Verquvo	1/4/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Myalept	1/4/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Sphingosine1-Phosphate Receptor Modulator (siponimod, ponesimod, and ozanimod)	3/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Opzelura	3/1/2022, updated 11/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Inhaled Prostaglandins (Tyvaso, Ventavis)	3/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Benlysta	3/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Reclast, Zometa	3/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Prolia, Xgeva	3/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Ocrevus	5/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®)	5/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Zulresso	6/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Soliris Ultomiris	6/1/2022, updated 11/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
DMMD Antisense Oligonucleotides (Exondys 51, Amondys 45, Vyondys 53, Viltepsso)	6/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Krystexxa	6/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Evrysdi	11/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Spinraza	11/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Leqvio	1/2/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Tepezza	1/2/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Empaveli	1/2/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Spravato	1/2/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Voxzogo	1/2/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Orexin receptor antagonists (Belsomra, Dayvigo, Quvivuq)	10/3/16, updated 6/1/2022		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Onfi 5mg, 10mg, 20mg, Sympazan (clobazam)	1/4/2012, updated 3/1/2023	Moved to PA-List 5/8/2013	PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Upravi	3/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Cholban	3/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Opsumit	3/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Tzield	3/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Leqembi	3/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Diclofenac 50mg Powder	3/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Sodium Oxybate	3/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Noxafil	3/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Leuprolide Depot	3/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Briumvi	6/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Hemgenix	6/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Kevzara	6/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Zalmy	6/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Brimonidine gel	6/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Tasimelecon	6/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Perfenidone	6/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Dichlorophenamide	6/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx
Rebinyn	6/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcsi/Pages/pharmacy/medpriorauthoriz.aspx

Medication	Date Added	Date Removed	Additional Notes
Austedo XR	11/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kalydeco Granules	11/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Posaconazole	11/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Columvi	11/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Roctavian	11/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Skyclarys	11/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tezspire	11/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zolgensma	11/1/2023		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Elevidys	1/2/2024		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vjjuvek	1/2/2024		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Entyvio	7/25/2014; Updated 1/2/2024		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Relistor	10/9/13, updated 9/20/2019		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hydromorphone	6/13/2007, update 1/6/2020		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxycodone IR	6/23/2007, update 1/6/2020		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Direct Acting Antivirals for Hepatitis C Virus (HCV) - All	9/29/2017, updated 1/4/2022		PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bisphosphonates Step-Edit	TBD		PA Required See website - https://dhss.alaska.gov/health/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
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-Ceramide, 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
Naflin 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
Zeltona Nasal Spray	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% Oph 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 (Biocomp)	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
Nymalize solution	7/17/2013		Class 2: at least 2 previously failed therapies required
Floricet Capsule 50-300-40	8/21/2013		Class 2: at least 2 previously failed therapies required
Zubevov 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
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
Heticzo capsule	4/11/2014		Class 2: at least 2 previously failed therapies required
Elocate	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
Rasuvo	10/17/2014		Class 2: at least 2 previously failed therapies required
Revatol 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
Nuessa 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
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
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
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
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
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

Alaska Medicaid Interim Prior Authorization List

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Medication	Date Added	Date Removed	Additional Notes
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
Obrelis	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
Inbrija	4/19/2019		Class 2: at least 2 previously failed therapies required
Ezaflor 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
simvastatin (Flolipid Sol)	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
Nexlizent	9/18/2020		Class 2: at least 2 previously failed therapies required
Qdolo	11/20/2020		Class 2: at least 2 previously failed therapies required
Airduo Digihaler	11/20/2020		Class 2: at least 2 previously failed therapies required
Winlevi	1/15/2021		Class 2: at least 2 previously failed therapies required
Ivermectin Lotion	1/15/2021		Class 2: at least 2 previously failed therapies required
Prolate	4/16/2021		Class 2: at least 2 previously failed therapies required
Reltone	4/16/2021		Class 2: at least 2 previously failed therapies required
Vesicare Susp	4/16/2021		Class 2: at least 2 previously failed therapies required
Reditrex	4/16/2021		Class 2: at least 2 previously failed therapies required
Rezurock	9/17/2021		Class 2: at least 2 previously failed therapies required
Azastarys	9/17/2021		Class 2: at least 2 previously failed therapies required
Rozzet	9/17/2021		Class 2: at least 2 previously failed therapies required
Elepsia XR	9/17/2021		Class 2: at least 2 previously failed therapies required
Tyrvaya	11/19/2021		Class 2: at least 2 previously failed therapies required
Sertraline 150mg & 200mg	11/19/2021		Class 2: at least 2 previously failed therapies required
Opzelura	11/19/2021		Class 2: at least 2 previously failed therapies required
LoreevXR	11/19/2021		Class 2: at least 2 previously failed therapies required
Baclofen liquid	11/19/2021		Class 2: at least 2 previously failed therapies required
Leqvio	1/17/2022		Class 2: at least 2 previously failed therapies required
Oxycodone/Apap 10/300 Per 5ml	1/17/2022		Class 2: at least 2 previously failed therapies required
Lofena	1/17/2022		Class 2: at least 2 previously failed therapies required
Eprontia	1/17/2022		Class 2: at least 2 previously failed therapies required
Susvimo	1/17/2022		Class 2: at least 2 previously failed therapies required
Fenofibrate (New Generic Strength)	1/17/2022		Class 2: at least 2 previously failed therapies required
Dartisla	4/15/2022		Class 2: at least 2 previously failed therapies required
Adbry	4/15/2022		Class 2: at least 2 previously failed therapies required
Seglantis	4/15/2022		Class 2: at least 2 previously failed therapies required
Fleqsuvy Suspension	4/15/2022		Class 2: at least 2 previously failed therapies required
Cibinqo	4/15/2022		Class 2: at least 2 previously failed therapies required
Tramadol 25mg/5 MI	4/15/2022		Class 2: at least 2 previously failed therapies required
Twynéo	4/15/2022		Class 2: at least 2 previously failed therapies required
Citalopram Capsule	4/15/2022		Class 2: at least 2 previously failed therapies required
Voquezna dual pak	9/16/2022		Class 2: at least 2 previously failed therapies required
Voquezna triple pak	9/16/2022		Class 2: at least 2 previously failed therapies required
Metformin 625mg	9/16/2022		Class 2: at least 2 previously failed therapies required
Lyvispah	9/16/2022		Class 2: at least 2 previously failed therapies required
Mounjaro	9/16/2022		Class 2: at least 2 previously failed therapies required
Epsolay	9/16/2022		Class 2: at least 2 previously failed therapies required
Aspruzyo	9/16/2022		Class 2: at least 2 previously failed therapies required
Vivjoa	9/16/2022		Class 2: at least 2 previously failed therapies required
Dyanavel XR	9/16/2022		Class 2: at least 2 previously failed therapies required
Venlafaxine ER 112.5mg	9/16/2022		Class 2: at least 2 previously failed therapies required
Entadfi	9/16/2022		Class 2: at least 2 previously failed therapies required
Ryaltris	11/18/2022		Class 2: at least 2 previously failed therapies required
Zonisomide 100mg/5ml	11/18/2022		Class 2: at least 2 previously failed therapies required
Tadiq	11/18/2022		Class 2: at least 2 previously failed therapies required
Methocarbamol	11/18/2022		Class 2: at least 2 previously failed therapies required

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Medication	Date Added	Date Removed	Additional Notes
Allopurinol 200mg	11/18/2022		Class 2: at least 2 previously failed therapies required
Furoscix	11/18/2022		Class 2: at least 2 previously failed therapies required
Xelstrym	11/18/2022		Class 2: at least 2 previously failed therapies required
Methylphenidate Er	11/17/2022		Class 2: at least 2 previously failed therapies required
Relexxii ER	11/18/2022		Class 2: at least 2 previously failed therapies required
Tascenso ODT	12/15/2022		Class 2: at least 2 previously failed therapies required
Ezetimibe-atorvastatin	6/1/2023		Class 2: at least 2 previously failed therapies required
Aponvie	6/1/2023		Class 2: at least 2 previously failed therapies required
Konvomep	6/1/2023		Class 2: at least 2 previously failed therapies required
Piperacillin-tazobactam	4/21/2023		Class 2: at least 2 previously failed therapies required
Streptomycin	4/21/2023		Class 2: at least 2 previously failed therapies required
Amphotericin B	4/21/2023		Class 2: at least 2 previously failed therapies required
Voriconazole (injection)	4/21/2023		Class 2: at least 2 previously failed therapies required
Baclofen suspension	11/1/2023		Class 2: at least 2 previously failed therapies required
Lumryz	11/1/2023		Class 2: at least 2 previously failed therapies required
Uzedry ER	11/1/2023		Class 2: at least 2 previously failed therapies required
Zolpidem 7.5mg	11/1/2023		Class 2: at least 2 previously failed therapies required
Zavzpret	11/1/2023		Class 2: at least 2 previously failed therapies required
Liqrev	11/1/2023		Class 2: at least 2 previously failed therapies required
Iruzeh	11/1/2023		Class 2: at least 2 previously failed therapies required
Abilify Asimtufli	11/1/2023		Class 2: at least 2 previously failed therapies required
Airsupra	1/2/2024		Class 2: at least 2 previously failed therapies required
Glipizide 2.5mg	1/2/2024		Class 2: at least 2 previously failed therapies 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
Zioptan 0.0015% Eye Drops	3/14/2012		Class 1: at least 1 previously failed therapy required
Hectoria 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
Xiandi 40mg	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
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
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
Glucitrif 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
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
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
Cyranza vial	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
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
Keytruda	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

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Medication	Date Added	Date Removed	Additional Notes
Ofev	12/19/2014		Class 1: at least 1 previously failed therapy required
Belomra (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
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
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
Sliolto 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
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
Cresemba vial	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
Gammagard liquid	7/31/2015		Class 1: at least 1 previously failed therapy required
Privilgen	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
Vitektab 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
Sliolto 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
Kevevis	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
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
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
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

Alaska Medicaid Interim Prior Authorization List

Last Updated 11/17/2023

Medication	Date Added	Date Removed	Additional Notes
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

Medication	Date Added	Date Removed	Additional Notes
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
Aklief	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
Drizalma Sprinkle	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
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
Palforza	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
Ubrelyv	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
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
Lymjev	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
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
Alkindi Sprinkle	10/20/2021		Class 1: at least 1 previously failed therapy required
Ongentys	10/20/2021		Class 1: at least 1 previously failed therapy required
Semglee	10/20/2021		Class 1: at least 1 previously failed therapy required
Kesimpta	10/20/2021		Class 1: at least 1 previously failed therapy required
Orladeyo	1/15/2021		Class 1: at least 1 previously failed therapy required
Verquvo	4/16/2021		Class 1: at least 1 previously failed therapy required
Klisyri	4/16/2021		Class 1: at least 1 previously failed therapy required
Gemtesa	4/16/2021		Class 1: at least 1 previously failed therapy required
Thyquidity	4/16/2021		Class 1: at least 1 previously failed therapy required
Saphnelo	9/17/2021		Class 1: at least 1 previously failed therapy required
Bylvay	9/17/2021		Class 1: at least 1 previously failed therapy required
Kerendia	9/17/2021		Class 1: at least 1 previously failed therapy required
Rylaze	9/17/2021		Class 1: at least 1 previously failed therapy required
Brexafemme	9/17/2021		Class 1: at least 1 previously failed therapy required
Ayvakit	9/17/2021		Class 1: at least 1 previously failed therapy required
Kimrysa	9/17/2021		Class 1: at least 1 previously failed therapy required
Empaveli	9/17/2021		Class 1: at least 1 previously failed therapy required
Qelbree ER	9/17/2021		Class 1: at least 1 previously failed therapy required
Zegalogue	9/17/2021		Class 1: at least 1 previously failed therapy required
Ponvory	9/17/2021		Class 1: at least 1 previously failed therapy required
Tavneos	11/19/2021		Class 1: at least 1 previously failed therapy required
Everolimus	11/19/2021		Class 1: at least 1 previously failed therapy required
Livmarli	11/19/2021		Class 1: at least 1 previously failed therapy required
Trudhesa	11/19/2021		Class 1: at least 1 previously failed therapy required
Ursodiol 200mg & 400mg	11/19/2021		Class 1: at least 1 previously failed therapy required
Wellrege	11/19/2021		Class 1: at least 1 previously failed therapy required
Livtensity	1/17/2022		Class 1: at least 1 previously failed therapy required
Besremi	1/17/2022		Class 1: at least 1 previously failed therapy required
Infliximab (biosimilar)	1/17/2022		Class 1: at least 1 previously failed therapy required
Everolimus	1/17/2022		Class 1: at least 1 previously failed therapy required
Elyxb	1/17/2022		Class 1: at least 1 previously failed therapy required
Injectafer	1/17/2022		Class 1: at least 1 previously failed therapy required
Vuity	1/17/2022		Class 1: at least 1 previously failed therapy required
Gvoke	1/17/2022		Class 1: at least 1 previously failed therapy required
Tezspire	4/15/2022		Class 1: at least 1 previously failed therapy required
Tarpeyo	4/15/2022		Class 1: at least 1 previously failed therapy required
Deferiprone	4/15/2022		Class 1: at least 1 previously failed therapy required
Vasostriect	4/15/2022		Class 1: at least 1 previously failed therapy required
Digoxin 62.5mg	4/15/2022		Class 1: at least 1 previously failed therapy required
Ibsrela	4/15/2022		Class 1: at least 1 previously failed therapy required

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Soaanz	4/15/2022		Class 1: at least 1 previously failed therapy required
Recorlev	4/15/2022		Class 1: at least 1 previously failed therapy required
Vtama	9/16/2022		Class 1: at least 1 previously failed therapy required
Radicava	9/16/2022		Class 1: at least 1 previously failed therapy required
Camzyos	9/16/2022		Class 1: at least 1 previously failed therapy required
Norliqva	9/16/2022		Class 1: at least 1 previously failed therapy required
Valsartan liquid	9/16/2022		Class 1: at least 1 previously failed therapy required
Verkazia	9/16/2022		Class 1: at least 1 previously failed therapy required
Tlando	9/16/2022		Class 1: at least 1 previously failed therapy required
Adlarity	9/16/2022		Class 1: at least 1 previously failed therapy required
Ztalmly	9/16/2022		Class 1: at least 1 previously failed therapy required
Amvuttra	9/16/2022		Class 1: at least 1 previously failed therapy required
Zoryve	9/16/2022		Class 1: at least 1 previously failed therapy required
Doryx DR	11/18/2022		Class 1: at least 1 previously failed therapy required
Pheburane Pellet	11/18/2022		Class 1: at least 1 previously failed therapy required
Spevigo	11/18/2022		Class 1: at least 1 previously failed therapy required
Sotyktu	11/18/2022		Class 1: at least 1 previously failed therapy required
Auvelity	11/18/2022		Class 1: at least 1 previously failed therapy required
Flynetra	11/18/2022		Class 1: at least 1 previously failed therapy required
Rolvedon	11/18/2022		Class 1: at least 1 previously failed therapy required
Ermeza	11/18/2022		Class 1: at least 1 previously failed therapy required
Stimufend	12/14/2022		Class 1: at least 1 previously failed therapy required
Amjevita	6/1/2023		Class 1: at least 1 previously failed therapy required
Atorvaliq	6/1/2023		Class 1: at least 1 previously failed therapy required
Oxybutinin	6/1/2023		Class 1: at least 1 previously failed therapy required
Primidone 125mg	11/1/2023		Class 1: at least 1 previously failed therapy required
Sogroya	11/1/2023		Class 1: at least 1 previously failed therapy required
Amjevita 10mg	11/1/2023		Class 1: at least 1 previously failed therapy required
Veozah	11/1/2023		Class 1: at least 1 previously failed therapy required
Yusimry	11/1/2023		Class 1: at least 1 previously failed therapy required
Idacio	11/1/2023		Class 1: at least 1 previously failed therapy required
Adalimumab-FKJP	11/1/2023		Class 1: at least 1 previously failed therapy required
Hulio	11/1/2023		Class 1: at least 1 previously failed therapy required
Cyltezo	11/1/2023		Class 1: at least 1 previously failed therapy required
Adalimumab-ADAZ(cf)	11/1/2023		Class 1: at least 1 previously failed therapy required
Suflave	11/1/2023		Class 1: at least 1 previously failed therapy required
Yuflyma(cf)	11/1/2023		Class 1: at least 1 previously failed therapy required
Hyrimoz(cf)	11/1/2023		Class 1: at least 1 previously failed therapy required
Hadlima	11/1/2023		Class 1: at least 1 previously failed therapy required
Xdemvy	11/1/2023		Class 1: at least 1 previously failed therapy required
Ycanth	11/1/2023		Class 1: at least 1 previously failed therapy required
Ngenla pen	11/1/2023		Class 1: at least 1 previously failed therapy required
Brenzavvy	11/1/2023		Class 1: at least 1 previously failed therapy required
Opvee	1/2/2024		Class 1: at least 1 previously failed therapy required
Lodoco	1/2/2024		Class 1: at least 1 previously failed therapy required
Nitrofurantoin 50mg/5ml susp	1/2/2024		Class 1: at least 1 previously failed therapy required
Jesduvroq	1/2/2024		Class 1: at least 1 previously failed therapy required
Pokonza	1/2/2024		Class 1: at least 1 previously failed therapy required
Adalimumab-adbm	1/2/2024		Class 1: at least 1 previously failed therapy required
Hyrimoz	1/2/2024		Class 1: at least 1 previously failed therapy required
Trientine	1/2/2024		Class 1: at least 1 previously failed therapy required
Motpoly XR	1/2/2024		Class 1: at least 1 previously failed therapy required
Abirilada	1/2/2024		Class 1: at least 1 previously failed therapy required
Bimzelx	1/2/2024		Class 1: at least 1 previously failed therapy required
Likmez	1/2/2024		Class 1: at least 1 previously failed therapy required
Baclofen 10mg/5ml susp	1/2/2024		Class 1: at least 1 previously failed therapy required
Velsipity	1/2/2024		Class 1: at least 1 previously failed therapy required

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Medication	Date Added	Date Removed	Additional Notes
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)
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
Metadone 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