Alaska Medicaid Interim Prior Authorization List

Medication	Date Added	Date Removed	Additional Notes
Quantity Limit with No History Edit	2/15/2013, updated 6/10/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zanaflex Capsules (all strengths)	4/6/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Folic Acid 1mg	4/6/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vitamin D 50,000 units	4/6/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Makena (hydroxyprogesterone caproate)	4/27/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Human Chorionic Gonadotropin products	5/6/2011	N/A	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	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Botulinum Toxin products	5/25/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Victrelis	6/3/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Incivek	6/15/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Firazyr	9/8/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lovaza, Vescepa	11/1/2011, updated 3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Cialis 5mg	1/4/2012	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Egrifta	1/4/2012	N/A	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
Kalydeco 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	N/A	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,1600mcg	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
Berinert 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	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Atypical Antipsychotics (TD and PA)	6/13/2012	N/A	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
Clarinex (All forms)	6/27/2012	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xyzal (All forms)	6/27/2012	N/A	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
Opana 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	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Juxtapid 5mg,10mg,20mg	2/20/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kynamro 200mg/mL syringe	3/20/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Daliresp	5/8/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
H.Pylori Kits	5/8/2013	N/A	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	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Berinert	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
HP Acthar Gel	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Marinol	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Noxafil Suspension	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Rybix ODT	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Extended Release Opioid Edit	*7/31/2013*	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ibandronate 3mg/3mL vial	4/11/2014	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zydelig	10/17/2014	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Evzio	3/16/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kalydeco gran pack	7/31/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Praxbind	11/16/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Purixan oral suspension	11/16/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kanuma	12/21/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Coagadex	12/21/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Nuplazid	5/30/2016	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ofadin	6/23/2016	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Orfadin	9/12/2016	N/A	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	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Glumetza (All forms)	10/3/2016	N/A	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	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Cambia	11/12/2018	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Viberzi	11/12/2018	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Gralise	11/12/2018	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Horizant	11/12/2018	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Orilissa, Oriahann, Myfembree	1/15/2019, updated11/1/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Epidiolex	1/15/2019, updated 11/16/20	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
CGRP receptor inhibitors (Nurtec, Ubrelvy,Qulipta,Aimovig,Ajovy,Emgality, Vyepti)	1/15/2019, updated 11/16/20	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xyrem, Xywav	1/15/2019, updated 01/11/21	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Baxdela	3/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lucemyra	3/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Palynziq	3/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Nuedexta	3/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hetlioz	3/11/2019, updated 5/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Crysvita	6/10/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
VMAT2 inhibitors (Austedo, Ingrezza, Xenazine)	6/10/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hemlibra	6/10/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
benzodiazepine criteria	6/10/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Mavenclad	11/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Mayzent	11/11/2019, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Sunosi	11/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Emflaza	11/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Entyvio	7/25/2014, Updated 3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Firadapse, Ruzurgi	1/6/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vyndaqel, Vyndamax	1/6/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Corlanor	1/6/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xiaflex	1/6/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Jynarque, Samsca	3/16/2020, updated 6/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Evenity	3/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vumerity	3/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Dupixent	6/15/2020, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xolair	6/15/2020, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Interleukin-5 inhibitors (Cinqair, Nucala. Fasenra)	6/15/2020, updated 01/17/22	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxbryta	6/15/2020, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Strensiq	11/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Nexletol, Nexlizent	11/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxervate	11/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Reyvow	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Paliforzia	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Apokyn, Kynobi	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Dojolvi	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Insulin Pens	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ofev	3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Fintepla	3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kesimpta	3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Xcopri	3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Imcivree	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Esbriet	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Wakix	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Mytesi	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Evkeeza	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lupkynis	11/1/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Isturisa	11/1/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Aduhelm	11/1/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lybalvi	1/4/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kerendia	1/4/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Verquvo	1/4/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Myalept	1/4/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Sphingosine1-Phosphate Receptor Modulator (siponimod, ponesimod, and ozanimod)	3/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Opzelura	3/1/2022, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Inhaled Prostacyclins (Tyvaso, Ventavis)	3/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Benlysta	3/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Reclast, Zometa	3/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Prolia, Xgeva	3/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ocrevus	5/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®)	5/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zulresso	6/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Soliris Ultomiris	6/1/2022, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
DMD Antisense Oligonucleotides (Exondys 51, Amondys 45, Vyondys 53, Viltepso)	6/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Krystexxa	6/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Evrysdi	11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Spinraza	11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Leqvio	1/2/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tepezza	1/2/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Empaveli	1/2/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Spravato	1/2/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Voxzogo	1/2/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Orexin receptor antagonists (Belsomra, Dayvigo,Quvivuq)	10/3/16, updated 6/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/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/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Uptravi	3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Cholbam	3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Opsumit	3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tzield	3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Leqembi	3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Diclofenac 50mg Powder	3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Sodium Oxybate	3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Noxafil	3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Leuprolide Depot	3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Briumvi	6/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hemgenix	6/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kevzara	6/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ztalmy	6/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Brimonidine gel	6/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tasimelteon	6/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Pirfenidone	6/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Dichlorphenamide	6/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Rebinyn	6/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Austedo XR	11/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kalydeco Granules	11/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Posaconazole	11/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Columvi	11/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Roctavian	11/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Skyclarys	11/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tezspire	11/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zolgensma	11/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Qutenza	3/1/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Velsipity	3/1/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zilbrysq	3/1/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zurzuvae	3/1/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Relistor	*10/9/13, updated 9/20/2019*	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hydromorphone	6/13/2007, update 1/6/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxycodone IR	6/23/2007, update 1/6/2020	N/A	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	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bisphosphonates Step-Edit	*TBD*	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zymfentra	4/19/2024	Moved to MAP PA 6/1/2025	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Adbry	4/19/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Deflazacort	4/19/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Fabhalta	4/19/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Gabapentin ER	4/19/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Mifepristone	4/19/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ingrezza sprinkle	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/dhcs/Pages/pharmacy/medpriorauthoriz.aspx
Fasenra	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/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

Medication	Date Added	Date Removed	Additional Notes
Carbinoxamine ER 4mg/5ml suspension	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Acthar Selfject	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ivabradine	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Oxycodone 15mg	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Lofexidine	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bepreve	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bimatek	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Rystiggo	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Veozah	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Kisunla	11/15/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tremfya	11/15/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Winrevair	11/15/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zynteglo	11/15/2024	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Hympavzi	1/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Auvelity	1/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ocrevus Zunovo	1/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Skyrizi	1/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Crenessity	6/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Sympcroic	6/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Zymfentra	6/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab	4/14/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab-AEKN	4/29/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Tolvaptan	5/9/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Cservelt	6/4/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Stobocio	6/4/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Imuldosa	6/18/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bomyntra	6/30/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Conexxence	6/30/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Rivaroxaban	7/2/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Egrifta WR	7/21/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
CDV Pyzchiva	8/5/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Andembry	11/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ekterly	11/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bidyos	9/11/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Bliprevba	9/11/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Otuti	9/15/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Gabapentin ER	10/10/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Belarsdi	10/16/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ospomyv	10/23/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Starjemza	10/27/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Dawzsera	1/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Vykat XR	1/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab-AAUZ	11/3/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Cladribine	11/26/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Prednisone DR	12/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/healthdhcs/Pages/pharmacy/medpriorauthoriz.aspx
Abstral (all strengths)	3/2/2011	N/A	Class 2: at least 2 previously failed therapies required
Morgidox	5/18/2011	N/A	Class 2: at least 2 previously failed therapies required
Lotemax Ointment	9/8/2011	N/A	Class 2: at least 2 previously failed therapies required
Lazanda	11/2/2011, 7/7/2016	N/A	Class 2: at least 2 previously failed therapies required
Leukine	11/23/2011	N/A	Class 2: at least 2 previously failed therapies required
TL-Cerride, Epiceram	12/21/2011	N/A	Class 2: at least 2 previously failed therapies required
Jakafi (5mg-25mg)	12/21/2011	N/A	Class 2: at least 2 previously failed therapies required
Atrapro Hydrogel and Dermal Spray	2/29/2012	N/A	Class 2: at least 2 previously failed therapies required
Aurstat	2/29/2012	N/A	Class 2: at least 2 previously failed therapies required
Recliv	2/29/2012	N/A	Class 2: at least 2 previously failed therapies required
Naftin 2% Cream	3/14/2012	N/A	Class 2: at least 2 previously failed therapies required
Tramadol Hcl 150mg Capsules	3/28/2012	N/A	Class 2: at least 2 previously failed therapies required
Dymista Spray	7/20/2012	N/A	Class 2: at least 2 previously failed therapies required
Zetonna Nasal Spray	7/20/2012	N/A	Class 2: at least 2 previously failed therapies required
Neosalus CP Cream	8/17/2012	N/A	Class 2: at least 2 previously failed therapies required
Gabaperin 250mg/cup,300mg/6ML	9/21/2012	N/A	Class 2: at least 2 previously failed therapies required
Rayos DR 1mg,2mg,5mg	10/24/2012	N/A	Class 2: at least 2 previously failed therapies required
Lotemax 0.5% Opth Gel	1/16/2013	N/A	Class 2: at least 2 previously failed therapies required
Quillivant XR 25mg/5mL Susp	2/20/2013	N/A	Class 2: at least 2 previously failed therapies required
Sod Sulface-Sulfur 9-4.5% Wash (Bioscrip)	5/22/2013	N/A	Class 2: at least 2 previously failed therapies required
Liptruzet all strengths	6/26/2013	N/A	Class 2: at least 2 previously failed therapies required
Nymalize solution	7/17/2013	N/A	Class 2: at least 2 previously failed therapies required
Prolicet Capsule 50-300-40	8/21/2013	N/A	Class 2: at least 2 previously failed therapies required
Zubsolv all strengths	8/21/2013	N/A	Class 2: at least 2 previously failed therapies required
Brisdelle 7.5mg	8/21/2013	N/A	Class 2: at least 2 previously failed therapies required
Astagraf XL all strengths	8/21/2013	N/A	Class 2: at least 2 previously failed therapies required
Esomeprazole DR 24.65mg/49.3mg	9/18/2013	N/A	Class 2: at least 2 previously failed therapies required
Granix 300mcg & 480mcg	12/4/2013	N/A	Class 2: at least 2 previously failed therapies required
Prodrin	3/14/2014	N/A	Class 2: at least 2 previously failed therapies required
Adasuve inhaler	3/14/2014	N/A	Class 2: at least 2 previously failed therapies required
Lupaneta kit	3/14/2014	N/A	Class 2: at least 2 previously failed therapies required
Zohydro ER (all strengths)	3/14/2014	N/A	Class 2: at least 2 previously failed therapies required
Xartemis XR	4/11/2014	N/A	Class 2: at least 2 previously failed therapies required
Hetlioz capsule	4/11/2014	N/A	Class 2: at least 2 previously failed therapies required
Elocitate	10/17/2014	N/A	Class 2: at least 2 previously failed therapies required
Fluphenazine decanoate 100% liquid	10/17/2014	N/A	Class 2: at least 2 previously failed therapies required
Vesa patch	10/17/2014	N/A	Class 2: at least 2 previously failed therapies required
Bunavail	10/17/2014	N/A	Class 2: at least 2 previously failed therapies required
Rasuvo	10/17/2014	N/A	Class 2: at least 2 previously failed therapies required
Revatio suspension	10/17/2014	N/A	Class 2: at least 2 previously failed therapies required
Obredon solution	2/6/2015	N/A	Class 2: at least 2 previously failed therapies required
Rytary (all strengths)	2/6/2015	N/A	Class 2: at least 2 previously failed therapies required
Humalog Kwikpen	7/31/2015	N/A	Class 2: at least 2 previously failed therapies required
Proair Respiclick	7/31/2015	N/A	Class 2: at least 2 previously failed therapies required
Nuvessa gel	7/31/2015	N/A	Class 2: at least 2 previously failed therapies required
Fentanyl Patch [37.5, 62.5, 87.5 mcg/hr]	7/31/2015	N/A	Class 2: at least 2 previously failed therapies required
Oxaydo	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Otrexup syringe	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Zecuity Patch	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Dyloject Vial	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Hycofenix	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Epiduo Forte	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Tolak 4%	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Belbuca Film	12/21/2015	N/A	Class 2: at least 2 previously failed therapies required
Vivlodex Capsule	12/21/2015	N/A	Class 2: at least 2 previously failed therapies required
Uptravi	1/11/2016	N/A	Class 2: at least 2 previously failed therapies required
Dyanavel XR	2/4/2016	N/A	Class 2: at least 2 previously failed therapies required
Metoprolol Tartrate (37.5 mg and 75mg only)	3/25/2016	N/A	Class 2: at least 2 previously failed therapies required
Otrexup 22.5 MG, 17.5 MG	4/28/2016	N/A	Class 2: at least 2 previously failed therapies required
Adzenys XR-ODT	4/28/2016	N/A	Class 2: at least 2 previously failed therapies required
Xtampza ER	5/30/2016	N/A	Class 2: at least 2 previously failed therapies required
Donyx MPC	8/1/2016	N/A	Class 2: at least 2 previously failed therapies required
Otrexup 12.5mg	8/1/2016	N/A	Class 2: at least 2 previously failed therapies required
Gialax	8/29/2016	N/A	Class 2: at least 2 previously failed therapies required
Gelsyn-3	8/29/2016	N/A	Class 2: at least 2 previously failed therapies required
Qbrelis	8/29/2016	N/A	Class 2: at least 2 previously failed therapies required
Bysalson	8/29/2016	N/A	Class 2: at least 2 previously failed therapies required
Lazanda	11/2/2011, 7/7/2016	N/A	Class 2: at least 2 previously failed therapies required
Vospirala	11/7/2016	N/A	Class 2: at least 2 previously failed therapies required
Gonitro	11/7/2016	N/A	Class 2: at least 2 previously failed therapies required
Cuvitru	11/7/2016	N/A	Class 2: at least 2 previously failed therapies required
Bromsite	11/7/2016	N/A	Class 2: at least 2 previously failed therapies required
Micort-HC	11/7/2016	N/A	Class 2: at least 2 previously failed therapies required
Inbrija	4/19/2019	N/A	Class 2: at least 2 previously failed therapies required
Ezallor Sprinkle	9/20/2019	N/A	Class 2: at least 2 previously failed therapies required
Proair Digihaler	11/15/2019	N/A	Class 2: at least 2 previously failed therapies required
Dzobax	11/15/2019	N/A	Class 2: at least 2 previously failed therapies required
Rybelsus	11/15/2019	N/A	Class 2: at least 2 previously failed therapies required
Tosymra	11/15/2019	N/A	Class 2: at least 2 previously failed therapies required
Amzeeq	1/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Gabacaine	1/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Arazio	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Trijardy XR	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Zerviate	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Riomet ER	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
simvastatin (Flolipid Sol)	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Talicia	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Consensi	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Brestri Aerosphere	9/18/2020	N/A	Class 2: at least 2 previously failed therapies required
Nexliazent	9/18/2020	N/A	Class 2: at least 2 previously failed therapies required
Qdolo	11/20/2020	N/A	Class 2: at least 2 previously failed therapies required
Airduo Digihaler	11/20/2020	N/A	Class 2: at least 2 previously failed therapies required
Winlevi	1/15/2021	N/A	Class 2: at least 2 previously failed therapies required
Ivermectin Lotion	1/15/2021	N/A	Class 2: at least 2 previously failed therapies required
Prolate	4/16/2021	N/A	Class 2: at least 2 previously failed therapies required
Reltone	4/16/2021	N/A	Class 2: at least 2 previously failed therapies required
Vesicare Susp	4/16/2021	N/A	Class 2: at least 2 previously failed therapies required
Reditrex	4/16/2021	N/A	Class 2: at least 2 previously failed therapies required
Rezurock	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Asastarys	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Rozjet	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Elepsia XR	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Tyruvaya	11/19/2021	N/A	Class 2: at least 2 previously failed therapies required
Sertraline 150ma & 200ma	11/19/2021	N/A	Class 2: at least 2 previously failed therapies required
Dezeliura	11/19/2021	N/A	Class 2: at least 2 previously failed therapies required
LorevaXR	11/19/2021	N/A	Class 2: at least 2 previously failed therapies required
Baclofen liquid	11/19/2021	N/A	Class 2: at least 2 previously failed therapies required
Ledvio	1/17/2022	N/A	Class 2: at least 2 previously failed therapies required
Oxycodone/Apap 10/300 Per 5ml	1/17/2022	N/A	Class 2: at least 2 previously failed therapies required
Sofena	1/17/2022	N/A	Class 2: at least 2 previously failed therapies required
Eprontia	1/17/2022	N/A	Class 2: at least 2 previously failed therapies required
Suvimo	1/17/2022	N/A	Class 2: at least 2 previously failed therapies required
Fenofibrate (New Generic Strength)	1/17/2022	N/A	Class 2: at least 2 previously failed therapies required
Dartisla	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Adbry	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Seglentis	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Fleosuvy Suspension	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Cibingo	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Tramadol 25mg/5 Ml	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Twyneo	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Citalopram Capsule	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Voquezna dual pak	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Voquezna triple pak	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Metformin 625mg	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Lyvispah	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Mounjaro	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Epsolay	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Aspruzyo	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Viviora	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Dvanavel XR	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Venlafaxine ER 112.5ma	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Entadfi	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Ryaltris	11/18/2022	N/A	Class 2: at least 2 previously failed therapies required
Zonisomide 100mg/5ml	11/18/2022	N/A	Class 2: at least 2 previously failed therapies required
Tadliq	11/18/2022	N/A	Class 2: at least 2 previously failed therapies required
Methocarbamol	11/18/2022	N/A	Class 2: at least 2 previously failed therapies required
Allopurinol 200mg	11/18/2022	N/A	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

Medication	Date Added	Date Removed	Additional Notes
Furoscix	11/18/2022	N/A	Class 2: at least 2 previously failed therapies required
Kelstrym	11/18/2022	N/A	Class 2: at least 2 previously failed therapies required
Methylphenidate Er	11/17/2022	N/A	Class 2: at least 2 previously failed therapies required
Releoxii ER	11/18/2022	N/A	Class 2: at least 2 previously failed therapies required
Tascenso ODT	12/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Ezetimibe-atorvastatin	6/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Aponvie	6/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Konvomep	6/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Piperacillin-tazobactam	4/21/2023	N/A	Class 2: at least 2 previously failed therapies required
Streptomycin	4/21/2023	N/A	Class 2: at least 2 previously failed therapies required
Amphotericin B	4/21/2023	N/A	Class 2: at least 2 previously failed therapies required
Voriconazole (iniection)	4/21/2023	N/A	Class 2: at least 2 previously failed therapies required
Baclofen suspension	11/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Lumryz	11/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Zolpidem 7.5mg	11/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Zavzpret	11/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Lisprev	11/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Izuzeh	11/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Airsupra	1/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Glipizide 2.5mg	1/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Orobax DS	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Cabtreo	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Jylamvo	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Cosanto	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Oxaprozin 300mg	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Tramadol 25mg tablet	4/19/2024	N/A	Class 2: at least 2 previously failed therapies required
Nitroglycerin Ointment	4/19/2024	N/A	Class 2: at least 2 previously failed therapies required
Alvaiz	4/19/2024	N/A	Class 2: at least 2 previously failed therapies required
Winrevair	9/20/2024	Moved to MAP 11/15/2024	Class 2: at least 2 previously failed therapies required
Baclofen 15mg	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Tryvio	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Acitretin	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Libervant	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Adbry	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Ohtuvayre	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Ondansetron 16mg ODT	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Halcinonide	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Vafseo	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Tanlor	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Crexont ER	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Livdelzi	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Dnyda XR	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Oxycodone tablet (Bryant Ranch)	11/15/2024	N/A	Class 2: at least 2 previously failed therapies required
Zituvimet	11/15/2024	N/A	Class 2: at least 2 previously failed therapies required
Glimepiride 3mg	11/15/2024	N/A	Class 2: at least 2 previously failed therapies required
Azmiro	11/15/2024	N/A	Class 2: at least 2 previously failed therapies required
Opiqza	11/15/2024	N/A	Class 2: at least 2 previously failed therapies required
Emrosi	11/15/2024	N/A	Class 2: at least 2 previously failed therapies required
Tnvneolza	11/15/2024	N/A	Class 2: at least 2 previously failed therapies required
Hydrocortisone 2.5% sol'n	11/15/2024	N/A	Class 2: at least 2 previously failed therapies required
Tramadol 75mg	11/15/2024	N/A	Class 2: at least 2 previously failed therapies required
Memantine/donepezil ER	1/10/2025	N/A	Class 2: at least 2 previously failed therapies required
Journavx	2/4/2025	N/A	Class 2: at least 2 previously failed therapies required
Metaxalone 640mg	2/25/2025	N/A	Class 2: at least 2 previously failed therapies required
Baldesy	3/5/2025	N/A	Class 2: at least 2 previously failed therapies required
Inzirqo	3/10/2025	N/A	Class 2: at least 2 previously failed therapies required
Symbravo	3/14/2025	N/A	Class 2: at least 2 previously failed therapies required
Finasteride-Tadalafil	3/28/2025	N/A	Class 2: at least 2 previously failed therapies required
Tezuly	4/3/2025	N/A	Class 2: at least 2 previously failed therapies required
Combogesic	4/8/2025	N/A	Class 2: at least 2 previously failed therapies required
Arbli	4/16/2025	N/A	Class 2: at least 2 previously failed therapies required
Bisoprolol 2.5mg	4/11/2025	N/A	Class 2: at least 2 previously failed therapies required
Dolobid	4/18/2025	N/A	Class 2: at least 2 previously failed therapies required
Hemicior	5/1/2025	N/A	Class 2: at least 2 previously failed therapies required
Lopressor 10mg/ml	7/7/2025	N/A	Class 2: at least 2 previously failed therapies required
Topiramate 25mg/ml	7/7/2025	N/A	Class 2: at least 2 previously failed therapies required
Escitalopram 15mg	9/19/2025	N/A	Class 2: at least 2 previously failed therapies required
Zanaflex 6mg	9/23/2025	N/A	Class 2: at least 2 previously failed therapies required
Carbidopa-levo ER capsule	10/20/2025	N/A	Class 2: at least 2 previously failed therapies required
Piperacillin-Tazo 4.5g	10/22/2025	N/A	Class 2: at least 2 previously failed therapies required
Vyscoxa	10/21/2025	N/A	Class 2: at least 2 previously failed therapies required
Tonmya	10/24/2025	N/A	Class 2: at least 2 previously failed therapies required
Lasix Onyu	11/12/2025	N/A	Class 2: at least 2 previously failed therapies required
Desloratadine 0.5mg/ml solution	11/17/2025	N/A	Class 2: at least 2 previously failed therapies required
Jevadin	11/24/2025	N/A	Class 2: at least 2 previously failed therapies required
Weexxv tablet	12/23/2025	N/A	Class 2: at least 2 previously failed therapies required
Zyllga	5/18/2011	N/A	Class 1: at least 1 previously failed therapy required
Zelboraf	9/8/2011	N/A	Class 1: at least 1 previously failed therapy required
Zioptan 0.0015% Eye Drops	3/14/2012	N/A	Class 1: at least 1 previously failed therapy required
Hecoria 0.5mg, 1mg, 5mg	7/20/2012	N/A	Class 1: at least 1 previously failed therapy required
Viokace 10 and 20	9/21/2012	N/A	Class 1: at least 1 previously failed therapy required
Xtandi 40mg	10/24/2012	N/A	Class 1: at least 1 previously failed therapy required
Linzess 145mcg and 290mcg	12/12/2012	N/A	Class 1: at least 1 previously failed therapy required
Iclusig 15mg and 45 mg	1/16/2013	N/A	Class 1: at least 1 previously failed therapy required
Cometriq 60mg, 100mg, 140mg	2/20/2013	N/A	Class 1: at least 1 previously failed therapy required
Gattex 5mg KIT	2/20/2013	N/A	Class 1: at least 1 previously failed therapy required
Fulyzaq 125mg DR tablet	3/20/2013	N/A	Class 1: at least 1 previously failed therapy required
Signifor ampule All strengths	4/24/2013	N/A	Class 1: at least 1 previously failed therapy required
Invokana 100mg,300mg	4/24/2013	N/A	Class 1: at least 1 previously failed therapy required
Osphena 60mg	5/22/2013	N/A	Class 1: at least 1 previously failed therapy required
Diclegis DR 10-10	5/22/2013	N/A	Class 1: at least 1 previously failed therapy required
Sirturo 100mg	5/22/2013	N/A	Class 1: at least 1 previously failed therapy required
Vecamyl 2.5mg	5/22/2013	N/A	Class 1: at least 1 previously failed therapy required
Mekinist all strengths	7/17/2013	N/A	Class 1: at least 1 previously failed therapy required
Tafinlar all strengths	7/17/2013	N/A	Class 1: at least 1 previously failed therapy required
Gilotrif all strengths	9/18/2013	N/A	Class 1: at least 1 previously failed therapy required
Mirvaso 0.33% Gel	9/18/2013	N/A	Class 1: at least 1 previously failed therapy required
Adempas (all strengths)	10/23/2013	N/A	Class 1: at least 1 previously failed therapy required
Valchlor Gel 0.016%	11/4/2013	N/A	Class 1: at least 1 previously failed therapy required
Noxafil DR 100mg tablet	12/27/2013	N/A	Class 1: at least 1 previously failed therapy required
Velphoro	3/14/2014	N/A	Class 1: at least 1 previously failed therapy required
Kuvan powder pack	3/14/2014	N/A	Class 1: at least 1 previously failed therapy required
Tretten 2500 unit vial	4/11/2014	N/A	Class 1: at least 1 previously failed therapy required
Kcentra kit	4/11/2014	N/A	Class 1: at least 1 previously failed therapy required
Noxafil vial	4/11/2014	N/A	Class 1: at least 1 previously failed therapy required
Alprolix vial (all strengths)	5/16/2014, 12/5/2016	N/A	Class 1: at least 1 previously failed therapy required
Graslek tab SL	5/16/2014	N/A	Class 1: at least 1 previously failed therapy required
Ragwitek tab SL	5/16/2014	N/A	Class 1: at least 1 previously failed therapy required
Myalept vial	5/16/2014	N/A	Class 1: at least 1 previously failed therapy required
Cyramza vial	5/16/2014	N/A	Class 1: at least 1 previously failed therapy required
Tanzeum pen injector	6/27/2014	N/A	Class 1: at least 1 previously failed therapy required
Sitavig buccal tab	6/27/2014	N/A	Class 1: at least 1 previously failed therapy required
Sylvant	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Karbinal ER Suspension	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Atryn	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Sivextro vial and tablet	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Bulent	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Kcentra (all forms)	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Dalvance	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Entyvio	7/25/2014, Updated 3/1/2023	N/A	Moved to MAP PA list
Midazolam PF 10mg/2mL syringe	10/17/2014	N/A	Class 1: at least 1 previously failed therapy required
Beleodaq	10/17/2014	N/A	Class 1: at least 1 previously failed therapy required
Northera	10/17/2014	N/A	Class 1: at least 1 previously failed therapy required
Keytruda	10/17/2014	N/A	Class 1: at least 1 previously failed therapy required
Tybost	12/19/2014	N/A	Class 1: at least 1 previously failed therapy required
Esbriet	12/19/2014	N/A	Class 1: at least 1 previously failed therapy required
Ofev	12/19/2014	N/A	Class 1: at least 1 previously failed therapy required
Belsomra (all strengths)	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Lynparza	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Zerbaxa	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Soolantra cream	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Incruse Ellipta	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Reyataz powder pack	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Paricalcitol	2/6/2015	N/A	Class 1: at least 1 previously failed therapy required
Neulasta syringe	2/6/2015	N/A	Class 1: at least 1 previously failed therapy required
Evotaz tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Chobam cap	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Prezcobix tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Prestalia tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Rexulti tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Entresto tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Orkambi tab 200/125mg, 100/125mg	7/31/2015, 11/7/2016	N/A	Class 1: at least 1 previously failed therapy required
Invega Trinza	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Donya DR tab - all strengths	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Stiolto Respimat	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Ibrinity	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Seroquel XR dosepack	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Juxtapid - all strengths	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Glammagard S-D	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Levoleucovorin calcium	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Jadenu	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Cresemba vial	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Gamunex	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Gammagard liquid	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Privigen	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Novoeight	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Fanydak cap	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Lenvima cap	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Signifor LAR - all strengths	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Paizeo ophth	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Brance cap	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Cosentyx - all strengths, all forms	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Glyxambi tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Movantik tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Vrisela tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Ravicti	11/16/2015	N/A	Class 1: at least 1 previously failed therapy required
Stiolto Respimat	11/16/2015	N/A	Class 1: at least 1 previously failed therapy required
Odomzo	11/16/2015	N/A	Class 1: at least 1 previously failed therapy required
Praluent syringe, vial	11/16/2015	N/A	Class 1: at least 1 previously failed therapy required
Repatha Syringe, Sureclick	11/16/2015	N/A	Class 1: at least 1 previously failed therapy required
Kevevis	11/16/2015	N/A	Class 1: at least 1 previously failed therapy required
Ceenu	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Ultibron	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Genvova	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Vibercl	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Cotellic	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Ninlaro Capsule	12/21/2015	N/A	Class 1: at least 1 previously failed therapy required
Adynovate Vial	12/21/2015	N/A	Class 1: at least 1 previously failed therapy required
Vellalssa	12/23/2015	N/A	Class 1: at least 1 previously failed therapy required
Bendeka	1/11/2016	N/A	Class 1: at least 1 previously failed therapy required
Portrazza	1/11/2016	N/A	Class 1: at least 1 previously failed therapy required
Odefsey	3/25/2016	N/A	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

Medication	Date Added	Date Removed	Additional Notes
Idelvion	3/25/2016	N/A	Class 1: at least 1 previously failed therapy required
Cinqair	4/28/2016	N/A	Class 1: at least 1 previously failed therapy required
Wilate	4/28/2016	N/A	Class 1: at least 1 previously failed therapy required
Impavido	4/28/2016	N/A	Class 1: at least 1 previously failed therapy required
Briviact	4/28/2016	N/A	Class 1: at least 1 previously failed therapy required
Venclexta	4/28/2016	N/A	Class 1: at least 1 previously failed therapy required
Cabometyx	5/30/2016	N/A	Class 1: at least 1 previously failed therapy required
Oralair	5/30/2016	N/A	Class 1: at least 1 previously failed therapy required
Mirvaso 0.33% Gel Pump	5/30/2016	N/A	Class 1: at least 1 previously failed therapy required
Ocaliva	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Cetylev	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Hyqvia IG Component	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Hyqvia HY Component	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Lenvima	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Afstyla	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Probuphine	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Jentadueto XR	7/7/2016	N/A	Class 1: at least 1 previously failed therapy required
Repatha Pushtronex	8/1/2016	N/A	Class 1: at least 1 previously failed therapy required
Vonvendi	8/1/2016	N/A	Class 1: at least 1 previously failed therapy required
Ravaldeo	12/5/2016	N/A	Class 1: at least 1 previously failed therapy required
Solosec	12/14/2018	N/A	Class 1: at least 1 previously failed therapy required
Lokelma	12/14/2018	N/A	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
Palynziq	12/14/2018	Move to PA 3/11/2019	Class 1: at least 1 previously failed therapy required
Bevcovi	3/11/2019	N/A	Class 1: at least 1 previously failed therapy required
Nivestym	4/19/2019	N/A	Class 1: at least 1 previously failed therapy required
Tirosent solution	4/19/2019	N/A	Class 1: at least 1 previously failed therapy required
Elzonris	4/19/2019	N/A	Class 1: at least 1 previously failed therapy required
Bijuvia	4/19/2019	N/A	Class 1: at least 1 previously failed therapy required
Doxobril	9/20/2019	N/A	Class 1: at least 1 previously failed therapy required
Caviaquig	9/20/2019	N/A	Class 1: at least 1 previously failed therapy required
Aklief	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Fasenra Pen	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Orialaima Sprinkle	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Fiasp Penfill	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Wakix	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Nyzilam	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Gvoke	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Myxredlin	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Ziextenzo	1/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Retsioyl	1/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Nexletol	4/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Nurtec ODT	4/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Palforzia	4/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Reyvow	4/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Caplyta Capsule	4/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Ubrelvy	4/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Esperoct	4/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Secuado	4/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Ortikos	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Fintepla	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Bynfezia	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Lyumjev	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Kynmobi	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Orilahnn	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Zeposia	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Bonsity	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Xcopri	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Alkindi Sprinkle	10/20/2021	N/A	Class 1: at least 1 previously failed therapy required
Ongentys	10/20/2021	N/A	Class 1: at least 1 previously failed therapy required
Semglee	10/20/2021	N/A	Class 1: at least 1 previously failed therapy required
Kesimpta	10/20/2021	N/A	Class 1: at least 1 previously failed therapy required
Orladevo	1/15/2021	N/A	Class 1: at least 1 previously failed therapy required
Verquvo	4/16/2021	N/A	Class 1: at least 1 previously failed therapy required
Bliqyl	4/16/2021	N/A	Class 1: at least 1 previously failed therapy required
Gemtesa	4/16/2021	N/A	Class 1: at least 1 previously failed therapy required
Thyquidity	4/16/2021	N/A	Class 1: at least 1 previously failed therapy required
Saphnelo	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Rylvay	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Kerendia	9/17/2021	Moved to MAP PA 1/4/2022	Class 1: at least 1 previously failed therapy required
Rylaze	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Brexafemme	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Rimyrsa	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Emgavelli	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Qelbree ER	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Zeaxloeue	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Ponvory	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Tavneos	11/19/2021	N/A	Class 1: at least 1 previously failed therapy required
Livmarli	11/19/2021	N/A	Class 1: at least 1 previously failed therapy required
Trudhesa	11/19/2021	N/A	Class 1: at least 1 previously failed therapy required
Ursodiol 200mg & 400mg	11/19/2021	N/A	Class 1: at least 1 previously failed therapy required
Livtencity	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Besremi	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Inflixmab (biosimilar)	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Everolimus	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Elydi	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Iniectafer	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Vultv	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Gvoke	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Tezspire	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Tarpeyo	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Deferiprone	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Vasodrict	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Digoxin 62.5mg	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Ibsrela	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Soaanz	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Recorlev	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Vtama	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Radicava	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Camzyos	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Norliova	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Valsartan liquid	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Verkazia	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Tlando	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Adlarity	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Etalmy	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Amvuttra	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Zorvye	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Donyx DR	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Phebursane Pellet	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Spevigo	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Sotviktu	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Auvelity	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Fylnetra	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Rolvedon	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Ermeza	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Stimufend	12/14/2022	N/A	Class 1: at least 1 previously failed therapy required
Amjevita	6/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Atorvaliq	6/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Oxybutinin	6/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Primidone 125mg	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Sogroya	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Amjevita 10mg	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Veozah	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Miebo	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Yusimry	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Idacio	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Adalimumab-FKJP	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Hulio	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Cyltezo	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Adalimumab-ADAZ(cf)	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Suflave	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Yuflyma(cf)	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Hyrimoz(cf)	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Xdemvy	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Ycanth	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Nanrla pen	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Brenzavvy	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Opvee	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Lodoco	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Nitrofurantoin 20mg/5ml susp	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Jesduvroq	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Cisinza	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Adalimumab-ADBM	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Hyrimoz	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Trientine	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Motpoly XR	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Abrilada	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Bimzelx	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Likmez	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Baclofen 10me/5ml	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Velsipity	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Xphozah	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Omvoh	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Bexagliflozin	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Voquezna	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Yuflyma(cf)	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Amjevita	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Adalimumab	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Vevye	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Efuvio	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Zorvye	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Zilbrvso	4/19/2024	N/A	Class 1: at least 1 previously failed therapy required
Agamree	4/19/2024	N/A	Class 1: at least 1 previously failed therapy required
Filsuvez	4/19/2024	N/A	Class 1: at least 1 previously failed therapy required
Opsynvi	4/19/2024	N/A	Class 1: at least 1 previously failed therapy required
Simlandi	4/19/2024	N/A	Class 1: at least 1 previously failed therapy required
Eohilia	4/19/2024	N/A	Class 1: at least 1 previously failed therapy required
Tiopronin DR	4/19/2024	N/A	Class 1: at least 1 previously failed therapy required
Itagliptin	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
adalimumab-aat	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
adalimumab-ryvk	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
adalimumab	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Cyltezo	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Tofidence	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Omvoh	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
metronidazole(generic Nuvessa)	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Myhibbin	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Focinvez	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Hydrocortisone 2%	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Iginvo	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Rylaio	9/20/2024	N/A	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

Medication	Date Added	Date Removed	Additional Notes
Sitagliptin-metformin	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Hulio	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Sofdra	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Zorvye	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Tacrolimus XL	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Livmarli	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Zigifylde	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Nemluvio	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Idacio	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Yorvipath	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Ebglyss	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Miolvffa	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Cobenfy	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Alcaftadine	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Vyalev	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Ryzumvi	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Sacubitril-valsartan	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Similandi	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Adalimumab-adaz	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Labetalol 400mg	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Crenessity	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Wezlana	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Taltz	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Tobramycin 300mg/4ml	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Athemo	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Metformin 750mg	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Topiramate 50mg sprinkle	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Metronidazole 125mg	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Nektimvo	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Similandi	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Omvoh	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Xromi	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Zunveyl DR	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Cifitria	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Vanrafia	4/4/2025	N/A	Class 1: at least 1 previously failed therapy required
Vyvgart Hytrulio	4/11/2025	N/A	Class 1: at least 1 previously failed therapy required
Jubbonti	5/5/2025	N/A	Class 1: at least 1 previously failed therapy required
Livmarli	5/5/2025	N/A	Class 1: at least 1 previously failed therapy required
Pilocarpine 1.25%	5/8/2025	N/A	Class 1: at least 1 previously failed therapy required
Wyost	5/5/2025	N/A	Class 1: at least 1 previously failed therapy required
Etrombopag	5/13/2025	N/A	Class 1: at least 1 previously failed therapy required
Sitagliptin/metformin	5/13/2025	N/A	Class 1: at least 1 previously failed therapy required
Bucapsol	5/19/2025	N/A	Class 1: at least 1 previously failed therapy required
Yutrepia	5/24/2025	N/A	Class 1: at least 1 previously failed therapy required
Rhindivi	5/30/2025	N/A	Class 1: at least 1 previously failed therapy required
Zelsuvmi	6/2/2025	N/A	Class 1: at least 1 previously failed therapy required
Brynovin	6/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Andembry	6/18/2025	Moved to MAP PA 11/1/2025	Class 1: at least 1 previously failed therapy required
Tzvotvr	6/23/2025	N/A	Class 1: at least 1 previously failed therapy required
Ekterly	7/7/2025	Moved to MAP PA 11/1/2025	Class 1: at least 1 previously failed therapy required
Diclofolmine 40mg	7/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Anuzepo 2% cream	7/25/2025	N/A	Class 1: at least 1 previously failed therapy required
Spevigo	7/25/2025	N/A	Class 1: at least 1 previously failed therapy required
Sephience powder	7/30/2025	N/A	Class 1: at least 1 previously failed therapy required
Vizz	8/4/2025	N/A	Class 1: at least 1 previously failed therapy required
Givoke Vialdx	8/15/2025	N/A	Class 1: at least 1 previously failed therapy required
Dawnzera	8/22/2025	Moved to MAP PA 01/01/2026	Class 1: at least 1 previously failed therapy required
Bluiepa	9/8/2025	N/A	Class 1: at least 1 previously failed therapy required
Dopteliet Sprinkle	9/22/2025	N/A	Class 1: at least 1 previously failed therapy required
Enbumyst	9/22/2025	N/A	Class 1: at least 1 previously failed therapy required
Exxua ER	9/23/2025	N/A	Class 1: at least 1 previously failed therapy required
Otezla XR 75	9/22/2025	N/A	Class 1: at least 1 previously failed therapy required
Palsonify	9/29/2025	N/A	Class 1: at least 1 previously failed therapy required
Rhapsido	10/1/2025	N/A	Class 1: at least 1 previously failed therapy required
Jascayd	10/8/2025	N/A	Class 1: at least 1 previously failed therapy required
Zonyve 0.05% cream	10/8/2025	N/A	Class 1: at least 1 previously failed therapy required
Glycerol phenylbut	10/16/2025	N/A	Class 1: at least 1 previously failed therapy required
Lynkuet	10/27/2025	N/A	Class 1: at least 1 previously failed therapy required
Subvenite suspension	11/10/2025	N/A	Class 1: at least 1 previously failed therapy required
Redemplo	11/20/2025	N/A	Class 1: at least 1 previously failed therapy required
Omlonti	12/2/2025	N/A	Class 1: at least 1 previously failed therapy required
Voyvact	12/1/2025	N/A	Class 1: at least 1 previously failed therapy required
Pokonza	12/5/2025	N/A	Class 1: at least 1 previously failed therapy required
CDV-Adalimumab	12/12/2025	N/A	Class 1: at least 1 previously failed therapy required
Cefixime	12/16/2025	N/A	Class 1: at least 1 previously failed therapy required
Potassium 40mEq packet	12/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Tobramycin -loteprednol	12/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Cardamyst	12/19/2025	N/A	Class 1: at least 1 previously failed therapy required
Evdensur	12/19/2025	N/A	Class 1: at least 1 previously failed therapy required
Addyi	11/16/2015	N/A	Drug Not Covered (7 AAC 105.110)
Papaverine/ Phentolamine/ Alprostadil	7/7/2016	N/A	Drug Not Covered (7 AAC 105.110)
Papaverine/ Alprostadil	7/7/2016	N/A	Drug Not Covered (7 AAC 105.110)
Papaverine/ Phentolamine	8/1/2016	N/A	Drug Not Covered (7 AAC 105.110)
Belviq XR	10/26/2016	N/A	Drug Not Covered (7 AAC 120.112 and 7 AAC 105.110)
Buprenorphine Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Chorionic Gonadotropin Powder	3/2/2011	N/A	Active Pharmaceutical Ingredient (API) not covered
Codeine Phosphate Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Fentanyl Base Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Fentanyl Citrate Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Hydrocodone Bitartrate Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Hydromorphone Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Methadone Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Minoxidil Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Morphine Sulfate Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Naltrexone Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Oxycodone Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Sildenafil Citrate Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Sufentanyl Powder	2/23/2011	N/A	*Active Pharmaceutical Ingredient (API) not covered*
Auralzan Otic (GSN 48556, 8112, 64389)	2/17/2011	N/A	Drug Not Covered - DESI or IRS druas not covered
Hydrocortisone/Pramoxine (GSN 67048)	3/2/2011	N/A	Drug Not Covered - DESI or IRS druas not covered
Belladonna/Phenobarbital (GSN 4777)	3/2/2011	N/A	Drug Not Covered - DESI or IRS druas not covered
Vivitrol®	N/A	11/19/2010	*PA requirement removed prior to implementation*
Naltrexone Oral Tablets	N/A	5/9/2012	*Removed from Prior Authorization*
Nuvynta ER	9/28/2011	*7/31/2013 - See New ER Edit*	*Historical / Class 2: at least 2 previously failed therpies required*
~~Duloxp~~	~~2/18/2011~~	~~2/2/2012~~	~~Class 1: at least 1 previously failed therapy required~~
Gattofen	2/9/2011	9/28/2011	*Historical / Class 1: at least 1 previously failed therapy required*
Nexiclon™ XR	2/9/2011	10/17/2014	*Historical / Class 2: at least 2 previously failed therpies required*
Latuda*	2/9/2011	7/20/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Safyral™	2/9/2011	9/28/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Mayzent	4/19/2019	N/A	*Historical / Class 1: at least 1 previously failed therapy required*
Hectorol Injection	2/9/2011	9/28/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Fortesta	2/16/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Nova Select PNV	2/16/2011	9/28/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Nestabs DHA combo pack	2/16/2011	9/28/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Escavite Chewable Tablet	3/2/2011	9/28/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Nephrocaps OT Tablet	3/2/2011	9/28/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Aluvea Cream (all strengths)	3/23/2011	10/17/2014	*Historical / Class 2: at least 2 previously failed therpies required*
Citranatal Harmony	3/23/2011	9/28/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Edarbi (all strengths)	3/23/2011	12/2/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Clindacin PAC	3/23/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Alsuma	4/13/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Virasal	4/13/2011	11/30/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Axiron	4/13/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Trexazone cream (combination #57)	4/13/2011	10/17/2014	*Historical / Class 2: at least 2 previously failed therpies required*
Corifact	4/13/2011	11/30/2011	*Historical / Class 1: at least 1 previously failed therapy required*
Nebusal	4/13/2011	11/30/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Yervoy	4/13/2011	11/30/2011	*Historical / Class 1: at least 1 previously failed therapy required*
Sylatron	5/6/2011	12/2/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Taron-Dua EC	5/6/2011	11/30/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Neevo Combo Pack	5/6/2011	11/30/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Gletonet-EC	5/6/2011	11/30/2011	*Historical / Class 2: at least 2 previously failed therpies required*
EZFE Forte	5/6/2011	11/30/2011	*Historical / Class 2: at least 2 previously failed therpies required*
PROFE Forte	5/6/2011	11/30/2011	*Historical / Class 2: at least 2 previously failed therpies required*
Tradjenta	5/18/2011	12/2/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Androgel 1.62% gel pump	5/18/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Vibryd	6/15/2011	12/2/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Spiriva	6/15/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Genadur	6/15/2011	6/2012 Not Rebate Eligible	*Historical / Class 1: at least 1 previously failed therapy required*
Mononine	6/15/2011	2/1/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Ciclodan Kit	6/15/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Desoxil	7/1/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Vitafol-One	7/1/2011	2/1/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Phosiyra	7/1/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Difficid	7/1/2011	12/2/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Naproderm	7/18/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Nuloljx	7/18/2011	2/1/2012	*Historical / Class 1: at least 1 previously failed therapy required*
OB Complete 400	7/18/2011	2/1/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Arzerra	8/3/2011	2/29/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Flo-Pred	8/3/2011	2/29/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Complera	8/24/2011	3/28/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Purefe Plus	8/24/2011	3/28/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Purefe OB Plus	8/24/2011	3/28/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Arcapta Neohaler	8/24/2011	12/2/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Sumadan	8/24/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
OB Complete with DHA	8/24/2011	3/28/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Edurant	9/8/2011	3/28/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Adcetris	9/8/2011	3/28/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Coreip ER	9/8/2011	12/2/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Xyntha Solofuse	9/28/2011	5/2/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Sonafine Topical Emulsion	9/28/2011	10/17/2014	*Historical / Class 2: at least 2 previously failed therpies required*
ANIMI-3 with Vitamin D	9/28/2011	10/17/2014	*Historical / Class 2: at least 2 previously failed therpies required*
Cyanokit	11/2/2011	10/24/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Neosalus Lotion	11/2/2011	10/17/2014	*Historical / Class 2: at least 2 previously failed therpies required*
Juvisync	11/2/2011	12/12/2012	*Historical / Class 1: at least 1 previously failed therapy required*
TL-Assure + DHA combo Pack	11/2/2011	10/24/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Lycelle	11/9/2011	10/17/2014	*Historical / Class 2: at least 2 previously failed therpies required*
Hylatopic Plus Cream	11/9/2011	10/17/2014	*Historical / Class 2: at least 2 previously failed therpies required*
Androderm	11/23/2011	12/12/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Nitromist	11/23/2011	10/24/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Lamictal	11/23/2011	12/12/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Dologesic	11/23/2011	10/17/2014	*Historical / Class 2: at least 2 previously failed therpies required*
Texacort	11/23/2011	12/12/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Fluoxetine HCL 60mg Tablet	11/23/2011	12/12/2012	*Historical / Class 2: at least 2 previously failed therapy required*
Lamictal XR 300mg	12/21/2011	12/12/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Sumavin CP kit	1/4/2012	12/12/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Sumadan kit	1/4/2012	12/12/2012	*Historical / Class 2: at least 2 previously failed therapy required*
Edarbyclor 40-12.5mg, 40-25mg	2/1/2012	12/12/2012	*Historical / Class 2: at least 2 previously failed therapy required*
Dutoprol 25-12.5,50-12.5,100-12.5mg	2/1/2012	12/12/2012	*Historical / Class 2: at least 2 previously failed therapy required*
Jentadueto 2.5/1000,2.5/850,2.5/500	2/29/2012	12/12/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Envedge	2/29/2012	10/24/2012	*Historical / Class 2: at least 2 previously failed therpies required*
Hylase Wound Gel	2/29/2012	7/2012 Not Rebate Eligible	*Historical / Class 2: at least 2 previously failed therapy required*
Iptiya 1mg and 5mg	2/29/2012	10/24/2012	*Historical / 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

Medication	Date Added	Date Removed	Additional Notes
Bydureon	2/29/2012	12/12/2012	*Historical / Class 1: at least 1 previously failed therapy required*
Janumet XR 50-500,50-1000,100-1000	3/14/2012	12/12/2012	*Historical / Class 2: at least 2 previously failed therapy required*
Zithranol 1% Shampoo	3/14/2012	10/17/2014	*Historical / Class 2: at least 2 previously failed therapy required*
Zyclara 3.75% Pump	3/14/2012	10/24/2012	*Historical / Class 2: at least 2 previously failed therapy required*
Orbivan CF	4/18/2012	10/17/2014	*Historical / Class 2: at least 2 previously failed therapy required*
Aqua Glycolic HC 2% Kit	4/18/2012	10/17/2014	*Historical / Class 2: at least 2 previously failed therapy required*
Omontys 10mg/mL	4/18/2012	12/12/2012	*Historical / Class 2: at least 2 previously failed therapy required*
Lidovir 4% - 4% Ointment Kit	5/2/2012	has not approved Lidovir Ointment to cure, treat, or mitigate disease	*Historical / Class 1: at least 1 previously failed therapy required*
Differin Gel Pump 0.3%	5/23/2012	2/20/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Metrogel 1% Topical Pump	5/23/2012	2/20/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Epiduo Gel with Pump	5/23/2012	2/20/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Gelnique 3% Gel Pump	5/23/2012	2/20/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Elelyso	6/20/2012	2/20/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Codeine Suf 30mg5mL Oral	7/20/2012	4/24/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Pertzye DR 8,000 and 16,000	7/20/2012	4/24/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Combivent Respimat	7/20/2012	4/24/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Angeliq 0.5 - 0.25mg	7/20/2012	4/24/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Ketodan 2% Foam	7/20/2012	4/24/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Normtpel AG 0.11% Wound Gel	8/17/2012	10/2012 Not Rebate Eligible	*Historical / Class 2: at least 2 previously failed therapy required*
Ketodan 2% Foam Kit	8/17/2012	4/24/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Benzepiro 5.3% and 9.8% emol-foam	8/17/2012	4/24/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Zyclara 2.5% Pump	9/21/2012	5/22/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Btrbild	9/21/2012	5/22/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Zaltrap 100mg and 200mg Vial	9/21/2012	5/22/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Lucentis 0.3mg Vial	9/21/2012	5/22/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Prepopik powder packet	10/24/2012	12/4/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Aubagio 7mg and 14mg	10/24/2012	1/24/2014	*Historical / Class 1: at least 1 previously failed therapy required*
Ultresa DR 13,800 unit, 20,700 unit, 23,000unit	12/12/2012	12/4/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Nesina 6.25mg, 12.5mg & 25mg	2/20/2013	12/4/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Kazano 12.5-500 & 12.5-1000	2/20/2013	12/4/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Oseni all strengths	2/20/2013	12/4/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Abilify Maintena ER all strengths	3/20/2013	12/4/2013	*Historical / Class 2: at least 2 previously failed therapy required*
Suclear Bowel Prep-Kit	4/24/2013	12/4/2013	*Historical / Class 1: at least 1 previously failed therapy required*
Tecfidera DR 120mg,240mg,Starter-Pack	4/24/2013	1/24/2014	*Historical / Class 1: at least 1 previously failed therapy required*
Opium Tincture 10mg/mL (Paddock)	2/16/2011	N/A	*Not approved under NDA/ANDA*
Durasal 26% Liquid	6/3/2011	N/A	*Not approved under NDA/ANDA*
Hylatopic Plus	9/9/2011	N/A	*Not approved under NDA/ANDA*
Fioricet with Codeine 50-300-40-30	8/21/2013	12/10/2018	*Historical / Class 2: at least 2 previously failed therpies required*
Spiriva Respimat	12/19/2014	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Opsumit 10mg tablet	12/4/2013	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Orenitram ER	4/11/2014	12/10/2018	*Historical / Class 2: at least 2 previously failed therpies required*
Otezla - all strengths	4/11/2014	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Striverdi Respimat	4/28/2016	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Bydureon pen	10/17/2014	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Incruse Ellipta	1/9/2015	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Ryanodex	10/17/2014	12/10/2018	*Historical / Class 2: at least 2 previously failed therpies required*
Arnuity Ellipta	1/9/2015	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Trulicity	10/17/2014	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Mitigare	12/19/2014	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Humira syringe kit	12/19/2014	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Aristada Syr	11/16/2015	12/10/2018	*Historical / Class 2: at least 2 previously failed therpies required*
Qulllichew ER	3/7/2016	12/10/2018	*Historical / Class 2: at least 2 previously failed therpies required*
Xeljanz XR	3/25/2016	12/10/2018	*Historical / Class 2: at least 2 previously failed therpies required*
Zinbryta	8/1/2016	12/10/2018	*Historical / Class 1: at least 1 previously failed therapy required*
Relistor 150mg Tablet	9/12/2016	12/10/2018	*Historical / Class 2: at least 2 previously failed therpies required*
Statin step-edit	5/18/2011, updated 9/20/2019	11/1/2019	Step-edit required; see http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx for details.
Kapvay ER 0.1mg	12/21/2011	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
CINASL 80mcg Nasal Spray	4/18/2012	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Ciclodan 0.77% Cream Kit	8/17/2012	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Ultravate X Ointment combo	8/17/2012	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Ultravate X Cream combo	8/17/2012	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Resprewan 2 5/200,5/200,10/200	9/21/2012	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Forfivo XL 450mg	9/21/2012	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Synalar TS 0.01% kt	10/24/2012	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Clmnel 200mg	1/16/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Synalar 0.025% Crm & Oint Kit	1/16/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Oxtellar XR 150mg,300mg,600mg	1/16/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Uceris 9mg ER	2/20/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Debizcol DR 400mg capsule	3/20/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Simbrinza 1% - 0.2% drops	5/22/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Zipsor 25mg	5/22/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Prolensa 0.07% drops	5/22/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Topicort 0.25% Spray	5/22/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Namenda XR pack and all strengths	5/22/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Trokendi XR all strengths	9/18/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Fabior 0.1% Foam	9/18/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Brintellix (all strengths)	10/23/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Zonvolex (all strengths)	12/4/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Actemra 162mg/0.9mL	12/4/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Fetzima (all strengths)	12/27/2013	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Hydrocodone/APAP 5/300mg	5/16/2014	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Hydrocodone/APAP 7.5/300mg	5/16/2014	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Hydrocodone/APAP 10/300mg	5/16/2014	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Qudexy XR cap	6/27/2014	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Clodan 0.05%	10/17/2014	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Sumavel Dosepro	12/19/2014	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Akynzeo	12/19/2014	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Trezix	1/9/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Hysingla ER	1/9/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Sulfacetamide sodium 10% cleanser gel	1/9/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Onexton gel with pump	1/9/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Afrezza	1/9/15, 8/29/16, 9/12/16	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Onexton gel	2/6/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Embeda ER (all strengths)	2/6/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Afrezza inhl	7/31/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Toujeo Solostar	7/31/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Durlaza	11/16/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Paindel 0.1% cream	11/16/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Vanatz	11/16/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Envarsus XR	11/16/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Synjardy	11/16/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Clobetasol Spray	11/16/2015	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Ensitlar	2/4/2016	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Spritam	3/25/2016	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Zembrace SymTouch	4/28/2016	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Sernivo	4/28/2016	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Ultravate Lotion	5/30/2016	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Delzicol (manufactured by Allergan)	6/23/2016	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Emend 125mg Suspension	8/29/2016	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Invokamet XR	11/7/2016	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Xhance	12/14/2018	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Ozempic	12/14/2018	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Motegrity	3/11/2019	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Yupelri	3/11/2019	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Adapaz	4/19/2019	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Jornay PM	9/20/2019	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Adhansia XR	9/20/2019	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Katerzia	9/20/2019	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Evekeo ODT	9/20/2019	12/1/2019	*Historical / Class 2: at least 2 previously failed therpies required*
Aptiom	3/14/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Luzu 1% cream	3/14/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Fanlga	3/14/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Ecoza 1% foam	3/14/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Jublia solution	6/27/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Zonfivity tab	6/27/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Hemangeol	6/27/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Kerydin	10/17/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Neo-synalar 0.5-0.025% cream	10/17/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Jardiance	10/17/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Invokamet	10/17/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Lemtrada	12/19/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Xigduo XR	12/19/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Plegridy (all strengths)	12/19/2014	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Mircera syringe (all strengths)	1/9/2015	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Kitabis Pak	1/9/2015	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Qnasl Children	2/6/2015	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Savaysa (all strengths)	2/6/2015	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Cymbalta DR 40mg	7/31/2015	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Pristiq ER	7/31/2015	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Seebri	11/30/2015	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Olopto	3/7/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Vraylar	3/7/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Humulin R U-500 KwikPen	3/25/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Taltz	4/28/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Orencia Clickject	7/7/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Fycompa	3/14/2014, 7/7/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Bevespi Aerosphere	8/1/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Kridra	8/29/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Otovel	8/29/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Zurampic	9/12/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Adlyxin	9/12/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Vemlidy	12/5/2016	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Olumiant	12/14/2018	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Rumya	12/14/2018	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Kevzara	12/14/2018	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Vyzulta	12/14/2018	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Takhzyro	12/14/2018	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
ZTlido	12/14/2018	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Symporic	12/14/2018	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Diacomit	12/14/2018	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Rhopressa	12/14/2018	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Rocklatan	4/19/2019	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Evenity	9/20/2019	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Tremfya	9/20/2019	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Skyrizi	9/20/2019	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Rinvoq ER	11/15/2019	12/1/2019	*Historical / Class 1: at least 1 previously failed therapy required*
Vumerity	1/17/2020	Moved to PA 3/16/2020	*Historical / Class 1: at least 1 previously failed therapy required*
Absorica LD	4/17/2020	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Acticlate	10/17/2014	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Afinitor Disperz 2mg,3mg,5mg	5/22/2013	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Alecensa	1/11/2016	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Alzital	3/7/2016	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Asceniv	1/17/2020	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Aveed 750mg/3mL vial	4/11/2014	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Bivigam	7/31/2015	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Bosulif 100mg, 500mg	10/24/2012	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Cerdelga	10/17/2014	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Donyx DR 200mg	7/17/2013	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Epaten	9/20/2019	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Empliciti Vial	12/21/2015	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Ferriprox Solution	12/21/2015	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Galafold	12/14/2018	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies 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

Medication	Date Added	Date Removed	Additional Notes
Imbruvica 140mg	12/4/2013	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Keflex 750mg	2/29/2012	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Natpara cartridge	7/31/2015	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Natroba 0.9%	2/9/2011	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Picato 0.05% and 0.015% Gel	3/14/2012	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Pretomanid	1/17/2020	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Primlev (all strengths)	12/4/2013	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Quzyttir	4/17/2020	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Rosadan	9/28/2011	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Siklos 0.5% Lotion	7/20/2012	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Tegsedi	3/11/2019	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Kembify	11/15/2019	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Xepi	12/14/2018	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Xyosted	12/14/2018	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Zingo Intradermal system (lidocaine)	11/16/2015	6/1/2021	*Historical / Class 2: at least 2 previously failed therpies required*
Zykadia cap	5/16/2014	6/1/2021	*Historical / Class 1: at least 1 previously failed therapy required*
Benlysta	3/23/2011	3/1/2022	*Historical / Class 1: at least 1 previously failed therapy required Requires PA*
Vancocin	3/1/2012	11/1/2021	*Removed from Prior Authorization*
Lidoderm Patches	4/27/2011	1/14/2022	*Removed from Prior Authorization*
Eucrisa	11/12/2018, updated 3/15/21	3/1/2022	*Removed from Prior Authorization*
Valtoco	4/17/2020	3/1/2022	*Historical / Class 2: at least 2 previously failed therpies required*
Duopa	7/31/2015	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Hemady	10/20/2021	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Gocovri	12/14/2018	5/1/2022	*Historical / Class 2: at least 2 previously failed therpies required*
Bafiertam	9/18/2020	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Hyqvia	10/17/2014	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Lampit	10/20/2021	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Vimizim	3/14/2014	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Gammaplex	7/31/2015	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Conjupri	11/20/2020	5/1/2022	*Historical / Class 2: at least 2 previously failed therpies required*
Mycapssa	10/20/2021	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Duaklir Pressair	11/15/2019	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Testone CIK kit	7/31/2015	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Gimoti	11/20/2020	5/1/2022	*Historical / Class 2: at least 2 previously failed therpies required*
Flebogamma DIF	7/31/2015	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Nourianz	11/15/2019	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Finacea 15%	11/16/2015	5/1/2022	*Historical / Class 2: at least 2 previously failed therpies required*
Sevenfact	10/20/2021	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Vyepti	4/17/2020	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Wynzora	1/15/2021	5/1/2022	*Historical / Class 2: at least 2 previously failed therpies required*
Xeriete	11/15/2019	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Beovu	11/15/2019	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Nyvepria	1/15/2021	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Sirnaventt	10/17/2014	5/1/2022	*Historical / Class 1: at least 1 previously failed therapy required*
Diclovia M	9/18/2020	5/1/2022	*Historical / Class 2: at least 2 previously failed therpies required*
Osmolex ER	12/14/2018	5/1/2022	*Historical / Class 2: at least 2 previously failed therpies required*
Zilxi	9/18/2020	5/1/2022	*Historical / Class 2: at least 2 previously failed therpies required*
Tobi Podhaler	9/19/2014	6/1/2022	*Removed from Prior Authorization*
Celebrex all strengths	5/8/2013	11/18/2022	*Removed from Prior Authorization*
Lonsurf	11/16/2015	3/1/2024	Class 1: at least 1 previously failed therapy required
Everolimus	11/19/2021	3/1/2024	Class 1: at least 1 previously failed therapy required
Pomalyst all strengths	3/20/2013	3/1/2024	Class 2: at least 2 previously failed therapies required
Xalkori	9/28/2011	3/1/2024	Class 1: at least 1 previously failed therapy required
Bivarga 40mg	10/24/2012	3/1/2024	Class 1: at least 1 previously failed therapy required
Cyclophosphamide capsule	7/25/2014	3/1/2024	Class 1: at least 1 previously failed therapy required
Zagrisso	11/30/2015	3/1/2024	Class 1: at least 1 previously failed therapy required
Welirege	11/19/2021	3/1/2024	Class 1: at least 1 previously failed therapy required
Ayvakit	9/17/2021	3/1/2024	Class 1: at least 1 previously failed therapy required
Hadlima	11/1/2023	11/1/2024	Class 1: at least 1 previously failed therapy required
Abilify Asimtufii	11/1/2023	11/1/2024	Class 2: at least 2 previously failed therapies required
Descovy	4/28/2016	PA retired 2020	*Historical: Class 2: at least 2 previously failed therapies required*
Ztlido	11/1/2023	6/2/2025	*Historical / 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