

Alaska Medicaid Interim Prior Authorization List

Last Updated 04/17/2026

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://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zanaflex Capsules (all strengths)	4/6/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Folic Acid 1mg	4/6/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Vitamin D 50,000 units	4/6/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Makena (hydroxyprogesterone caproate)	4/27/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Human Chorionic Gonadotropin products	5/6/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Proton Pump Inhibitor step-edit	5/18/2011	PA removed 11/1/2022	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Bactroban Cream (15g and 30g)	5/25/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Botulinum Toxin products	5/25/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Victrils	6/3/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Incivek	6/15/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Finazyr	9/8/2011	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Lovaza, Vescopa	11/1/2011, updated 3/15/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Cialis 5mg	1/4/2012	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Egrifta	1/4/2012	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Oxecta 7.5mg	2/29/2012	Moved to Oxy-IR PA Criteria	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kalydeco 150mg	2/29/2012	Moved to PA-List 5/8/2013	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Xifaxan	3/1/2012	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zyvox	3/1/2012	PA removed 11/1/2022	PA Required See website - https://dhs.alaska.gov/health/dhca/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://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Korlym 300mg	4/18/2012	Moved to PA-List 5/8/2013	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Beriner 500 Unit Kit	5/23/2012	Moved to PA-List 6/19/2013	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Brand Name Multisource Medications	5/30/2012	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Atypical Antipsychotics (TD and PA)	6/13/2012	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Omeclamox-PAK	6/20/2012	See H. Pylori KITS PA	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Clarinex (All forms)	6/27/2012	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Xyzal (All forms)	6/27/2012	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kadian 40mg, 70mg, 130mg, 150mg	9/21/2012	7/3/2013 - see new edit	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Exalgo ER 32mg	9/21/2012	7/3/2013 - see new edit	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Binosto 70mg EFF	9/21/2012	See Bisphosphonate Edit	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Nexium DR 2.5mg, 5mg Packet	9/21/2012	7/3/2013 - see new edit	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Oxera ER 5, 7.5, 10, 15, 20, 30, 40mg NEW	1/16/2013	7/3/2013 - see new edit	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Vascepa 1g, 0.5g	1/16/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Judapil 5mg, 10mg, 20mg	2/20/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kynamro 200mg/mL syringe	3/20/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Daliresp	5/8/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
H. Pylori Kits	5/8/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Diclofen DR 10-10, Bonesta	5/22/2013, updated 6/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Beriner	6/19/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
HP Acthar Gel	6/19/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Marinol	6/19/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Noxafil Suspension	6/19/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Rybix ODT	6/19/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Extended Release Opioid Edit	7/31/2013	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ibandronate 3mg/3mL, vial	4/11/2014	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zydrel	10/17/2014	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Evzio	3/16/2015	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kalydeco gran pack	7/31/2015	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Praxbind	11/16/2015	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Parixan oral suspension	11/16/2015	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kanuma	12/21/2015	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Coagadex	12/21/2015	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Nuplazid	5/30/2016	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ofadin	6/23/2016	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Orfadin	9/12/2016	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Tecfidera	10/3/2016	2/28/2020	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Fortamet (All forms)	10/3/2016	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Glanzetra (All forms)	10/3/2016	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/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://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Cambia	11/12/2018	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Viberzi	11/12/2018	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Gralise	11/12/2018	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Horizant	11/12/2018	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Orlissa, Oriahann, Myfembree	1/15/2019, updated 11/1/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Epidiolex	1/15/2019, updated 11/16/20	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
CGRP receptor inhibitors (Nurtec, Ubrovex, Qulipta, Aiomvig, Ajovy, Emgality, Vyepti)	1/15/2019, updated 11/16/20	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Xyrem, Xywav	1/15/2019, updated 01/11/21	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Baxdela	3/11/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Lucemyra	3/11/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Palynziq	3/11/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Nuedexta	3/11/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Hetlioz	3/11/2019, updated 5/11/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Crysvita	6/10/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
VMAT2 inhibitors (Austedo, Ingrezza, Xenazine)	6/10/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Hemibra	6/10/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
benzodiazepine criteria	6/10/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Mavenclad	11/1/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Mayzent	11/11/2019, updated 11/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Sunosi	11/11/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Enflaza	11/11/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Enbyso	7/25/2014, updated 3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Fridapase, Rutzurgi	1/6/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Vyndarel, Vyndamax	1/6/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Corlanor	1/6/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Xifaxan	1/6/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Jynarque, Samsca	3/16/2020, updated 6/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Evenity	3/16/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Vumerity	3/16/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Dupixent	6/15/2020, updated 11/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Xolair	6/15/2020, updated 11/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Interleukin-5 inhibitors (Cinqair, Nucala, Fasenna)	6/15/2020, updated 01/17/22	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Oxbrya	6/15/2020, updated 11/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Stensiq	11/16/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Nektrel, Nektzent	11/16/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Oxervate	11/16/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Reyvow	1/11/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Palforzia	1/11/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Apokyn, Kynobi	1/11/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Dojah	1/11/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Insulin Pens	1/11/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ofav	3/15/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Fintepa	3/15/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kesimpta	3/15/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Xcopri	3/15/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Incivree	5/24/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Esbriet	5/24/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Wyak	5/24/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Mytesi	5/24/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Evkeeza	5/24/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Lupkynis	11/1/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Isturisa	11/1/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Aduhelm	11/1/2021	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Lybali	1/4/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kerendia	1/4/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Verquvo	1/4/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Myalept	1/4/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Sphingosine-1-Phosphate Receptor Modulator (siponimod, ponesimod, and ozanimod)	3/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Opzelura	3/1/2022, updated 11/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Inhaled Prostaglandins (Tyvaso, Verifaxis)	3/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Berlinsa	3/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Reclast, Zomet	3/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Prolia, Xgeva	3/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ocrevus	5/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®)	5/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zulresso	6/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Soliris, Ultomris DVID Antisense Oligonucleotides (Exondys 51, Amondys 45, Vyondys 53, Viltepsso)	6/1/2022, updated 11/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Krysteloxa	6/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Eryndi	11/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Spinraza	11/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Leqvio	1/2/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx

Medication	Date Added	Date Removed	Additional Notes
Tepezza	1/2/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Empaveli	1/2/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Spravato	1/2/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Voxzogo	1/2/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Orexin receptor antagonists (Belsomra, Dayvigo, Quvivox)	10/3/16, updated 6/1/2022	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Orfi 5mg, 10mg, 20mg, Sympazan (dobazam)	1/4/2012, updated 3/1/2023	Moved to PA4 list 5/8/2013	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Uptravi	3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Choliban	3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Opsumit	3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Tzield	3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Leqembi	3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Diclofenac 50mg Powder	3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Sodium Oxlybate	3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Noxafil	3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Leuprolide Depot	3/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Briumvi	6/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Hemgenix	6/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kevzara	6/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zalmy	6/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Brimoridine gel	6/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Tasimelteon	6/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Pirfenidone	6/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Dichlorophenamide	6/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Rebimyn	6/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Austedo XR	11/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kalydeco Granules	11/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Posaconazole	11/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Columvi	11/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Roctavian	11/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Skyclarys	11/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Tezspire	11/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zolgensma	11/1/2023	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Qutenza	3/1/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Vesipity	3/1/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zibrysa	3/1/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zurzuvae	3/1/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Relistor	10/9/13, updated 9/20/2019	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Hydromorphone	6/13/2007, update 1/6/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Oxycodone IR	6/23/2007, update 1/6/2020	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/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://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Bisphosphonates Step-Edit	TBD	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zymfentra	4/19/2024	Moved to MAP PA 6/1/2025	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Adby	4/19/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Defazacort	4/19/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Fabhalta	4/19/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Gabapentin ER	4/19/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Mifepristone	4/19/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ingrezza sprinkle	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Faserra	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Carbinoxamine ER 4mg/5ml suspension	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Acthar Selfject	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ivabradine	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Oxycodone 15mg	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Lofexidine	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Becvez	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Bimzelx	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ryteligo	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Veozah	9/20/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Kisunia	11/15/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Tremfya	11/15/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Winreair	11/15/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zynreigo	11/15/2024	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Hympevzi	1/17/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Auvelty	1/17/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ocrevus Zunovo	1/17/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Skynzi	1/17/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Cressity	6/1/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Symproic	6/1/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Zymfentra	6/1/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab	4/14/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab-AEKN	4/29/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Tolvaptan	5/9/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Osenvelt	6/4/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Stoboclo	6/4/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Imuldosa	6/18/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Bornytra	6/30/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Conexence	6/30/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Rivaroxaban	7/2/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Egrifta WR	7/21/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
CDV Pyszchiva	8/5/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Andemby	11/1/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ektety	11/1/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Bidyos	9/11/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Bliprevda	9/11/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Otufi	9/15/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Gabapentin ER	10/10/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Selasol	10/16/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ospomyv	10/23/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Starjemza	10/27/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Dawnzera	1/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Vykat XR	1/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab-AAUZ	11/3/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Cladribine	11/26/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Prednisone DR	12/17/2025	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Anzupgo	3/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ebglyss	3/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Jascayd	3/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Rhapsido	3/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Enobry	1/7/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Xtrenbo	1/7/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab	2/8/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Aukelso	2/23/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Bosaya	2/23/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Tapentadol ER	3/11/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Justapid	3/13/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Myqozzo	6/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Redemlo	6/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Rezdifra	6/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Voyxact	6/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/Pages/pharmacy/medpriorauthoriz.aspx
Yorviph	6/1/2026	N/A	PA Required See website - https://dhs.alaska.gov/health/dhca/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-Cermide, 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
Rectiv	2/29/2012	N/A	Class 2: at least 2 previously failed therapies required
Nafin 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
Zelomsa 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
Gabapentin 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% Ophth Gel	1/16/2013	N/A	Class 2: at least 2 previously failed therapies required</

Medication	Date Added	Date Removed	Additional Notes
Nymalize solution	7/17/2013	N/A	Class 2: at least 2 previously failed therapies required
Floricel Capsule 50-300-40	8/21/2013	N/A	Class 2: at least 2 previously failed therapies required
Zubavon 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
Karlemis XR	4/11/2014	N/A	Class 2: at least 2 previously failed therapies required
Hettioz capsule	4/11/2014	N/A	Class 2: at least 2 previously failed therapies required
Ekoclate	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
Vexa 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 Kwipen	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
Nuessa 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
Tobak 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
Vivodex 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
Doryx 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
Qbrexis	8/29/2016	N/A	Class 2: at least 2 previously failed therapies required
Byvalson	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
Yosprala	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
Ozobax	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
Aralzo	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
Bretrix Aerosphere	9/18/2020	N/A	Class 2: at least 2 previously failed therapies required
Nexlizent	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
Redlitrax	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
Azastarys	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Roszet	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Eleppia XR	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Tyvaya	11/19/2021	N/A	Class 2: at least 2 previously failed therapies required
Sertraline 150mg & 200mg	11/19/2021	N/A	Class 2: at least 2 previously failed therapies required
Opzelura	11/19/2021	N/A	Class 2: at least 2 previously failed therapies required
LozeevXR	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
Leqvio	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
Lofena	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
Susvimo	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
Dartida	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
Fleqsuvy Suspension	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Cibinqo	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Tramadol 25mg/5 MI	4/15/2022	N/A	Class 2: at least 2 previously failed therapies required
Twynéo	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
Lyspipah	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
Vivjoa	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Dyanavel XR	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Venlafaxine ER 112.5mg	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
Byaltris	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
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
Methyphenidate Er	11/17/2022	N/A	Class 2: at least 2 previously failed therapies required
Relexxi 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 (injection)	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

Medication	Date Added	Date Removed	Additional Notes
Zavprel	11/1/2023	N/A	Class 2: at least 2 previously failed therapies required
Liqrev	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
Gilipizide 2.5mg	1/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Ozobax DS	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Cabtree	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Lylamwo	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Coxanto	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Oxaprozín 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
Winrevaír	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
Livdetzi	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Onyda 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
Opipza	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
Tryngolza	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
Raldeszy	3/3/2025	N/A	Class 2: at least 2 previously failed therapies required
Inzirgo	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
Tetruiv	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
Hemiclor	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 8mg	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-Tazobactam 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
Javadin	11/24/2025	N/A	Class 2: at least 2 previously failed therapies required
Wegovy tablet	12/23/2025	N/A	Class 2: at least 2 previously failed therapies required
Meloprolool 12.5mg	1/5/2026	N/A	Class 2: at least 2 previously failed therapies required
Onudis	1/13/2026	N/A	Class 2: at least 2 previously failed therapies required
Sdamio	1/20/2026	N/A	Class 2: at least 2 previously failed therapies required
Lopressor 12.5mg	1/23/2026	N/A	Class 2: at least 2 previously failed therapies required
Ontrafly	2/3/2026	N/A	Class 2: at least 2 previously failed therapies required
Tizanidine 8mg capsule	2/10/2026	N/A	Class 2: at least 2 previously failed therapies required
Desmoda	3/2/2026	N/A	Class 2: at least 2 previously failed therapies required
Atmekai 750mg/5ml	3/26/2026	N/A	Class 2: at least 2 previously failed therapies required
Zytiga	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
Heorcia 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
Ytandi 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
Signfor ampule A1 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
Ospheña 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
Mekinst 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
Gilobri 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
Vaichlor Gel 0.016%	12/4/2013	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
Grastek 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
Sufent	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
Orev	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
Incuase Elpta	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
Cholibam 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

Medication	Date Added	Date Removed	Additional Notes
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
Otkambi tab 200/125mg, 100/125mg	7/31/2015, 11/7/2016	N/A	Class 1: at least 1 previously failed therapy required
Invega Trinzs	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Doryx 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
Iximty	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
Juvaldi - all strengths	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Gammagard 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
Farydak 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
Pazoo ophth	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
lbrance 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
Vitektea 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
Utibron	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Genyova	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Viberzi	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Cotelic	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
Veltassa	12/21/2015	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
Idelevion	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
Briavict	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
Cetylv	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 Pshtronex	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
Rayaldee	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
Revcoiv	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
Douobrii	9/20/2019	N/A	Class 1: at least 1 previously failed therapy required
Cautaquig	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
Drizalma 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
Nyzlam	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
Zientenzo	1/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Reblozyl	1/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Nexleto	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
Ubrevely	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
Fintepia	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
Kymnobi	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Oriahn	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Zeposa	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
Orladeyo	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
Klisyri	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
Bylvay	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
Bylaze	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
Kimrysa	9/17/2021	N/A	Class 1: at least 1 previously failed therapy required
Empaveli	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
Zegalogue	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
Livtencty	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
Infliximab (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

Medication	Date Added	Date Removed	Additional Notes
Elyxb	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Injectafer	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Vuity	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
Tezpire	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
Vasostriect	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
Norliqva	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
Ztalmi	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
Zoryve	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Doryx DR	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Pheburane 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
Sotyktu	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Auveility	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Eylترا	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
Atorvalli	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
Sagroya	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-FKIP	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
Yufyma(cf)	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Hyrimo(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
Ngenia 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
Ojinja	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Adalimumab-ADBIM	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Hyrimo	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Trintene	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
Abrihada	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Bimzex	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 10mg/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
Omvo	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Bexaglifozin	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
Yufyma(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
Vevey	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Zituvio	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Zoryve	3/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Zilbrysq	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
Simlanti	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
Staglipitin	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
Omvo	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
metronidazole(generic Nuessa)	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
Focirvez	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
Iqirvo	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Rytelo	9/20/2024	N/A	Class 1: at least 1 previously failed therapy required
Staglipitin-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
Zoryve	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
Zigafyde	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
Yoripath	11/15/2024	Moved to MAP PA 6/1/2026	Class 1: at least 1 previously failed therapy required
Ebglyss	11/15/2024	Moved to MAP PA 3/1/2026	Class 1: at least 1 previously failed therapy required
Miplyffa	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Cobenty	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
Simlanti	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Adalimumab-ada	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
Crenesity	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
Alhemo	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

Alaska Medicaid Interim Prior Authorization List

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Medication	Date Added	Date Removed	Additional Notes
Niktimvo	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Simlandi	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Omoh	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
Zunveyi DR	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Qftia	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
Livmari	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
Eltrombopag	5/13/2025	N/A	Class 1: at least 1 previously failed therapy required
Staglipitin/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
Khindivi	5/30/2025	N/A	Class 1: at least 1 previously failed therapy required
Zelusumi	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
Tryptyr	6/23/2025	N/A	Class 1: at least 1 previously failed therapy required
Ektetyr	7/7/2025	Moved to MAP PA 11/1/2025	Class 1: at least 1 previously failed therapy required
Dicyclomine 40mg	7/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Anzupog 2% cream	7/25/2025	Moved to MAP PA 3/1/2026	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
Gvoke 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
Blujepa	9/8/2025	N/A	Class 1: at least 1 previously failed therapy required
Doptelet 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
Exoua 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
Palsomfy	9/29/2025	N/A	Class 1: at least 1 previously failed therapy required
Rhapsido	10/1/2025	Moved to MAP PA 3/1/2026	Class 1: at least 1 previously failed therapy required
Jascayd	10/8/2025	Moved to MAP PA 3/1/2026	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	Moved to MAP PA 6/1/2026	Class 1: at least 1 previously failed therapy required
Omlonti	12/2/2025	N/A	Class 1: at least 1 previously failed therapy required
Voyxact	12/1/2025	Moved to MAP PA 6/1/2026	Class 1: at least 1 previously failed therapy required
Pokozza	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- toteprednol	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
Exdensur	12/19/2025	N/A	Class 1: at least 1 previously failed therapy required
Gammagard Liquid ERC	1/9/2026	N/A	Class 1: at least 1 previously failed therapy required
Myqozzo	1/13/2026	Moved to MAP PA 6/1/2026	Class 1: at least 1 previously failed therapy required
Phiva	1/20/2026	N/A	Class 1: at least 1 previously failed therapy required
Nystatin Enflit Syringe	1/30/2026	N/A	Class 1: at least 1 previously failed therapy required
Tapentadol	2/2/2026	N/A	Class 1: at least 1 previously failed therapy required
Rilpivirine	2/10/2026	N/A	Class 1: at least 1 previously failed therapy required
Orladevo	2/19/2026	N/A	Class 1: at least 1 previously failed therapy required
Avtozma	2/24/2026	N/A	Class 1: at least 1 previously failed therapy required
Loargys	2/25/2026	N/A	Class 1: at least 1 previously failed therapy required
Yuvezzi	2/23/2026	N/A	Class 1: at least 1 previously failed therapy required
Contepo	3/4/2026	N/A	Class 1: at least 1 previously failed therapy required
Arynta 10mg/ml sol	3/16/2026	N/A	Class 1: at least 1 previously failed therapy required
Icotyde	3/19/2026	N/A	Class 1: at least 1 previously failed therapy required
Kygevvi	3/13/2026	N/A	Class 1: at least 1 previously failed therapy required
Lerochol	3/18/2026	N/A	Class 1: at least 1 previously failed therapy required
Neulasta	3/20/2026	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
Sufentanil Powder	2/23/2011	N/A	Active Pharmaceutical Ingredient (API) not covered
Auralgan Otic (GSN 48556, 8112, 64389)	2/17/2011	N/A	Drug Not Covered - DESI or IRS drugs not covered
Hydrocortisone/Praxoxine (GSN 67048)	3/2/2011	N/A	Drug Not Covered - DESI or IRS drugs not covered
Belladonna/Phenobarbital (GSN 4777)	3/2/2011	N/A	Drug Not Covered - DESI or IRS drugs not covered
Vivitrol*	11/19/2010		PA requirement removed prior to implementation
Naltrexone Oral Tablets	5/9/2012		Removed from Prior Authorization
Nucynta ER	9/28/2011	7/31/2013 - See New ER Edit	Historical / Class 2: at least 2 previously failed therapies required
Dalirep	6/18/2011	12/20/12	Class 1: at least 1 previously failed therapy required
Gabliofen	2/9/2011	9/28/2011	Historical / Class 1: at least 1 previously failed therapy required
Nexicon™ XR	2/9/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies 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 therapies 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 therapies required
Fortesta	2/16/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Nexa Select PNV	2/16/2011	9/28/2011	Historical / Class 2: at least 2 previously failed therapies required
Nestabs DHA combo pack	2/16/2011	9/28/2011	Historical / Class 2: at least 2 previously failed therapies required
Escavite Chewable Tablet	3/2/2011	9/28/2011	Historical / Class 2: at least 2 previously failed therapies required
Nephrocaps QT Tablet	3/2/2011	9/28/2011	Historical / Class 2: at least 2 previously failed therapies required
Aluvea Cream (all strengths)	3/23/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Citranatal Harmony	3/23/2011	9/28/2011	Historical / Class 2: at least 2 previously failed therapies 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 therapies required
Alsuma	4/13/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Virasal	4/13/2011	11/30/2011	Historical / Class 2: at least 2 previously failed therapies required
Axiron	4/13/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Tropazone cream (combination #57)	4/13/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies 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 therapies 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-Duo EC	5/6/2011	11/30/2011	Historical / Class 2: at least 2 previously failed therapies required
Neevo Combo Pack	5/6/2011	11/30/2011	Historical / Class 2: at least 2 previously failed therapies required
Setonel-EC	5/6/2011	11/30/2011	Historical / Class 2: at least 2 previously failed therapies required
EZFE Forte	5/6/2011	11/30/2011	Historical / Class 2: at least 2 previously failed therapies required
PROFE Forte	5/6/2011	11/30/2011	Historical / Class 2: at least 2 previously failed therapies 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 therapies required
Visbyrd	6/15/2011	12/2/2012	Historical / Class 1: at least 1 previously failed therapy required
Sprix	6/15/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies 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 therapies required

Alaska Medicaid Interim Prior Authorization List

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Medication	Date Added	Date Removed	Additional Notes
Desonil	7/1/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Vitalof-One	7/1/2011	2/1/2012	Historical / Class 2: at least 2 previously failed therapies required
Phoslo	7/1/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Diffid	7/1/2011	12/2/2012	Historical / Class 1: at least 1 previously failed therapy required
Naproxen	7/18/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Nuix	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 therapies 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 therapies 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 therapies required
Purefe OB Plus	8/24/2011	3/28/2012	Historical / Class 2: at least 2 previously failed therapies 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 therapies required
OB Complete with DHA	8/24/2011	3/28/2012	Historical / Class 2: at least 2 previously failed therapies required
Eduant	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
Canzip ER	9/8/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies 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 therapies required
ANIM3 with Vitamin D	9/28/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies 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 therapies 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 therapies required
Lycelle	11/9/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Hyalotic Plus Cream	11/9/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Androderm	11/23/2011	12/12/2012	Historical / Class 2: at least 2 previously failed therapies 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 therapies required
Dologesp	11/23/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Texacort	11/23/2011	12/12/2012	Historical / Class 2: at least 2 previously failed therapies required
Fluoxetine HCL 60mg Tablet	11/23/2011	12/12/2012	Historical / Class 2: at least 2 previously failed therapies required
Lamictal XR 300mg	12/21/2011	12/12/2012	Historical / Class 2: at least 2 previously failed therapies required
Sumazin CP Kit	1/4/2012	12/12/2012	Historical / Class 2: at least 2 previously failed therapies required
Sumadan kit	1/4/2012	12/12/2012	Historical / Class 2: at least 2 previously failed therapies required
Edarbyclor 40-12.5mg, 40-25mg	2/1/2012	12/12/2012	Historical / Class 2: at least 2 previously failed therapies 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 therapies required
Jenladueto 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
Erivedge	2/29/2012	10/24/2012	Historical / Class 2: at least 2 previously failed therapies required
Hylase Wound Gel	2/29/2012	7/2012 Not Rebate Eligible	Historical / Class 2: at least 2 previously failed therapies required
Inlyta 1mg and 5mg	2/29/2012	10/24/2012	Historical / Class 1: at least 1 previously failed therapy required
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 therapies required
Zithranol 1% Shampoo	3/14/2012	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Zyclara 3.75% Pump	3/14/2012	10/24/2012	Historical / Class 2: at least 2 previously failed therapies required
Orbivan CF	4/18/2012	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Aqua Glycolic HC 2% Kit	4/18/2012	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Omnorby 10mg/mL	4/18/2012	12/12/2012	Historical / Class 2: at least 2 previously failed therapies required
Lidovir 4% - 4% Ointment Kit	5/2/2012	3A has not approved Lidovir Ointment to cure, treat, or mitigate disease	Historical / Class 1: at least 1 previously failed therapy required
Diffurin Gel Pump 0.3%	5/23/2012	2/20/2013	Historical / Class 2: at least 2 previously failed therapies required
Metrogel 1% Topical Pump	5/23/2012	2/20/2013	Historical / Class 2: at least 2 previously failed therapies required
Epiduo Gel with Pump	5/23/2012	2/20/2013	Historical / Class 2: at least 2 previously failed therapies required
Gelique 3% Gel Pump	5/23/2012	2/20/2013	Historical / Class 2: at least 2 previously failed therapies required
Elekys	6/20/2012	2/20/2013	Historical / Class 1: at least 1 previously failed therapy required
Codeine Sulf 30mg/mL Oral	7/20/2012	4/24/2013	Historical / Class 2: at least 2 previously failed therapies 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
Angeltq 0.5 - 0.25mg	7/20/2012	4/24/2013	Historical / Class 2: at least 2 previously failed therapies required
Ketodan 2% Foam	7/20/2012	4/24/2013	Historical / Class 2: at least 2 previously failed therapies required
Narmigel AG 0.11% Wound Gel	8/17/2012	10/2012 Not Rebate Eligible	Historical / Class 2: at least 2 previously failed therapies required
Ketodan 2% Foam Kit	8/17/2012	4/24/2013	Historical / Class 2: at least 2 previously failed therapies required
Benzepro 5.3% and 9.8% emol-foam	8/17/2012	4/24/2013	Historical / Class 2: at least 2 previously failed therapies required
Zyclara 2.5% Pump	9/21/2012	5/22/2013	Historical / Class 2: at least 2 previously failed therapies required
Stribild	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
Nesine 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
Oseini 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 therapies 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 (Paxson)	2/16/2011	N/A	Not approved under NDA/ANDA
Durasal 26% Liquid	6/3/2011	N/A	Not approved under NDA/ANDA
Hyalotic Plus	9/8/2011	N/A	Not approved under NDA/ANDA
Fioricet with Codeine 50-300-40-30	8/23/2013	12/10/2018	Historical / Class 2: at least 2 previously failed therapies 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 therapies 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
Incusse Elipta	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 therapies required
Arnully Elipta	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
Miligane	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 therapies required
Quillichew ER	3/7/2016	12/10/2018	Historical / Class 2: at least 2 previously failed therapies required
Keljan XR	3/25/2016	12/10/2018	Historical / Class 2: at least 2 previously failed therapies required
Zimbrya	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 therapies 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/mediora/authoriz.aspx for details.
Kapvay ER 0.1mg	12/21/2011	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
QNASL 80mg Nasal Spray	4/18/2012	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Ciclodan 0.77% Cream Kit	8/17/2012	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Ultravate X Ointment combo	8/17/2012	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Ultravate X Cream combo	8/17/2012	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Reprexain 2.5/200, 5/200, 10/200	9/21/2012	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Forfivo XL 450mg	9/23/2012	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Synalar TS 0.01% kit	10/24/2012	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Onmel 200mg	1/16/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Synalar 0.025% Crm & Oint Kit	1/16/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Oxtellar XR 150mg, 300mg, 600mg	1/16/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Uceris 9mg ER	2/20/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Detrol DR 400mg capsule	3/20/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Simbrinza 1% - 0.2% drops	5/22/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Zipsor 25mg	5/22/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Prolema 0.07% drops	5/22/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Topicoort 0.25% Spray	5/22/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Namenda XR pack and all strengths	5/22/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Trokendi XR all strengths	9/18/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Fabior 0.1% Foam	9/18/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Brintellix (all strengths)	10/23/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Zovox (all strengths)	12/4/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Actema 162mg/0.9mL	12/4/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Fetzima (all strengths)	12/27/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Hydrocodone/APAP 9/300mg	5/16/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Hydrocodone/APAP 7.5/300mg	5/16/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Hydrocodone/APAP 10/300mg	5/16/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Quexy XR cap	6/27/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Clostan 0.05%	10/17/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Sumavel Dosepro	12/19/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Akynzeo	12/19/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Treziq	1/9/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Hysingia ER	1/9/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required

Medication	Date Added	Date Removed	Additional Notes
Sulfacetamide sodium 10% cleanser gel	1/9/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Onexton gel with pump	1/9/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Afrezza	1/9/15, 8/29/16, 9/12/16	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Onexton gel	2/6/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Embeda ER (all strengths)	2/6/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Afrezza intl	7/31/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Toujeo Solostar	7/31/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Durlaza	11/16/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Pandel 0.1% cream	11/16/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Vanbi	11/16/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Envarsus XR	11/16/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Synjardy	11/16/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Cobetazol Spray	11/16/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Enstilar	2/4/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Spritam	3/25/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Zembrace SymTouch	4/28/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Sernivo	4/28/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Ultravate Lotion	5/30/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Delticol (manufactured by Allergan)	6/23/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Emend 125mg Suspension	8/29/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Invokamet XR	11/7/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Xhance	12/14/2018	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Ozempic	12/14/2018	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Motegrity	3/11/2019	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Yupelri	3/11/2019	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Adapaz	4/19/2019	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Jornay PM	9/20/2019	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Adhansia XR	9/20/2019	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Katerzia	9/20/2019	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Evekeo ODT	9/20/2019	12/1/2019	Historical / Class 2: at least 2 previously failed therapies 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
Fanpqa	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
Zonivity 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
Kilabis 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
Otiprio	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 kwkPen	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 Clickect	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
Xiidra	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
Ilumya	12/14/2018	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Kezara	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
TakzYRO	12/14/2018	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Zilido	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
Skyriz	9/20/2019	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Rimvod ER	11/15/2019	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Vumerty	1/17/2020	Moved to PA 3/16/2020	Historical / Class 1: at least 1 previously failed therapy required
Absorca LD	4/17/2020	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Acticlate	10/17/2014	6/1/2021	Historical / Class 2: at least 2 previously failed therapies 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
Allizal	3/7/2016	6/1/2021	Historical / Class 2: at least 2 previously failed therapies 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 therapies required
Bivigam	7/31/2015	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Bosulf 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
Doryx DR 200mg	7/17/2013	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Egaten	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
Feriprox 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 therapies required
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 therapies 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 therapies required
Quzytir	4/17/2020	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Rosadan	9/28/2011	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Sklice 0.5% Lotion	7/20/2012	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Tegsedi	3/11/2019	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Xembyfi	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 therapies required
Znrgo Intra-dermal system (lidocaine)	11/16/2015	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Zynadia 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
Vanconin	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 therapies 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 therapies 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
Vimzim	3/14/2014	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Gammplex	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 therapies 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
Tastone 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 therapies required
Flebogamma DIF	7/31/2015	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Nouriaz	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 therapies required
Sevenfact	10/20/2021	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Vyepit	4/17/2020	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required

Medication	Date Added	Date Removed	Additional Notes
Wynzora	1/15/2021	5/1/2022	Historical / Class 2: at least 2 previously failed therapies required
Kenleta	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
Somavert	10/17/2014	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Diclovin M	9/18/2020	5/1/2022	Historical / Class 2: at least 2 previously failed therapies required
Osmolex ER	12/14/2018	5/1/2022	Historical / Class 2: at least 2 previously failed therapies required
Zilxi	9/18/2020	5/1/2022	Historical / Class 2: at least 2 previously failed therapies 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
Lansurf	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
Stivarga 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
Tagrisso	11/30/2015	3/1/2024	Class 1: at least 1 previously failed therapy required
Wellirege	11/19/2021	3/1/2024	Class 1: at least 1 previously failed therapy required
Ayvakti	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
Ablify 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
Uzedy	11/1/2023	6/2/2025	Historical / Class 2: at least 2 previously failed therapies required