

Alaska Medicaid Interim Prior Authorization List

Last Updated 05/19/2026

Medication	Date Added	Date Removed	Additional Notes
Quantity Limit with No History Edit	N/A	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Zanaflex Capsules (all strengths)	2/15/2013, updated 6/10/2019	4/6/2011	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Folic Acid 5mg	N/A	4/6/2011	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Vitamin D 50,000 units	N/A	4/6/2011	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Makena (hydroxyprogesterone caproate)	N/A	4/27/2011	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Human Chorionic Gonadotropin products	N/A	5/6/2011	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Proton Pump Inhibitor step-edit	5/18/2011	PA removed 11/1/2022	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Bactroban Cream (15g and 30g)	5/25/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Botulinum Toxin products	5/25/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Vitreals	5/25/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Incevik	6/15/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Firazyr	9/8/2011	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Lovaza, Vescopa	11/1/2011, updated 3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Cialis 5mg	1/4/2012	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Egrifin	1/4/2012	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Onecta 7 5mg	2/29/2012	Moved to Ovar PA Criteria	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Kalydeco 150mg	2/29/2012	Moved to PA List 6/8/2013	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Xifaxan	3/1/2012	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Zyvox	3/1/2012	PA removed 11/1/2022	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Subsys 100mcg, 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	3/28/2012	Moved to PA List 6/8/2013	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Korlym 300mg	4/18/2012	Moved to PA List 6/8/2013	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Benetol 500 Unit Kit	5/23/2012	Moved to PA List 6/19/2013	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Brand Name Multisource Medications	N/A	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Atypical Antipsychotics (TD and PA)	6/13/2012	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Omeclamox-PAK	6/20/2012	See H Pylori KITS PA	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Clarinet (All forms)	6/27/2012	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Xyzal (All forms)	6/27/2012	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Kadian 40mg, 120mg, 180mg	7/3/2013	7/3/2013 - see new edit	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Exalgo ER 32mg	9/21/2012	7/3/2013 - see new edit	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Bimost 70mg EFF	9/21/2012	See Bisphosphonate Edit	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Nexium DR 2.5mg, 5mg Packet	9/21/2012	7/3/2013 - see new edit	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Opave ER 5, 7.5, 10, 15, 20, 30, 40mg NEW	1/16/2013	7/3/2013 - see new edit	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Vascepa 1g, 0.5g	1/16/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Ludiprol 5mg, 10mg, 20mg	2/20/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Kynamro 200mg/mL syringe	3/20/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Dalresp	5/8/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
H Pylori Kits	5/8/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Diclois DR 10-10, Borjesta	5/22/2013, updated 6/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Benetol	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
HP Achar Gel	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Mastrol	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Noxafil Suspension	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Rybox ODT	6/19/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Extended Release Opioid Edit	7/31/2013	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Ibandronate 3mg/3mL vial	4/11/2014	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Zyselig	10/17/2014	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Evzio	3/16/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Kalydeco gran pack	7/31/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Praxbind	11/16/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Purixan oral suspension	11/16/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Kanuma	12/21/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Coragadex	12/21/2015	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Nucadren	5/20/2016	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Ofadin	6/23/2016	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Orfadin	9/12/2016	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Tecfidera	10/3/2016	2/28/2020	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Fortamet (All forms)	10/3/2016	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Glumetza (All forms)	10/3/2016	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Growth Hormone (Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Nutropin AQ NuSpin, Omnitrope, Saizen, Skytrofa, Zomacton, Zorbtive)	10/3/16, updated 1/2/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Cambia	11/12/2018	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Vibezel	11/12/2018	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Grilles	11/12/2018	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Horizant	11/12/2018	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Orlissa, Oriaharm, Myfembree	1/15/2019, updated 11/1/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Epidiolex	1/15/2019, updated 11/16/20	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
CGRP receptor inhibitors (Nurtec, Ubrelvy, Qulipta, Airmovig, Ajovy, Emgality, Vyepti)	1/15/2019, updated 11/16/20	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Xyrem, Xywav	1/15/2019, updated 01/11/21	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Baclofen	3/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Lumacaftor	3/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Palynziq	3/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Nuedexta	3/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Helioz	3/11/2019, updated 5/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Crysvita	6/10/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
VMAT2 inhibitors (Austedo, Ingrezza, Xenazine)	6/10/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Hemibina	6/10/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
benzodiazepine criteria	6/10/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Mavericad	11/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Mayzent	11/11/2019, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Sunosi	11/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Entyvio	11/11/2019	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Finadapse, Ruzurgi	7/25/2014, Updated 3/1/2023	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Vyndaqel, Vyndamax	1/6/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Corlanor	1/6/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Xifaxan	1/6/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Jynarque, Samsca	3/16/2020, updated 6/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Enewit	3/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Vumerity	3/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Dupixent	6/15/2020, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Xolair	6/15/2020, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Interleukin-5 inhibitors (Cinqair, Nucala, Fasenna)	6/15/2020, updated 01/17/22	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Oxryta	6/15/2020, updated 11/1/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Stensio	11/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Nexletol, Nexizent	11/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Oxervate	11/16/2020	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Reyvow	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Paiforzia	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Apokyn, Kynoli	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Dupixen	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Influn Penn	1/11/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Ofev	3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Fintepla	3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Kesimpta	3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Xcoppi	3/15/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Imcivree	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Esbriet	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Wakix	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Mytesi	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Evekeo	5/24/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Lupkynis	11/1/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Naturetin	11/1/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Adjuvium	5/1/2021	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Lybalvi	1/4/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/mediora/authorization.aspx
Kerendia	1/4/2022	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/ph

Medication	Date Added	Date Removed	Additional Notes
Acthar Selfject	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Ivabradine	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Oxycodone 15mg	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Lofexidine	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Bevez	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Bimzex	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Rytliggo	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Veozah	9/20/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Kisunla	11/15/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Tremfya	11/15/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Witresair	11/15/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Zynteglo	11/15/2024	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Hympanvi	1/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Auveity	1/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Ocevia Sunvivo	1/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Skizor	1/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Cinessity	6/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Symproic	6/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Zymfentra	6/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab	4/14/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab-AEKN	4/29/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Tolvaptan	5/9/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Oaswell	6/4/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Stoboclo	6/4/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Imukdosa	6/18/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Bomynta	6/30/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Conexxone	6/30/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Rivaroxaban	7/2/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Egrifta VR	7/21/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
CDV Fyzchiva	8/5/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Andemby	11/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Ekterly	11/1/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
BiDys	9/11/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Stalbevea	9/11/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Chifli	9/15/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Gabapentin ER	10/10/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Selarsid	10/16/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Ospomy	10/23/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Starjenz	10/27/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Dawmerna	11/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Vykat XR	1/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab-AAUZ	11/3/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Cladribine	11/26/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Prednisone DR	12/17/2025	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Anzupgo	3/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Etoposin	3/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Lincyst	3/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Rhapido	3/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Enobry	1/7/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Xtremo	1/7/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Ustekinumab	2/6/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Aulelio	2/23/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Bosnyx	2/23/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Tapentadol ER	3/11/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Justapid	3/13/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Myqorzo	6/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Redempho	6/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Rezdolra	6/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Voyant	6/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/Pages/pharmacy/medpriorauthoriz.aspx
Yoripath	6/1/2026	N/A	PA Required See website - https://dhss.alaska.gov/health/vhca/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
Lidocaine	11/23/2011	N/A	Class 2: at least 2 previously failed therapies required
TL-Ceramide, 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
Atapro Hydrogel and Dermal Spray	2/29/2012	N/A	Class 2: at least 2 previously failed therapies required
Aurstat	2/29/2012	N/A	Class 2: at least 2 previously failed therapies required
Recliv	2/29/2012	N/A	Class 2: at least 2 previously failed therapies required
Nafin 2% Cream	3/14/2012	N/A	Class 2: at least 2 previously failed therapies required
Tamadol Hcl 150mg Capsules	3/28/2012	N/A	Class 2: at least 2 previously failed therapies required
Dymista Spray	7/20/2012	N/A	Class 2: at least 2 previously failed therapies required
Zetonna Nasal Spray	7/20/2012	N/A	Class 2: at least 2 previously failed therapies required
Neosalus CP Cream	8/17/2012	N/A	Class 2: at least 2 previously failed therapies required
Gabapentin 250mg/cap, 300mg/6ML	9/21/2012	N/A	Class 2: at least 2 previously failed therapies required
Navyx DR 1mg, 2mg, 5mg	10/24/2012	N/A	Class 2: at least 2 previously failed therapies required
Lotemax O.5% Oph Gel	1/16/2013	N/A	Class 2: at least 2 previously failed therapies required
Quilivant XR 25mg/5mL Susp	2/20/2013	N/A	Class 2: at least 2 previously failed therapies required
(Soc Surface-Sulfur 9.4.5% Wash (Bocomp)	5/22/2013	N/A	Class 2: at least 2 previously failed therapies required
Liptuzet all strengths	6/26/2013	N/A	Class 2: at least 2 previously failed therapies required
Nymalize solution	7/17/2013	N/A	Class 2: at least 2 previously failed therapies required
Finicel Capsule 50-300-40	8/21/2013	N/A	Class 2: at least 2 previously failed therapies required
Zubsolv all strengths	8/21/2013	N/A	Class 2: at least 2 previously failed therapies required
Brisdelle 7.5mg	8/21/2013	N/A	Class 2: at least 2 previously failed therapies required
Astagraf XL all strengths	8/21/2013	N/A	Class 2: at least 2 previously failed therapies required
Esomeprazole DR 24.65mg/49.3mg	9/18/2013	N/A	Class 2: at least 2 previously failed therapies required
Granix 300mcg & 480mcg	12/4/2013	N/A	Class 2: at least 2 previously failed therapies required
Prodrive	3/14/2014	N/A	Class 2: at least 2 previously failed therapies required
Advasive Inhaler	3/14/2014	N/A	Class 2: at least 2 previously failed therapies required
Lupaneta kit	3/14/2014	N/A	Class 2: at least 2 previously failed therapies required
Zohydro ER (all strengths)	3/14/2014	N/A	Class 2: at least 2 previously failed therapies required
Xartemis XR	4/11/2014	N/A	Class 2: at least 2 previously failed therapies required
Hexloz capsule	4/11/2014	N/A	Class 2: at least 2 previously failed therapies required
Etacaine	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
Bunavil	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
Rybitry (all strengths)	2/6/2015	N/A	Class 2: at least 2 previously failed therapies required
Humalog Kwikpen	7/31/2015	N/A	Class 2: at least 2 previously failed therapies required
Proair Respiclick	7/31/2015	N/A	Class 2: at least 2 previously failed therapies required
Nuvessa gel	7/31/2015	N/A	Class 2: at least 2 previously failed therapies required
Fentanyl Patch (37.5, 62.5, 87.5 mcg/hr)	7/31/2015	N/A	Class 2: at least 2 previously failed therapies required
Oxydo	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
Zeculy Patch	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Dyloject Vial	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Hycofenix	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Epiduo Forte	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Tolak 4%	11/16/2015	N/A	Class 2: at least 2 previously failed therapies required
Belbuca Film	12/21/2015	N/A	Class 2: at least 2 previously failed therapies required
Viviodex Capsule	12/21/2015	N/A	Class 2: at least 2 previously failed therapies required
Upravi	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
Adzeny XR-001	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
Chiretin	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
Curviro	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
Etallor 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
Rybitus	11/15/2019	N/A	Class 2: at least 2 previously failed therapies required
Toymra	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
Triardy XR	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Zenivate	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
Riamet ER	4/17/2020	N/A	Class 2: at least 2 previously failed therapies required
simvastatin (Holipid 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
Brextzi Aerosphere	9/18/2020	N/A	Class 2: at least 2 previously failed therapies required
Neulizent	9/18/2020	N/A	Class 2: at least 2 previously failed therapies required
Qdolo	11/20/2020	N/A	Class 2: at least 2 previously failed therapies required
Airduo Digihaler	11/20/2020	N/A	Class 2: at least 2 previously failed therapies required
Winlevi	1/15/2021	N/A	Class 2: at least 2 previously failed therapies required
Ivermectin Lotion	1/15/2021	N/A	Class 2: at least 2 previously failed therapies required
Prolate	4/16/2021	N/A	Class 2: at least 2 previously failed therapies required
Reltone	4/16/2021	N/A	Class 2: at least 2 previously failed therapies required
Vesicare Susp	4/16/2021	N/A	Class 2: at least 2 previously failed therapies required
Reditrex	4/16/2021	N/A	Class 2: at least 2 previously failed therapies required
Rezurock	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Azastarys	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Rozet	9/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Etoposin XR	11/17/2021	N/A	Class 2: at least 2 previously failed therapies required
Tricyca	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
LoreveXR	11/1		

Alaska Medicaid Interim Prior Authorization List

Last Updated 05/19/2026

Medication	Date Added	Date Removed	Additional Notes
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
Lyvigaph	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
Aspruzo	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
Entadi	9/16/2022	N/A	Class 2: at least 2 previously failed therapies required
Rybitris	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
Furoxox	11/18/2022	N/A	Class 2: at least 2 previously failed therapies required
Xelstrym	11/18/2022	N/A	Class 2: at least 2 previously failed therapies required
Methylphenidate Er	11/17/2022	N/A	Class 2: at least 2 previously failed therapies required
Relexii 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
Aponiv	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
Lumyz	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
Zavipret	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
Atrivora	1/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Glipizide 2.5mg	1/1/2024	N/A	Class 2: at least 2 previously failed therapies required
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
Jylamo	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Cosanto	3/1/2024	N/A	Class 2: at least 2 previously failed therapies required
Oxycodone 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
Alvaz	4/19/2024	N/A	Class 2: at least 2 previously failed therapies required
Winreva	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
Trivio	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Actretin	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
Haliclonide	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Valfex	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
Croxent ER	9/20/2024	N/A	Class 2: at least 2 previously failed therapies required
Livdelzi	9/20/2024	Moved to Class 1 5/19/2026	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
Etiuvmet	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
Opiiza	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
Itynigila	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
Raldesey	3/5/2025	N/A	Class 2: at least 2 previously failed therapies required
Amirigo	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
Tezruy	4/3/2025	N/A	Class 2: at least 2 previously failed therapies required
Combogestic	4/8/2025	N/A	Class 2: at least 2 previously failed therapies required
Arbii	4/16/2025	N/A	Class 2: at least 2 previously failed therapies required
Brasoprolol 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-levodopa ER capsule	10/20/2025	N/A	Class 2: at least 2 previously failed therapies required
Piperacillin-Tazo 4.5g	10/22/2025	N/A	Class 2: at least 2 previously failed therapies required
Vyscoxa	10/21/2025	N/A	Class 2: at least 2 previously failed therapies required
Tonmya	10/24/2025	N/A	Class 2: at least 2 previously failed therapies required
Lasix Oriva	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
Metoprolol 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
Sdambo	1/20/2026	N/A	Class 2: at least 2 previously failed therapies required
Lopressor 12.5mg	1/22/2026	N/A	Class 2: at least 2 previously failed therapies required
Orlitaly	2/3/2026	N/A	Class 2: at least 2 previously failed therapies required
Tizandine 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
Atmekal 750mg/5ml	3/26/2026	N/A	Class 2: at least 2 previously failed therapies required
Zylga	5/18/2011	N/A	Class 1: at least 1 previously failed therapy required
Zekoral	5/9/2011	N/A	Class 1: at least 1 previously failed therapy required
Zoptan 0.0015% Eye Drops	3/14/2012	N/A	Class 1: at least 1 previously failed therapy required
Hecoria 0.5mg, 1mg, 5mg	7/20/2012	N/A	Class 1: at least 1 previously failed therapy required
Viokace 10 and 20	9/21/2012	N/A	Class 1: at least 1 previously failed therapy required
Xtandi 40mg	10/24/2012	N/A	Class 1: at least 1 previously failed therapy required
Linzeas 145mcg and 290mcg	12/12/2012	N/A	Class 1: at least 1 previously failed therapy required
Itabag 15mg and 45 mg	1/16/2013	N/A	Class 1: at least 1 previously failed therapy required
Cometriq 60mg, 100mg, 140mg	2/20/2013	N/A	Class 1: at least 1 previously failed therapy required
Gattex 5mg KIT	2/20/2013	N/A	Class 1: at least 1 previously failed therapy required
Fulyzaq 125mg DR tablet	3/20/2013	N/A	Class 1: at least 1 previously failed therapy required
Signifor ampule All strengths	4/24/2013	N/A	Class 1: at least 1 previously failed therapy required
Invakana 100mg, 300mg	4/24/2013	N/A	Class 1: at least 1 previously failed therapy required
Opiphen 60mg	5/22/2013	N/A	Class 1: at least 1 previously failed therapy required
Diagebs 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
Tafinar all strengths	7/17/2013	N/A	Class 1: at least 1 previously failed therapy required
Glafin all strengths	9/18/2013	N/A	Class 1: at least 1 previously failed therapy required
Mivascio 0.33% Gel	9/18/2013	N/A	Class 1: at least 1 previously failed therapy required
Adempas (all strengths)	10/23/2013	N/A	Class 1: at least 1 previously failed therapy required
Valchlor Gel 0.016%	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
Ragwell tab SL	5/16/2014	N/A	Class 1: at least 1 previously failed therapy required
Naloxon 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
Tanzum 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
Karbitri ER Suspension	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Afiny	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Shivexto vial and tablet	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Sutent	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
Davance	7/25/2014	N/A	Class 1: at least 1 previously failed therapy required
Envyrio	7/25/2014	N/A	Moved to MAP PA list
Mifexolam PF 10mg/2ml syringe	10/17/2014	N/A	Class 1: at least 1 previously failed therapy required
Belecoaq	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
Esbiot	12/19/2014	N/A	Class 1: at least 1 previously failed therapy required
Olvev	12/19/2014	N/A	Class 1: at least 1 previously failed therapy required
Belcomra (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
Zerboxa	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Soolantra cream	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Incruse Ellipta	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Reyataz powder pack	1/9/2015	N/A	Class 1: at least 1 previously failed therapy required
Paricalcitol	2/6/2015	N/A	Class 1: at least 1 previously failed therapy required
Neulasta syringe	2/6/2015	N/A	Class 1: at least 1 previously failed therapy required
Evotaz tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
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
Prentalis tab	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Reoult 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 Trinzta	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Dorix DR tab - all strengths	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Stello Respimat	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Imityl	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
Justapid - 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
Crossamba vial	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Gammurex	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
Priven	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
Lemixa 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

Alaska Medicaid Interim Prior Authorization List

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Medication	Date Added	Date Removed	Additional Notes
Pazo ophth	7/31/2015	N/A	Class 1: at least 1 previously failed therapy required
Ibrance 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
Viekta 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
Odorono	11/16/2015	N/A	Class 1: at least 1 previously failed therapy required
Praxair 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
Keveys	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
Utrbron	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Getivnyá	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Wizers	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Cotellic	11/30/2015	N/A	Class 1: at least 1 previously failed therapy required
Ninuro 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
Portraza	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
Ideivion	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
Celylev	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Hyqvia IG Component	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Hyqvia HY Component	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Lenvima	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Afstyla	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
ProBuphine	6/23/2016	N/A	Class 1: at least 1 previously failed therapy required
Jentadueto XR	7/7/2016	N/A	Class 1: at least 1 previously failed therapy required
Repatha Pushtronex	8/1/2016	N/A	Class 1: at least 1 previously failed therapy required
Vonvendi	8/1/2016	N/A	Class 1: at least 1 previously failed therapy required
Royaldee	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
Bandell	12/14/2018	Move to PA 3/11/2019	Class 1: at least 1 previously failed therapy required
Palynia	12/14/2018	Move to PA 3/11/2019	Class 1: at least 1 previously failed therapy required
Revcovi	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
Bujavá	4/19/2019	N/A	Class 1: at least 1 previously failed therapy required
Docubri	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
Fasp 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
Nzilam	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Gvoke	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Myxredlin	11/15/2019	N/A	Class 1: at least 1 previously failed therapy required
Ziextenzo	1/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Reliolyl	1/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Nepletol	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
Ubrvelvy	4/17/2020	N/A	Class 1: at least 1 previously failed therapy required
Espiroct	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
Lymjlev	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Nymobi	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Qliahn	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Zeposia	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Bonsity	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Xcopri	9/18/2020	N/A	Class 1: at least 1 previously failed therapy required
Akirdi Sprinkle	10/20/2021	N/A	Class 1: at least 1 previously failed therapy required
Onogenys	10/20/2021	N/A	Class 1: at least 1 previously failed therapy required
Semglee	10/20/2021	N/A	Class 1: at least 1 previously failed therapy required
Kesimpta	10/20/2021	N/A	Class 1: at least 1 previously failed therapy required
Orladevo	1/15/2021	N/A	Class 1: at least 1 previously failed therapy required
Verguvo	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
Semtesa	4/16/2021	N/A	Class 1: at least 1 previously failed therapy required
Thiquilifly	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
Braoefemme	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
Empavel	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
Tarneos	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
Livtenicity	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
Inflimab (biosimilar)	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Ewerolimus	1/17/2022	N/A	Class 1: at least 1 previously failed therapy required
Elyb	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
Tecspire	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Tarcevo	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
Vasostrict	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
Ibsoela	4/15/2022	N/A	Class 1: at least 1 previously failed therapy required
Saazac	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
Camzyo	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
Valisartan liquid	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Verkaia	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
Ztalmv	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
Zovry	9/16/2022	N/A	Class 1: at least 1 previously failed therapy required
Doxxy 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
Sotykto	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
Elynetra	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Riovedon	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Ermeza	11/18/2022	N/A	Class 1: at least 1 previously failed therapy required
Stimufend	12/14/2022	N/A	Class 1: at least 1 previously failed therapy required
Amjevita	6/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Atorvaliq	6/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Oxibutinín	6/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Inflimab 125mg	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Sagova	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(c)	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Sulfave	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Fulymac(c)	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Hyrimoz(c)	11/1/2023	N/A	Class 1: at least 1 previously failed therapy required
Xdermy	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
Opave	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Ladoco	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
Iesduvroq	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Ojizna	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Adalimumab-ADBM	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Hyrimoz	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
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
Abrilada	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
Valsiply	1/1/2024	N/A	Class 1: at least 1 previously failed therapy required
Xghozah	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
Bevalifozin	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
Fulymac(c)	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

Alaska Medicaid Interim Prior Authorization List

Last Updated 05/19/2026

Medication	Date Added	Date Removed	Additional Notes
Vevye	N/A	3/1/2024	Class 1: at least 1 previously failed therapy required
Zituvio	N/A	3/1/2024	Class 1: at least 1 previously failed therapy required
Zoryve	N/A	3/1/2024	Class 1: at least 1 previously failed therapy required
Zilorya	N/A	4/19/2024	Class 1: at least 1 previously failed therapy required
Agamree	N/A	4/19/2024	Class 1: at least 1 previously failed therapy required
Filsuvez	N/A	4/19/2024	Class 1: at least 1 previously failed therapy required
Opsynvi	N/A	4/19/2024	Class 1: at least 1 previously failed therapy required
Simlandi	N/A	4/19/2024	Class 1: at least 1 previously failed therapy required
Echilia	N/A	4/19/2024	Class 1: at least 1 previously failed therapy required
Tropocin DR	N/A	4/19/2024	Class 1: at least 1 previously failed therapy required
Staglipitin	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
adalimumab-aat	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
adalimumab-ryvk	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
adalimumab	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
CyTizeo	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Tofidence	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Omvoch	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
metronidazole(generic Nuessa)	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Myhibbin	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Focinevz	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Hydrocortisone 2%	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Igivo	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Bytelo	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Sitagliptin-metformin	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Hulio	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Sofdra	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Zoryve	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Tacrolimus XL	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Livmarli	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Zigafyde	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Nemluvio	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Idacio	N/A	9/20/2024	Class 1: at least 1 previously failed therapy required
Yorvipath	11/15/2024	Moved to MAP PA 6/1/2026	Class 1: at least 1 previously failed therapy required
Eblyse	11/15/2024	Moved to MAP PA 3/1/2026	Class 1: at least 1 previously failed therapy required
Miclyfia	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Cobenfy	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Alcaftadine	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Vyvale	11/15/2024	N/A	Class 1: at least 1 previously failed therapy required
Ryuzumi	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Scubtrein-valsartan	1/17/2025	N/A	Class 1: at least 1 previously failed therapy required
Simlandi	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
Talz	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
Nitrimvo	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
Omvoch	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Xromi	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Zunveyl DR	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Qftlia	4/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Vamrafia	4/4/2025	N/A	Class 1: at least 1 previously failed therapy required
Vyvgart Hytrulio	4/11/2025	N/A	Class 1: at least 1 previously failed therapy required
Jubbonti	5/5/2025	N/A	Class 1: at least 1 previously failed therapy required
Livmarli	5/5/2025	N/A	Class 1: at least 1 previously failed therapy required
Pilocarpine 1.25%	5/8/2025	N/A	Class 1: at least 1 previously failed therapy required
Wyost	5/5/2025	N/A	Class 1: at least 1 previously failed therapy required
Eltrombopag	5/13/2025	N/A	Class 1: at least 1 previously failed therapy required
Staglipitin/mefformin	5/13/2025	N/A	Class 1: at least 1 previously failed therapy required
Bucapso	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
Zelusmi	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
Andemby	6/18/2025	Moved to MAP PA 11/1/2025	Class 1: at least 1 previously failed therapy required
Trypby	6/23/2025	N/A	Class 1: at least 1 previously failed therapy required
Ekerly	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
Anzupgo 2% cream	7/25/2025	Moved to MAP PA 3/1/2026	Class 1: at least 1 previously failed therapy required
Spriego	7/25/2025	N/A	Class 1: at least 1 previously failed therapy required
Sphenience powder	7/30/2025	N/A	Class 1: at least 1 previously failed therapy required
Viaz	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
Exua ER	9/23/2025	N/A	Class 1: at least 1 previously failed therapy required
Otezla XR 75	9/22/2025	N/A	Class 1: at least 1 previously failed therapy required
Palsonify	9/29/2025	N/A	Class 1: at least 1 previously failed therapy required
Rhapsido	10/1/2025	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
Zovve 0.05% cream	10/8/2025	N/A	Class 1: at least 1 previously failed therapy required
Glycerol phenybut	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
Redempro	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
Voyast	12/1/2025	Moved to MAP PA 6/1/2026	Class 1: at least 1 previously failed therapy required
Pokonsa	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 -Ioteprednol	12/18/2025	N/A	Class 1: at least 1 previously failed therapy required
Cardammyl	12/19/2025	N/A	Class 1: at least 1 previously failed therapy required
Exdentar	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
Myqorzo	1/13/2026	Moved to MAP PA 6/1/2026	Class 1: at least 1 previously failed therapy required
Pviva	1/20/2026	N/A	Class 1: at least 1 previously failed therapy required
Nvstatin 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
Riliovion	2/10/2026	N/A	Class 1: at least 1 previously failed therapy required
Otladevo	2/19/2026	N/A	Class 1: at least 1 previously failed therapy required
Autozma	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
Yuvezzo	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
Aranta 10mg/ml sol	3/16/2026	N/A	Class 1: at least 1 previously failed therapy required
Icatyde	3/19/2026	N/A	Class 1: at least 1 previously failed therapy required
Kygevi	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
Livdeli	5/19/2026	N/A	Class 1: at least 1 previously failed therapy required
Adcy	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)
Belvig 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
Chloric Gonadotropin Powder	3/21/2011	N/A	Active Pharmaceutical Ingredient (API) not covered
Codine 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
Sildenafil 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/Pramoxine (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
Naloxone Oral Tablets		5/9/2012	Removed from Prior Authorization
Nucynta ER	9/28/2011	7/31/2012 - See New ER Edit	Historical / Class 2: at least 2 previously failed therapies required
Daleneq	6/18/2014	12/2/2012	Class 1: at least 1 previously failed therapy required
Gabifen	2/9/2011	9/28/2011	Historical / Class 1: at least 1 previously failed therapy required
Nexiclon™ XR	2/9/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Latuda*	2/9/2011	7/20/2012	Historical / Class 1: at least 1 previously failed therapy required
Safyril™	2/9/2011	9/28/2011	Historical / Class 2: at least 2 previously failed therapies required
Mayzent	4/29/2019	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
Excavite Chewable Tablet	3/2/2011	9/28/2011	Historical / Class 2: at least 2 previously failed therapies required
Nephrocap QT Tablet	3/2/2011	9/28/2011	Historical / Class 2: at least 2 previously failed therapies required
Aluave Cream (all strengths)	3/23/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Citratal 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
Vivast	4/13/2011	11/30/2011	Historical / Class 2: at least 2 previously failed therapies required
Astron	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
Conifac	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
Yerovy	4/13/2011	11/30/2011	Historical / Class 1: at least 1 previously failed therapy required
Sylstrom	5/6/2011	12/2/2012	Historical / Class 1: at least 1 previously failed therapy required
Tanon-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
Setonet-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
Androyel 162% gel pump	5/18/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Vibryd	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
Monorine	6/15/2011	2/1/2012	Historical / Class 1: at least 1 previously failed therapy required
Cilodan Kit	6/15/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Desoni	7/1/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Vitalo-One	7/1/2011	2/1/2012	Historical / Class 2: at least 2 previously failed therapies required

Alaska Medicaid Interim Prior Authorization List

Last Updated 05/19/2026

Medication	Date Added	Date Removed	Additional Notes
Phosytra	7/1/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Diflucan	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
Nasjio	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
Fio-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
Purife Plus	8/24/2011	3/28/2012	Historical / Class 2: at least 2 previously failed therapies required
Purife OB Plus	8/24/2011	3/28/2012	Historical / Class 2: at least 2 previously failed therapies required
Accapta Inhaler	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
Conzup ER	9/28/2011	12/2/2012	Historical / Class 2: at least 2 previously failed therapies required
Xyntha Solifusae	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
ANIMI-3 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
Neoselus Lotion	11/2/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Jalrys	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
Lyelle	11/9/2011	10/17/2014	Historical / Class 2: at least 2 previously failed therapies required
Hylopic 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
Dalopacis	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
Sumamin 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
Jentaduo 2.5/1000.2.5/500.2.5/500	2/29/2012	12/12/2012	Historical / Class 1: at least 1 previously failed therapy required
Envedge	2/29/2012	10/24/2012	Historical / Class 2: at least 2 previously failed therapies required
Hyfess Wound Gel	2/29/2012	7/2012 Not Rebate Eligible	Historical / Class 2: at least 2 previously failed therapies required
Intra 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
Orbiton 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
Omnyra 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	has not approved Lidovir Ointment to cure, treat, or mitigate disease.	Historical / Class 1: at least 1 previously failed therapy required
Differin Gel Pump 0.3%	5/23/2012	2/20/2013	Historical / Class 2: at least 2 previously failed 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
Getique 3% Gel Pump	5/23/2012	2/20/2013	Historical / Class 2: at least 2 previously failed therapies required
Eloxyo	7/20/2012	4/24/2013	Historical / Class 1: at least 1 previously failed therapy required
Codrine 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
Nokmetel AG 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
Inflix 0.3mg Vial	9/21/2012	5/22/2013	Historical / Class 1: at least 1 previously failed therapy required
Pispopk 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
Ultrasa DR 13,800 unit, 20,700 unit, 23,000unit	12/12/2012	12/4/2013	Historical / Class 1: at least 1 previously failed therapy required
Nesina 6.25mg, 12.5mg & 25mg	2/20/2013	12/4/2013	Historical / Class 1: at least 1 previously failed therapy required
Kazano 12.5-500 & 12.5-1000	2/20/2013	12/4/2013	Historical / Class 1: at least 1 previously failed therapy required
Chen 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
Nuclear 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 (Phasx)	2/16/2011	N/A	Not approved under NDA/ANDA
Duracal 26% Liquid	6/3/2011	N/A	Not approved under NDA/ANDA
Hylopic Plus	9/8/2011	N/A	Not approved under NDA/ANDA
Floricl with Codiene 50-300-40-30	8/21/2013	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
Clasza - all strengths	4/11/2014	12/10/2018	Historical / Class 1: at least 1 previously failed therapy required
Stiverdi RespiMat	4/28/2016	12/10/2018	Historical / Class 1: at least 1 previously failed therapy required
Bydureon pen	10/17/2014	12/10/2018	Historical / Class 1: at least 1 previously failed therapy required
Incruse Eklpta	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
Amruy Eklpta	1/9/2015	12/10/2018	Historical / Class 1: at least 1 previously failed therapy required
Tnucity	10/17/2014	12/10/2018	Historical / Class 1: at least 1 previously failed therapy required
Milgite	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
Keljanz 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 https://dhs.alaska.gov/officeofpublicaffairs/medpriorauth.asp 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
Forvio XL 450mg	9/21/2012	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
Onnel 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
Oxiliar 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
Detrolc 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
Zipser 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
Topicon 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
Trokenid 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
Zovonex (all strengths)	12/4/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Azelma 162mg/0.3mL	12/4/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Fetima (all strengths)	12/17/2013	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Hydrocodone/APAP 5/300mg	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
Qudex XR cap	6/27/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Cloadan 0.15%	10/17/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Suamvel Doseqro	12/19/2014	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Alycneo	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
Hysingla ER	1/9/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Sulfacetamide sodium 10% cleanser gel	1/9/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Oxetion 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
Oxetion 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 inh	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
Durflaza	11/16/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Rivdeli 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
Cobetasol Spray	11/16/2015	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Enstilar	3/4/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Spartan	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
Detrolc (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
Invoamet XR	11/7/2016	12/1/2019	Historical / Class 2: at least 2 previously failed therapies required
Vhance	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
Jonway 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
Apliom	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
Fariga	3/14/2014	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Ecoza 1% foam	1/14/2014	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Jubila 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
Keydin	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
Invoamet	10/17/2014	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Lemtrada	12/19/20		

Medication	Date Added	Date Removed	Additional Notes
Humulin R U-500 KwikPen	3/25/2016	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Taltz	4/28/2016	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Onncia Clicklect	7/7/2016	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Pyzoma	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
Xiira	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
Kewara	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
Takhyro	12/14/2018	12/1/2019	Historical / Class 1: at least 1 previously failed therapy required
Zilzo	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
Eventy	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
Rinvoq 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
Absorica LD	4/17/2020	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Aciclovir	10/17/2014	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Afinitor Disperz 2mg,3mg,5mg	5/23/2013	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
Aliztal	3/7/2016	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Ascenv	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
Bvisgam	7/31/2015	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Bocebf 100mg, 500mg	10/24/2012	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Cardelga	10/17/2014	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Donyx DR 200mg	7/17/2013	6/1/2021	Historical / Class 2: at least 2 previously failed 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
Galifold	12/14/2018	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Imbruvica 140mg	12/14/2018	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Kelfex 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
Pronemid	1/17/2020	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Prontosol (all strengths)	12/14/2013	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Quyttr	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
Tregedi	3/11/2019	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Nembly	11/15/2019	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Yeni	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
Zingo Intradermal system (lidocaine)	11/16/2015	6/1/2021	Historical / Class 2: at least 2 previously failed therapies required
Zykadia cap	5/16/2014	6/1/2021	Historical / Class 1: at least 1 previously failed therapy required
Benlysta	3/23/2011	3/1/2022	Historical / Class 1: at least 1 previously failed therapy required Requires PA
Vancoon	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
Gocovi	12/14/2018	5/1/2022	Historical / Class 2: at least 2 previously failed therapies required
Balfertam	9/18/2019	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Hycvia	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
Virzim	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
Mycociss	10/20/2021	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Duaklir Pressair	11/15/2019	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Testone Clk 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
Fluobgamma DIF	7/31/2015	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Nourianz	11/15/2019	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Finacea 15%	11/16/2015	5/1/2022	Historical / Class 2: at least 2 previously failed therapies required
Seventact	10/20/2021	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Vyepti	4/17/2020	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Wynzora	1/15/2021	5/1/2022	Historical / Class 2: at least 2 previously failed therapies required
Xenleta	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
Wyvepra	1/15/2021	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Sonawert	10/17/2014	5/1/2022	Historical / Class 1: at least 1 previously failed therapy required
Dicloix 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
Zifi	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	5/6/2013	11/18/2022	Removed from Prior Authorization
Lansuf	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
Silvagra 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
Tagraiso	11/30/2015	3/1/2024	Class 1: at least 1 previously failed therapy required
Wellrege	11/19/2021	3/1/2024	Class 1: at least 1 previously failed therapy required
Avakitt	9/17/2021	3/1/2024	Class 1: at least 1 previously failed therapy required
Hadlima	11/1/2023	11/1/2024	Class 1: at least 1 previously failed therapy required
Abilify Asintufii	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