

# STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH CARE SERVICES

Sean Parnell, Governor

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April 6, 2011

Re: Important Payment Information

Dear Prescriber or Pharmacist:

Attached you will find a document containing the coming changes for the PDL. *Non-preferred drugs* are noted with *italicized drug names* and **preferred drugs** are noted with **bolded drug names**. The Department will implement the hard edits effective on or after **May 18, 2011**.

The complete PDL is available on the State of Alaska Preferred Drug List webpage at <http://hss.state.ak.us/dhcs/PDL/default.htm>. The **preferred/non-preferred** status of an individual medication can be found by using the search feature on the control bar at the top of the page.

The Patient Protection and Affordable Care Act (ACA) made some significant changes to the Medicaid drug rebate program. Due to the changes in the federal rebate, and current utilization trends the Proton Pump Inhibitors (PPI) and HMG-CoA reductase inhibitors ("statins") will be removed from the Preferred Drug List and placed on step-edits. A summary of the criteria is below; the complete step-edit criteria will be available on the Medication Prior Authorization webpage at <http://hss.state.ak.us/dhcs/pharmacy/medpriorauthoriz.htm>.

**Statins:** Simvastatin, Pravastatin and Lovastatin will be preferred and not require prior authorization if the recipient has one or more appropriate diagnoses on file. All other statins will require that the recipient have used a preferred product for at least 75 of the last 90 days, or the prescriber may obtain a prior authorization and provide a medical record showing failure on one of the preferred products above. The quantity limit of 1 unit per day will apply to all products except Lescol<sup>®</sup>, Mevacor<sup>®</sup> and Lovastatin which will have a quantity limit of 2 units per day.

**PPI:** Prilosec<sup>®</sup> OTC and Omeprazole OTC will be preferred under the step-edit and no longer require prior authorization, if the recipient has one or more of the listed diagnosis on file. All other PPI's will require the recipient have used a preferred product for at least 45 of the last 60 days. Or the prescriber may also obtain a prior authorization for the PPI's.

In addition to the PDL changes and Step-Edit Changes above, the following products will require prior authorization on or after April 27, 2011: Lidoderm<sup>®</sup> Patches, Pradaxa<sup>®</sup> and Makena<sup>™</sup>.

Prior authorization criteria will be available at the Medication Prior Authorization webpage listed above.

If you have any questions or concerns please contact me at (907) 334-2425.

Sincerely,



Dave Campana, R.Ph.  
Medicaid Pharmacy Program Manager

Attachment

cc: William J. Streur, Commissioner  
Kimberli Poppe-Smart, Deputy Commissioner  
Chad Hope, Pharm.D., Medicaid Pharmacist  
Julie Pritchard, Pharm.D., Clinical Manager for Magellan Medicaid Administration

Drug Class	Drugs Becoming Preferred	Drugs Changed to Non-preferred Agents
ADHD Drugs		<i>Dextroamphetamine Cap SR 24h and Nuvigil® become non-preferred</i>
Alzheimer Drugs	Namenda® becomes preferred	
Anticonvulsant	Carbamazepine ER®, Oxcarbazepine Susp, Divalproex ER become preferred	
Antidepressants	Venlafaxine ER becomes preferred	
ARB & Combo	Valturna® becomes preferred	<i>Twynsta® becomes non preferred</i>
Atypical Antipsychotic		<i>Risperidone ODT, Risperidone Solution become non-preferred</i>
Beta Blockers Oral	Propranolol Solution becomes preferred	
Biguanide Combo		<i>Glyburide + Metformin moves to non-preferred</i>
Bile Acid Salts	Ursodiol becomes preferred	<i>Urso®, Actigal®, Urso Forte®, and Chenodal® become non-preferred</i>
COPD Anticholinergics		<i>Atrovent® Solution becomes non-preferred</i>
Calcium Channel Blockers & combo		<i>Diltiaz® XL, Nifediac® CC, Nifedipine SA, Vascor®, Verapamil ER PM become non-preferred, Trusopt ®becomes non-preferred</i>
Glaucoma Agents	Dorzolamide becomes preferred	
Hepatitis B – Oral Medications	Baraclude®, Hepsera®, Viread®, Epivir® HBV, become preferred	<i>Tyzeke® becomes non-preferred</i>
Human Growth Hormone		<i>Saizen®, and Tev-tropin® become non preferred</i>
Immunosuppressants	Gengraf ® Solution becomes preferred	
Intranasal Antihistamines	Astelin® 137 MCG, Nasal Spray, Astepro® 0.15%, Astepro® 137 MCG, Patanase® 0.6% become preferred	<i>Azelastine 0.1% Nasal Spray becomes non-preferred.</i>
Incretin Mimetics		<i>Onglyza® becomes non-preferred;</i>
Lipotropic – Fibric Acid Derivatives		<i>Fenoglide®, Fibracor®, Lipofen® become non-preferred</i>
Lipotropic Bile Acid Sequestrants	Colestipol HCL Packets become preferred	
Leukotriene Inhibitors		<i>Zyflo® becomes non-preferred</i>
Meglitinides and Combo	Nategitinide becomes preferred	<i>Prandimet® becomes non-preferred</i>
Muscle Relaxants	Cyclobenzaprine, Baclofen, Chlorzoxazone,	<i>Skelaxin® &amp; Zanaflex® Capsules become non-</i>

	<b>Dantrolene®</b> , <b>Methocarbamol</b> , <b>Orphenadrine</b> , <b>Tizanidine</b> become preferred	<i>preferred</i>
Oral Quinolones		<i>Avelox® ABC becomes non-preferred</i>
Ophthalmic NSAIDS	<b>Ketorolac Ophthalmic Drops</b> become preferred	<i>Acular® Drops</i> , <i>Acular® LS Drops</i> , <i>Acuvail</i> , and <i>Bromeday</i> become non-preferred
Ophthalmic Quinolones		<i>Besivance®</i> , <i>Iquix®</i> , <i>Levofloxacin Ophthalmic</i> , <i>Moxeza®</i> , <i>Quixin®</i> become non-preferred.
Oral Quinolone		<i>Ciprofloxacin XR</i> and <i>ProQuin®</i> become non-preferred
Oral Quinolone 3 <sup>rd</sup> Generation		<i>Factive®</i> becomes non-preferred
Pancreatic Enzymes	<b>Creon®</b> , <b>Pancreaze®</b> , <b>Zenpep®</b> , <b>Pancrelipase 5,000</b> become preferred	
Parkinson Non-Ergot		<i>Mirapex®</i> becomes non-preferred
Progestin	<b>Megestrol Suspension</b>	<i>Megace Suspension</i> becomes non-preferred
Proton Pump Inhibitors		<i>Removed from the PDL—See Step Edits</i>
Sedative Hypnotics		<i>Zolpidem CR</i> becomes non-preferred
Statins		<i>Removed from the PDL—See Step Edits</i>
Topical Antibiotics	<b>Altabax®</b>	
Topical Psoriasis Agents	<b>Vectical®</b> Becomes Preferred	
Topical NSAIDS	<b>Flector®</b> , <b>Voltaren Gel®</b> become preferred	<i>Pennsaid®</i> becomes non-preferred.
Topical Retinoids	<b>Adapalene Cream and Gel</b> become preferred	
Ulcerative Colitis Agents		<i>Asacol HD</i> becomes non-preferred
Urinary Track Antispasmodics		<i>Gelnique®</i> , <i>Sanctura® XR</i> , <i>Toviaz®</i> and <i>Trospium</i> become non-preferred