

ALASKA MEDICAID PREFERRED DRUG LIST
Therapeutic Class Listing - Affected Classes

ACNE, TOPICAL - Preferred

Benzaclin®
 Benzoyl Peroxide Cleanser
 Benzoyl Peroxide Gel
 Clindamycin Phosphate Gel
 Clindamycin Phosphate Solution
 Erythromycin Gel
 Erythromycin Solution
 Erythromycin-Benzoyl Peroxide
 Retin® A Micro
 Retin® A Micro Pump
 Tretinoin Cream
 Tretinoin Gel

ACNE, TOPICAL - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

ACANYA	DUAC CS KIT
ACANYA W/PUMP	EPIDUO
ACZONE	ERYTHROMYCIN MED. SWAB
ADAPALENE CREAM	EVOCLIN
ADAPALENE GEL	INOVA 4/1
ATRALIN	INOVA 8/2
AVITA CREAM	LAVOCLEN CLENSER
BENZAC AC	LAVOCLEN KIT
BENZAC W WASH	NEOBENZ MICRO KIT
BENZAACLIN W/PUMP	NUOX
BENZAMYCIN	PACNEX
BENZEFOAM	PACNEX HP
BENZEFOAM ULTRA	PACNEX LP
BENZI Q GEL	PLEXION SCT CREAM
BENZI Q SUSPENSION	PRASCION RA CREAM
BENZOYL PEROXIDE	PRASCON CLEANSER
BENZOYL PEROXIDE KIT	ROSANIL CLEANSER
BENZOYL PEROXIDE MED. PAD	ROSANIL KIT
BENZOYL PEROXIDE MICORS PHERE CLEANSER	SE 10-5 SS
BENZOYL PEROXIDE TOWELETTE	SE BPO CLEANSER
BENZOYL PEROXIDE/UREA CLEANSER	SEB-PREV
BEOBENZ MICOR SD	SSS 10-4
BPO KIT	SULFACETAMIDE / SULFUR / UREA CLEANSER
BREVOXYL KIT	SULFACETAMIDE / SULFUR CLEANSER
CERISA	SULFACETAMIDE / SULFUR LOTION
CLARIFOAM EF	SULFACETAMIDE / SULFUR MED. PAD
CLENIA	SULFACETAMIDE / SULFUR SUSPENSION
CLINDACIN PAC KIT	SULFACETAMIDE CLEANSER
CLINDAGEL	SULFACETAMINDE SUSPENSION
CLINDAMYCIN / BENZOYL PEROXIDE	SUMADAN
CLINDAMYCIN PHOSPHATE FOAM	SUMAXIN CLEANSER
DELOS CLEANSER	SUMAXIN MED. PAD
DELOS LOTION	TAZORAC CREAM
DESQUAM-X	TAZORAC GEL
DIFFERIN CREAM	TRETINOIN / EMOLLIENT CREAM
DIFFERIN GEL	VELTIN
DIFFERIN LOTION	ZIANA

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Note: the listing of some Class Headings have changed

Alaska PDL updated: 2-1-2012

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ALZHEIMERS AGENTS - Preferred

DONEPEZIL
DONEPEZIL ODT
EXELON (TRANSDERMAL)
NAMENDA TABLET
RIVASTIGMINE CAPSULE

ALZHEIMERS AGENTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ARICEPT
ARICEPT 23MG
ARICEPT ODT
EXELON SOLUTION
GALANTAMINE
GALANTAMINE ER
GALANTAMINE SOLUTION
NAMENDA SOLUTION
NAMENDA TAB DS PK
RAZADYNE SOLUTION

ANALGESICS, NARCOTICS LONG - Preferred

FENTANYL TRANSDERMAL*
KADIAN*
METHADONE TABLET*
MORPHINE ER*

ANALGESICS, NARCOTICS LONG - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

AVINZA*
BUTRANS*
DURAGESIC TRANSDERMAL*
EMBEDA*
EXALGO*
MS CONTIN*
OPANA ER*
OXYCODONE ER*
OXYCONTIN*
OXYMORPHONE ER*
RYZOLT*
TRAMADOL ER*
ULTRAM ER*

ANALGESICS-ANESTHETICS, TOPICAL - Preferred
VOLTAREN (TOPICAL)

ANALGESICS-ANESTHETICS, TOPICAL - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

FLECTOR (TOPICAL)
LIDODERM (TOPICAL)*
PENNSAID (TOPICAL)
QUTENZA KIT (TOPICAL)

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ANNDROGENIC AGENTS - Preferred

ANDRODERM
ANDROGEL PACKET
ANDROGEL PUMP

ANDROGENIC AGENTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

AXIRON
FORTESTA
TESTIM

ANGIOTENSIN MODULATORS - Preferred

BENAZEPRIL	LISINOPRIL
BENAZEPRIL HCTZ	LISINOPRIL HCTZ
CAPTOPRIL	LOSARTAN
DIOVAN	LOSARTAN HCTZ
DIOVAN HCT	LOTREL
ENALAPRIL	TEKTURNA
ENALAPRIL HCTZ	TEKTURNA HCT
EXFORGE	VALTURNA
EXFORGE HCT	

ANGIOTENSIN MODULATORS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

<i>ACEON</i>	<i>MICARDIS</i>
<i>ALTACE</i>	<i>MICARDIS HCT</i>
<i>AMLODIPINE / BENAZEPRIL</i>	<i>MOEXIPRIL</i>
<i>AMTURNIDE</i>	<i>MOEXIPRIL HCTZ</i>
<i>ATACAND HCT</i>	<i>PERINDOPRIL</i>
<i>ATACAND HCT</i>	<i>QUINAPRIL</i>
<i>AVALIDE</i>	<i>QUINAPRIL HCTZ</i>
<i>AVAPRO</i>	<i>RAMIPRIL</i>
<i>AZOR</i>	<i>TARKA</i>
<i>BENICAR</i>	<i>TEKAMLO</i>
<i>BENICAR HCT</i>	<i>TEVETEN</i>
<i>CAPTOPRIL HCTZ</i>	<i>TEVETEN HCT</i>
<i>COZAAR</i>	<i>TRANDOLAPRIL / VERAPAMIL</i>
<i>EDARBI</i>	<i>TRANDOLAPRIL / VERAPAMIL</i>
<i>FOSINOPRIL</i>	<i>TRIBENZOR</i>
<i>FOSINOPRIL HCTZ</i>	<i>TWYNSTA</i>
<i>HYZAAR</i>	<i>ZESTRIL</i>

ANTIBIOTICS, GI - Preferred
METRONIDAZOLE TABLET

ANIBIOTICS, GI- Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

<i>ALINIA SUSPENSION</i>	<i>NEO-FRADIN</i>
<i>ALINIA TABLET</i>	<i>NEOMYCIN</i>
<i>DIFICID TABLET</i>	<i>TINDAMAX</i>
<i>FLAGYL CAPSULE</i>	<i>VANCOCIN (ORAL)</i>
<i>FLAGYL ER</i>	<i>XIFAXAN</i>

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ANTIBIOTICS, TOPICAL - Preferred
MUPIROCIN OINTMENT

ANTIBIOTICS, TOPICAL- Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ALTABAX
BACROBAN CREAM*
BACTROBAN NASAL
BACTROBAN OINTMENT
CENTANY KIT

ANTICOAGULANTS - Preferred

ARIXTRA
FRAGMIN (SYRINGE)
FRAGMIN (VIAL)
LOVENOX (SYRINGE)
LOVENOX (VIAL)
WARFARIN

ANTICOAGULANTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

COUMADIN
ENOXAPARIN
FONDAPARINUX
INNOHEP

ANTICONVULSANTS - Preferred

CARBAMAZEPINE ER	LAMOTRIGINE TAB DS PK
CARBAMAZEPINE SUSPENSION	LETETIRACETAM TABLET
CARBAMAZEPINE TABLET	LEVETIRACETAM SOLUTION
CARBAMAZEPINE XR TABLET	OXCARBAZEPINE SUSPENSION
CARBATROL	OXCARBAZEPINE TABLET
CARVAMAZEPINE TAB CHEW	PHENYTOIN CAPSULE
DIASTAT	PHENYTOIN SUSPENSION
DIVALPROEX ER	PRIMIDONE
DIVALPROEX SPRINKLE	STAVZOR
DIVALPROEX TABLET	TEGRETOL XR
ETHOSUXIMIDE CAPSULE	TOPIRAMATE SPRINKLE
ETHOSUXIMIDE SYRUP	TOPIRAMATE TABLET
GABAPENTIN CAPSULE	VALPROATE SYRUP
GABAPENTIN SOLUTION	VALPROIC ACID
GABAPENTIN TABLET	ZONEGRAN
GABITRIL	ZONISAMIDE
LAMOTRIGINE	

ANTICONVULSANTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

BANZEL SUSPENSION	LAMICTAL ODT DS PK
BANZEL TABLET	LAMICTAL TAB DS PK
CELONTIN	LAMICTAL XR TABLETS
DEPAKENE SYRUP	LAMICTAL XR DS PK
DEPAKOTE ER	NEURONTIN CAPSULE
DEPAKOTE SPRINKLE	NEURONTIN SOLUTION

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DEPAKOTE TABLET	PEGANONE
DIAZEPAM (RECTAL)	SABRIL POWDER PACK
DILANTIN	SABRIL TABLET
DILANTIN INFATAB	TEGRETOL SUSPENSION
EQUETRO	TEGRETOL TAB CHEW
FELBATOL SUSPENSION	TEGRETOL TABLET
FELBATOL TABLET	TOPAMAX SPRINKLE
KEPPRA SOLUTION	TOPAMAX TABLET
KEPPRA TABLET	TRILEPTAL SUSPENSION
KEPPRA XR	TRILEPTAL TABLET
LAMICTAL	VIMPAT
LAMICTAL ODT DS PK	ZARONTIN

ANTIDEPRESSANTS, OTHER - Preferred

BUPROPION
BUPROPION SR
BUPROPION XL
MIRTAZAPINE
MIRTAZAPINE ODT
NEFAZODONE
TRAZODONE
VENLAFAXINE
VENLAFAXINE ER CAPSULE

ANTIDEPRESSANTS, OTHER - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

APLENZIN
EFFEXOR XR
OLEPTRO ER
PRISTIQ
REMERON
VENLAFAXINE ER TABLET (GENERIC)
VENLAFAXINE ER TABLET (SCHWARZ)
VENLAFAXINE ER TABLET (UPSTATE)
WELLBUTRIN
WELLBUTRIN SR
WELLBUTRIN XL

ANTIDEPRESSANTS, SSRI - Preferred

CITALOPRAM
CITALOPRAM SOLUTION
FLUOXETINE CAPSULE
FLUOXETINE SOLUTION
FLUOXETINE TABLET
PAROXETINE SUSPENSION
PAROXETINE TABLET
SERTRALINE CONC
SERTRALINE TABLET

ANTIDEPRESSANTS, SSRI - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

CELEXA

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FLUOXETINE CAPSULE DR
FLUVOXAMINE
LEXAPRO SOLUTION
LEXAPRO TABLET
LUVOX CR
PAROXETINE CR
PAXIL CR
PAXIL SUSPENSION
PAXIL SUSPENSION
PEXEVA
PROZAC CAPSULE
SARAFEM
ZOLOFT

ANTIEMETIC-ANTIVERTIGO AGENTS - Preferred*

ONDANSETRON TABLET*
ONDANSETRON ODT*
ONDANSETRON SOLUTION*

ANTIEMETIC-ANTIVERTIGO AGENTS - Non-Preferred*

Drugs Requiring MEDICAL JUSTIFICATION

ANZEMET
EMEND CAPSULE
EMEND PACK
GRANISETRON
GRANISOL SOLUTION
SANCUSO
ZOFTRAN ODT*
ZOFTRAN TABLETS*

ANTIFUNGALS, ORAL - Preferred

TERBINAFINE
GRISEOFULVIN SUSPENSION

ANTIFUNGALS, ORAL - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

GRIFULVIN V TABLET
GRIS-PEG
ITRACONAZOLE
LAMISIL GRANULES
SPORANOX SOLUTION

ANTIHYPURICEMICS - Preferred

ALLOPRUIINOL
PROBENECID
PROBENECID / COLCHICINE

ANTIHYPURICEMICS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

COLCRYS
ULORIC

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ANTIMIGRAINE AGENTS - Preferred*

MAXALT MLT
SUMATRIPTAN (NASAL)
SUMATRIPTAN (ORAL)
SUMATRIPTAN DISP SYRINGE
SUMATRIPTAN KIT (SUBCUTANEOUS)
SUMATRIPTAN PEN INJCTR
SUMATRIPTAN VIAL

ANTIMIGRAINE AGENTS - Non-Preferred*

Drugs Requiring MEDICAL JUSTIFICATION

IMITREX (BRAND - ALL)

AXERT
CAMBIA
FROVA
MAXALT TABLET
NARATRIPTAN
RELPAK
SUMAVEL DOSEPRO
TREXIMET
ZOMIG
ZOMIG
ZOMIG ZMT

ANTIPARKINSONS AGENTS - Preferred

PRAMIPEXOLE
ROPINIROLE

ANTIPARKINSONS AGENTS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

MIRAPEX
MIRAPEX ER
REQUIP
REQUIP XL

ANTIPSORIATICS, TOPICAL - Preferred

CALCIPOTRIENE SOLUTION
DOVONEX CREAM

ANTIPSORIATICS, TOPICAL - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

DOVONEX SOLUTION
CALCIPOTRIENE OINTMENT
CALCITRENE
CLOBETA + PLUS CREAM KIT
CLOBETA+ PLUS OINT. KIT
TACLONEX OINTMENT
TACLONEX SCALP
VECTICAL

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ANTIPSYCHOTICS - Preferred

CLOZAPINE
FANAPT TABLET
GEODON
RISPERDAL CONSTA
RISPERIDONE ODT
RISPERIDONE SOLUTION
RISPERIDONE TABLET
SEROQUEL
SEROQUEL XR
ZYPREXA

ANTIPSYCHOTICS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

FANAPT TAB DS PK
ABILIFY DISCMELT
ABILIFY SOLUTION
ABILIFY TABLET
CLOZARIL
FAZACLO
INVEGA
INVEGA SUSTENNA
LATUDA
OLANZAPINE (TABLET AND ODT)
RISPERDAL ODT
RISPERDAL SOLUTION
RISPERDAL TABLET
SAPHRIS
ZYPREXA RELPREVV
ZYPREXA ZYDIS

ANTIVIRALS, ORAL - Preferred

ACYCLOVIR CAPSULE
ACYCLOVIR SUSPENSION
ACYCLOVIR TABLET
FAMVIR
VALTREX

ANTIVIRALS, ORAL - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

FAMCICLOVIR
VALACYCLOVIR

ANTIVIRALS, TOPICAL - Preferred

DENAVIR
ZOFIRAX OINTMENT

ANTIVIRALS, TOPICAL - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ZOVIRAX CREAM
XERESE

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BETA-BLOCKERS - Preferred

ATENOLOL
ATENOLOL / CHLORTHALIDONE
BISOPROLOL HCTZ
CARVEDILOL
METOPROLOL
METOPROLOL XL
NADOLOL
PROPRANOLOL TABLET
SOTALOL

BETA-BLOCKERS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ACEBUTOLOL
BETAXOLOL
BISOPROLOL
BYSTOLIC
COREG
COREG CR
INNOPRAN XL
LABETALOL
LEVATOL
METOPROLOL / HCTZ
NADOLOL / BENDROFLUMETHIAZIDE
PINDOLOL
PROPRANOLOL / HCTZ
PROPRANOLOL ER
PROPRANOLOL SOLUTION
TIMOLOL
TOPROL XL

BILE SALTS - Preferred

URSODIOL CAPSULE

BILE SALTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

URSO
URSODIOL TABLET
CHENODAL

BLADDER RELAXANT PREPARATIONS - Preferred

OXYBUTYNIN SYRUP
OXYBUTYNIN TABLET
TOVIAZ
VESICARE

BLADDER RELAXANT PREPARATIONS- Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

DETROL LA
DETROL LA
DITROPAN XL
ENABLEX
GELNIQUE

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OXYBUTYNIN ER
OXYTROL
SANCTURA XR
TROSPIUM

BONE RESORPTION INHIBITORS- Preferred

ALENDRONATE TABLET
CALCITONIN SALMON (NASAL)
EVISTA
FORTICAL (NASAL)
FOSAMAX SOLUTION
FOXAMAX PLUS D

BONE RESORPTION INHIBITORS- Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ACTONEL
ACTONEL W/CALCIUM
ATELVIA
BONIVA
DIDRONEL
ETIDRONATE DISODIUM
MIACALCIN (NASAL)

BPH TREATMENTS- Preferred

AVODART
DOXAZOSIN
FINASTERIDE
TAMSULOSIN
TERAZOSIN
UROXATRAL

BPH TREATMENTS- Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ALFUZOSIN
CARDURA XL
FLOMAX
JALYN
RAPAFLO

BRONCHODILATORS, BETA AGONIST - Preferred

ALBUTEROL NEBULIZER LOW-DOSE
ALBUTEROL NEBULIZER SOLUTION
ALBUTEROL NEBULIZER VIAL
FORADIL*
PROVENTIL HFA
SEREVENT*
VENTOLIN HFA

BRONCHODILATORS, BETA AGONIST- Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ARCAPTA NEOHALER
BROVANA*

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LEVALBUTEROL
MAXAIR
PERFOROMIST
PROAIR HFA
XOPENEX
XOPENEX HFA

CALCIUM CHANNEL BLOCKERS - Preferred

AMLODIPINE
DILTIAZEM CAPSULE ER
DILTIAZEM TABLET
FELODIPINE ER
NIFEDIPINE ER
NIFEDIPINE IR
VERAPAMIL CAPSULE
VERAPAMIL TABLET
VERAPAMIL TABLET ER

CALCIUM CHANNEL BLOCKERS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ADALAT CC	ISRADIPINE
CALAN SR	NICARDIPINE
CARDENE SR	NIMODIPINE
CARDIZEM CD 360MG	NISOLDIPINE
CARDIZEM LA	NORVASC
COVERA-HS	TIAZAC
DILTIAZEM LA	TIAZAC 420MG
DYNACIRC CR	VERAPAMIL 360MG CAPSULE
	VERAPAMIL ER PM

CEPHALOSPORINS - Preferred

CEFDINIR CAPSULE
CEFDINIR SUSPENSION
CEFPROZIL SUSPENSION
CEFPROZIL TABLET
CEFUROXIME TABLET

CEPHALOSPORINS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

CEDAX CAPSULE
CEDAX SUSPENSION
CEFACLOR CAPSULE
CEFACLOR TABLET ER
CEFPODOXIME SUSPENSION
CEFPODOXIME TABLET
CEFTIN SUSPENSION
CUPRAX SUSPENSION
OMNICEF SUSPENSION
SPECTRACEF
SUPRAX TABLET

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COPD AGENTS - Preferred

ATROVENT HFA
COMBIVENT
IPRATROPIUM / ALBUTEROL
IPRATROPIUM NEBULIZER
SPIRIVA

COPD AGENTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

DALIRESP
DUONEB

CYTOKINE AND CAM ANTAGONISTS - Preferred

ENBREL KIT
ENBREL PEN
ENPREL DISP SYRINGE
HUMIRA KIT
HUMIRA PEN KIT

CYTOKINE AND CAM ANTAGONISTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

CIMZIA KIT
CIMZIA SYRINGE KIT
KINERET
SIMPONI DISP SYRINGE
SIMPONI PEN
STELARA DISP SYRINGE
STELARA VIAL

EPINEPHRINE, SELF-INJECTED - Preferred

EPINEPHRINE (GEQ ADRENACLICK)
EPIPEN
EPIPEN JR

EPINEPHRINE, SELF-INJECTED - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

##GRANDFATHERED##
ADRENACLICK
TWINJECT
TWINJECT LOW STRENGTH

ERYTHROPOIESIS STIMULATING AGENTS - Preferred

ARANESP DISP SYRINGE
ARANESP VIAL
PROCRIT

ERYTHROPOIESIS STIMULATING AGENTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

EPOGEN

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FIBROMYALGIA - Preferred

SAVELLA
SAVELLA DS PK

FIBROMYALGIA - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

CYMBALTA
LYRICA

FLUOROQUINOLONES - Preferred

CIPROFLOXACIN TABLET
LEVOFLOXACIN SOLUTION
LEVOFLOXACIN TABLET
OFLOXACIN

FLUOROQUINOLONES - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

AVELOX
CIPRO SUSPENSION
CIPROFLOXACIN ER
FACTIVE
LEVAQUIN SOLUTION
LEVAQUIN TABLET
NOROXIN
PROQUIN XR

GLUCOCORTICOIDS - Preferred

ADVAIR DISKUS
ADVAIR HFA
ASMANEX
FLOVENT DISKUS
FLOVENT HFA
BUDESONIDE RESPULES
QVAR
SYMBICORT

GLUCOCORTICOIDS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

AEROBID
ALVESCO
DULERA
PULMICORT FLEXHALER
PULMICORT RESPULES

GROWTH HORMONE - Preferred*

GENOTROPIN CARTRIDGE*
GENOTROPIN DISP SYRINGE*
NUTROPIN AQ CARTRIDGE*
NUTROPIN AQ VIAL*
NUTROPIN VIAL*

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GROWTH HORMONE - Non-Preferred*

Drugs Requiring MEDICAL JUSTIFICATION

HUMATROPE CARTRIDGE*	SAIZEN CARTRIDGE*
HUMATROPE VIAL*	SAIZEN VIAL*
NORDITROPIN CARTRIDGE*	SEROSTIM VIAL*
NORDITROPIN PEN*	TEV-TROPIN VIAL*
OMNITROPE CARTRIDGE*	ZORBTIVE VIAL*
OMNITROPE VIAL*	

HEPATITIS C AGENTS - Preferred

PEGASYS

PEGASYS KIT

RIBAVIRIN CAPSULE

RIBAVIRIN TABLET

HEPATITIS C AGENTS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

INFERGEN

PEG-INTRON

PEG-INTRON REDIPEN

REBETOL SOLUTION

RIBAPAK

RIBASPHERE (400MG AND 600MG)

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE - Preferred

ACARBOSE

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

GLYSET

PRECOSE

HYPOGLYCEMICS, INCRETIN MIMETIC - Preferred

BYETTA PEN

JANUMET

JANUVIA

SYMLIN

SYMLIN PEN

HYPOGLYCEMICS, INCRETIN MIMETIC - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

KOMBIGLYZE XR

ONGLYZA

TRADJENTA

VICTOZA

HYPOGLYCEMICS, INSULIN - Preferred

HUMALOG MIX VIAL

HUMALOG VIAL

HUMULIN

HUMULIN 70/30 VIAL

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LANTUS CARTRIDGE
LANTUS VIAL
LEVEMIR VIAL
NOVOLIN VIAL
NOVOLOG MIX 70/30 VIAL
NOVOLOG VIAL

HYPOGLYCEMICS, INSULIN - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

APIDRA SOLOSTAR PEN
APIDRA VIAL
HUMALOG CARTRIDGE
HUMALOG MIX PEN
HUMALOG PEN
HUMULIN PEN
LANTUS SOLOSTAR PEN
LEVEMIR PEN
NOVOLIN PEN
NOVOLOG CARTRIDGE
NOVOLOG CARTRIDGE
NOVOLOG MIX 70/30 PEN
NOVOLOG PEN

HYPOGLYCEMICS, MEGLITINIDES - Preferred

NATEGLINIDE
PRANDIN

HYPOGLYCEMICS, MEGLITINIDES - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

PRANDIMET
STARLIX

HYPOGLYCEMICS, METFORMINS - Preferred

GLYBURIDE-METFORMIN
METFORMIN
METFORMIN ER

HYPOGLYCEMICS, METFORMINS- Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

FORTAMET
GLIPIZIDE-METFORMIN
GLUCOPHAGE
GLUCOPHAGE XR
GLUMETZA
RIOMET

HYPOGLYCEMICS, TZD - Preferred

ACTOS

HYPOGLYCEMICS, TZD- Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ACTOPLUS MET

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ALASKA MEDICAID PREFERRED DRUG LIST
Therapeutic Class Listing - Affected Classes

ACTOPLUS MET XR
AVANDAMET
AVANDARYL
AVANDIA
DUETACT

IMMUNOMODULATORS, ATOPIC DERMATITIS - Preferred

ELIDEL
PROTOPIC

IMMUNOSUPPRESSIVES, ORAL - Preferred

AZATHIOPRINE
CELLCEPT CAPSULE
CELLCEPT SUSPENSION
CELLCEPT TABLET
CYCLOSPORINE CAPSULE
CYCLOSPORINE SOLUTION
CYCLOSPORINE, MODIFIED CAPSULE
CYCLOSPORINE, MODIFIED SOLUTION
MYCOPHENOLATE MOFETIL CAPSULE
MYCOPHENOLATE MOFETIL TABLET
MYFORTIC
NEORAL CAPSULE
NEORAL SOLUTION
PROGRAF
RAPAMUNE SOLUTION
RAPAMUNE TABLET

IMMUNOSUPPRESSIVES, ORAL - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

AZASAN
SANDIMMUNE CAPSULE
SANDIMMUNE SOLUTION
TACROLIMUS
ZORTRESS

INTRANASAL RHINITIS AGENTS - Preferred

FLUNISOLIDE
FLUTICASONE
IPRATROPIUM
NASACORT AQ

INTRANASAL RHINITIS AGENTS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

ASTELIN	NASONEX
ASTEPRO	OMNARIS
ATROVENT	PATANASE
AZELASTINE	RHINOCORT AQUA
BECONASE AQ	TRIAMCINOLONE
FLONASE	VERAMYST

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ALASKA MEDICAID PREFERRED DRUG LIST

Therapeutic Class Listing - Affected Classes

LAXATIVES & CATHARTICS - Preferred

LACTULOSE
PEG-3350 WITH FLAVOR PACKS
PEG 3350 OTC
PEG 3350/ELECTROLYTE

LAXATIVES & CATHARTICS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

AMITIZA	NULYTELY WITH FLAVOR PACKS
GOLYTELY POWDER PACK	OSMOPREP
GOLYTELY SOLUTION	RELISTOR KIT
HALFLYTELY-BISACODYL KIT	RELISTOR VIAL
KRISTALOSE	SUPREP
MIRALAX OTC	VISICOL
MOVIPREP	

LEUKOTRIENE MODIFIERS - Preferred

SINGULAIR GRANULES
SINGULAIR TAB CHEW
SINGULAIR TABLET
ZAFIRLUKAST

LEUKOTRIENE MODIFIERS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

ACCOLATE
ZYFLO
ZYFLO CR

LIPOTROPICS, OTHER - Preferred

CHOLESTIPOL GRANULES	NIASPAN
CHOLESTYRAMINE/ASPARTAME	TRICOR
CHOLESTYRAMINE/SUCROSE	TRILIPIX
COLESTIPOL TABLET	WELCHOL POWDER PACK
GEMFIBROZIL	WELCHOL TABLET
LOVAZA*	ZETIA

LIPOTROPICS, OTHER - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

ANTARA	FIBRICOR
COLESTID GRANULES	LIPOFEN
COLESTID TABLET	NIACOR
FENOFIBRATE CAPSULE	QUESTRAN
FENOFIBRATE TABLET	TRIGLIDE
FENOFIBRIC ACID	

MACROLIDES - Preferred

AZITHROMYCIN SUSPENSION	ERYPED 400 SUSPENSION
AZITHROMYCIN TABLET	ERY-TAB
CLARITHROMYCIN SUSPENSION	ERYTHROCIN
CLARITHROMYCIN TABLET	ERYTHROMYCIN BASE CAPSULE DR
E.E.S. 200 SUSPENSION	ERYTHROMYCIN BASE TABLET
E.E.S. 400 TABLET	ERYTHROMYCIN BASE TABLET

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ALASKA MEDICAID PREFERRED DRUG LIST
Therapeutic Class Listing - Affected Classes

MACROLIDES - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

AZITHROMYCIN PACKET
BIAXIN SUSPENSION
BIAXIN TABLET
BIAXIN XL
KETEK

PCE
ZITHROMAX PACKET
ZITHROMAX SUSPENSION
ZITHROMAX TABLET
ZMAX

MULTIPLE SCLEROSIS AGENTS - Preferred

AVONEX
BETASERON
COPAXONE

MULTIPLE SCLEROSIS AGENTS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

AMPYRA*
EXTAVIA
GILENYA
REBIF

NSAIDS - Preferred

MELOXICAM TABLET

NSAIDS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

CELEBREX
MELOXICAM SUSPENSION
MOBIC SUSPENSION

OPHTHALMIC ANTIBIOTICS - Preferred

CIPROFLOXACIN SOLUTION
MOXEZA
OFLOXACIN SOLUTION
VIGAMOX

OPHTHALMIC ANTIBIOTICS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

BESIVANCE
CILOXAN OINTMENT
IQUIX
LEFOFLOXACIN
OCUFLOX
ZYMAR

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS - Preferred

CROMOLYN SODIUM
PATADAY
PATANOL

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ALASKA MEDICAID PREFERRED DRUG LIST

Therapeutic Class Listing - Affected Classes

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

BEPREVE	ALOCRIIL
ALREX	ELESTAT
OPTIVAR	AZELASTINE
ALAMAST	EPINASTINE
EMADINE	LASTACAFT
ALOMIDE	

OPHTHALMICS, ANTI-INFLAMMATORY - Preferred

DICLOFENAC
FLURBIPROFEN
KETOROLAC
RESTASIS

OPHTHALMICS, ANTI-INFLAMMATORY - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

ACULAR
ACULAR LS
ACUVAIL
BROMDAY
NEVANAC
XIBROM

OPHTHALMICS, GLAUCOMA AGENTS - Preferred

ALPHAGAN P 0.1%	DORZOLAMIDE / TIMOLOL
ALPHAGAN P 0.15%	LATANOPROST
AZOPT	LEVOBUNOLOL
BETAXOLOL	METIPRANOLOL
BRIMONIDINE	OPTIPRANOLOL
CARTEOLOL	TIMOLOL
COMBIGAN	TRAVATAN
DORZOLAMIDE	TRAVATAN Z

OPHTHALMICS, GLAUCOMA AGENTS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

APRACLONIDE	ISTALOL
BETIMOL	LUMIGAN
BETOPTIC S	TIMOPTIC
BRIMONIDINE P 0.15%	XALATAN
COSOPT	

OTIC ANTIBIOTICS - Preferred

CIPRODEX
OFLOXACIN

OTIC ANTIBIOTICS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

CIPRO HC
FLOXIN

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**ALASKA MEDICAID PREFERRED DRUG LIST
Therapeutic Class Listing - Affected Classes**

**PAH AGENTS, ORAL AND INHALED - Preferred
LETARIS**

PAH AGENTS, ORAL AND INHALED - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ADCIRCA*	TRACLEER
REVATIO*	TYVASO
	VENTAVIS

**PANCREATIC ENZYMES - Preferred
CREON
PANCREALIPASE**

PANCREATIC ENZYMES - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION
PANCREAZE
ZENPEP

**PHOSPHATE BINDERS - Preferred
CALCIUM ACETATE
RENAGEL
REVELA POWDER PACK
REVELA TABLET**

PHOSPHATE BINDERS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION
ELIPHOS
FOSRENOL
PHOSLO
PHOSLYRA

**PLATELET AGGREGATION INHIBITORS - Preferred
AGGRENOX
DIPYRIDAMOLE
PLAVIX**

PLATELET AGGREGATION INHIBITORS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION
EFFIENT

**PROGESTINS FOR CACHEXIA - Preferred
MEGESTROL SUSPENSION**

PROGESTINS FOR CACHEXIA - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION
MEGACE ES

**SEDATIVE HYPNOTICS - Preferred
ESTAZOLAM
FLURAZEPAM**

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ALASKA MEDICAID PREFERRED DRUG LIST

Therapeutic Class Listing - Affected Classes

TEMAZEPAM 15MG AND 30MG

TRIAZOLAM

ZOLPIDEM

SEDATIVE HYPNOTICS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

AMBIEN	SILENOR
AMBIEN CR	SOMNOTE
CHLORAL HYDRATE	TEMAZEPAM 7.5MG AND 22.5MG
DORAL	ZALEPLON
EDULAR	ZOLPIDEM ER
LUNESTA	ZOLPIMIST
ROZEREM	

SKELETAL MUSCLE RELAXANTS - Preferred

BACLOFEN	METAXALONE
CHLORZOXAZONE	METHOCARBAMOL
CYCLOBENZAPRINE	ORPHENADRINE
DANTROLENE SODIUM	TIZANIDINE

SKELETAL MUSCLE RELAXANTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

AMRIX*	FEXMID*
CARISOPRODOL*	ORPHENADRINE COMPOUND
CARISOPRODOL 250*	ROBAXIN
CARISOPRODOL COMPOUND	SKELAXIN
CYCLOBENZAPRINE ER	SOMA 250*
DANTRIUM	ZANAFLEX *

STIMULANTS AND RELATED AGENTS - Preferred

ADDERALL XR	METHYLIN SOLUTION
AMPHETAMINE SALT COMBO	METHYLPHENIDATE
CONCERTA	METHYLPHENIDATE ER
DEXMETHYLPHENIDATE	METHYLPHENIDATE ER
DEXTROAMPHETAMINE CAPSULE ER	PROVIGIL*
DEXTROAMPHETAMINE TABLET	STRATTERA
FOCALIN XR	VYVANSE
INTUNIV	

STIMULANTS AND RELATED AGENTS - Non-Preferred
Drugs Requiring MEDICAL JUSTIFICATION

ADDERALL	METADATE CD
AMPHETAMINE SALT COMBO ER (GLOBAL)	METHAMPHETAMINE
AMPHETAMINE SALT COMBO ER (TEVA)	METHYLIN CHEWABLE TABLETS
DATRANA	METHYLPHENIDATE SOLUTION
DESOXYN	NUVIGIL *
DEXEDRINE	PROCENTRA
FOCALIN	RITALIN
KAPVAY	RITALIN LA

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ALASKA MEDICAID PREFERRED DRUG LIST

Therapeutic Class Listing - Affected Classes

ULCERATIVE COLITIS AGENTS - Preferred

**ASACOL
DIPENTUM
PENTASA**

**SULFASALAZINE
SULFASALAZINE DR**

ULCERATIVE COLITIS AGENTS - Non-Preferred

Drugs Requiring MEDICAL JUSTIFICATION

**APRISO
ASACOL HD**

**BALSALAZIDE
LIALDA**

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