

**Alaska Medicaid
Preferred Drug List (PDL) - updated 08/08/2014**

ACNE, TOPICAL

PREFERRED	NON-PREFERRED
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.
ACZONE AVITA GEL BENZACLIN BENZACLIN W/PUMP BENZOYL PEROXIDE GEL CLINDAMYCIN PHOSPHATE GEL CLINDAMYCIN PHOSPHATE SOL DIFFERIN CREAM DIFFERIN GEL DIFFERIN LOTION ERYTHROMYCIN GEL ERYTHROMYCIN SOLUTION ERYTHROMYCIN-BENZOYL PEROX. GEL TRETINOIN CREAM TRETINOIN GEL	
	<i>Any agents not listed as Preferred are classified as Non-Preferred and require "Medically Necessary" documentation.</i>

ALZHEIMERS AGENTS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
DONEPEZIL DONEPEZIL ODT EXELON (TRANSDERMAL) NAMENDA TABLET RIVASTIGMINE CAPSULE	ARICEPT ARICEPT 23MG ARICEPT ODT DONEPEZIL 23MG EXELON CAPSULE EXELON SOLUTION GALANTAMINE GALANTAMINE ER	GALANTAMINE SOLUTION NAMENDA SOLUTION NAMENDA TAB DS PK NAMENDA XR TAB RAZADYNE ER RAZADYNE SOLUTION RAZADYNE TABLET

ANALGESICS, NARCOTICS LONG ACTING

PREFERRED	NON-PREFERRED*	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
FENTANYL TRANSDERMAL KADIAN* MORPHINE ER TABLET (GENERIC MS CONTIN)	AVINZA* BUTRANS* CONZIP* DURAGESIC TRANSDERMAL* EMBEDA* EXALGO* METHADONE (ALL FORMS)* MORPHINE ER CAPSULE (GENERIC KADIAN)*	MS CONTIN* NUCYNTA ER* OPANA ER* OXYCODONE ER* OXYCONTIN* OXYMORPHONE ER* TRAMADOL ER* (GEN ULTRAM ER) TRAMADOL ER* (GEN RYZOLT ER) ULTRAM ER*

ANDROGENIC AGENTS (TOPICAL)

PREFERRED	NON-PREFERRED	
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ANDROGEL GEL PACKET ANDROGEL PUMP	ANDRODERM AXIRON	FORTESTA TESTIM

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ANGIOTENSIN MODULATORS

PREFERRED	NON-PREFERRED	
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AMLODIPINE / BENAZEPRIL	ACCUPRIL	MAVIK
BENAZEPRIL	ACCURETIC	MICARDIS
BENAZEPRIL/HCTZ	ACEON	MICARDIS HCT
CAPTOPRIL	ALTACE	MOEXIPRIL
DIOVAN	AMTURNIDE	MOEXIPRIL HCTZ
ENALAPRIL	ATACAND	PERINDOPRIL
ENALAPRIL/HCTZ	ATACAND HCT	PRINIVIL
EXFORGE	AVALIDE	QUINAPRIL
EXFORGE HCT	AVAPRO	QUINAPRIL HCTZ
IRBESARTAN	AZOR	RAMIPRIL
LISINOPRIL	BENICAR	TARKA
LISINOPRIL/HCTZ	BENICAR HCT	TEKAMLO
LOSARTAN	CAPTOPRIL HCTZ	TEVETEN
LOSARTAN/HCTZ	COZAAR	TEVETEN HCT
TEKTRNA	DIOVAN HCT	TRANDOLAPRIL
TEKTRNA HCT	EDARBI	TRANDOLAPRIL / VERAPAMIL
VALSARTAN/HCTZ	EDARBYCLOR	TRIBENZOR
IRBESARTAN HCTZ	EPROSARTAN	TWYNSTA
	FOSINOPRIL	UNIRETIC
	FOSINOPRIL HCTZ	UNIVASC
	HYZAAR	VALTURNA
	LOTENSIN	VASERETIC
	LOTENSIN HCT	VASOTEC
	LOTREL	ZESTORETIC
		ZESTRIL

ANTIANGINAL AND ANTI-ISCHEMIC

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
RANEXA		

ANTIBIOTICS, INHALED

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
BETHKIS (INHALATION)	CAYSTON (INHALATION)	TOBRAMYCIN SOLUTION (INHALATION)
TOBI (INHALATION)	TOBI PODHALER (INHALATION)	

ANTIBIOTICS, VAGINAL (NEW)

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
METROGEI (VAGINAL)	CLEOCIN CREAM (VAGINAL)	METRONIDAZOLE (VAGINAL)
CLEOCIN OVULES (VAGINAL)	CLINDAMYCIN (VAGINAL)	VANDAZOLE (VAGINAL)
	CLINDESSE (VAGINAL)	

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ANTICOAGULANTS

PREFERRED

NON-PREFERRED

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ELIQUIS*	ARIXTRA
FRAGMIN (SYRINGE)	COUMADIN
FRAGMIN (VIAL)	ENOXAPARIN SYRINGE
LOVENOX (SYRINGE)	ENOXAPARIN VIAL
LOVENOX (VIAL)	FONDAPARINUX
PRADAXA*	
XARELTO*	
WARFARIN	

ANTICONSULSANTS

PREFERRED

CARBAMAZEPINE ER CAPSULE	ETHOSUXIMIDE CAPSULE	PHENOBARBITAL (TABLET)
CARBAMAZEPINE SUSP	ETHOSUXIMIDE SYRUP	PHENYTOIN EXT CAPSULE (GEN PHENYTEK)
CARBAMAZEPINE TAB CHEW	FELBAMATE TABLET	PHENYTOIN CAPSULE
CARBAMAZEPINE TABLET	GABITRIL	PHENYTOIN SUSPENSION
CARBAMAZEPINE XR TABLET	LAMOTRIGINE	PRIMIDONE
CARBATROL	LAMOTRIGINE TAB DS PK	TEGRETOL XR
CLONAZEPAM	LEVETIRACETAM TABLET	TOPIRAMATE SPRINKLE
DIASTAT	LEVETIRACETAM ER	TOPIRAMATE TABLET
DIASTAT ACUDIAL (RECTAL)	LEVETIRACETAM SOLUTION	VALPROATE SYRUP
DIVALPROEX ER	OXCARBAZEPINE SUSP	VALPROIC ACID
DIVALPROEX SPRINKLE	OXCARBAZEPINE TABLET	ZONISAMIDE
DIVALPROEX TABLET	PHENOBARBITAL (ELIXIR)	

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

BANZEL SUSPENSION	FELBATOL TABLET	POTIGA*
BANZEL TABLET	KEPPRA SOLUTION	SABRIL POWDER PACK
CELONTIN	KEPPRA TABLET	SABRIL TABLET
CLONAZEPAM ODT	KEPPRA XR	STAVZOR
DEPAKENE CAPSULE	KLONOPIN	TEGRETOL SUSPENSION
DEPAKENE SYRUP	LAMICTAL	TEGRETOL TABLET
DEPAKOTE ER	LAMICTAL TAB DS PK	TIAGABINE
DEPAKOTE SPRINKLE	LAMICTAL ODT	TOPAMAX SPRINKLE
DEPAKOTE TABLET	LAMICTAL ODT DS PK	TOPAMAX TABLET
DIAZEPAM (RECTAL)	LAMICTAL XR DS PK	TRILEPTAL SUSPENSION
DIAZEPAM DEVICE (RECTAL)*	LAMICTAL XR TABLET	TRILEPTAL TABLET
DILANTIN 30MG, 100MG CAPS	LAMOTRIGINE XR (ORAL)	VIMPAT
DILANTIN INFATAB	MYSOLINE TABLET	ZARONTIN CAPSULE
DILANTIN SUSPENSION	ONFI*	ZARONTIN SYRUP
EQUETRO	PEGANONE	ZONEGRAN
FELBAMATE SUSPENSION	PHENYTEK (BRAND)	
FELBATOL SUSPENSION	PHENYTOIN TAB CHEW	

ANTIDEPRESSANTS, OTHER

PREFERRED

NON-PREFERRED

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BUPROPION	APLENZIN	VENLAFAXINE ER TAB (AG)*
BUPROPION SR	DESVENLAFAXINE ER*	VENLAFAXINE ER TAB (SCHWARZ)*
BUPROPION XL	EFFEXOR XR	VENLAFAXINE ER TAB (UPSTATE)*
MIRTAZAPINE	OLEPTRO ER	VIIBRYD
MIRTAZAPINE ODT	PRISTIQ	VIIBRYD DOSE PACK
NEFAZODONE	REMERON	WELLBUTRIN
TRAZODONE	REMERON ODT	WELLBUTRIN SR
VENLAFAXINE		WELLBUTRIN XL
VENLAFAXINE ER CAPSULE		

*Utilization Management Indicator
(Maximum Units, Prior Authorization, Step Edit)
Refer to: <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>

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ANTIDEPRESSANTS, SSRI		
PREFERRED	NON-PREFERRED	
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CITALOPRAM	CELEXA	PAXIL CR
CITALOPRAM SOLUTION	ESCITALOPRAM SOLUTION	PAXIL SUSPENSION
ESCITALOPRAM	FLUOXETINE 60MG	PAXIL TABLET
FLUOXETINE CAPSULE	FLUOXETINE CAPSULE DR	PEXEVA
FLUOXETINE SOLUTION	FLUOXETINE TABLET	PROZAC CAPSULE
PAROXETINE TABLET	FLUVOXAMINE	PROZAC WEEKLY
SERTRALINE CONC	LEXAPRO SOLUTION	SARAFEM
SERTRALINE TABLET	LEXAPRO TABLET	ZOLOFT
	LUVOX CR	ZOLOFT CONC
	PAROXETINE CR	

ANTIEMETIC-ANTIVERTIGO AGENTS		
PREFERRED *	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
ONDANSETRON TABLET*	ANZEMET*	SANCUSO (TRANSDERMAL)
ONDANSETRON ODT*	EMEND CAPSULE*	ZOFRAN ODT*
ONDANSETRON SOLUTION*	EMEND PACK*	ZOFRAN SOLUTION *
	GRANISETRON*	ZOFRAN TABLETS*
	GRANISOL SOLUTION*	ZUPLENZ
	KYTRIL *	

ANTIFUNGALS, ORAL		
PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
CLOTTRIMAZOLE TROCHE	DIFLUCAN SUSPENSION	NOXAFIL TABLET*
FLUCONAZOLE TABLET	DIFLUCAN TABLET	NYSTATIN POWDER (ORAL)
FLUCONAZOLE SUSPENSION	FLUCYTOSINE (ORAL)	SPORANOX CAPSULE
GRISEOFULVIN SUSPENSION	GRIFULVIN V TABLET	SPORANOX SOLUTION
GRIS-PEG	GRISEOFULVIN TABLET	TERBINEX KIT*
KETOCONAZOLE (ORAL)	GRISEOFULVIN ULTRAMICROSIZE	VFEND SUSPENSION
NYSTATIN SUSPENSION	ITRACONAZOLE	VFEND TABLET
NYSTATIN TABLET	LAMISIL GRANULES	VORICONAZOLE SUSPENSION
TERBINAFINE	LAMISIL TABLET	VORICONAZOLE TABLET
	NOXAFIL SUSPENSION*	

ANTIFUNGALS, TOPICAL		
PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
CICLOPIROX CREAM	BENSAL HP	KETODAN FOAM KIT
CICLOPIROX SOLUTION	CICLODAN 8% KIT	LOPROX GEL
CLOTTRIMAZOLE CREAM RX	CICLOPIROX GEL	LOPROX SHAMPOO
CLOTTRIMAZOLE SOLUTION RX	CICLOPIROX KIT	LOTRISONE CREAM
CLOTTRIMAZOLE-BETAMETH CRM	CICLOPIROX SHAMPOO	MENTAX
KETOCONAZOLE CREAM	CICLOPIROX SUSPENSION	NAFTIN CREAM
KETOCONAZOLE SHAMPOO	CLOTTRIMAZOLE-BETAMETH LOT	NAFTIN GEL
NYSTATIN CREAM	CNL 8 KIT	NIZORAL SHAMPOO
NYSTATIN OINT	ECONAZOLE	OXISTAT CREAM
NYSTATIN POWDER	ERTACZO	OXISTAT LOTION
NYSTATIN-TRIAMCINOLONE CRM	EXELDERM CREAM	PEDIADERM AF
NYSTATIN-TRIAMCINOLONE OINT	EXELDERM SOLUTION	PEDIPIROX-4
	EXTINA	PENLAC
	KETOCONAZOLE FOAM	VUSION
	KETODAN FOAM	

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ANTIHISTAMINES, MINIMALLY SEDATING

PREFERRED

LORATADINE ODT OTC
LORATADINE SOLN OTC
LORATADINE TAB OTC
LORATADINE-D OTC
CETIRIZINE TAB OTC
CETIRIZINE SOLN OTC, RX
CETIRIZINE CHEW TAB OTC, RX
FEXOFENADINE TAB 60MG, 180MG
LEVOCETIRIZINE TABLETS*

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

ALLEGRA ALLERGY OTC
ALLEGRA ALLERGY SUSP OTC
ALLEGRA-D 12HR OTC
ALLEGRA-D 24HR OTC
CETIRIZINE-D OTC
FEXOFENADINE 30MG OTC
FEXOFENADINE-D 12HR OTC
CLARINEX ODT *
CLARINEX SYRUP *
CLARINEX TABLET *
CLARINEX-D 12 HOUR*
CLARINEX-D 24 HOUR*
CLARITIN CAPSULE OTC
CLARITIN CHEW OTC
CLARITIN ODT OTC
CLARITIN SOLUTION OTC
CLARITIN TABLET OTC
CLARITIN-D 12 HOUR OTC
CLARITIN-D 24 HOUR OTC
DESLORATADINE ODT *
DESLORATADINE*
LEVOCETIRIZINE SOLUTION*
XYZAL SOLUTION*
XYZAL TABLET *
ZYRTEC
ZYRTEC OTC
ZYRTEC-D OTC

ANTIHYPURICEMICS

PREFERRED

ALLOPURINOL
COLCRYS^{OL}
PROBENECID
PROBENECID / COLCHICINE

NON-PREFERRED

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ULORIC
ZYLOPRIM

ANTIMIGRAINE AGENTS

PREFERRED*

RIZATRIPTAN (ORAL)*
RIZATRIPTAN ODT *
SUMATRIPTAN (NASAL)*
SUMATRIPTAN (ORAL)*
SUMATRIPTAN DISP SYRINGE*
SUMATRIPTAN KIT (SUB-Q)*
SUMATRIPTAN PEN INJCTR*
SUMATRIPTAN VIAL*

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

ALSUMA AUTO-INJECT*
AMERGE*
AXERT*
CAMBIA
FROVA*
IMITREX (BRAND - ALL FORMS)*
MAXALT TABLET*
MAXALT MLT*
NARATRIPTAN*
RELPA*
SUMAVEL DOSEPRO
TREMIMET
ZOLMITRIPTAN (ALL FORMS)*
ZOMIG*
ZOMIG (NASAL)*
ZOMIG ZMT*

ANTIPSORIATICS, TOPICAL

PREFERRED

CALCIPOTRIENE SOLUTION
DOVONEX CREAM

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

CALCIPOTRIENE CREAM
CALCIPOTRIENE OINTMENT
CALCITRENE
CALCITRIOL OINTMENT
SORILUX*
TACLONEX OINTMENT
TACLONEX SCALP
VECTICAL

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ANTIPSYCHOTICS - ATYPICAL

PREFERRED*	NON-PREFERRED*	
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ABILIFY MAINTENA	ABILIFY DISCMELT	RISPERDAL ODT
ABILIFY SOLUTION	CLOZARIL	RISPERDAL SOLUTION
ABILIFY TABLET	CLOZAPINE ODT (ORAL)	RISPERDAL TABLET
CLOZAPINE	FANAPT TAB DS PK	SEROQUEL
FANAPT TABLET	FANAPT TITRATION PACK	SYMBYAX
LATUDA*	FAZACLO	ZYPREXA
OLANZAPINE (ALL FORMS)	GEODON	ZYPREXA RELPREVV
QUETIAPINE	INVEGA	ZYPREXA ZYDIS
RISPERDAL CONSTA	INVEGA SUSTENNA	
RISPERIDONE ODT	OLANZAPINE/FLUOXETINE	
RISPERIDONE SOLUTION		
RISPERIDONE TABLET		
SAPHRIS (SL)*		
SEROQUEL XR		
ZIPRASIDONE		

ANTIVIRALS, INFLUENZA

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
TAMIFLU CAPSULE	RELENZA	
TAMIFLU SUSPENSION		

When selecting an antiviral agent for the treatment of influenza, prescribers are advised to consult local viral susceptibility reports to aid in guiding medication selection.

BETA-BLOCKERS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
ATENOLOL	ACEBUTOLOL	LOPRESSOR HCT
ATENOLOL / CHLORTHALIDONE	BETAPACE REG AND AF	METOPROLOL / HCTZ
BISOPROLOL HCTZ	BETAXOLOL	NADOLOL / BENDROFLUMETHIAZIDE
CARVEDILOL	BISOPROLOL	PINDOLOL
LABETALOL	BYSTOLIC	PROPRANOLOL ER
METOPROLOL (TARTRATE)	COREG	SECTRAL
METOPROLOL (SUCCINATE) XL	COREG CR	TENORETIC
NADOLOL	CORGARD	TENORMIN
PROPRANOLOL SOLUTION	CORZIDE	TIMOLOL
PROPRANOLOL TABLET	DUTOPROL	TOPROL XL
PROPRANOLOL / HCTZ	INDERAL LA	TRANDATE
SOTALOL	INNOPRAN XL	ZEBETA
	LEVATOL	ZIAC
	LOPRESSOR	

BLADDER RELAXANT PREPARATIONS

PREFERRED*	NON-PREFERRED*	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
OXYBUTYNIN SYRUP	DETROL	MYRBETRIQ
OXYBUTYNIN TABLET	DETROL LA	OXYTROL
TOVIAZ	DITROPAN XL	SANCTURA REG AND XR
VESICARE	ENABLEX	TOLTERODINE
OXYBUTYNIN ER	FLAVOXATE	TROSPIUM
	GELNIQUE PUMP	TROSPIUM ER
	GELNIQUE 3% AND 10%	

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BONE RESORPTION INHIBITORS

PREFERRED

ALENDRONATE TABLET*
FORTICAL (NASAL)
RALOXIFENE TAB

NON-PREFERRED

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ACTONEL*	EVISTA
AELVIA*	FORTEO
BINOSTO*	FOSAMAX*
BONIVA*	FOSAMAX PLUS D*
CALCITONIN SALMON (NASAL)	IBANDRONATE*
DIDRONEL	MIACALCIN (NASAL)
ETIDRONATE DISODIUM	

BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS

PREFERRED

ALFUZOSIN
AVODART
DOXAZOSIN
FINASTERIDE
TAMSULOSIN
TERAZOSIN

NON-PREFERRED

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CARDURA	JALYN
CARDURA XL	PROSCAR
CIALIS*	RAPAFLO
FLOMAX	UROXATRAL

BRONCHODILATORS, BETA AGONIST

PREFERRED

ALBUTEROL NEB SOLN 2.5MG/0.5ML
ALBUTEROL NEBULIZER SOLUTION 0.63MG, 1.25MG
ALBUTEROL NEBULIZER SOLUTION 100MG/20ML
ALBUTEROL NEBULIZER SOLUTION 2.5MG/3ML
ALBUTEROL SYRUP
ALBUTEROL TABLET

FORADIL*
METAPROTERENOL SYRUP
PROAIR HFA
PROVENTIL HFA
TERBUTALINE (ORAL)

NON-PREFERRED

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ACCUNEB	LEVALBUTEROL NEB SOLN CONC	XOPENEX HFA
ALBUTEROL ER (ORAL)	METAPROTERENOL TABLET (ORAL)	XOPENEX NEB SOLN (INHALATION)
ARCAPTA NEOHALER	PERFOROMIST	XOPENEX NEB SOLN CONC (INHALATION)
BROVANA*	SEREVENT*	XOPENEX NEBULES
LEVALBUTEROL NEB SOLN	VENTOLIN HFA	

CALCIUM CHANNEL BLOCKERS

PREFERRED

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

NON-PREFERRED

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ADALAT CC	NICARDIPINE
CALAN SR	NIMODIPINE
CARDENE SR	NISOLDIPINE
CARDIZEM CD	NORVASC
CARDIZEM CD 360MG	PROCARDIA CAPSULE
CARDIZEM LA	PROCARDIA XL
CARDIZEM TABLET	SULAR
COVERA-HS	TIAZAC
DILTIAZEM LA	TIAZAC 420MG
DYNACIRC CR	VERAPAMIL 360MG CAPSULE
FELODIPINE ER	VERAPAMIL ER PM
ISRADIPINE	VERELAN
MATZIM LA	

*Utilization Management Indicator

(Maximum Units, Prior Authorization, Step Edit)

Refer to: <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>

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COPD AGENTS

PREFERRED

ATROVENT HFA
COMBIVENT
COMBIVENT RESPIMAT
DALIRESP*
IPRATROPIUM / ALBUTEROL NEB SOLUTION
IPRATROPIUM NEBULIZER
SPIRIVA

NON-PREFERRED

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ANORA ELLIPTA
DUONEB
TUDORZA PRESSAIR

CYTOKINE AND CAM ANTAGONIST

PREFERRED

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

NON-PREFERRED

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ACTEMRA (INJECTION)	REMICADE (INJECTION)
AMEVIVE (INJECTION)	SIMPONI DISP SYRINGE
CIMZIA KIT	SIMPONI PEN
CIMZIA SYRINGE KIT	STELARA DISP SYRINGE
KINERET	STELARA VIAL
ORENCIA (INJECTION)	XELJANZ
ORENCIA (SUB-Q)	

ERYTHROPOIESIS STIMULATING AGENTS

PREFERRED

ARANESP DISP SYRINGE
ARANESP VIAL
PROCRIT

NON-PREFERRED

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EPOGEN

FLUOROQUINOLONES, ORAL

PREFERRED

CIPROFLOXACIN TABLET
LEVOFLOXACIN SOLUTION
LEVOFLOXACIN TABLET

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

AVELOX	LEVAQUIN SOLUTION
CIPRO SUSPENSION	LEVAQUIN TABLET
CIPRO TABLET	MOXIFLOXACIN
CIPRO XR	NOROXIN
CIPROFLOXACIN ER	OFLOXACIN (ORAL)
FACTIVE	

GLUCOCORTICOIDS, INHALED

PREFERRED

ADVAIR DISKUS
ADVAIR HFA
ASMANEX
BUDESONIDE RESPULES 0.25MG AND 0.5MG
DULERA
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR
SYMBICORT

NON-PREFERRED

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AEROSPAN	BREO ELLIPTA
ALVESCO	PULMICORT RESPULES 0.25MG AND 0.5MG
	PULMICORT RESPULES 1MG

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GROWTH HORMONE

PREFERRED*	NON-PREFERRED*	
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GENOTROPIN*	HUMATROPE CARTRIDGE*	SAIZEN VIAL*
NORDITROPIN*	HUMATROPE VIAL*	SEROSTIM VIAL*
NUTROPIN AQ*	OMNITROPE CARTRIDGE*	TEV-TROPIN VIAL*
	OMNITROPE VIAL*	ZORBTIVE VIAL*
	SAIZEN CARTRIDGE*	

HEPATITIS B AGENTS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
ADEFOVIR DIPIVOXIL	BARACLUDE SOLUTION	
EPIVIR HBV SOLUTION	BARACLUDE TABLET	
EPIVIR HBV TABLET	HEPSERA	
LAMIVUDINE HBV TAB	TYZEKA	

HEPATITIS C AGENTS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
PEGASYS SYRINGE	COPEGUS	REBETOL TABLET AND CAPSULE
PEGASYS PROCLICK	INFERGEN	REBETOL SOLUTION
PEG-INTRON	PEGASYS VIAL	RIBAPAK
PEG-INTRON REDIPEN	PEGASYS KIT	RIBASPHERE
RIBAVIRIN CAPSULE		
RIBAVIRIN TABLET		
VICTRELIS*		

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
ACARBOSE	GLYSET	
	PRECOSE	

HYPOGLYCEMICS, INCRETIN MIMETIC/ENHANCERS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
BYETTA PEN	BYDUREON	NESINA
JANUMET*	JENTADUETO*	ONGLYZA*
JANUMET XR*	JUVISYNC*	OSENI
JANUVIA*	KAZANO	VICTOZA
SYMLIN	KOMBIGLYZE XR*	
SYMLIN PEN		
TRADJENTA*		

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HYPOGLYCEMICS, INSULIN

PREFERRED*	NON-PREFERRED*	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
HUMALOG VIAL	APIDRA SOLOSTAR PEN	LEVEMIR VIAL
NOVOLOG VIAL	APIDRA VIAL	NOVOLOG CARTRIDGE
HUMALOG MIX VIAL	HUMALOG CARTRIDGE	NOVOLOG MIX PEN
NOVOLOG MIX VIAL	HUMULIN 500 UNIT/ML	NOVOLOG PEN
HUMULIN VIAL	LEVEMIR PEN	
NOVOLIN VIAL		
HUMULIN 70/30 VIAL		
NOVOLIN 70/30 VIAL		
LANTUS VIAL		
HUMALOG PEN		
HUMALOG MIX PEN		
HUMULIN PEN		
HUMULIN 70/30 PEN		
LANTUS SOLOSTAR PEN		

HYPOGLYCEMICS, MEGLITINIDES

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
NATEGLINIDE	PRANDIMET	STARLIX
PRANDIN	REPAGLINIDE	

HYPOGLYCEMICS, METFORMINS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
GLYBURIDE-METFORMIN	FORTAMET	GLUCOVANCE
METFORMIN	GLIPIZIDE-METFORMIN	GLUMETZA
METFORMIN ER (GENERIC FOR GLUCOPHAGE)	GLUCOPHAGE	METFORMIN ER (GENERIC FOR FORTAMET)
	GLUCOPHAGE XR	RIOMET

HYPOGLYCEMICS, TZD

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
PIOGLITAZONE HCL	ACTOS	AVANDIA
	ACTOPLUS MET	DUETACT
	ACTOPLUS MET XR	PIOGLITAZONE/GLIMEPIRIDE
	AVANDAMET	PIOGLITAZONE /METFORMIN
	AVANDARYL	

IMMUNOMODULATORS, ATOPIC DERMATITIS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
ELIDEL	PROTOPIC	

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IMMUNOSUPPRESSIVES, ORAL

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
AZATHIOPRINE	AZASAN	
CELLCEPT SUSPENSION	CELLCEPT CAPSULE	
CYCLOSPORINE CAPSULE	CELLCEPT TABLET	
CYCLOSPORINE SOFTGEL	IMURAN	
CYCLOSPORINE, MODIFIED CAP	MYCOPHENOLIC ACID	
CYCLOSPORINE, MODIFIED SOL	NEORAL CAPSULE	
MYCOPHENOLATE MOFETIL CAP	NEORAL SOLUTION	
MYCOPHENOLATE MOFETIL TAB	PROGRAF	
MYFORTIC	RAPAMUNE TABLET	
SIROLIMUS	SANDIMMUNE CAPSULE	
TACROLIMUS	SANDIMMUNE SOLUTION	
	ZORTRESS	
	RAPAMUNE SOLUTION	

INTRANASAL RHINITIS AGENTS

PREFERRED*	NON-PREFERRED*	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
ASTELIN	ATROVENT	NASACORT AQ
ASTEPRO	AZELASTINE	PATANASE
FLUTICASONE (NASAL)	BECONASE AQ	QNASL
IPRATROPIUM (NASAL)	DYMISTA	RHINOCORT AQUA
OMNARIS	FLONASE	TRIAMCINOLONE (GENERIC NASACORT AQ)
	FLUNISOLIDE	VERAMYST
	NASONEX	ZETONNA

IRRITABLE BOWEL AGENTS (new)

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
AMITIZA		
LINZESS		
LOTRONEX		

LEUKOTRIENE MODIFIERS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
MONTELUKAST GRAN PACK	ACCOLATE	ZYFLO
MONTELUKAST TAB CHEW	SINGULAIR GRANULES	ZYFLO CR
MONTELUKAST TABLET	SINGULAIR TAB CHEW	
ZAFIRLUKAST	SINGULAIR TABLET	

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LIPOTROPICS, OTHER

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
CHOLESTYRAMINE/ASPARTAME	ANTARA	LOVAZA*
CHOLESTYRAMINE/SUCROSE	COLESTID GRANULES	NIASPAN
COLESTIPOL TABLET	COLESTID TABLET	NIACOR
FENOFIBRIC ACID (GEN. FIBRICOR)	COLESTIPOL GRANULES	QUESTRAN
FENOFIBRIC ACID (GEN. TRILIPIX)	FENOFIBRATE CAPSULE (GEN. LOFIBRA)	QUESTRAN LIGHT
FENOFIBRATE TABLET (GEN. TRICOR)	FENOFIBRATE TABLET (GEN. LOFIBRA)	TRIGLIDE
GEMFIBROZIL	FENOFIBRATE (GEN. ANTARA)	TRICOR
KYNAMRO (SUBQ)*	FIBRICOR	TRILIPIX
NIACIN ER	JUXTAPID*	VASCEPA*
OMEGA-3 ACID ETHYL ESTERS*	LOFIBRA	WELCHOL POWDER PACK
ZETIA	LOPID	WELCHOL TABLET
	LIPOFEN	

MULTIPLE SCLEROSIS AGENT

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
AVONEX (ALL FORMS)	AMPYRA*	GILENYA
COPAXONE SYRINGE KIT (DAILY)	AUBAGIO	REBIF
EXTAVIA (ALL FORMS)	BETASERON	
REBIF PEN INJ	COPAXONE SYRINGE (THRICE WEEKLY)	
TECFIDERA		

NEUROPATHIC PAIN

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
GABAPENTIN CAPSULE	CYMBALTA	NEURONTIN CAPSULE
GABAPENTIN SOLUTION	DULOXETINE	NEURONTIN SOLUTION
GABAPENTIN TABLET	GRALISE*	NEURONTIN TABLET
LYRICA CAPSULE*	HORIZANT*	QUTENZA KIT (TOPICAL)
LYRICA SOLUTION*	LIDODERM (TOPICAL)*	
SAVELLA	LIDOCAINE (TOPICAL)*	
SAVELLA DS PK		

NSAIDS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
DICLOFENAC POTASSIUM	ANAPROX	MELOXICAM SUSPENSION
DICLOFENAC SODIUM	ARTHROTEC	MOBIC SUSPENSION
DICLOFENAC SR (ORAL)	CATAFLAM TABLET	MOBIC TABLET
FLECTOR (TOPICAL)*	CELEBREX*	NALFON
FLURBIPROFEN	DAYPRO	NAPRELAN
IBUPROFEN	DICLOFENAC SOD/MISOPROSTOL	NAPROSYN EC (ORAL)
IBUPROFEN SUSPENSION	DIFLUNISAL	NAPROSYN SUSPENSION
INDOMETHACIN CAPSULE	DUEXIS*	NAPROSYN TABLET
KETOPROFEN	ETODOLAC	OXAPROZIN
KETOROLAC	ETODOLAC SR	PENNSAID (TOPICAL)
MELOXICAM TABLET	FELDENE	PONSTEL
NABUMETONE	FENOPROFEN	SPRIX
NAPROXEN ALL FORMS	INDOCIN (RECTAL)	TOLMETIN SOD TABLET
NAPROXEN EC	INDOCIN SUSPENSION	TOLMETIN SOD CAPSULE
NAPROXEN SODIUM	INDOMETHACIN ER CAPSULE	VIMOVO
OXAPROZIN	KETOPROFEN ER	VOLTAREN XR
PIROXICAM	MECLOFENAMATE	ZIPSOR
SULINDAC	MEFENAMIC ACID (ORAL)	
VOLTAREN (TOPICAL)		

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OPHTHALMIC ANTIBIOTICS

PREFERRED

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

AZASITE	BACIT/POLYM B SULF OINT	NATACYN
CIPROFLOXACIN SOLUTION	BACITRACIN OINT	NEOMY-BACIT-POLYMYX OINT
ERYTHROMYCIN OPHT OINTMENT	BESIVANCE	NEOMYCIN-POLYMYXIN-GRAMICIDIN
GENTAMICIN DROPS	BLEPH-10	NEOSPORIN
GENTAMICIN OINT	CILOXAN DROPS	OCUFLOX
MOXEZA	CILOXAN OINTMENT	POLYTRIM
OFLOXACIN SOLUTION	GARAMYCIN DROPS	SULFACETAMIDE OINT
POLYMYXIN/TRIMETHOPRIM	GARAMYCIN OINT	TOBREX DROPS
SULFACETAMIDE SOLUTION	GATIFLOXACIN DROPS	TOBREX OINTMENT
TOBRAMYCIN	ILOTYCIN	ZYMAXID
VIGAMOX	LEVOFLOXACIN	

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

PREFERRED*

NON-PREFERRED*

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

CROMOLYN SODIUM	ALOCRI	ELESTAT
PATADAY	ALOMIDE	EMADINE
PATANOL	ALREX	EPINASTINE
	AZELASTINE	LASTACAPT
	BEPREVE	OPTIVAR

OPHTHALMICS, ANTI-INFLAMMATORY

PREFERRED

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

DEXAMETHASONE (OPHTHALMIC)	ACULAR	MAXIDEX
DICLOFENAC (OPHTHALMIC)	ACULAR LS	NEVANAC
FLUOROMETHOLONE	ACUVAIL	OCUFEN
FLURBIPROFEN	BROMFENAC	OMNIPRED
KETOROLAC	DUREZOL	OZURDEX
KETOROLAC LS	FLAREX	PRED FORTE
LOTEMAX DROPS	FML	PRED MILD
PREDNISOLONE ACETATE	FML FORTE	PREDNISOLONE SOD PHOSPHATE
	FML S.O.P.	PROLENSA
	ILEVRO	RETISERT
	LOTEMAX GEL	TRIESENCE
	LOTEMAX OINTMENT	VEXOL

OPHTHALMICS, GLAUCOMA AGENTS

PREFERRED

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

ALPHAGAN P 0.1%	APRACLONIDINE	LUMIGAN
ALPHAGAN P 0.15%	BETAGAN	TIMOPTIC
AZOPT	BETIMOL	TIMOPTIC-XE
BETAXOLOL	BETOPTIC S	TRAVATAN
BRIMONIDINE	BRIMONIDINE P 0.15%	TRAVATAN Z
CARTEOLOL	COSOPT	TRUSOPT
COMBIGAN	COSOPT PF	XALATAN
DORZOLAMIDE	IOPIDINE	ZIOPTAN
DORZOLAMIDE / TIMOLOL	ISTALOL	
LATANOPROST		
LEVOBUNOLOL		
METIPRANOLOL		
TIMOLOL		

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OPHTHALMICS, IMMUNOMODULATOR

PREFERRED

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

RESTASIS

OPIOID DEPENDENCE

PREFERRED *

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

BUPRENORPHINE/NALOX TAB (SL)*
NALTREXONE
SUBOXONE FILM (SUBLINGUAL)*
VIVITROL (IM)

SUBOXONE TABLETS (SUBLINGUAL) *
BUPRENORPHINE HCL (SUBLINGUAL)*

OTIC, ANTIBIOTICS

PREFERRED

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

CIPRODEX
NEOMYCIN/POLYMYXIN/HC SOLN/SUSP
OFLOXACIN (OTIC)

CIPRO HC
CIPROFLOXACIN (OTIC)
COLY-MYCIN S (OTIC)
CORTISPORIN SOLUTION
CORTISPORIN-TC

PAH AGENTS, ORAL AND INHALED

PREFERRED

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

SILDENAFIL*
LETAIRIS
TRACLEER

ADCIRCA*
REVATIO*
TYVASO
VENTAVIS

PANCREATIC ENZYMES

PREFERRED

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

CREON
PANCRELIPASE
ZENPEP

PANCREAZE

PHOSPHATE BINDERS

PREFERRED

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

CALCIUM ACETATE TAB & CAP
MAGNEBIND 400 (RX)
RENAGEL

ELIPHOS
FOSRENOL
PHOSLO
PHOSLYRA
REVELA POWDER PACK
REVELA TABLET

PLATELET AGGREGATION INHIBITORS

PREFERRED

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

AGGRENOX
CLOPIDOGREL
DIPYRIDAMOLE

EFFIENT
BRILINTA*
PERSANTINE
PLAVIX
TICLOPIDINE

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PROGESTINS FOR CACHEXIA

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
MEGESTROL SUSPENSION	MEGACE ES MEGACE	

RESTLESS LEG SYNDROME

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
PRAMIPEXOLE ROPINIROLE	MIRAPEX MIRAPEX ER REQUIP	REQUIP XL ROPINROLE ER

SEDATIVE HYPNOTICS

PREFERRED*	NON-PREFERRED*	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
ESTAZOLAM FLURAZEPAM TEMAZEPAM 15MG AND 30MG TRIAZOLAM ZOLPIDEM	AMBIEN AMBIEN CR CHLORAL HYDRATE SYRUP DORAL EDLUAR (SUBLINGUAL) HALCION INTERMEZZO* LUNESTA RESTORIL (ALL STRENGTHS)	ROZEREM SILENOR SOMNOTE SONATA TEMAZEPAM 7.5MG AND 22.5MG ZALEPLON ZOLPIDEM ER ZOLPIMIST*

SKELETAL MUSCLE RELAXANTS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
BACLOFEN CHLORZOXAZONE CYCLOBENZAPRINE DANTROLENE SODIUM METHOCARBAMOL ORPHENADRINE TIZANIDINE TABLET	AMRIX* CARISOPRODOL 250MG* CARISOPRODOL COMPOUND CARISOPRODOL* CYCLOBENZAPRINE ER* DANTRIUM FEXMID* LORZONE METAXALONE	ORPHENADRINE COMPOUND PARAFON FORTE ROBAXIN SKELAXIN SOMA (ALL STRENGTHS)* TIZANIDINE CAPSULE* ZANAFLEX TABLET ZANAFLEX CAPSULE*

SMOKING CESSATION PRODUCTS

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
BUPROPION SR (GEN ZYBAN) NICOTINE LOZENGE, PATCH, GUM NICORETTE LOZENGE	BUPROBAN CHANTIX DS PAK CHANTIX TABLET NICODERM CQ (TRANSDERMAL) NICORETTE GUM	NICOTROL (INHALATION) NICOTROL NS* ZYBAN

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STERIODS, TOPICAL VERY HIGH POTENCY

PREFERRED

CLOBETASOL PROPIONATE CRM
CLOBETASOL PROPIONATE OINT
CLOBETASOL PROPIONATE SOL
CLOBETASOL EMOLLIENT
CLOBETASOL PROPIONATE GEL
HALOBETASOL PROPIONATE OINT
HALOBETASOL PROPIONATE CRM

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

Any agents not listed as Preferred are classified as Non-Preferred and require "Medically Necessary" documentation.

STERIODS, TOPICAL HIGH POTENCY

PREFERRED

BETAMET DIPROP / PROP GLY CR
BETAMETHASONE DIPROP CRM
BETAMETHASONE DIPROP LOT
BETAMETHASONE VAL CRM
BETAMETHASONE VAL LOT
FLUOCINONIDE CREAM
FLUOCINONIDE EMOLLIENT
FLUOCINONIDE GEL
FLUOCINONIDE SOLUTION
TRIAMCINOLONE ACET CRM
TRIAMCINOLONE ACET OINT

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

Any agents not listed as Preferred are classified as Non-Preferred and require "Medically Necessary" documentation.

STERIODS, TOPICAL MEDIUM POTENCY

PREFERRED

FLUTICASONE PROPIONATE CRM
FLUTICASONE PROPIONATE OINT
HYDROCORTIS BUT CRM BRAND
HYDROCORTISONE BUT OINT.
HYDROCORTISONE BUT SOL
HYDROCORTIS BUT SOL BRAND
HYDROCORTISONE VAL CRM
HYDROCORTISONE VAL OINT.
MOMETASONE FUROATE CREAM
MOMETASONE FUROATE OINT.
MOMETASONE FUROATE SOL

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

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STERIODS, TOPICAL LOW POTENCY

PREFERRED

DESONIDE CREAM
DESONIDE OINT.
HYDROCORTISONE CREAM
HYDROCORTISONE LOTION
HYDROCORTISONE OINT

NON-PREFERRED

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STIMULANTS AND RELATED AGENTS

PREFERRED*

**ADDERALL XR
AMPHETAMINE SALT COMBO ER (GLOBAL)
AMPHETAMINE SALT COMBO ER (TEVA)
AMPHETAMINE SALT COMBO TABLET
DEXMETHYLPHENIDATE TABLET
DEXTROAMPHETAMINE CAPSULE ER
DEXTROAMPHETAMINE TABLET
FOCALIN XR
INTUNIV**

**METHYLIN SOLUTION
METHYLPHENIDATE
METHYLPHENIDATE ER (GEN CONCERTA)
METHYLPHENIDATE ER (GEN RITALIN LA)
METHYLPHENIDATE ER (GEN RITALIN-SR)
PROVIGIL
QUILLIVANT XR
STRATTERA
VYVANSE**

NON-PREFERRED*

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

ADDERALL TABLET	KAPVAY*	PROCENTRA
CLONIDINE ER	METADATE CD	QUILLIVANT XR
CONCERTA	METHAMPHETAMINE	RITALIN
DAYTRANA	METHYLIN CHEWABLE TABLET	RITALIN LA
DESOXYN	METHYLIN SOLUTION	RITALIN SR
DEXEDRINE SPANSULE	METHYLPHENIDATE CD CAPSULE	ZENZEDI
DEXMETHYLPHENIDATE XR	METHYLPHENIDATE SOLUTION	
DEXTROAMPHETAMINE SOLUTION	MODAFINIL	
FOCALIN TABLET	NUVIGIL	

ULCERATIVE COLITIS

PREFERRED

**APRISO
BALSALAZIDE
CANASA (RECTAL)
DIPENTUM
MESALAMINE (RECTAL)
PENTASA
SULFASALAZINE
SULFASALAZINE DR**

NON-PREFERRED

NON-Preferred medication dispensing requires "Medically Necessary" Documentation.

ASACOL HD	GLAZO*
AZULFIDINE	LIALDA
AZULFIDINE DR	MESALAMINE KIT (RECTAL)
COLAZAL	ROWASA (RECTAL)
	SFROWASA (RECTAL)