

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

**ACNE, TOPICAL**

PREFERRED	NON-PREFERRED
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.
ACZONE	<i>Any agents not listed as Preferred are classified as Non-Preferred and require "Medically Necessary" documentation.</i>
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	

**ALZHEIMERS AGENTS**

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

**ANALGESICS, NARCOTICS LONG ACTING**

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

**ANDROGENIC AGENTS (TOPICAL)**

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
ANDROGEL GEL PACKET	ANDRODERM	FORTESTA
ANDROGEL PUMP	AXIRON	TESTIM

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**ANGIOTENSIN MODULATORS**

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
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
TEKURNA	DIOVAN HCT	TRANDOLAPRIL
TEKURNA 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)	VANAZOLE (VAGINAL)
	CLINDESSE (VAGINAL)	

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**ANTICOAGULANTS**

**PREFERRED**

**NON-PREFERRED**

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

<b>ELIQUIS*</b>	<b>ARIXTRA</b>
<b>FRAGMIN (SYRINGE)</b>	<b>COUMADIN</b>
<b>FRAGMIN (VIAL)</b>	<b>ENOXAPARIN SYRINGE</b>
<b>LOVENOX (SYRINGE)</b>	<b>ENOXAPARIN VIAL</b>
<b>LOVENOX (VIAL)</b>	<b>FONDAPARINUX</b>
<b>PRADAXA*</b>	
<b>XARELTO*</b>	
<b>WARFARIN</b>	

**ANTICONSULSANTS**

**PREFERRED**

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

**NON-PREFERRED**

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

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

**ANTIDEPRESSANTS, OTHER**

**PREFERRED**

**NON-PREFERRED**

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

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

\*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	LOTTRISONE 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<sup>OL</sup>  
PROBENECID  
PROBENECID / COLCHICINE

**NON-PREFERRED**

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

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	NON-PREFERRED	
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ALENDRONATE TABLET*	ACTONEL*	EVISTA
FORTICAL (NASAL)	ATELVIA*	FORTEO
RALOXIFENE TAB	BINOSTO*	FOSAMAX*
	BONIVA*	FOSAMAX PLUS D*
	CALCITONIN SALMON (NASAL)	IBANDRONATE*
	DIDRONEL	MIACALCIN (NASAL)
	ETIDRONATE DISODIUM	

**BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS**

PREFERRED	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
ALFUZOSIN	CARDURA	JALYN
AVODART	CARDURA XL	PROSCAR
DOXAZOSIN	CIALIS*	RAPAFLO
FINASTERIDE	FLOMAX	UROXATRAL
TAMSULOSIN		
TERAZOSIN		

**BRONCHODILATORS, BETA AGONIST**

PREFERRED		
ALBUTEROL NEB SOLN 2.5MG/0.5ML		FORADIL*
ALBUTEROL NEBULIZER SOLUTION 0.63MG, 1.25MG		METAPROTERENOL SYRUP
ALBUTEROL NEBULIZER SOLUTION 100MG/20ML		PROAIR HFA
ALBUTEROL NEBULIZER SOLUTION 2.5MG/3ML		PROVENTIL HFA
ALBUTEROL SYRUP		TERBUTALINE (ORAL)
ALBUTEROL TABLET		
NON-PREFERRED		
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
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	NON-PREFERRED	
	NON-Preferred medication dispensing requires "Medically Necessary" Documentation.	
AMLODIPINE	ADALAT CC	NICARDIPINE
DILTIAZEM CAPSULE ER	CALAN SR	NIMODIPINE
DILTIAZEM TABLET	CARDENE SR	NISOLDIPINE
NIFEDIPINE ER	CARDIZEM CD	NORVASC
NIFEDIPINE IR	CARDIZEM CD 360MG	PROCARDIA CAPSULE
VERAPAMIL CAPSULE	CARDIZEM LA	PROCARDIA XL
VERAPAMIL TABLET	CARDIZEM TABLET	SULAR
VERAPAMIL TABLET ER	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)  
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**COPD AGENTS**

**PREFERRED**

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

**NON-PREFERRED**

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

ANORA ELLIPTA  
DUONEB  
TUDORZA PRESSAIR

**CYTOKINE AND CAM ANTAGONIST**

**PREFERRED**

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

**NON-PREFERRED**

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

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**

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

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**

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

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



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**GROWTH HORMONE**

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

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

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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)		

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

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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* DANTRIMUM 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.

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

**STERIODS, TOPICAL LOW POTENCY**

**PREFERRED**

DESONIDE CREAM  
DESONIDE OINT.  
HYDROCORTISONE CREAM  
HYDROCORTISONE LOTION  
HYDROCORTISONE 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.*



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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)