

# Alaska Medicaid Preferred Drug List Therapeutic Class Listing – Affected Classes

*Not all categories of medications were selected for current inclusion in the PDL.*

*Any classes of medications that do not appear on this list are not affected at this time by the PDL.*

**PRODUCTS APPEARING IN BOLD DO NOT REQUIRE MEDICAL JUSTIFICATION**

Drugs with an \* imply that a Generic is available without justification.

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*Note the listing of some Class Headings have changed.*

## ACE Inhibitors & ACE Combo

**Benazepril**

**Benazepril HCL-HCTZ**

**Captopril**

**Enalapril Maleate**

**Enalapril/HCTZ**

**Lisinopril**

**Lisinopril/HCTZ**

**Benazepril+Amlodipine (Generic for Lotrel®)**

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imply that a generic is  
available without  
justification.

## ACE Inhibitors & ACE Combo

### Drugs Requiring MEDICAL JUSTIFICATION

Accupril®

Accuretic®

Aceon®

Altace®

Captopril/HCTZ

Fosinopril (Generic of Monopril®)

Lexxel®

Lotensin®

Lotensin HCT®\*

Lotrel®\* Add

Mavik®

Moexipril HCL (Generic of Univasc®)

Monopril®

Monopril HCT®

Prinivil®\*

Prinzide®\*

Ramipril

Tarka®

Trandolapril

Trandolapril-Verapamil

Uniretic®

Univasc®

Vaseretic®\*

Vasotec®\*

Zestoretic®\*

Zestril®\*

## ACNE Products

**Benzaclin®**

**Clindamycin + Benzyl Peroxide 1%/5%**

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### ACNE Products

#### Drugs Requiring MEDICAL JUSTIFICATION

Acanya®

Duac CS®

Duac Gel®

Veltin®

Ziana®

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available without  
justification.

### ADD/ADHD Drugs

**Adderall XR®**

**Amphetamine Salt Combination**

**Concerta®**

**Dexmethylphenidate IR**

**Dextrostat®**

**Focalin XR®**

**Intuniv®**

**Methylin®**

**Methylin ER®**

**Methylin® Solution**

**Methylphenidate HCL**

**Methylphenidate ER**

**Methylphenidate SA/SR**

**Provigil®**

**Strattera®**

**Vyvanse®**

### ADD/ADHD Drugs

#### Drugs Requiring MEDICAL JUSTIFICATION Grandfathered

Adderall® \*

Daytrana®

Desoxyn®

Dexedrine Spansules® \*

Dextro/Amphet Cap SR 24H

Focalin®

Metadate CD®

Metadate ER®

Methamphetamine

Nuvigil®

Procentra®

Ritalin® \*

Ritalin LA®

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*Ritalin SR ®\**

## **Alpha Blockers**

**Doxazosin**

**Tamsulosin\* (Generic of Flomax®)**

**Terazosin**

**Uroxatral®**

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## *Alpha Blockers*

### *Drugs Requiring MEDICAL JUSTIFICATION*

*Cardura ®*

*Cardura XL®*

*Flomax®*

*Hytrin®*

*Rapaflo®*

## **Alpha-Glucosidase Inhibitors – Oral Antidiabetic**

**Acarbose (Generic for Precose®)**

## *Alpha-Glucosidase Inhibitors – Oral Antidiabetic*

### *Drugs Requiring MEDICAL JUSTIFICATION*

*Glyset®*

*Precose®\**

## **Alzheimer Drugs and Cholinesterase Inhibitors**

**Aricept ®**

**Aricept ODT®**

**Exelon Patch®**

**Rivastigmine**

## *Alzheimer Drugs and Cholinesterase Inhibitors*

### *Drugs Requiring MEDICAL JUSTIFICATION*

*Cognex®*

*Exelon ® Capsules*

*Razadyne®*

## **Androgen Hormone Inhibitor**

**Avodart®**

**Finasteride (Generic of Proscar®)**

## *Androgen Hormone Inhibitor*

### *Drugs Requiring MEDICAL JUSTIFICATION*

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*Proscar®\**

### **Anticonvulsant, Carbamazepine Derivatives Grandfathered**

**Carbamazepine Tablets, Chewable, Suspension, ER, XR**

**Carbatrol®**

**Epitol®**

**Oxcarbazepine Tablets and Suspension**

**Tegretol XR**

**Trileptal® Suspension**

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### *Anticonvulsant, Carbamazepine Derivatives Grandfathered*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Tegretol® Chewable Tablet\**

*Tegretol® Oral Suspension\**

*Tegretol® Tablets\**

*Trileptal® Tablets*

### **Anticonvulsant, 1<sup>st</sup> Generation Grandfathered**

**Celontin®**

**Depakote®ER**

**Divalproex ER (generic of Depakote ER®)**

**Divalproex (Generic of Depakote®)**

**Divalproex Sprinkles (Generic of Depakote® Sprinkles)**

**Ethosuximide Capsules & Syrup®**

**Phenytoin® Capsules**

**Phenytoin® ER Capsules**

**Phenytoin® Suspension**

**Phenytek**

**Primidone® Suspension & Chewable Tablets**

**Valproic Acid Capules & Syrup**

**Zarontin® Capsules & Syrup**

### *Anticonvulsant, 1<sup>st</sup> Generation Grandfathered*

*DRUG REQUIRING MEDICAL JUSTIFICATION Grandfathered*

*Depakene® Syrup/Depakene® Capsules\**

*Depakote®\**

*Depakote® ER\**

*Depakote® Sprinkles*

*Dilantin® Capsule\**

*Dilantin® Oral Suspension\*/Dilantin® Chewable Tablet/Dilantin® Capsules*

*Felbatol® Oral Suspension/Felbatol® Tablets*

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## **Anticonvulsant, 2<sup>nd</sup> Generation**

**Gabapentin (Generic of Neurontin®)**

**Gabitril®,**

**Lamotrigine (Generic of Lamictal®)**

**Levetiracetam Tablets and Solution (Generic of Keppra®)**

**Lyrica®**

**Neurontin® / Neurontin® Oral Solution**

**Stavzor®**

**Topamax® Sprinkle Capsules**

**Topiramate (Sprinkles/Tablets)**

**Zonegran® Capsules**

**Zonisamide (Generic of Zonegran)**

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available without  
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## **Anticonvulsant 2<sup>nd</sup> Generation**

**Drugs Requiring MEDICAL JUSTIFICATION**

*Banzel®*

*Febatol® Oral Suspension and Tablets*

*Keppra® Tablets & Solution\**

*Keppra® XR*

*Lamictal® DS PK*

*Lamictal® Tablets*

*Lamictal Chewable Dispersible® Tablets*

*Lamictal ODT®*

*Lamictal® XL*

*Topamax® Tablets\**

*Vimpat®*

## **Antidepressants - Other**

**Bupropion IR and SR (Generic for Wellbutrin®)**

**Mirtazapine (Generic of Remeron®)**

**Nefazodone**

**Savella®**

**Trazodone**

## **Antidepressants –Other**

**Drugs Requiring MEDICAL JUSTIFICATION** *Grandfathered Bupropion XL*

*(Generic for Wellbutrin XL®)*

*Wellbutrin® Immediate Release and SR\**

*Wellbutrin® XL*

## **Antidepressants – SNRI**

**Cymbalta®**

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**Venlafaxine IR (Generic of Effexor®IR)**  
**Venlafaxine ER Capsules (Generic of Effexor XR®)**

Antidepressants - SNRI

Drugs Requiring MEDICAL JUSTIFICATION Grandfathered

Effexor® IR\*

Effexor®XR\*

Pristiq® Venlafaxine ER Tablets

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imply that a generic is  
available without  
justification.

Antidepressants – SSRI

**Citalopram (Generic of Celexa®)**

**Fluoxetine HCL, Capsules and Solution (Generic of Prozac®)**

**Lexapro® Tablets and Solution**

**Paroxetine HCL (Generic of Paxil®)**

**Paroxetine HCL Oral Suspension**

**Sertraline (Generic of Zoloft®)**

Antidepressants - SSRI

Drugs Requiring MEDICAL JUSTIFICATION Grandfathered

Celexa®\*

Celexa® Solution

Fluvoxamine

Luvox®

Luvox CR®

Paroxetine CR

Paxil®\*

Paxil CR®

Pexeva®

Prozac®\*

Prozac® Weekly

Sarafem®

Selfemra®

Zoloft®\*

Anti-emetics †

**Emend®†**

**Ondansetron† (Generic of Zofran®)**

Anti-emetic s†

Drugs Requiring MEDICAL JUSTIFICATION

Anzemet®†

Granisetron†(Generic of Kytril®)

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*Kytril®† Tablets  
Sancuso®  
Zofran®† Tablets, ODT, Solution\**

### Antifungals for Onychomycosis

**Grifulvin V® Tablets**  
**Gris Peg® (Griseofulvin) (Ultramicrosize)**  
**Griseofulvin® Suspension**  
**Terbinafine (Generic of Lamisil®)**

*Antifungals used in the treatment of Onychomycosis*

Drugs Requiring MEDICAL JUSTIFICATION

*Fulvicin U/F® (Griseofulvin) (Microsize)  
Grifulvin V® (Griseofulvin) (125mg/5ml Oral Suspension Microsize)  
Lamisil®\*  
Sporanox® (Itraconazole)*

### Antiherpes Virus Agents

**Acyclovir (Generic of Zovirax®) Capsules, Tablets and Suspension**  
**Famvir® (Famciclovir)**  
**Valtrex® (Valacyclovir)**

*Antiherpes Virus Agents*

Drugs Requiring MEDICAL JUSTIFICATION

*Famciclovir (Generic for Famvir®)  
Zovirax®\* Capsules, Tablets and Suspension*

### Antihistamines Low Sedating

**Allegra® Suspension**  
**Clarinex®**  
**Loratadine D Rx**  
**Loratadine OTC**  
**Loratadine-D OTC**  
**Xyzal®**

*Non-Sedating Antihistamines*

*Allegra®  
Fexofenadine  
Zyrtec®*

### Antihyperlipidemics Statins – Moved to Step Edits

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### **Anti-Migraine - Serotonin Receptor Agonists†**

**Sumatriptan Generic All Dosage Forms† (Generic for Imitrex)**

**Maxalt ®†**

**Maxalt MLT ®†**

**Relpax®†**

**Treximet®†**

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### *Anti-Migraine - Serotonin Receptor Agonists†*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Amerge ®†*

*Axert ®†*

*Frova ®†*

*Imitrex ®† (All Dosage Forms)*

*Naratriptan†*

*Zomig ®†*

*Zomig Spray ®†*

*Zomig ZMT ®†*

### **Anti-tumor Necrosis Factor**

**Enbrel®**

**Humira®**

### *Anti-tumor Necrosis Factor*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Kineret®*

### **Anti-virals – Topical**

**Denavir®**

**Zovirax® ointment**

### *Anti-virals – Topical*

*Zovirax® Cream*

### **ARB & Combos**

**Avalide®**

**Avapro®**

**Benicar ®**

**Benicar HCT®**

**Diovan ®**

**Diovan HCT®**

**Exforge®**

**Exforge HCT®**

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### **Losartan**

**Losartan HCT**

**Micardis®**

**Micardis HCT®**

### ARB & Combos

Drugs Requiring MEDICAL JUSTIFICATION

*Atacand®*

*Atacand HCT®*

*Azor®*

*Cozaar®\**

*Hyzaar®\**

*Teveten®*

*Teveten HCT®*

*Twynsta®*

### Atypical Antipsychotics

**Abilify Discmelt®**

**Abilify Solution®**

**Abilify Tablets®**

**Clozapine**

**Geodon®**

**Invega®**

**Risperidone Tablets**

**Seroquel®**

**Seroquel®XR**

**Zyprexa®**

**Zyprexa® Zydis**

### Atypical Antipsychotics

Requiring MEDICAL JUSTIFICATION

*Clozaril®\**

*Fazaclo®*

*Risperdal® Solution*

*Risperdal® Tab Rapdis*

*Risperdal® Tablets\**

*Risperidone ODT*

*Risperidone Solution*

*Saphris®*

### Beta<sub>2</sub> Adrenergics - Long-Acting

**Foradil® Aerolizer †**

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**Serevent® Diskus †**

*Beta-Adrenergic – Long Acting Nebst†*

*Brovana®†*

*Performist®†*

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**Beta Adrenergics – Long Acting + Corticosteroid**

**Advair® Diskus**

**Advair® HFA**

**Symbicort®**

**Beta<sub>2</sub> Adrenergics Inhalers - Short-Acting**

**Maxair® Autohaler**

**ProAir® HFA**

**Proventil® HFA**

**Ventolin® HFA**

**Xopenex® HFA**

*Beta<sub>2</sub> Adrenergics Short-Acting*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Albuterol HFA*

**Beta<sub>2</sub> Adrenergics Nebulizer Agents - Short-Acting**

**Albuterol Nebulizer Solution (Generic of Proventil® and Accuneb®) Unit Dose Only**

*Beta<sub>2</sub> Adrenergics Nebulizer Agents - Short-Acting*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Accuneb®*

*Levalbuterol nebulizer Solution*

*Xopenex® Nebulizer Solution*

**Beta-Blockers – Oral**

**Acebutolol HCL (Generic of Sectral®)**

**Betaxolol HCL (Generic of Kerlone®)**

**Bisoprolol Fumarate (Generic of Zebeta®)**

**Bystolic®**

**Carvedilol (Generic for Coreg®)**

**Labetalol HCL (Generic of Normodyne® and Trandate®)**

**Metoprolol Succinate (Generic of Toprol XL®)**

**Metoprolol Tartrate (Generic of Lopressor®)**

**Nadolol (Generic of Corgard®)**

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**Propranolol HCL (Generic of Inderal®)**  
**Propranolol HCL Cap SA 24h (Generic of Inderal®)**  
**Propranolol Oral Solution**  
**Sotalol (Generic of Betapace®)**  
**Timolol Maleate (Generic of Blocadren®)**

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## Beta-Blockers – Oral

### Drugs Requiring MEDICAL JUSTIFICATION

*Atenolol (Generic of Tenormin®)- and grandfathered*

*Betapace®\**

*Betapace AF®*

*Blocadren®\**

*Cartrol®*

*Coreg®\**

*Coreg CR®s*

*Corgard®\**

*Inderal®\**

*Inderal LA®*

*Innopran XL®*

*Kerlone®\**

*Levatol®*

*Lopressor®\**

*Normodyne®\**

*Pindolol (Generic of Visken®)*

*Sectral®\**

*Sotalol ER (Generic of Betapace AF®)*

*Tenormin®\**

*Toprol XL®*

*Trandate®\**

*Zebeta®\**

## Biguanides – Single Agents

**Metformin (Generic of Glucophage®)**

**Metformin ER (Generic of Glucophage XR®)**

## Biguanides – Single Agents

### Drugs Requiring MEDICAL JUSTIFICATION

*Fortamet®*

*Glucophage®\**

*Glucophage XR®\**

*Glumetza®*

*Riomet (Metformin Liquid 500mg/5ml Syrup)*

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### **Biguanide – Combination agents**

#### **Glyburide/Metformin**

*Biguanide – Combination agents*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Glipzide-Metformin*

*Glucovance® (Glyburide/Metformin)\**

*Metaglip® (Glipizide/Metformin)*

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### **Bile Acid Salts**

#### **Ursidol**

*Bile Acid Salts*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Urso®*

*Actigal®*

*Urso Forte®*

*Chenodal®*

### **Bisphosphonates**

**Alendronate 10, 35 and 70 mg (generic for Fosamax®)**

**Fosamax Plus D®**

**Fosamax® Solution**

*Bisphosphonates*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Actonel®*

*Alendronate plus D (generic for Fosamax plus D®)*

*Boniva®*

*Fosamax® 10, 35 mg and 70mg\**

Note: Didronel® and Skelid® are available without justification

### **Calcitonins**

**Calcitonin Salmon**

**Fortical®**

*Calcitonins*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Miacalcin®*

### **Calcium Channel Blockers**

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**Amlodipine (Generic of Norvasc®)**

**Diltiazem**

**Diltiazem ER/SR,XR,CD,XT DynaCirc CR® (Isradipine CR)**

**Felodipine (Generic of Plendil®)**

**Nifedipine, (Generic of Procardia®)**

**Nifedipine ER/SA/CC (Generic of Adalat CC®, Procardia XL®) Add**

**Verapamil HCL**

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### Calcium Channel Blockers

#### Drugs Requiring MEDICAL JUSTIFICATION

Adalat ®\*

Adalat CC\*

Calan®\*

Cardene SR®, (Nicardipine SR)

Cardene®\* (Nicardipine)

Cardizem CD®\*

Cardizem LA®\*

Cardizem SR®\*

Cardizem®\*

Covera-HS®

Dilacor XR®\*

DynaCirc® (Isradipine)

Isradipine

Isoptin®\*

Nicardipine (Generic of Cardene®)

Nifediac CC (Generic of Adalatt CC®)

Nifedipine, Nifedipine SA (Generic of Adalatt®, Adalatt CC®)

Nimotop® (Nimodipine)

Norvasc®\*

Procardia ®\*

Procardia XL®\*

Sular ® (Nisoldipine)

Taztia XT (Generic of Tiazac®)

Tiazac®\*

Verelan PM®

Verelan®\*

Verapamil ER PM

### Cephalosporins (Second Generation) – Oral

**Cefprozil Tablets and Suspension**

**Cefuroxime (Generic of Ceftin®) Tablets and Suspension**

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#### Cephalosporins (Second Generation) - Oral Drugs Requiring MEDICAL JUSTIFICATION

Ceclor®,  
Ceclor® CD  
Cefaclor  
Cefaclor ER  
Cefaprozil (Generic for Cefzil®)  
Ceftin®\*Tablets and Suspension  
Cefzil ® Tablets and Suspension  
Lorabid ®

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#### Cephalosporins (Third Generation) - Oral **Cefdinir (Generic of Omnicef®) Suspension and Capsules** **Suprax® Suspension**

Cephalosporins (Third Generation) - Oral  
Drugs Requiring MEDICAL JUSTIFICATION  
Cedax® (Ceftibuten) capsules & suspension  
Cepodoxime (Generic of Vantin) Capsules and Suspension  
Omnicef® (Cefdinir) Capsules and Suspension\*  
Spectracef® (Cefditoren) Tablet  
Vantin® (Cefpodoxime) Capsules & Suspension

#### Cholesterol Lowering Agents, Other **Lovaza®**

#### COPD Anticholinergics

**Atrovent HFA®**  
**Combivent®**  
**Ipratropium Nebs**  
**Ipratropium+Albuterol Solution**  
**Spiriva®**

COPD Anticholinergics Nebulizer Solution  
Drugs Requiring MEDICAL JUSTIFICATION  
Atrovent® Solution  
Duoneb®

#### Cox-II Inhibitors and Receptor Selective NSAIDS

**Celebrex ®†**  
**Meloxicam(Generic of Mobic®)**

# Alaska Medicaid Preferred Drug List

## Therapeutic Class Listing – Affected Classes

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### Cox-II Inhibitors and Receptor Selective NSAIDS

#### Drugs Requiring MEDICAL JUSTIFICATION

**Mobic®**

### Electrolyte Depletors

**Calcium acetate (generic of PhosLo®)**

**PhosLo®**

**Renagel®**

**Renvela®**

### Electrolyte Depletors

#### Drugs Requiring MEDICAL JUSTIFICATION

**Fosrenol®**

### Endothelin Receptor Antagonists

**Letairis®**

**Tracleer®**

### Gastrointestinals: Histamine-2 Receptor Antagonists (H2RA's)

**Famotidine (Generic of Pepcid®)**

**Ranitidine HCL (Generic of Zantac®) Tablets and Syrup**

### Gastrointestinals: Histamine-2 Receptor Antagonists (H2RA's)

#### Drugs Requiring MEDICAL JUSTIFICATION

**Axid®**

**Cimetidine**

**Nizatidine**

**Pepcid®\***

**Pepcid® RPD**

**Pepcid® Suspension**

**Tagamet®**

**Zantac®\***

**Zantac® Effervescent**

**Zantac® Syrup**

### Gastrointestinals: Proton Pump Inhibitors (PPI's)† Moved to Step Edits

### Glaucoma Agents

**Alphagan P®**

**Azopt®**

**Betaxolol HCL (Generic of Betoptic®)**

**Brimonidine (Generic of Alphagan®)**

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**Carteolol HCL (Generic of Ocupress®)**  
**Combigan®**  
**Dorzolamide**  
**Dorzolamide-Timolol**  
**Levobunolol HCL (Generic of Betagan®)**  
**Metipranolol (Generic of Optipranolol®)**  
**Optipranolol®\***  
**Timolol Maleate (Generic of Timoptic® and Timoptic XE®)**  
**Travatan®**  
**Travatan Z®**  
**Xalatan®**

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available without  
justification.

### Glaucoma Agents

#### Drugs Requiring MEDICAL JUSTIFICATION

*Apraclonidine*  
*Betagan®\**  
*Betimol®*  
*Betoptic®\**  
*Betoptic S®*  
*Cosopt®\**  
*Iopidine®*  
*Istalol®*  
*Lumigan®*  
*Ocupress®\**  
*Rescula®*  
*Timoptic®\**  
*Timoptic Ocudose®*  
*Timoptic-XE®\**  
*Trusopt®\**

### Growth Hormone

**Genotropin® Cartridge†**  
**Norditropin® Nordiflex, FlexPro, Vial †**  
**Nutropin® †**  
**Nutropin® AQ Cartridge, Vial †**

### Growth Hormone

#### Drugs Requiring MEDICAL JUSTIFICATION

*Humatrope® cartridge, vial †*  
*Omnitrop® cartridge †*  
*Saizen®†*  
*Tevtropin®†*

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Zorbtive®†

## **Hematopoietic Agents**

**Aranesp®**

**Procrit®**

*Hematopoietic Agents*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Epogen®*

## **Hepatitis B**

**Baraclude®**

**Epivir HB®**

**Hepsera®**

**Viread®**

*Hepatitis B*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Tyzeka®*

## **Immunosuppressants**

**Azathioprine**

**Cellcept® – All Forms**

**Cyclosporine – All Forms**

**Gengraf®**

**Gengraf®Solution**

**Mycophenolate Mofetil**

**Myfortic®**

**Neoral® – All Forms**

**Prograf®**

**Rapamune® – All Forms**

*Immunosuppressants*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Azasan®*

*Imuran®*

*Sandimmune® - All Forms*

*Tacrolimus*

## **Incretin Enhancer/Mimetic and Combos**

**Byetta®†**

**Janumet®**

**Januvia®**

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**Symlin®†**

*Incretin Enhancer/Mimetic and Combos*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Onglyza®*

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**Inhaled Corticosteroid Agents**

**Asmanex®**

**Azmacort® (Triamcinolone)**

**Flovent® (Fluticasone)**

**Pulmicort® Flexhaler (Budesonide)**

**Pulmicort Respules®**

**QVAR® (Beclomethasone)**

*Inhaled Corticosteroid Agents*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Aerobid®, AeroBid-M® (Flunisolide)*

*Alvesco®*

*Budesonide Unit Dose*

**Insulins**

**Lantus® Vials and Solostar**

**Levemir® Vials and Pen**

**Novolin 70/30®**

**Novolin N®**

**Novolin R®**

**Novolog Mix 70/30®**

**Novolog®**

*Insulins –Pens are non preferred*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Apidra®*

*Humalog®*

*Humalog Mix 75/25®*

*Humulin 50/50®*

*Humulin 70/30®*

*Humulin N®*

*Humulin R®*

*Humulin-U®*

**Leukotriene inhibitors**

**Singulair®**

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### Leukotriene inhibitors

#### Drugs Requiring MEDICAL JUSTIFICATION

Accolate®

Zyflo®

### Levothyroxine

Generic Levothyroxine

Levo-T®

Levothroid®

Levoxyl®

Novothrox®

Synthroid®

### Lipotropics Bile Acid Sequestrants

Cholestyramine

Cholestyramine Light

Colestipol® Tablets/Packets

Prevalite®

Welchol®

### Lipotropics Bile Acid Sequestrants

#### Drugs Requiring MEDICAL JUSTIFICATION

Colestid® Granules

Colestid® Packet

Colestid® Tablet

Colestipol HCL Granules

Questran® Light, Tablets, Packets

### Lipotropics - Fibrin Acid Derivatives

Gemfibrozil (Generic of Lopid ®)

Tricor®

Trilipix®

### Lipotropics - Fibrin Acid Derivatives

#### Drugs Requiring MEDICAL JUSTIFICATION

Antara®

Fenofibrate (generic for Lofibra®)

Fenoglide®

Fibricor®

Lipofen®

Lofibra®

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*Lopid®  
Triglide®*

### **Lipotropics – Niacins and Combo**

**Niaspan®  
Simcor®**

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available without  
justification.

*Lipotropics - Niacins*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Niacor®*

### **Lipotropics – Other**

**Lovaza®**

### **Low Molecular Weight Heparins**

**Arixta®  
Fragmin®  
Lovenox®**

*Low Molecular Weight Heparins*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Innohep®*

### **Macrolides - Oral**

**Azithromycin® (Generic for Zithromax®) Tablets and Suspension  
Clarithromycin (Generic for Biaxin®) Tablets and Suspension  
Erythrocin® Stearate (priced Generically)  
Erythromycin base (Generic of ERYC®)  
Erythromycin Ethylsuccinate (Generic of EryPed®, E.E.S)  
Erythromycin Stearate (Generic of Erythrocin® Stearate)  
Erythromycin / Sulfisoxazole (Generic of Pediazole®)**

*Macrolides - Oral*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Biaxin® Tablets and Suspension*

*Biaxin XL®*

*Clarithromycin XL (Generic for Biaxin XL®)*

*Dynabec®, (dirithromycin)*

*E.E.S® tabs \**

*ERYC®\**

*EryPed® suspension\**

*Ery-tab®*

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*PCE® dispertab  
Pediazole®\*  
Zithromax® Tablets and Suspension*

### **Meglitinides – Oral Antidiabetics & Combo**

**Nateglinide (Generic for Starlix®)**

**Prandin®**

### **Meglitinides - Oral Antidiabetics & Combo**

**Drugs Requiring MEDICAL JUSTIFICATION**

**Starlix®**

**Prandimet®**

### **Muscle Relaxant - Oral**

**Cyclobenzaprine (Generic for Flexeril®)†**

**Baclofen†**

**Chlorzoxazone (Generic for Parafon Forte®)†**

**Dantrolene (Generic of Dantrium®)†**

**Metaxalone†**

**Methocarbamol (Generic for Robaxin®)†**

**Orphenadrine (Generic for Norflex®)†**

**Tizanidine (Generic for Zanaflex®)†**

### **Muscle Relaxant - Oral**

**Drugs Requiring MEDICAL JUSTIFICATION**

**Amrix®)†**

**Carisoprodol (Generic for Soma®)†**

**Carisoprodol Compound (Generic for Soma Compound®)†**

**Dantrium®Oral**

**Dantrium Vial®**

**Fexmid®)†**

**Lioresal Intrathecal®)†**

**Norflex®)†**

**Parafon Forte®)†**

**Robaxin Oral®)†**

**Robaxin Vial®)†**

**Skelaxin®)\*†**

**Soma®)†**

**Soma Compound®)†**

**Zanaflex® Capsules and Tablets†**

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### Multiple Sclerosis Drugs

**Avonex®**

**Betaseron®**

**Copaxone®**

**Rebif®**

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available without  
justification.

### Nasal Corticosteroid Agents

**Flunisolide – generic of Nasalide®**

**Nasacort AQ®**

**Nasonex®**

**Rhinocort AQ® (Budesonide)**

**Veramyst®**

### Intranasal Corticosteroid Agents

#### Drugs Requiring MEDICAL JUSTIFICATION

*Beconase AQ® (Beclomethasone)*

*Flonase® (Fluticasone)*

*Fluticasone (Generic of Flonase®)*

*Nasalide ® (Flunisolide)*

*Nasarel ® (Flunisolide)*

*Omnaris®*

### Intranasal Antihistamines

**Astelin® 137 mcg, Nasal Spray**

**Astepro® 0.15%**

**Astepro® 137 mcg**

**Patanase® 0.6%**

### Intranasal Antihistamines

#### Drugs Requiring MEDICAL JUSTIFICATION

*Azelastine 0.1% Nasal Spray*

### NSAIDs Ophthalmic

**Diclofenac Sodium Drops**

**Flurbiprofen Sodium Drops**

**Ketorolac Drops**

### NSAIDs Ophthalmic

#### Drugs Requiring MEDICAL JUSTIFICATION

*Acular® Drops*

*Acular® LS Drops*

*Acuvail®*

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*Bromday®  
Nevanac® drops  
Ocufen® drops  
Voltaren® drops  
Xibrom® drops*

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imply that a generic is  
available without  
justification.

### **Ophthalmic Antihistamines**

**Pataday®  
Patanol®**

*Ophthalmic Antihistamines  
Drugs Requiring MEDICAL JUSTIFICATION  
Elestat®  
Emadine®  
Livostin®  
Optivar®*

### **Ophthalmic Immunomodulator**

**Restasis®**

### **Ophthalmic Mast Cell Stabilizers**

**Cromolyn (Generic of Crolom®)**

*Ophthalmic Mast Cell Stabilizers  
Drugs Requiring MEDICAL JUSTIFICATION  
Alamast®  
Alocril®  
Alomide®  
Crolom® (Cromolyn)*

### **Ophthalmic Quinolones**

**Ciprofloxacin (Generic of Ciloxan®)**

**Ofloxacin  
Vigamox®  
Zymar®**

*Ophthalmic Quinolones  
Drugs Requiring MEDICAL JUSTIFICATION  
Besivance®  
Ciloxan® Oint/Drops  
Cipro®  
Iquix®*

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*Levofloxacin (generic of Quixin)*

*Moxeza*

*Oculflox®*

*Quixin®*

### **Opioids– Long Acting †**

**Duragesic® †**

**Kadian® †**

**Methadone®†**

**Morphine Sulfate Tablet SA †**

**Opana® ER†**

**Oramorph SR® †**

*Opioids– Long Acting*

*Drugs Requiring MEDICAL JUSTIFICATION †*

*Avinza® †*

*Fentanyl Patches® (Generic of Duragesic®) †*

*MS-Contin® †*

*Oxycodone SA® †*

*OxyContin® †*

*Opioids – Fentanyl, Buccal†*

*Requiring MEDICAL JUSTIFICATION*

*Actiq®†*

*Fentanyl Citrate Transmucosal†*

*Fentora®†*

### **Otic Quinolones**

**Ciprodex®**

**Ofloxacin® Otic Drops**

*Otic Quinolones*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Cipro HC Otic*

*Floxin® Drops*

### **Pancreatic Enzymes**

**Creon®**

**Pancreaze®**

**Pancrelipase 5000**

**ZenPep®**

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### **Parkinson - Non-Ergot Dopamine Receptors**

**Ropinirole HCL (Generic of Requip®)**

**Pramipexole**

**Requip®**

**Requip®XL**

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### Parkinson - Non-Ergot Dopamine Receptors

Drugs Requiring MEDICAL JUSTIFICATION

*Mirapex®*

### **Pegylated Interferon Alpha Products and Ribavirins**

**Peg-Intron®**

**Pegasys®**

**Ribasphere®**

**Ribavirin**

### **Platelet Inhibitors**

**Aggrenox®**

**Dipyridamole**

**Plavix®**

### Platelet Inhibitors

Drugs Requiring MEDICAL JUSTIFICATION

*Effient®*

*Persantine®*

*Ticlid®*

*Ticlopidine®`*

### **Progestins**

**Megestrol Suspension**

### Progestins

Drugs Requiring MEDICAL JUSTIFICATION

*Megace Suspension*

*Megace® ES*

### **Quinolones Oral (Second Generation)**

**Ciprofloxacin (Generic for Cipro®)**

**Ofloxacin (Generic for Floxin®)**

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#### Quinolones Oral (Second Generation)

##### Drugs Requiring MEDICAL JUSTIFICATION

Cipro®\*

Ciprofloxacin XR (generic of Cipro® XR)

Cipro XR®

Floxin®\*

Maxaquin®

Noroxin®

ProQuin XR®

\* Drugs with an “\*”  
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#### Quinolones “Respiratory” (Third Generation)

Avelox®

Levaquin® (levofloxacin)

#### Quinolones Oral (Third Generation)

##### Drugs Requiring MEDICAL JUSTIFICATION

Avelox® ABC Pack

Factive®

#### Renin Inhibitors

Tekturna®†

Tekturna HCT®†

#### Renin Inhibitor Combinations

Valturna®†

#### Sedative Hypnotics

Estazolam (Generic of Prosom®)

Flurazepam HCL (Generic of Dalmane®)

Temazepam (Generic of Restoril®)

Triazolam (Generic of Halcion®)

Zolpidem (Generic of Ambien®)

#### Sedative Hypnotics

##### Drugs Requiring MEDICAL JUSTIFICATION Grandfathered

Ambien®

Ambien CR®

Dalmane®\*

Doral®

Halcion®\*

Lunesta®

Prosom®\*

# Alaska Medicaid Preferred Drug List Therapeutic Class Listing – Affected Classes

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Restoril®\*  
Restoril 7.5mg®  
Rozerem®  
Sonata®  
Zolpidem ER (generic of Ambien CR)

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### **Statins are now under Step Edits**

#### **Sulfonylureas – Second Generation**

**Glimepirde (Generic for Amaryl®)**  
**Glipizide**  
**Glipizide ER**  
**Glyburide**  
**Glyburide Micronized**

#### *Sulfonylureas – Second Generation*

#### *Drugs Requiring MEDICAL JUSTIFICATION*

*Amaryl®*  
*Diabeta®\**  
*Glucotrol®\**  
*Glucotrol XL®\**  
*Glynase®\**  
*Micronase®\**

#### **Thiazolidinediones – Combinations (TZD's)**

**Avandamet® (Rosiglitazone/Metformin)**  
**Avandaryl® (Rosiglitazone/Glimepride)**

#### *Thiazolidinediones – Combinations w (TZD's)*

#### *Drugs Requiring MEDICAL JUSTIFICATION*

*ActoPlusMet® (Pioglitazone/Metformin)*  
*ActoPlusMet XR ®*  
*Duetact ®*

#### **Thiazolidinediones – Oral Antidiabetic (TZD's)**

**Actos® 15 mg**  
**Avandia®**

#### *Thiazolidinediones – Oral Antidiabetic (TZD's)*

#### *Drugs Requiring MEDICAL JUSTIFICATION*

*Actos® 30 and 45 mg*

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### **Topical Analgesic and NSAIDS**

**Flector®**

**Voltaren® Gel**

*Topical Analgesic and NSAIDS*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Lidoderm®*

*Pennsaid®*

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### **Topical Antibiotics**

**Altabax®**

**Mupirocin Ointment**

*Topical Antibiotics*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Bactroban®*

*Cetany/CentanyKit®*

### **Topical Immunomodulators**

**Elidel®**

**Protopic®**

### **Topical Psoriasis Agents**

**Calcipotriene Scalp**

**Dovonex® Ointment**

**Psoriatec®**

**Vectical®**

*Topical Psoriasis Agents*

*Drugs Requiring MEDICAL JUSTIFICATION*

*Dovonex® Solution*

*Talconex®*

*Talconex® Scalp*

### **Topical Retinoids**

**Adapalene® Cream and Gel**

**Differin®**

**Epiduo®**

**Retin® A Micro**

**Tazorac®**

**Tretinoin**

*Topical Retinoids*

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#### Drugs Requiring MEDICAL JUSTIFICATION

*Atralin®*

*Avita®*

*Retin® A*

*Tretin-X®*

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justification.

#### Topical Testosterone

**Androderm®**

**Androgel®**

#### Topical Testosterone

#### Drugs Requiring MEDICAL JUSTIFICATION

*Testim®*

#### Ulcerative Colitis Agents

**Asacol®**

**Dipentum®**

**Pentasa®**

**Sulfasalazine DR**

**Sulfasalazine IR**

#### Ulcerative Colitis Agents

#### Drugs Requiring MEDICAL JUSTIFICATION

*Asacol® HD*

*Apriso®*

*Azulfidine® IR*

*Azulfidine® Suspension*

*Balsalazide® Disodium*

*Colazal®*

*Lialda®*

#### Urinary Tract Antispasmodics

**Detrol LA®**

**Enablex®**

**Oxybutynin**

**Vesicare®**

#### Urinary Tract Antispasmodics

#### Drugs Requiring MEDICAL JUSTIFICATION

*Detrol®*

*Ditropan®\**

*Ditropan XL®*

# Alaska Medicaid Preferred Drug List Therapeutic Class Listing – Affected Classes

*Not all categories of medications were selected for current inclusion in the PDL.  
Any classes of medications that do not appear on this list are not affected at this time by the PDL.*

## **PRODUCTS APPEARING IN BOLD DO NOT REQUIRE MEDICAL JUSTIFICATION**

Drugs with an \* imply that a Generic is available without justification.

† Denotes medication under utilization control, maximum units prior-authorization or step-edits.

*Note the listing of some Class Headings have changed.*

*Gelnique®*

*Oxybutynin ER*

*Oxytrol®*

*Sanctura/Sanctura® XR*

*Toviaz®*

*Trospium (generic of Sanctura®)*

\* Drugs with an “\*”  
imply that a generic is  
available without  
justification.