

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday August 11, 2010
Preferred Drug List Final**

AHFS Drug Class Reviewed: GENITOURINARY SMOOTH MUSCLE RELAXANTS

AHFS Drug Class Re-reviewed: ANTITHROMBOTIC AGENTS

Subclasses Reviewed

Platelet-Aggregation Inhibitors

AHFS Drug Class Re-reviewed: CARDIAC DRUGS

Subclasses Reviewed

Antiarrhythmic Agents

Cardiotonic Agents

Cardiac Drugs, Miscellaneous

AHFS Drug Class Re-reviewed: ANTILIPEMIC AGENTS

Subclasses Reviewed

Bile Acid Sequestrants

Cholesterol Absorption Inhibitors

Fibric Acid Derivatives

HMG-CoA Reductase Inhibitors

Antilipemic Agents, Miscellaneous

AHFS Drug Class Re-reviewed: VASODILATING AGENTS

Subclasses Reviewed

Nitrates and Nitrites

Genitourinary Smooth Muscle Relaxants

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

OXYTROL

NON-PREFERRED BRAND or PA GENERIC

DETROL
DETROL LA
DITROPAN XL*
ENABLEX
GELNIQUE
SANCTURA
SANCTURA XR
TOVIAZ
VESICARE

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Platelet-Aggregation Inhibitors

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AGGRENOX
EFFIENT
PERSANTINE*
PLAVIX
PLETAL*
ZORPRIN CR

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Antiarrhythmic Agents

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CORDARONE*
MULTAQ
NORPACE*
NORPACE CR*
PACERONE*
RYTHMOL*
RYTHMOL SR
TAMBOCOR*
TIKOSYN

*Denotes generic available in at least one dosage form or strength
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Cardiotonic Agents

PREFERRED
GENERIC/OTC

All covered products

PREFERRED
BRAND

NONE

NON-PREFERRED BRAND
or PA GENERIC

LANOXIN*
LANOXIN PEDIATRIC

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Cardiac Drugs, Miscellaneous

PREFERRED
GENERIC/OTC

All covered products

PREFERRED
BRAND

NONE

NON-PREFERRED
BRAND or PA GENERIC

RANEXA

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Bile Acid Sequestrants

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

COLESTID*
QUESTRAN*
QUESTRAN LIGHT*
WELCHOL

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Cholesterol Absorption Inhibitors

PREFERRED
GENERIC/OTC

All covered products

PREFERRED
BRAND

NONE

NON-PREFERRED
BRAND or PA GENERIC

ZETIA

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Fibric Acid Derivatives

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ANTARA
FENOGLIDE
FIBRICOR*
LIPOFEN
LOFIBRA*
LOPID*
TRICOR
TRIGLIDE
TRILIPIX

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HMG-CoA Reductase Inhibitors

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ADVICOR
ALTOPREV
CADUET
CRESTOR
LESCOL
LESCOL XL
LIPITOR
MEVACOR*
PRAVACHOL*
SIMCOR
VYTORIN
ZOCOR*

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Drug name denotes all dosage forms and strengths unless noted

Antilipemic Agents, Miscellaneous

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NIACOR

NON-PREFERRED BRAND or PA GENERIC

LOVAZA
NIASPAN

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Nitrates and Nitrites

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NITRO-BID*

NON-PREFERRED BRAND or PA GENERIC

DILATRATE-SR
IMDUR*
ISMO*
ISORDIL*
ISORDIL
TITRADOSE*
MINITRAN*
MONOKET*
NITRO-DUR*
NITROLINGUAL
NITROMIST
NITROSTAT*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted