

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, August 8, 2012
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: ALZHEIMER'S AGENTS

AHFS Drug Class Re-reviewed: ANTIDEPRESSANTS

**AHFS Drug Class Re-reviewed: CEREBRAL STIMULANTS/AGENTS USED
FOR ADHD**

**AHFS Drug Class Re-reviewed: ANXIOLYTICS, SEDATIVES, AND
HYPNOTICS**

Subclasses Reviewed

Barbiturates

Benzodiazepines

Miscellaneous Agents

**AHFS Drug Class Re-reviewed: GENITOURINARY SMOOTH MUSCLE
RELAXANTS**

**AHFS New Drug Review: DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
Tradjenta[®]**

Alzheimer's Agents

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

ARICEPT*
ARICEPT ODT*

NON-PREFERRED BRAND or PA GENERIC

EXELON*
NAMENDA
RAZADYNE*
RAZADYNE ER*

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

Antidepressants

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

LEXAPRO*
PRISTIQ

NON-PREFERRED BRAND or PA GENERIC

ANAFRANIL*
APLENZIN
CELEXA*
CYMBALTA
EFFEXOR XR*
EMSAM
ESCITALOPRAM
(GENERIC)
LUVOX CR
MARPLAN
NARDIL*
NORPRAMIN*
OLEPTRO ER
PAMELOR*
PARNATE*
PAXIL*
PAXIL CR*
PEXEVA
PROZAC*
PROZAC WEEKLY*
REMERON*
SARAFEM*
SILENOR
SURMONTIL*
TOFRANIL*
TOFRANIL-PM*
VIIBRYD
VIVACTIL*
WELLBUTRIN*
WELLBUTRIN SR*
WELLBUTRIN XL*
ZOLOFT*

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

Cerebral Stimulants/Agents Used for ADHD

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

ADDERALL
FOCALIN X
INTUNIV
RITALIN*
RITALIN-SF
VYVANSE

NON-PREFERRED BRAND or PA GENERIC

ADDERALL*
AMPHETAMINE/
DEXTROAMPHETAMINE
(GENERIC)
CONCERTA*
DAYTRANA
DESOXYN*
DEXEDRINE*
FOCALIN*
KAPVAY ER
METADATE CD
METADATE ER*
METHYLIN*
NUVIGIL
PROCENTRA
PROVIGIL*
RITALIN LA*
STRATTERA
XYREM

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

Anxiolytics, Sedatives, and Hypnotics Barbiturates

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AMYTAL SODIUM
BUTISOL SODIUM
LUMINAL SODIUM
NEMBUTAL
SODIUM
SECONAL SODIUM

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

Anxiolytics, Sedatives, and Hypnotics Benzodiazepines

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DIASTAT*
ONFI

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

‡Brand named benzodiazepines (excluding Diastat and Onfi) are non-covered by Alabama Medicaid.

Drug name denotes all dosage forms and strengths unless noted.

Anxiolytics, Sedatives, and Hypnotics Miscellaneous Agents

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AMBIEN*
AMBIEN CR*
EDLUAR
INTERMEZZO
LUNESTA
PRECEDEX
ROZEREM
SONATA*
VISTARIL*
ZOLPIMIST

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

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.

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

New Drug Review: Tradjenta

PREFERRED
GENERIC/OTC

All covered products

PREFERRED
BRAND

NONE

NON-PREFERRED
BRAND or PA GENERIC

TRADJENTA

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Drug name denotes all dosage forms and strengths unless noted.