

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday February 13, 2013  
Preferred Drug List Final**

**AHFS Drug Class Re-reviewed: FIRST GENERATION ANTIHISTAMINES**

**AHFS Drug Class Re-reviewed: ESTROGENS**

**AHFS Drug Class Re-reviewed: ANTIDIABETIC AGENTS**

**Subclasses Reviewed**

**Alpha-Glucosidase Inhibitors**

**Amylinomimetics**

**Biguanides**

**Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**

**Incretin Mimetics**

**Insulins**

**Meglitinides**

**Sulfonylureas**

**Thiazolidinediones**

**Antidiabetic Agents, Miscellaneous**

**AHFS Drug Class Re-reviewed: MULTIVITAMIN PREPARATIONS; PRENATAL VITAMINS**

**AHFS Drug Class Re-reviewed: PLATELET-AGGREGATION INHIBITORS**

**AHFS Drug Class Re-reviewed: ANTIARRHYTHMIC AGENTS**

**AHFS Drug Class Re-reviewed: CARDIOTONIC AGENTS**

**AHFS Drug Class Re-reviewed: CARDIAC DRUGS, MISCELLANEOUS**

**AHFS Drug Class Re-reviewed: BILE ACID SEQUESTRANTS**

**AHFS Drug Class Re-reviewed: CHOLESTEROL ABSORPTION INHIBITORS**

**AHFS Drug Class Re-reviewed: FIBRIC ACID DERIVATIVES**

**AHFS Drug Class Re-reviewed: HMG-CoA REDUCTASE INHIBITORS**

**AHFS Drug Class Re-reviewed: ANTILIPEMIC AGENTS, MISCELLANEOUS**

**AHFS Drug Class Re-reviewed: NITRITES AND NITRATES**

# First Generation Antihistamines

## PREFERRED GENERIC/OTC

All covered products

## PREFERRED BRAND

NONE

## NON-PREFERRED BRAND or PA GENERIC

ALDEX-AN

ALDEX CT

ALDEX D\*

ARBINOXA\*

DALLERGY\*

ED A-HIST PSE\*

J-TAN D PD

J-TAN PD

PEDIATEX TD\*

PHENA-S 12

POLY HIST FORTE

TRAVIST-1\*

TRIGOGEN\*

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

## Estrogens

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

CENESTIN  
MENEST  
PREMARIN  
(TABLET)

### NON-PREFERRED BRAND or PA GENERIC

ACTIVELLA\*  
ALORA

ANGELIQ  
CLIMARA\*  
CLIMARA PRO  
COMBIPATCH  
DELESTROGEN\*  
DEPO-ESTRADIOL  
DIVIGEL  
ELESTRIN  
ENJUVIA  
ESTRACE\*  
ESTRASORB  
ESTRING  
EVAMIST  
FEMHRT\*  
FEMRING  
FEMTRACE  
MENOSTAR  
PREFEST  
PREMARIN  
(CREAM AND  
INJECTION)  
PREMPHASE  
PREMPRO  
VAGIFEM  
VIVELLE-DOT

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

# Alpha-Glucosidase Inhibitors

## PREFERRED GENERIC/OTC

All covered products

## PREFERRED BRAND

GLYSET

## NON-PREFERRED BRAND or PA GENERIC

PRECOSE\*

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

# Amylinomimetics

**PREFERRED  
GENERIC/OTC**

All covered products

**PREFERRED  
BRAND**

NONE

**NON-PREFERRED  
BRAND or PA GENERIC**

SYMLINPEN

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

## Biguanides

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

FORTAMET\*

GLUCOPHAGE\*

GLUCOPHAGE XR\*

GLUMETZA

RIOMET

\*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

## PREFERRED GENERIC/OTC

All covered products

## PREFERRED BRAND

NONE

## NON-PREFERRED BRAND or PA GENERIC

JANUMET  
JANUMET XR  
JANUVIA  
JENTADUETO  
JUVISYNC  
KOMBIGLYZE XR  
ONGLYZA  
TRADJENTA

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

# Incretin Mimetics

## PREFERRED GENERIC/OTC

All covered products

## PREFERRED BRAND

NONE

## NON-PREFERRED BRAND or PA GENERIC

BYDUREON

BYETTA

VICTOZA

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

# Insulins

## PREFERRED GENERIC/OTC

All covered  
products

## PREFERRED BRAND

HUMALOG  
LANTUS  
LEVEMIR

## NON-PREFERRED BRAND or PA GENERIC

APIDRA  
APIDRA SOLOSTAR  
HUMALOG MIX 50/50  
HUMALOG MIX 75/25  
HUMULIN R 500  
LANTUS SOLOSTAR  
NOVOLOG  
NOVOLOG MIX 70/30

\*Denotes generic available in at least one dosage form or strength  
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## Meglitinides

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

PRANDIN

### NON-PREFERRED BRAND or PA GENERIC

PRANDIMET  
STARLIX\*

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

## Sulfonylureas

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AMARYL\*

DIABETA\*

GLUCOTROL\*

GLUCOTROL XL\*

GLUCOVANCE\*

GLYNASE\*

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

# Thiazolidinediones

## PREFERRED GENERIC/OTC

All covered products

## PREFERRED BRAND

ACTOS\*

## NON-PREFERRED BRAND or PA GENERIC

ACTOPLUS MET\*

ACTOPLUS MET

XR

AVANDAMET

AVANDARYL

AVANDIA

DUETACT\*

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

## Antidiabetic Agents, Miscellaneous

PREFERRED  
GENERIC/OTC

All covered products

PREFERRED  
BRAND

NONE

NON-PREFERRED  
BRAND or PA GENERIC

KORYLM

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Drug name denotes all dosage forms and strengths unless noted

# Multivitamin Preparations: Prenatal Vitamins

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	BAL-CARE DHA ESSENTIAL CITRANATAL 90 DHA* CITRANATAL ASSURE* CITRANATAL B- CALM* CITRANATAL DHA* CITRANATAL HARMONY* CITRANATAL RX* CONCEPT DHA* CONCEPT OB* DUET DHA BALANCED* GESTICARE DHA MAXINATE NATAFORT NATALVIT NATELLE ONE NESTABS* NESTABS DHA* NEXA PLUS NEXA SELECT* OB COMPLETE* OB COMPLETE 400

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

**Multivitamin Preparations: Prenatal Vitamins (continued)**

**PREFERRED  
GENERIC/OTC**

**PREFERRED  
BRAND**

**NON-PREFERRED  
BRAND or PA GENERIC**

OB COMPLETE  
ONE  
OB COMPLETE  
PETITE  
OB-COMPLETE  
PREMIER  
OB COMPLETE  
WITH DHA  
OB-NATAL ONE\*  
PAIRE OB PLUS  
DHA\*  
PR NATAL 400\*  
PR NATAL 430\*  
PR NATAL 400 EC  
PR NATAL 430 EC  
PREFERA OB  
PREFERA OB ONE  
PREFERA-OB PLUS  
DHA  
PRENATA  
PRENEXA\*  
PREQUE 10  
REAPHIRM\*  
SELECT-OB  
SELECT-OB+DHA\*  
TRICARE  
TRICARE  
PRENATAL DHA  
ONE  
VINACAL\*

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

## Multivitamin Preparations: Prenatal Vitamins (continued)

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

VINATE II  
VINATE AZ  
VINATE CALCIUM  
VINATE CARE\*  
VINATE GT\*  
VINATE IC  
VINATE-M\*  
VINATE ONE\*  
VINATE PN CARE  
VINATE ULTRA\*  
VITAFOL-OB  
VITAFOL-OB+DHA  
VITAFOL-ONE\*  
VITAFOL-PLUS  
VITAFOL-PN  
VIVA CT  
VIVA DHA\*

\*Denotes generic available in at least one dosage form or strength  
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## Platelet-aggregation Inhibitors

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AGGRENEX

BRILINTA

EFFIENT

PERSANTINE\*

PLAVIX\*

PLETAL\*

\*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

NEXTERONE

NORPACE\*

NORPACE CR

PACERONE\*

RYTHMOL\*

RYTHMOL SR\*

TAMBOCOR\*

TIKOSYN

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

# 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  
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## 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  
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## 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  
FIBRICOR\*  
LIPOFEN  
LOFIBRA\*  
LOPID\*  
TRICOR\*  
TRIGLIDE  
TRILIPIX

\*Denotes generic available in at least one dosage form or strength  
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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\*  
LIVALO  
MEVACOR\*  
PRAVACHOL\*  
SIMCOR  
VYTORIN  
ZOCOR\*

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

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

## Nitrites and Nitrates

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NITRO-BID

### NON-PREFERRED BRAND or PA GENERIC

DILATRATE-SR

IMDUR\*

ISORDIL\*

ISORDIL

TITRADOSE\*

MINITRAN\*

MONOKET\*

NITRO-DUR\*

NITROLINGUAL\*

NITROMIST\*

NITROSTAT

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