

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday May 14, 2014
Preferred Drug List Final**

**AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE
ANTI-INFECTIVES**

Subclasses Reviewed

Skin and Mucous Membrane Antibacterials

Skin and Mucous Membrane Antivirals

Skin and Mucous Membrane Antifungals

Skin and Mucous Membrane Scabicides and Pediculicides

Skin and Mucous Membrane Local Anti-infectives, Miscellaneous

**AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE
ANTI-INFLAMMATORY AGENTS**

**AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE
ANTIPRURITICS AND LOCAL ANESTHETICS**

**AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE
ASTRINGENTS**

**AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE
KERATOLYTIC AGENTS**

**AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE
KERATOPLASTIC AGENTS**

**AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE
AGENTS, MISCELLANEOUS**

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: WAKEFULNESS PROMOTING AGENTS

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

Subclasses Reviewed

Barbiturates

Benzodiazepines

Miscellaneous Agents

AHFS Drug Class Re-reviewed: GENITOURINARY SMOOTH MUSCLE RELAXANTS

Skin and Mucous Membrane Antibacterials

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ALTABAX
BACTROBAN*
CENTANY*
CENTANY AT
CLEOCIN*
CLINDESSE
CORTISPORIN
METROGEL-
VAGINAL*
NEOSPORIN G.U.
IRRIGANT*
VANDAZOLE*

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

Skin and Mucous Membrane Antivirals

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ZOVIRAX CREAM*

NON-PREFERRED BRAND or PA GENERIC

DENAVIR
XERESE
ZOVIRAX
OINTMENT*

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

Skin and Mucous Membrane Antifungals

PREFERRED GENERIC

All covered products

PREFERRED BRAND

MENTAX

NON-PREFERRED BRAND or PA GENERIC

BENSAL HP
CICLODAN*
ERTACZO
EXELDERM
EXTINA*
GYNAZOLE-1
KETODAN*
LOPROX*
LOTRISONE*
NAFTIN
NIZORAL*
OXISTAT
PENLAC*
TERAZOL 3*
TERAZOL 7*
VUSION

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

Skin and Mucous Membrane Scabicides and Pediculicides

PREFERRED GENERIC

All covered products

PREFERRED BRAND

SKLICE
ULESFIA

NON-PREFERRED BRAND or PA GENERIC

ELMITE*
EURAX
lindane (generic)
NATROBA*
OVIDE*

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

Skin and Mucous Membrane Local Anti-infectives, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

PHISOHEX

NON-PREFERRED BRAND or PA GENERIC

SILVADENE*
SSD*
SULFAMYLON*

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

Skin and Mucous Membrane Anti-inflammatory Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

CAPEX
SHAMPOO

NON-PREFERRED BRAND or PA GENERIC

ANUSOL-HC
APEXICON E
CLOBEX*
CLODERM*
CORDRAN
CORMAX*
CORTENEMA*
CORTIFOAM
CUTIVATE*
DERMA-
SMOOTH/FS*
DERMATOP*
DESONATE
DIPROLENE*
DIPROLENE AF*
ELOCON*
HALOG
HALONATE
HALONATE PAC
KENALOG
LUXIQ*
MOMEXIN
OLUX*
OLUX-E*
ORALONE*
PANDEL
PRAMCORT
PROCORT

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

PROCTOCORT*
PROCTOFOAM-HC
RIMSO-50
SYNALAR*
TEMOVATE*
TEMOVATE
EMOLLIENT*
TEXACORT
TOPICORT*
TRIANEX
ULTRAVATE*
ULTRAVATE PAC
ULTRAVATE X
VANOS*
VERDESO

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

Skin and Mucous Membrane Antipruritics and Local Anesthetics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

LIDODERM*

NON-PREFERRED BRAND or PA GENERIC

lidocaine topical
patch (generic)
PRUDOXIN
SYNERA
ZONALON

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

Skin and Mucous Membrane Astringents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DRYSOL*
XERAC AC

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

Skin and Mucous Membrane Keratolytic Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ALUVEA*
REMEVEN
SALEX*
UMECTA*
UMECTA PD
URAMAXIN*
URAMAXIN GT*
X-VIATE*

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

Skin and Mucous Membrane Keratoplastic Agents

PREFERRED
GENERIC

All covered products

PREFERRED
BRAND

NONE

NON-PREFERRED
BRAND
or PA GENERIC

NONE

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

Skin and Mucous Membrane Agents, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ELIDEL

NON-PREFERRED BRAND or PA GENERIC

ALDARA*
ARTISS
ARTISS
DUPLOJECT
CARAC
CONDYLOX*
DOVONEX*
EFUDEX*
MUCOTROL
PANRETIN
PICATO
PODOCON-25
PROTOPIC
QUTENZA
RECTIV
REGRANEX
SANTYL
SOLARAZE*
SORILUX
SORIATANE*
TACLONEX*
TARGRETIN
TAZORAC
VECTICAL*
VEREGEN
ZYCLARA

Alzheimer's Agents

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

**PREFERRED
GENERIC**

All covered products

**PREFERRED
BRAND**

ARICEPT*
ARICEPT ODT*

**NON-PREFERRED
BRAND or PA
GENERIC**

EXELON*
NAMENDA
NAMENDA XR
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

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ANAFRANIL*
APLENZIN
BRINTELLIX
BRISDELLE
CELEXA*
CYMBALTA*
DESVENLAFAXINE
FUMARATE ER
EFFEXOR XR*
EMSAM
FETZIMA
FORFIZO XL
KHEDEZLA*
LEXAPRO*
LUVOX CR*
MARPLAN
NARDIL*
NORPRAMIN*
OLEPTRO ER
PAMELOR*
PARNATE*
PAXIL*
PAXIL CR*
PEXEVA
PRISTIQ
PROZAC*
PROZAC WEEKLY*
REMERON*
SARAFEM*
SILENOR

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

**PREFERRED
GENERIC**

**PREFERRED
BRAND**

**NON-PREFERRED
BRAND or PA
GENERIC**

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

All covered products

PREFERRED BRAND

ADDERALL XR*
FOCALIN*

FOCALIN XR*
INTUNIV
RITALIN*
RITALIN-SR*
STRATTERA
VYVANSE

NON-PREFERRED BRAND or PA GENERIC

ADDERALL*
amphetamine
dextroamphetamine xr
(generic)
CONCERTA*
DAYTRANA
DESOXYN*
DEXEDRINE*
dexmethylphenidate
(generic)
KAPVAY ER*
METADATE CD*
METADATE ER*
METHYLIN*
QUILLIVANT XR
PROCENTRA*
RITALIN LA*
ZENZEDI*

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

Wakefulness Promoting Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

PROVIGIL*

NON-PREFERRED BRAND or PA GENERIC

modafinil (generic)

NUVIGIL

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

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AMYTAL SODIUM
BUTISOL SODIUM
LUMINAL 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

All covered products

PREFERRED BRAND

DIASTAT*
DIASTAT ACUDIAL*

NON-PREFERRED BRAND or PA GENERIC

ALPRAZOLAM INTENSOL
ATIVAN*
diazepam rectal gel
(generic)
diazepam acudial
(generic)
DORAL
HALCION*
KLONOPIN*
NIRAVAM*
RESTORIL*
TRANXENE T-TAB*
XANAX*
XANAX XR*

*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

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.

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

Drug name denotes all dosage forms and strengths unless noted.

Genitourinary Smooth Muscle Relaxants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

OXYTROL
SANCTURA*

NON-PREFERRED BRAND or PA GENERIC

DETROL*
DETROL LA*
DITROPAN XL*
ENABLEX
GELNIQUE
MYRBETRIQ
SANCTURA XR*
TOVIAZ
tropsium chloride
(generic)
VESICARE

*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.