

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, May 11, 2016
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: 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

AHFS Drug Class Reviewed: DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

AHFS Drug Class Re-reviewed: OPIATE AGONISTS

AHFS New Drug Reviewed: AMINOGLYCOSIDES

Kitabis®

Alzheimer's Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ARICEPT*

NON-PREFERRED BRAND or PA GENERIC

EXELON*
NAMENDA*
NAMENDA XR
NAMZARIC
RAZADYNE*
RAZADYNE ER*

*Denotes generic available in at least one dosage form or strength.
Drug name denotes all dosage forms and strengths unless noted.
^{cc} Denotes agent is preferred with clinical criteria in place.

Antidepressants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ANAFRANIL*
 APLENZIN
 BRISDELLE
 CELEXA*
 CYMBALTA*
 DESVENLAFAXINE FUMARATE ER
 EFFEXOR XR*
 EMSAM
 FETZIMA
 FORFIZO XL
 IRENKA*
 KHEDEZLA*
 LEXAPRO*
 MARPLAN
 NARDIL*
 NORPRAMIN*
 OLEPTRO ER
 PAMELOR*
 PARNATE*
 PAXIL*
 PAXIL CR*
 PEXEVA
 PRISTIQ
 PROZAC*
 PROZAC WEEKLY*
 REMERON*
 SARAFEM*
 SILENOR
 SURMONTIL
 TOFRANIL*
 TOFRANIL-PM*
 TRINTELLIX (formerly Brintellix)
 VIIBRYD
 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.

^{cc} Denotes agent is preferred with clinical criteria in place.

Cerebral Stimulants/Agents Used for ADHD

<u>PREFERRED GENERIC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	ADDERALL XR* FOCALIN* FOCALIN XR* KAPVAY* RITALIN* STRATTERA VYVANSE	ADDERALL* amphetamine.dextroamphetamine xr (generic) APTENSIO XR CONCERTA* DAYTRANA clonidine ER (generic) DESOXYN* DEXEDRINE* dexmethylphenidate ER and IR (generic) EVEKEO INTUNIV* 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.

^{cc} Denotes agent is preferred with clinical criteria in place.

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.

^{cc} Denotes agent is preferred with clinical criteria in place.

Anxiolytics, Sedatives, and Hypnotics Barbiturates

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AMYTAL SODIUM
BUTISOL SODIUM
SECONAL SODIUM

*Denotes generic available in at least one dosage form or strength.
Drug name denotes all dosage forms and strengths unless noted.
^{cc} Denotes agent is preferred with clinical criteria in place.

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)
HALCION*
KLONOPIN*
LORAZEPAM INTENSOL*
ONFI
RESTORIL*
TRANXENE T-TAB*
XANAX*
XANAX XR*

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

^{cc} Denotes agent is preferred with clinical criteria in place.

Anxiolytics, Sedatives, and Hypnotics Miscellaneous Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AMBIEN*
AMBIEN CR*
BELSOMRA
EDLUAR
HETLIOZ
INTERMEZZO*
LUNESTA*
PRECEDEX*
ROZEREM
SONATA*
VISTARIL*

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

Drug name denotes all dosage forms and strengths unless noted.

° Denotes agent is preferred with clinical criteria in place.

Genitourinary Smooth Muscle Relaxants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

OXYTROL
TOVIAZ

NON-PREFERRED BRAND or PA GENERIC

DETROL*
DETROL LA*
DITROPAN XL*
ENABLEX*
GELNIQUE
MYRBETRIQ
VESICARE

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

Drug name denotes all dosage forms and strengths unless noted.

° Denotes agent is preferred with clinical criteria in place.

DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

PREFERRED GENERIC

All covered products

PREFERRED BRAND

CIMZIA^{CC}
ENBREL^{CC}
HUMIRA^{CC}

NON-PREFERRED BRAND or PA GENERIC

ACTEMRA
ARAVA*
KINERET
ORENCIA
OTEZLA
REMICADE
SIMPONI
SIMPONI ARIA
XELJANZ

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

Drug name denotes all dosage forms and strengths unless noted.

^{CC} Denotes agent is preferred with clinical criteria in place.

Opiate Agonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ABSTRAL
 ACTIQ*
 ALFENTA*
 ASTRAMORPH-PF*
 CAPITAL W/CODEINE
 CONZIP ER*
 DEMEROL*
 DILAUDID*
 DOLOPHINE*
 DURAGESIC*
 DURAMORPH
 FENTORA
 FIORICET W/CODEINE*
 FIORINAL W/CODEINE*
 HYCET*
 IBUDONE*
 INFUMORPH
 LAZANDA
 LORCET*
 LORTAB*
 methadone (generic)
 METHADOSE*
 NORCO*
 NUCYNTA
 NUCYNTA ER
 OPANA*
 PERCOCET*
 PRIMLEV
 ROXICODONE*

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

Drug name denotes all dosage forms and strengths unless noted.

° Denotes agent is preferred with clinical criteria in place.

Opiate Agonists (continued)

PREFERRED GENERIC

PREFERRED BRAND

NON-PREFERRED BRAND or PA GENERIC

SUBSYS
SUFENTA*
SYNALGOS-DC*
TYLENOL-CODEINE*
ULTIVA
ULTRACET*
ULTRAM*
ULTRAM ER*
VERDROCET*
VICODIN*
VICOPROFEN*
XARTEMIS
XODOL*
XYLON*
ZAMICET

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

Drug name denotes all dosage forms and strengths unless noted.

° Denotes agent is preferred with clinical criteria in place.

AMINOGLYCOSIDES

New Drug Review: Kitabis

PREFERRED GENERIC

All covered products

PREFERRED BRAND

KITABIS

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.

^{cc} Denotes agent is preferred with clinical criteria in place.