

Alabama Medicaid Agency Pharmacy and Therapeutics Committee

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

AHFS Drug Class Re-reviewed: SKELETAL MUSCLE RELAXANTS

Subclasses Reviewed

Centrally Acting Skeletal Muscle Relaxants
Direct-Acting Skeletal Muscle Relaxants
GABA-Derivative Skeletal Muscle Relaxants
Skeletal Muscle Relaxants, Miscellaneous

AHFS Drug Class Re-reviewed: ANALGESICS AND ANTIPYRETICS

Subclasses Reviewed

Opiate Agonists
Opiate Partial Agonists

AHFS Drug Class Re-reviewed: ANTIMIGRAINE AGENTS

Subclass Reviewed

Selective Serotonin Agonists

AHFS Drug Class Re-reviewed: ANTIEMETICS

Subclasses Reviewed

Antiemetics, Antihistamines
Antiemetics, 5-HT₃ Receptor Antagonists
Antiemetics, Miscellaneous

AHFS Drug Class Re-reviewed: ANTIULCER AGENTS AND ACID SUPPRESSANTS

Subclass Reviewed

Proton-Pump Inhibitors

Centrally Acting Skeletal Muscle Relaxants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AMRIX
carisoprodol (generic)
carisoprodol/aspirin
(generic)
codeine/carisoprodol/
aspirin (generic)
FEXMID*
LORZONE
PARAFON FORTE
DSC*
ROBAXIN*
SKELAXIN*
SOMA[‡]
ZANAFLEX*

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

[‡]Generic formulations are available but require prior authorization

Drug name denotes all dosage forms and strengths unless noted

Direct-Acting Skeletal Muscle Relaxants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DANTRIUM*
REVONTO

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

‡Generic formulations are available but require prior authorization

Drug name denotes all dosage forms and strengths unless noted

GABA-Derivative Skeletal Muscle Relaxants

PREFERRED GENERIC

All covered
products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

GABLOFEN

LIORESAL INTRATHECAL

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

‡Generic formulations are available but require prior authorization

Drug name denotes all dosage forms and strengths unless noted

Skeletal Muscle Relaxants, Miscellaneous

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

‡Generic formulations are available but require prior authorization

Drug name denotes all dosage forms and strengths unless noted

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
 LORCET*
 LORTAB*
 MAGNACET
 MAXIDONE*
 METHADOSE*
 NORCO*
 NUCYNTA
 NUCYNTA ER
 ONSOLIS

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

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Opiate Agonists

(continued)

PREFERRED
GENERIC

PREFERRED
BRAND

NON-PREFERRED
BRAND
or PA GENERIC

OPANA*
OXECTA
PERCOCET*
PERCODAN*
PRIMLEV
ROXICODONE*
RYBIX ODT
SUBLIMAZE*
SUBSYS
SUFENTA*
SYNALGOS-DC*
TYLENOL-
CODEINE*
ULTIVA
ULTRACET*
ULTRAM*
ULTRAM ER*
VICODIN*
VICOPROFEN*
XODOL*
ZAMICET
ZOLVIT
ZYDONE

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

†Generic formulations are available but require prior authorization

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Opiate Partial Agonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

BUPRENEX
buprenorphine
(generic)
buprenorphine/
naloxone
(generic)
BUTRANS
SUBOXONE*
TALWIN

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

‡Generic formulations are available but require prior authorization

Drug name denotes all dosage forms and strengths unless noted

Selective Serotonin Agonists

PREFERRED GENERIC

PREFERRED BRAND

NON- PREFERRED BRAND or PA GENERIC

All covered products

NONE

ALSUMA*
 AMERGE*
 AXERT
 FROVA
 IMITREX*
 MAXALT*
 MAXALT MLT*
 RELPAX
 SUMAVEL
 DOSEPRO
 TREXIMET
 ZOMIG*
 ZOMIG ZMT*

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

‡Generic formulations are available but require prior authorization

Drug name denotes all dosage forms and strengths unless noted

Antiemetics, Antihistamines

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON- PREFERRED BRAND or PA GENERIC

ANTIVERT*
COMPAZINE*
DICLEGIS
TIGAN*

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

‡Generic formulations are available but require prior authorization

Drug name denotes all dosage forms and strengths unless noted

Antiemetics, 5-HT₃ Receptor Antagonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON- PREFERRED BRAND or PA GENERIC

ALOXI
ANZEMET
KYTRIL*
SANCUSO
ZOFRAN*
ZOFRAN ODT*

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

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Drug name denotes all dosage forms and strengths unless noted

Antiemetics, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CESAMET
EMEND
MARINOL*
TRANSDERM-
SCOP

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

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Drug name denotes all dosage forms and strengths unless noted

Proton-Pump Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ACIPHEX
DEXILANT
ESOMEPRAZOLE
NEXIUM
OMECLAMOX-PAK
omeprazole/sodium
bicarbonate (generic)
PREVACID*
PREVPAC*
PRILOSEC*
PROTONIX*

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

‡Generic formulations are available but require prior authorization

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