

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday May 20, 2015
Preferred Drug List Final**

AHFS Drug Class Reviewed: ORAL ANTICOAGULANTS

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

Oral Anticoagulants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

COUMADIN*

NON-PREFERRED BRAND or PA GENERIC

ELIQUIS
PRADAXA
XARELTO

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

Platelet-aggregation Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AGGRENOX
BRILINTA
EFFIENT
PERSANTINE*
PLAVIX*
PLETAL*
ZONTIVITY

*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

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CORDARONE*
MULTAQ
NEXTERONE
NORPACE*
NORPACE CR
PACERONE*
RYTHMOL*
RYTHMOL SR*
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

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

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

RANEXA

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

Bile Acid Sequestrants

PREFERRED GENERIC

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

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

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ANTARA
FENOGLIDE
FIBRICOR*
LIPOFEN*
LOFIBRA*
LOPID*
TRICOR*
TRIGLIDE
TRILIPIX*

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HMG-CoA Reductase Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ADVICOR
ALTOPREV
CADUET*
CRESTOR
LESCOL*
LESCOL XL
LIPITOR*
LIPTRUZET
LIVALO
PRAVACHOL*
SIMCOR
VYTORIN
ZOCOR*

*Denotes generic available in at least one dosage form or strength
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Antilipemic Agents, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NIACOR

NON-PREFERRED BRAND or PA GENERIC

JUXTAPID
KYNAMRO
LOVAZA*
NIASPAN*
VASCEPA

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

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NITRO-BID
NITROSTAT

NON-PREFERRED BRAND or PA GENERIC

DILATRATE-SR
ISORDIL
ISORDIL TITRADOSE*
MINITRAN*
NITRO-DUR*
NITROLINGUAL*
NITROMIST*

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Drug name denotes all dosage forms and strengths unless noted