

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday February 10, 2016
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
RYANODEX

*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
LAZANDA
LORCET*
LORTAB*
METHADOSE*
NORCO*
NUCYNTA
NUCYNTA ER
OPANA*
PERCOCET*
PRIMLEV
ROXICODONE*

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Opiate Agonists (continued)

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

*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

Opiate Partial Agonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

BUNAVAIL
BUPRENEX
buprenorphine (generic)
buprenorphine/ naloxone
(generic)
BUTRANS
SUBOXONE
TALWIN
ZUBSOLV

*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

Selective Serotonin Agonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

RELPAX

NON-PREFERRED BRAND or PA GENERIC

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

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

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Antiemetics, Antihistamines

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

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*
ZUPLENZ

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

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Antiemetics, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AKYNZEO
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

NEXIUM‡

NON-PREFERRED BRAND or PA GENERIC

ACIPHEX*
ACIPHEX SPRINKLE
DEXILANT
esomeprazole magnesium
(generic)
omeprazole/sodium bicarbonate
(generic)
PREVACID*
PREVPAC*
PRILOSEC*
PROTONIX*

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