

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday May 10, 2017  
Preferred Drug List Final**

**AHFS Drug Class Re-reviewed: FIRST GENERATION ANTIHISTAMINES**

**AHFS Drug Class Re-reviewed: ESTROGENS**

**AHFS Drug Class Re-reviewed: ANTIDIABETIC AGENTS**

**Subclasses Reviewed**

**Alpha-Glucosidase Inhibitors  
Amylinomimetics  
Biguanides  
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors  
Incretin Mimetics  
Insulins  
Meglitinides  
Sodium-glucose Cotransport 1 Inhibitors  
Sodium-glucose Cotransport 2 Inhibitors  
Sulfonylureas  
Thiazolidinediones  
Antidiabetic Agents, Miscellaneous**

**AHFS Drug Class Re-reviewed: MULTIVITAMIN PREPARATIONS;  
PRENATAL VITAMINS**

**AHFS Drug Class Reviewed: IMMUNOMODULATORY AGENTS USED TO  
TREAT MULTIPLE SCLEROSIS**

**New Drug Reviewed: AHFS CLASS AMPHETAMINES**

**Dyanavel XR®**

## First Generation Antihistamines

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ARBINOXA\*  
KARBINAL ER

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

## Estrogens

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

MENEST  
PREMARIN (TABLET)

### NON-PREFERRED BRAND or PA GENERIC

ACTIVELLA\*  
ALORA\*  
AMABELZ\*  
ANGELIQ  
CLIMARA\*  
CLIMARA PRO  
COMBIPATCH  
DELESTROGEN\*  
DEPO-ESTRADIOL  
DIVIGEL  
DUAVEE  
ELESTRIN  
ENJUVIA  
ESTRACE\*  
ESTRING  
EVAMIST  
FEMHRT\*  
FEMRING  
JEVANTIQUE\*  
JINTELI\*  
MENOSTAR  
MIMVEY\*  
MINIVELLE\*  
PREFEST  
PREMARIN (CREAM AND  
INJECTION)  
PREMPHASE  
PREMPRO  
VAGIFEM\*  
VIVELLE-DOT\*

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

## Alpha-Glucosidase Inhibitors

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

PRECOSE\*  
GLYSET\*

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

## Amylinomimetics

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

SYMLINPEN

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

## Biguanides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

FORTAMET\*  
GLUCOPHAGE\*  
GLUCOPHAGE XR\*  
GLUMETZA\*  
metformin ER (generic  
Fortamet and Glumetza)  
RIOMET

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

## Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

JANUMET  
JANUMET XR  
JANUVIA

### NON-PREFERRED BRAND or PA GENERIC

alogliptin  
alogliptin-metformin  
alogliptin-pioglitazone  
JENTADUETO  
JENTADUETO XR  
KAZANO\*  
KOMBIGLYZE XR  
NESINA\*  
ONGLYZA  
OSENI\*  
TRADJENTA

\*Denotes generic available in at least one dosage form or strength  
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## Incretin Mimetics

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

BYDUREON  
BYETTA  
TANZEUM  
TRULICITY  
VICTOZA

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

### PREFERRED GENERIC and OTCs

All covered products

### PREFERRED BRAND

HUMULIN N  
HUMILIN R  
HUMULIN 70/30  
NOVOLIN N  
NOVOLIN R  
NOVOLIN 70/30  
LANTUS  
LANTUS SOLOSTAR  
LEVEMIR  
NOVOLOG  
NOVOLOG MIX 70/30

### NON-PREFERRED BRAND or PA GENERIC

AFREZZA  
APIDRA  
APIDRA SOLOSTAR  
HUMALOG  
HUMALOG MIX 50/50  
HUMALOG MIX 75/25  
HUMULIN R 500  
TOUJEO  
TRESIBA

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

## Meglitinides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

PRANDIN\*

### NON-PREFERRED BRAND or PA GENERIC

STARLIX\*

\*Denotes generic available in at least one dosage form or strength  
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## Sodium-glucose Cotransport 1 Inhibitors

### PREFERRED GENERIC

NO CURRENT AGENTS

### PREFERRED BRAND

N/A

### NON-PREFERRED BRAND or PA GENERIC

N/A

\*Denotes generic available in at least one dosage form or strength  
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## Sodium-glucose Cotransport 2 Inhibitors

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

FARXIGA  
GLYXAMBI  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
JARDIANCE  
SYNJARDY  
XIGDUO XR

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

## Sulfonylureas

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AMARYL\*  
GLUCOTROL\*  
GLUCOTROL XL\*  
GLUCOVANCE\*  
GLYNASE\*

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Drug name denotes all dosage forms and strengths unless noted

## Thiazolidinediones

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ACTOPLUS MET XR  
AVANDIA  
DUETACT\*

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## Antidiabetic Agents, Miscellaneous

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

KORYLM

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## Multivitamin Preparations: Prenatal Vitamins

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

CITRANATAL 90 DHA\*  
CITRANATAL ASSURE\*  
CITRANATAL B-CALM  
CITRANATAL DHA  
CITRANATAL HARMONY

### NON-PREFERRED BRAND or PA GENERIC

ACTIVE OB  
BAL-CARE DHA ESSENTIAL  
CITRANATAL RX  
CONCEPT DHA\*  
CONCEPT OB\*  
ENBRACE HE  
NATELLE ONE\*  
NESTABS\*  
NESTABS ABC  
NESTABS DHA\*  
NEXA PLUS  
NIVA-PLUS\*  
OB COMPLETE  
OB COMPLETE GOLD  
OB COMPLETE ONE  
OB COMPLETE PETITE  
OB-COMPLETE PREMIER  
OB COMPLETE WITH DHA  
PR NATAL 400\*  
PR NATAL 430  
PR NATAL 400 EC  
PR NATAL 430 EC  
PREFERA OB\*  
PREFERA OB ONE  
PREFERA-OB PLUS DHA  
PRENATA  
PRENATAL PLUS-DHA  
PRENATE  
PRENATE AM  
PRENATE DHA  
PRENATE ELITE

## Multivitamin Preparations: Prenatal Vitamins continued

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**PREFERRED GENERIC**

All covered products

**PREFERRED  
BRAND**

**NON-PREFERRED BRAND  
or PA GENERIC**

PRENATE ENHANCE  
PRENATA ESSENTIAL  
PRENATE MINI  
PRENATE PIXIE  
PRENATE RESTORE  
PRENATE STAR  
PREQUE 10  
PRIMACARE  
PROVIDA DHA  
PROVIDA OB  
RELANTE DHA\*  
SELECT-OB  
SELECT-OB + DHA  
THRIVITE RX\*  
TRISTART DHA  
TRICARE  
TRICARE PRENATAL  
CHEWABLE  
TRICARE PRENATAL DHA  
ONE  
TRICARE PRENATAL  
WITH DHA  
VINATE II  
VINATE CARE  
VINATE DHA RF  
VINATE-M\*  
VITAFOL FE + DOCUSATE  
VITAFOL GUMMIES  
VITAFOL NANO  
VITAFOL-OB  
VITAFOL-OB+DHA  
VITAFOL-ONE  
VITAFOL ULTRA

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## Immunomodulatory Agents used to treat Multiple Sclerosis

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

AUBAGIO  
BETASERON  
COPAXONE\*  
EXTAVIA  
GILENYA  
REBIF  
TYSABRI

### NON-PREFERRED BRAND or PA GENERIC

AVONEX  
AVONEX PEN  
glatiramer (GLATOPA)  
PLEGRIDY  
REBIF REBIDOSE  
TECFIDERA  
ZINBRYTA

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**AMPHETAMINES**  
**New Drug Review: DYANAVEL XR®**

**PREFERRED GENERIC**

All covered products

**PREFERRED  
BRAND**

NONE

**NON-PREFERRED BRAND  
or PA GENERIC**

DYANAVEL XR

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