

Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
Date of Meeting: Wednesday, August 5, 2020
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, Neurokinin-1 Receptor Antagonists
- Antiemetics, Miscellaneous

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

Subclass Reviewed

- Proton-Pump Inhibitors

AHFS Drug Class Re-reviewed: CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS

Centrally Acting Skeletal Muscle Relaxants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	AMRIX* carisoprodol (generic) carisoprodol/aspirin (generic) codeine/carisoprodol/aspirin (generic) FEXMID* LORZONE* ROBAXIN* SKELAXIN* SOMA‡ ZANAFLEX*

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

‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

Direct-Acting Skeletal Muscle Relaxants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	DANTRIUM* REVONTO* RYANODEX

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

‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

GABA-Derivative Skeletal Muscle Relaxants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	GABLOFEN* LIORESAL INTRATHECAL

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

‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

Skeletal Muscle Relaxants, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	NORGESIC FORTE

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‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

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Opiate Agonists

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ACTIQ* APADAZ CONZIP ER* DEMEROL* DILAUDID* DSUVIA DURAGESIC* DURAMORPH DVORAH* FENTORA* FIORINAL W/CODEINE* INFUMORPH LORCET* LORTAB* methadone (generic) METHADOSE‡ NORCO* NUCYNTA NUCYNTA ER OXAYDO PERCOCET* PRIMLEV PROLATE ROXICODONE* ROXYBOND ULTIVA* ULTRACET* ULTRAM* VERDROCET XYLON*

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

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Opiate Partial Agonists

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	SUBLOCADE ^{CC} SUBOXONE ^{‡CC} ZUBSOLV ^{CC}	BELBUCA BUNAVAIL BUPRENEX* buprenorphine (generic) buprenorphine/ naloxone film (generic) BUTRANS [‡] PROBUPHINE

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

‡Generic formulations are available but require prior authorization

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

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	AMERGE* FROVA* IMITREX* MAXALT* MAXALT MLT* ONZETRA XSAIL RELPAX* REYVOW TOSYMRA TREXIMET* ZOMIG* ZOMIG ZMT*

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

‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

Antiemetics, Antihistamines

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	BONJESTA DICLEGIS* TIGAN*

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

‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

Antiemetics, 5-HT₃ Receptor Antagonists

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ALOXI* KYTRIL* SANCUSO SUSTOL ZOFRAN* ZUPLLENZ

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

‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

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Antiemetics, Neurokinin-1 Receptor Antagonists

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	AKYNZEO CINVANTI EMEND* VARUBI

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

‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

Antiemetics, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	MARINOL* TRANSDERM-SCOP*

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

‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

Proton-Pump Inhibitors

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ACIPHEX* ACIPHEX SPRINKLE DEXILANT ESOMEPRAZOLE STRONTIUM NEXIUM* OMECLAMOX-PAK omeprazole/sodium bicarbonate (generic) PREVACID* 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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Calcitonin Gene-related Peptide (CGRP) Antagonists

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	AIMOVIG ^{CC}	AJOVY EMGALITY NURTEC ODT UBRELVY

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

Drug name denotes all dosage forms and strengths unless noted

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