

**Alabama Medicaid Agency**  
**Pharmacy and Therapeutics Committee**  
**Date of Meeting: Wednesday, February 8, 2023**  
**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-HT<sub>3</sub> 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

AHFS Drug Class Re-reviewed: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS

Subclass Reviewed

- Barbiturates
- Benzodiazepines
- Miscellaneous Agents
- Orexin Receptor Antagonists

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ANTI-INFECTIVES

Subclasses Reviewed

- Skin and Mucous Membrane Antibacterials
- Skin and Mucous Membrane Antivirals
- Skin and Mucous Membrane Antifungals
- Skin and Mucous Membrane Scabicides and Pediculicides
- Skin and Mucous Membrane Local Anti-infectives, Miscellaneous

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ANTI-INFLAMMATORY AGENTS

Subclasses Reviewed

- Skin and Mucous Membrane Corticosteroids
- Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents
- Skin and Mucous Membrane Anti-inflammatory Agents, Miscellaneous

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AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ANTIPRURITICS AND LOCAL ANESTHETICS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ASTRINGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE KERATOLYTIC AGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE KERATOPLASTIC AGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS

AHFS Drug Class Reviewed: SKIN AND MUCOUS MEMBRANE CELL STIMULANTS AND PROLIFERANTS

AHFS Drug Class Reviewed: DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

## Centrally Acting Skeletal Muscle Relaxants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	AMRIX* carisoprodol (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

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
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	FLEQSUVY GABLOFEN* LIORESAL INTRATHECAL LYVISPAH

\*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

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	NORGESIC FORTE

\*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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## Opiate Agonists

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

\*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

## Opiate Partial Agonists

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	SUBLOCADE <sup>CC</sup> SUBOXONE <sup>‡CC</sup> ZUBSOLV <sup>CC</sup>	BELBUCA BUPRENEX* buprenorphine (generic) buprenorphine/ naloxone film (generic) BUTRANS <sup>‡</sup>

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

‡Generic formulations are available but require prior authorization

<sup>CC</sup>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* ZEMBRACE 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	ANTIVERT 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-HT<sub>3</sub> Receptor Antagonists

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ANZEMET KYTRIL* SANCUSO SUSTOL

\*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, Neurokinin-1 Receptor Antagonists

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

\*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	BARHEMSYS 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* DEXILANT* NEXIUM* OMECLAMOX-PAK omeprazole/sodium bicarbonate (generic) PREVACID* PRILOSEC* PROTONIX* TALICIA

\*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

## Calcitonin Gene-related Peptide (CGRP) Antagonists

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	AIMOVIG <sup>CC</sup> AJOVY <sup>CC</sup> UBRELVY <sup>CC</sup>	EMGALITY NURTEC ODT QULIPTA VYEPTI

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted  
<sup>CC</sup>Denotes agent is preferred with clinical criteria in place

## Anxiolytics, Sedatives, and Hypnotics Barbiturates

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	AMYTAL SODIUM SECONAL SODIUM

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted  
<sup>c</sup>Denotes agent is preferred with clinical criteria in place



**Anxiolytics, Sedatives, and Hypnotics  
Benzodiazepines**

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	DIASTAT* DIASTAT ACUDIAL*	ALPRAZOLAM INTENSOL ATIVAN* HALCION* KLONOPIN* LOREEV XR RESTORIL* TRANXENE T-TAB* XANAX* XANAX XR*

\*Denotes generic available in at least one dosage form or strength.  
Drug name denotes all dosage forms and strengths unless noted.  
<sup>cc</sup> Denotes agent is preferred with clinical criteria in place.

## Anxiolytics, Sedatives, and Hypnotics Miscellaneous Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	AMBIEN* AMBIEN CR* EDLUAR HETLIOZ LUNESTA* PRECEDEX* ROZEREM* VISTARIL*

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

## Orexin Receptor Antagonists

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	BELSOMRA DAYVIGO QUVIVIQ

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

## Skin and Mucous Membrane Antibacterials

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	CLINDESSE*	CENTANY* CLEOCIN* METROGEL-VAGINAL* NEO-SYNALAR NUVESSA VANDAZOLE* XACIATO XEPI

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

## Skin and Mucous Membrane Antivirals

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ZOVIRAX CREAM	DENA VIR* XERESE ZOVIRAX OINTMENT*

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

## Skin and Mucous Membrane Antifungals

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	CICLODAN* ERTACZO EXELDERM* EXTINA* GYNAZOLE-1 JUBLIA KERYDIN* LOPROX* LUZU* MENTAX NAFTIN* OXISTAT* VUSION*

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

## Skin and Mucous Membrane Scabicides and Pediculicides

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	EURAX* lindane (generic) NATROBA* OVIDE* SKLICE*

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

## Skin and Mucous Membrane Local Anti-infectives, Miscellaneous

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	SILVADENE* SSD* SULFAMYLON*

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



## Skin and Mucous Membrane Corticosteroids

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	ANUSOL-HC* BESER* BRYHALI CAPEX SHAMPOO CLODAN* CLODERM* CORTENEMA* CORTIFOAM DERMA-SMOOTH/FS* DIPROLENE* HALOG* IMPEKLO KENALOG* LEXETTE* LOCOID* LOCOID LIPOCREAM* LUXIQ* OLUX* OLUX-E* ORALONE* PANDEL PROCTOFOAM-HC SYNALAR* TEMOVATE* TEMOVATE EMOLLIENT* TEXACORT TOPICORT* TOVET* ULTRAVATE* VANOS*

\*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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## Skin and Mucous Membrane Nonsteroidal Anti-inflammatory Agents

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	None

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

Drug name denotes all dosage forms and strengths unless noted

<sup>cc</sup> Denotes agent is preferred with clinical criteria in place.

## Skin and Mucous Membrane Anti-inflammatory Agents, Miscellaneous

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	EUCRISA <sup>cc</sup>	None

\*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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## Skin and Mucous Membrane Antipruritics and Local Anesthetics

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	LIDODERM* PRUDOXIN* SYNERA ZONALON* ZTLIDO

\*Denotes generic available in at least one dosage form or strength  
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## Skin and Mucous Membrane Astringents

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	None

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

Drug name denotes all dosage forms and strengths unless noted

<sup>cc</sup> Denotes agent is preferred with clinical criteria in place.

## Skin and Mucous Membrane Keratolytic Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	BENSAL HP URAMAXIN

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

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## Skin and Mucous Membrane Keratoplastic Agents

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	None

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## Skin and Mucous Membrane Agents, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ELIDEL*	CONDYLOX DOVONEX* DUOBRII ENSTILAR HYFTOR OPZELURA pimecrolimus (generic) PODOCON-25 PROTOPIC* RECTIV SANTYL SCENESSE SORIATANE* SORILUX* TACLONEX* VECTICAL* VEREGEN ZYCLARA*

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## Skin and Mucous Membrane Cell Stimulants and Proliferants

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	None

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

Drug name denotes all dosage forms and strengths unless noted

<sup>cc</sup> Denotes agent is preferred with clinical criteria in place.

## DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	CIMZIA <sup>CC</sup> ENBREL <sup>CC</sup> HUMIRA <sup>CC</sup>	ACTEMRA ARAVA* AVSOLA AZULFIDINE* CIBINQO COSENTYX INFLECTRA KEVZARA KINERET LUPKYNIS OLUMIANT ORENCIA OTEZLA REMICADE* RENFLEXIS RINVOQ SIMPONI SIMPONI ARIA XELJANZ XELJANZ XR

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

Drug name denotes all dosage forms and strengths unless noted

<sup>CC</sup> Denotes agent is preferred with clinical criteria in place.