Alabama Medicaid Agency Pharmacy and Therapeutics Committee Preferred Drug List Final

DRUG CLASS	PREFERRED GENERIC/OTC	PREFERRED BRAND	NON-PREFERRED BRAND
Antidepressants	**All covered products**	ELAVIL*	ANAFRANIL*
		LEXAPRO	CELEXA
		NARDIL	DESYREL*
		NORPRAMIN *	EFFEXOR
		PAMELOR*	EFFEXOR XR
		PARNATE	LIMBITROL*
		PAXIL CR	PROZAC WEEKLY
		PAXIL*	PROZAC*
		SERZONE	REMERON*
		SINEQUAN*	SARAFEM
		SURMONTIL	TOFRANIL*
		VIVACTIL*	TR\OFRANIL PM
		WELLBUTRIN XL	TRIAVIL*
		WELLBUTRIN SR*	ZOLOFT
		WELLBUTRIN*	

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

Drug name denotes all dosage forms and strengths

Updated 4/15/04

Revised Date September 4, 2003
Alabama Medicaid Agency

DRUG CLASS	PREFERRED GENERIC/OTC	PREFERRED BRAND	NON-PREFERRED BRAND
Analgesics (Narcotics only)	**All covered products**	**None**	ACTIQ ANEXSIA B & O SUPPRET BANCAP HC* CAPITAL W/CODEINE* DARVOCET* DARVON* DEMEROL* DILAUDID* DOLOPHINE* DURAGESIC DURAMORPH* FIORICET W/CODEINE* FIORINAL W/CODEINE* INFUMORPH LEVO-DROMORAN LORCET* LORTAB* MAXIDONE MSIR* NORCO* NUMORPHAN ORLAAM OXYFAST OXYIR* PANLOR PERCOCET* PERCODAN* PERCOLONE* ROXICODONE* SYNALGOS-DC TYLENOL W/CODEINE*

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

Drug name denotes all dosage forms and strengths

Updated 5/03/04

DRUG CLASS	PREFERRED GENERIC/OTC	PREFERRED BRAND	NON-PREFERRED BRAND
Analgesics (Narcotics only)	**All covered products**	**None**	TYLOX* ULTRACET ULTRAM* VICODIN* VICOPROFEN* ZYDONE

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

Drug name denotes all dosage forms and strengths

Updated 5/03/04

DRUG CLASS	PREFERRED GENERIC/OTC	PREFERRED BRAND	NON-PREFERRED BRAND
Platelet Aggregation Inhibitors	**All covered products**	**None**	AGGRENOX PERSANTINE* PLAVIX PLETAL TICLID*

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

Drug name denotes all dosage forms and strengths

Updated 4/15/04