

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday February 11, 2015  
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**

## First Generation Antihistamines

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ALDEX CT  
ALDEX D\*  
ARBINOXA\*  
J-TAN D PD  
J-TAN PD  
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

CENESTIN  
MENEST  
PREMARIN (TABLET)

### NON-PREFERRED BRAND or PA GENERIC

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

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

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## Biguanides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

FORTAMET\*  
GLUCOPHAGE\*  
GLUCOPHAGE XR\*  
RIOMET

\*Denotes generic available in at least one dosage form or strength  
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## Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

TRADJENTA

### NON-PREFERRED BRAND or PA GENERIC

JANUMET  
JANUMET XR  
JANUVIA  
JENTADUETO  
KAZANO  
KOMBIGLYZE XR  
NESINA  
ONGLYZA  
OSEN

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## Incretin Mimetics

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

BYDUREON  
BYETTA  
TANZEUM  
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

HUMALOG  
HUMALOG MIX 50/50  
HUMALOG MIX 75/25  
LANTUS  
LANTUS SOLOSTAR  
LEVEMIR  
NOVOLOG  
NOVOLOG MIX 70/30

### NON-PREFERRED BRAND or PA GENERIC

APIDRA  
APIDRA SOLOSTAR  
HUMULIN R 500

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## Meglitinides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

PRANDIN\*

### NON-PREFERRED BRAND or PA GENERIC

PRANDIMET  
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

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## Sodium-glucose Cotransport 2 Inhibitors

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

FARXIGA  
INVOKAMET  
INVOKANA

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## Sulfonylureas

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

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

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## Thiazolidinediones

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

ACTOS\*

### NON-PREFERRED BRAND or PA GENERIC

ACTOPLUS MET\*  
ACTOPLUS MET XR  
AVANDAMET  
AVANDARYL  
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

NONE

### NON-PREFERRED BRAND or PA GENERIC

ACTIVE OB\*  
 BAL-CARE DHA ESSENTIAL  
 CITRANATAL 90 DHA\*  
 CITRANATAL ASSURE\*  
 CITRANATAL B-CALM  
 CITRANATAL DHA\*  
 CITRANATAL HARMONY\*  
 CITRANATAL RX  
 CONCEPT DHA\*  
 CONCEPT OB\*  
 NATALVIT  
 NESTABS\*  
 NESTABS ABC  
 NESTABS DHA\*  
 NEXA PLUS  
 OB COMPLETE  
 OB COMPLETE ONE  
 OB COMPLETE PETITE  
 OB-COMplete PREMIER  
 OB COMPLETE WITH DHA  
 PAIRE OB PLUS DHA  
 PNV FOLIC ACID + IRON  
 PR NATAL 400\*  
 PR NATAL 430  
 PR NATAL 400 EC  
 PR NATAL 430 EC  
 PREFERA OB\*  
 PREFERA OB ONE\*  
 PREFERA-OB PLUS DHA\*  
 PRENATA  
 PRENATE AM  
 PRENATE CHEWABLE  
 PRENATE DHA  
 PRENATE ELITE

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## Multivitamin Preparations: Prenatal Vitamins continued

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

PRENATE ENHANCE  
 PRENATA ESSENTIAL  
 PRENATE MINI  
 PRENATE PIXIE  
 PRENATE RESTORE  
 PRENATE STAR  
 PREQUE 10  
 PROVIDA OB  
 RELANTE DHA\*  
 SELECT-OB  
 SELECT-OB + DHA\*  
 TL-SELECT DHA\*  
 TRICARE  
 TRICARE PRENATAL  
 COMPLEAT  
 TRICARE PRENATAL DHA  
 ONE  
 VINATE II  
 VINATE DHA RF  
 VINATE-M\*  
 VITAFOL-OB  
 VITAFOL-OB+DHA\*  
 VITAFOL-ONE\*  
 VITAFOL NANO  
 VITAFOL ULTRA  
 VP CH ULTRA

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