

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, November 4, 2015
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: ANTICHOLINERGIC AGENTS

Subclass Reviewed

Inhaled Antimuscarinics

AHFS Drug Class Re-reviewed: SYMPATHOMIMETIC (ADRENERGIC) AGONISTS

Subclass Reviewed

Respiratory Beta-Adrenergic Agonists

AHFS Drug Class Re-reviewed: RESPIRATORY TRACT ANTI-INFLAMMATORY AGENTS

Subclasses Reviewed

Leukotriene Modifiers

Inhaled Mast-Cell Stabilizers

Respiratory Agents- Corticosteroids

AHFS Drug Class Re-reviewed: SMOOTH MUSCLE RELAXANTS

Subclass Reviewed

Respiratory Smooth Muscle Relaxants

**AHFS Drug Class Re-reviewed: EYE, EAR, NOSE, AND THROAT (EENT)
PREPARATIONS**

Subclasses Reviewed

Intranasal Corticosteroids

Antiallergic Agents

Antibacterials

Vasoconstrictors

AHFS Drug Class Re-reviewed: ANDROGENS

Inhaled Antimuscarinics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ATROVENT HFA
SPIRIVA

NON-PREFERRED BRAND or PA GENERIC

INCRUSE ELLIPTA
TUDORZA PRESSAIR

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

Respiratory Beta-Adrenergic Agonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ANORO ELLIPTA
COMBIVENT RESPIMAT
PROAIR HFA
PROVENTIL HFA
SEREVENT DISKUS

NON-PREFERRED BRAND or PA GENERIC

ARCAPTA
BROVANA
FORADIL
PERFOROMIST
PROAIR RESPICLICK
STRIVERDI RESPIMAT
VENTOLIN HFA
XOPENEX*

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Leukotriene Modifiers

<u>PREFERRED GENERIC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	ACCOLATE* SINGULAIR* ZYFLO ZYFLO-CR

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Drug name denotes all dosage forms and strengths unless noted

Inhaled Mast-Cell Stabilizers

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

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Respiratory Agents- Corticosteroids

<u>PREFERRED GENERIC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	AEROSPAN ASMANEX TWISTHALER DULERA PULMICORT RESPULES* QVAR	ADVAIR DISKUS ADVAIR HFA ALVESCO ARNUITY ELLIPTA ASMANEX HFA BREO ELLIPTA BUDESONIDE (GENERIC) FLOVENT DISKUS FLOVENT HFA PULMICORT FLEXHALER SYMBICORT

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Respiratory Smooth Muscle Relaxants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ELIXOPHYLLIN*
LUFYLLIN
THEO-24

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Intranasal Corticosteroids

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NASONEX
QNASL
QNASL CHILDREN

NON-PREFERRED BRAND or PA GENERIC

BECONASE AQ
DYMISTA
FLONASE*
OMNARIS
RHINOCORT AQUA*
VERAMYST
ZETONNA

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EENT Antiallergic Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

BEPREVE
PATADAY

NON-PREFERRED BRAND or PA GENERIC

ALOCRIIL
ALOMIDE
ASTEPRO*
ELESTAT*
EMADINE
LASTACFT
PATANASE*
PATANOL
PAZEO

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EENT Antibacterials

PREFERRED GENERIC

All covered products

PREFERRED BRAND

BACTROBAN NASAL
CIPRO HC
CIPRODEX

NON-PREFERRED BRAND or PA GENERIC

AZASITE
BESIVANCE
BLEPH-10*
BLEPHAMIDE
CILOXAN*
COLY-MYCIN S
CORTISPORIN-TC
GARAMYCIN*
ILOTYCIN*
MAXITROL*
MOXEZA
NEOSPORIN*
OCUFLOX*
POLYTRIM*
PRED-G
TOBRADEX*
TOBRADEX ST
TOBREX*
VIGAMOX
ZYLET
ZYMAXID*

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EENT Vasoconstrictors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

TYZINE PEDIATRIC

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Androgens

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ANADROL
ANDRODERM
ANDROGEL*
ANDROID*
AVEED
AXIRON
DEPO-TESTOSTERONE*
FORTESTA
NATESTO
STRIANT
TESTIM*
TESTOPEL
TESTRED*
VOGELXO*

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