



# ALABAMA MEDICAID AGENCY PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). Drugs that are "preferred with clinical criteria" will also require a prior authorization request be submitted. If approval is given to dispense the requested drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (\*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

## Antihistamines

### First Generation

All covered generics

## Anti-infective Agents

### Adamantanes

All covered generics

### Amebicides

All covered generics

### Aminoglycosides

Bethkis Kitabis\*  
All covered generics (generic tobramycin inhalation solution requires a PA)

### Anthelmintics

All covered generics

### Antifungals

All covered generics

### Antimalarials

All covered generics

### Antituberculosis Agents

All covered generics

### Cephalosporins

All covered generics

### Chloramphenicol

All covered generics

### HCV Antivirals

Epluse<sup>CC</sup> Harvon<sup>CC</sup>  
Mavyret<sup>CC</sup> Technivie<sup>CC</sup>  
Viekira Pak<sup>CC</sup> Zepatier<sup>CC</sup>  
All covered generics

### Interferons

All covered generics

### Macrolides

All covered generics

### Miscellaneous Antibacterials

All covered generics

### Miscellaneous Antimycobacterials

All covered generics

### Miscellaneous Antiprotozoals

All covered generics

### Miscellaneous Antivirals

All covered generics

### Miscellaneous β-Lactams

All covered generics

### Neuraminidase Inhibitors

Relenza<sup>†</sup> Tamiflu<sup>†</sup>  
All covered generics

### Nucleosides and Nucleotides

All covered generics

### Penicillins

All covered generics

### Quinolones

All covered generics

### Sulfonamides

All covered generics

### Tetracyclines

All covered generics

### Urinary Anti-infectives

All covered generics

## Behavioral Health

### Alzheimer's Agents

Aricept\*  
All covered generics

### Antidepressants

All covered generics

### Anxiolytics/Sedatives/Hypnotics: Barbiturates

All covered generics

### Anxiolytics/Sedatives/Hypnotics:

#### Benzodiazepines

Diastat\* Diastat Acudial\*  
All covered generics (generic diazepam rectal kit requires a PA)

### Anxiolytics/Sedatives/Hypnotics:

#### Miscellaneous

All covered generics

### Cerebral Stimulants/Agents for ADHD-Short and Intermediate Acting

Focalin\* Ritalin\*  
All covered generics (generic dexamethylphenidate IR requires a PA)

## Behavioral Health (continued)

### Cerebral Stimulants/Agents for ADHD-Long Acting

Adderall XR\* Adzenys XR  
Concerta\* Focalin XR\*  
Kapvay\* Strattera\*  
Vyvanse (capsules only)  
All covered generics (generic amphetamine-dextroamphetamine ER, dexamethylphenidate ER, clonidine ER, and methylphenidate ER require a PA)

### Wakefulness Promoting Agents

Provigil\*  
All covered generics (generic modafinil requires a PA)

## Cardiovascular Health

### ACE Inhibitors

All covered generics

### Alpha-Adrenergic Blocking Agents

All covered generics

### Angiotensin II Receptor Antagonists

All covered generics

### Antiarrhythmics

All covered generics

### Oral Anticoagulants

Coumadin\* Eliquis  
Pradaxa Xarelto  
All covered generics

### Beta-Adrenergic Blocking Agents

All covered generics

### Calcium-Channel Blocking Agents

All covered generics

### Cardiotonic Agents

All covered generics

### Central Alpha-Agonists

Catapres-TTS\*  
All covered generics (generic clonidine patches requires a PA)

### Direct Vasodilators

All covered generics

### Diuretics

All covered generics

### Mineralocorticoid (Aldosterone) Receptor Antagonists

All covered generics

### Miscellaneous Cardiac Drugs

All covered generics

### Miscellaneous Hypotensive Agents

All covered generics

### Vasopressin Antagonists

All covered generics

### Nitrates/Nitrites

Nitro-Bid Nitrostat  
All covered generics

### PCSK9 Inhibitors

All covered generics

### Platelet-Aggregation Inhibitors

Brilinta  
All covered generics

### Renin Inhibitors

All covered generics

### Bile Acid Sequestrants

All covered generics

### Cholesterol Absorption Inhibitors

Zetia\*  
All covered generics (generic ezetimibe requires a PA)

### Fibric Acid Derivatives

All covered generics

### HMG-CoA Reductase Inhibitors

All covered generics

### Miscellaneous Antilipemic Agents

Niacor  
All covered generics

### Miscellaneous RAAS Inhibitors

Entresto  
All covered generics

## Diabetic Agents

### Alpha-Glucosidase Inhibitors

All covered generics

### Amylinomimetics

All covered generics

## Diabetic Agents (continued)

### Biguanides

All covered generics (generic metformin ER requires a PA)

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

Janumet Janumet XR  
Januvia  
All covered generics (generic alogliptin, alogliptin-metformin, and alogliptin-pioglitazone require a PA)

### Incretin Mimetics

All covered generics

### Insulins

Lantus Levemir  
Novolog Novolog Mix 70-30  
All covered generics and OTCs

### Meglitinides

Prandin\*  
All covered generics

### Sodium-glucose Cotransport 2 Inhibitors

All covered generics

### Sulfonylureas

All covered generics

### Thiazolidinediones

Actos\*  
All covered generics

## Disease-Modifying Antirheumatic Agents

### Cimzia<sup>CC</sup> Enbrel<sup>CC</sup>

Humira<sup>CC</sup>

All covered generics

## EENT Preparations

### Antiallergic Agents

Bepreve Patanase\*  
Pazeo  
All covered generics (generic olopatadine nasal spray requires a PA)

### Antibacterials

Besivance Blephamide  
Cipro HC Ciprodex  
Vigamox Zylet  
All covered generics (generic moxifloxacin ophthalmic solution requires a PA)

### Intranasal Corticosteroids

Omnaris QNASL  
QNASL Children  
All covered generics (generic mometasone nasal spray requires a PA)

### Vasostimulators

All covered generics

## Gastrointestinal Agents

### 5-HT<sub>3</sub> Receptor Antagonists

All covered generics

### Antihistamine Antiemetics

All covered generics

### Miscellaneous Antiemetics

All covered generics

### Proton-Pump Inhibitors

Nexium\*  
All covered generics (generic esomeprazole magnesium and omeprazole-sodium bicarbonate require a PA)

## Genitourinary Agents

### Genitourinary Smooth Muscle Relaxants

Oxytrol Toviaz  
All covered generics

## Immunomodulatory Agents used to treat

### Multiple Sclerosis

Aubagio Betaseron  
Copaxone Extavia  
Gilenya Rebif  
Tysabri  
All covered generics (Glatopa requires a PA)

## Pain Management/Autonomic Agents

### Centrally Acting Skeletal Muscle Relaxants

All covered generics (generic carisoprodol products require a PA)

### Direct-Acting Skeletal Muscle Relaxants

All covered generics

### GABA-Derivative Skeletal Muscle Relaxants

All covered generics

### Miscellaneous Skeletal Muscle Relaxants

All covered generics

### Opiate Agonists

All covered generics (generic methadone requires a PA)

### Opiate Partial Agonists

All covered generics (generic buprenorphine products require a PA)

### Selective Serotonin Agonists

Relpax  
All covered generics

## Hormones and Synthetic Substitutes

### Androgens

All covered generics

### Respiratory

#### Inhaled Antimuscarinics

Atrovent HFA Spiriva  
All covered generics

#### Inhaled Mast-Cell Stabilizers

All covered generics

#### Leukotriene Modifiers

All covered generics

#### Orally Inhaled Corticosteroids

Asmanex Twisthaler Dulera  
Pulmicort Respules\* QVAR  
All covered generics (generic budesonide inh soln requires a PA)

#### Respiratory Beta-Adrenergic Agonists

ProAir HFA Proventil HFA  
Serevent Diskus  
All covered generics

#### Respiratory Smooth Muscle Relaxants

All covered generics

## Skin and Mucous Membrane Agents

### Antibacterials

All covered generics

### Antifungals

All covered generics

### Anti-inflammatory Agents

Capex Shampoo  
All covered generics

### Antipruritics and Local Anesthetics

All covered generics

### Antivirals

Zovirax (cream)  
All covered generics

### Astringents

All covered generics

### Keratolytic Agents

All covered generics

### Keratoplastic Agents

All covered generics

### Miscellaneous Local Anti-infectives

All covered generics

### Misc Skin and Mucous Membrane Agents

Elidel  
All covered generics

### Scabicides and Pediculicides

Sklice Ulesfia  
All covered generics (generic lindane requires a PA)

## Women's Health

### Estrogens

Menest Premarin (tabs only)  
All covered generics

### Prenatal Vitamins

Citranatal 90 DHA\* Citranatal Assure\*  
Citranatal B-Calm Citranatal DHA  
Citranatal Harmony  
All covered generics

<sup>†</sup>The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.

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