



# 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 will use a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs and generics (unless otherwise specified) and over-the-counter (OTC) drugs covered by Medicaid will be available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred 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

#### 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

Harvon<sup>cc</sup> Technivie<sup>cc</sup>

Viekira Pak<sup>cc</sup> Zepatier<sup>cc</sup>

All covered generics

#### Interferons

PegIntron

All covered generics

#### Macrolides

All covered generics

#### Miscellaneous Antibacterials

All covered generics

#### Miscellaneous Antimycobacterials

All covered generics

#### Miscellaneous Antiprotozoals

Mepron\*

All covered generics (generic atovaquone

oral suspension requires a PA)

#### Miscellaneous Antivirals

All covered generics

#### Miscellaneous $\beta$ -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

### Behavioral Health (continued)

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

Focalin\* Ritalin\*

All covered generics (generic

dexamethylphenidate IR requires a PA)

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

Adderall XR\* Focalin XR\*

Kapvay\* Strattera

Vyvanse

All covered generics (generic amphetamine-

dextroamphetamine ER, dexamethylphenidate

ER, and clonidine 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\*

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

#### Nitrates/Nitrites

Nitro-Bid Nitrostat

All covered generics

#### Peripheral Adrenergic Inhibitors

All covered generics

#### Platelet-Aggregation Inhibitors

All covered generics

#### Renin Inhibitors

All covered generics

#### Bile Acid Sequestrants

All covered generics

#### Cholesterol Absorption Inhibitors

All covered generics

#### Fibric Acid Derivatives

All covered generics

#### HMG-CoA Reductase Inhibitors

All covered generics

#### Miscellaneous Antilipemic Agents

Niacor

All covered generics

### Diabetic Agents

#### Alpha-Glucosidase Inhibitors

All covered generics

#### Amylinomimetics

All covered generics

#### Biguanides

All covered generics (generic metformin ER

requires a PA)

### Diabetic Agents (continued)

#### 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

Bactroban Nasal Besivance

Blephamide Cipro HC

Ciprodex Cortisporin-TC

Moxeza Vigamox

Zylet

All covered generics (generic

ofloxacin otic drops requires a PA)

#### Intranasal Corticosteroids

Nasonex QNASL

QNASL Children

All covered generics

#### Vasoconstrictors

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

### Hormones and Synthetic Substitutes

#### Androgens

All covered generics

### Pain Management/Autonomic Agents

#### Centrally Acting Skeletal Muscle Relaxants

All covered generics (generic

carisoprodol products require a PA)

### Pain Management/Autonomic Agents (continued)

#### 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

### Respiratory

#### Inhaled Antimuscarinics

Atrovent HFA Spiriva

All covered generics

#### Inhaled Mast-Cell Stabilizers

All covered generics

#### Leukotriene Modifiers

All covered generics

#### Orally Inhaled Corticosteroids

Aerospan Asmanex Twisthaler

Dulera Pulmicort Respules\*

QVAR

All covered generics (generic budesonide inh

soln requires a PA)

#### Respiratory Beta-Adrenergic Agonists

Anoro Ellipta 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