

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
Date of Meeting: Wednesday, May 6, 2020
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

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

Subclasses Reviewed

Antiallergic Agents

Antibacterials

Vasoconstrictors

AHFS Drug Class Re-reviewed: ANDROGENS

AHFS Drug Class Re-reviewed: COMPLEMENT INHIBITORS FOR THE TREATMENT OF
HEREDITARY ANGIOEDEMA

Inhaled Antimuscarinics

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ATROVENT HFA INCRUSE ELLIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT TUDORZA PRESSAIR	LONHALA MAGNAIR SEEBRI NEOHALER YUPELRI

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

*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	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ANORO ELLIPTA BEVESPI COMBIVENT RESPIMAT PROAIR HFA* SEREVENT DISKUS STIOLTO RESPIMAT STRIVERDI RESPIMAT XOPENEX HFA*	albuterol HFA (generic) [‡] ARCAPTA BROVANA DUAKLIR levalbuterol HFA (generic) PERFORMIST PROAIR DIGIHALER [‡] PROAIR RESPICLICK [‡] PROVENTIL HFA* [‡] UTIBRON NEOHALER VENTOLIN HFA* [‡] XOPENEX INHALATION SOLUTION*

[‡]During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

Leukotriene Modifiers

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ACCOLATE* SINGULAIR* zileuton ER (generic) ZYFLO

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

Inhaled Mast-Cell Stabilizers

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	None

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

Respiratory Agents- Corticosteroids

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ADVAIR DISKUS* ADVAIR HFA ASMANEX HFA ASMANEX TWISTHALER DULERA FLOVENT DISKUS FLOVENT HFA PULMICORT FLEXHALER QVAR REDIMALER SYMBICORT*	AIRDUO RESPICLICK ALVESCO ARNUITY ELLIPTA BREO ELLIPTA fluticasone/salmeterol inhalation (generic) PULMICORT RESPULES* TRELEGY ELLIPTA

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

Respiratory Smooth Muscle Relaxants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	THEO-24

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

Intranasal Corticosteroids

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	OMNARIS ZETONNA	BECONASE AQ DYMISTA* NASONEX* QNASL QNASL CHILDREN SINUVA XHANCE

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

EENT Antiallergic Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	BEPREVE PAZEO	ALOCRIL ALOMIDE LASTACFT PATADAY* PATANASE* PATANOL*

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

EENT Antibacterials

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	BESIVANCE BLEPHAMIDE CIPRO HC CIPRODEX ZYLET	AZASITE BLEPH-10* CILOXAN* COLY-MYCIN S CORTISPORIN-TC MAXITROL* MOXEZA* moxifloxacin ophthalmic solution (generic) OCUFLOX* OTIPRIO OTOVEL* POLYTRIM* PRED-G TOBRADEX* TOBRADEX ST TOBEX* VIGAMOX* ZYMAXID*

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

EENT Vasoconstrictors

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	None

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

Androgens

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ANADROL ANDRODERM ANDROGEL* ANDROID* AVEED AXIRON* DEPO-TESTOSTERONE* FORTESTA* STRIANT TESTIM* TESTOPEL TESTRED* VOGELXO* XYOSTED

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

Complement Inhibitors for the Treatment of Hereditary Angioedema

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	BERINERT CINRYZE FIRAZYR* HAEGARDA KALBITOR RUCONEST TAKHZYRO

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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