

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday August 14, 2013
Preferred Drug List Final**

AHFS Drug Class Reviewed: ANDROGENS

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
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**

Androgens

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ANADROL
ANDRODERM
ANDROGEL
ANDROID
AXIRON
DELATESTRYL*
DEPO-
TESTOSTERONE*
FORTESTA
OXANDRIN*
STRIANT
TESTIM
TESTRED

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

Inhaled Antimuscarinics

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

ATROVENT HFA
SPIRIVA

NON-PREFERRED BRAND or PA GENERIC

TUDORZA PRESSAIR

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Drug name denotes all dosage forms and strengths unless noted

Respiratory Beta-Adrenergic Agonists

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

COMBIVENT
COMBIVENT RESPIMAT
MAXAIR AUTOHALER
PROAIR HFA
PROVENTIL HFA
SEREVENT DISKUS
XOPENEX HFA

NON-PREFERRED BRAND or PA GENERIC

ACCUNEB*
ARCAPTA
BROVANA
DUONEB*
FORADIL
PERFOROMIST
VENTOLIN HFA
XOPENEX*

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Leukotriene Modifiers

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

ACCOLATE*

NON-PREFERRED BRAND or PA GENERIC

SINGULAIR*
ZYFLO
ZYFLO-CR

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Inhaled Mast-Cell Stabilizers

PREFERRED
GENERIC/OTC

All covered products

PREFERRED
BRAND

NONE

NON-PREFERRED
BRAND or PA
GENERIC

NONE

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Respiratory Agents-Corticosteroids

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

ADVAIR DISKUS
ADVAIR HFA
ASMANEX
DULERA
FLOVENT DISKUS
FLOVENT HFA
PULMICORT
FLEXHALER
QVAR

NON-PREFERRED BRAND or PA GENERIC

ALVESCO
PULMICORT RESPULES*
SYMBICORT

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Respiratory Smooth Muscle Relaxants

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ELIXOPHYLLIN
LUFYLLIN
THEO-24

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Intranasal Corticosteroids

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

BECONASE AQ
NASONEX

NON-PREFERRED BRAND or PA GENERIC

DYMISTA
FLONASE*
NASACORT AQ*
OMNARIS
QNASL
RHINOCORT AQUA
VERAMYST
ZETONNA

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Antiallergic Agents

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

ASTELIN*
ASTEPRO
PATADAY
PATANASE

NON-PREFERRED BRAND or PA GENERIC

ALOCRIIL
ALOMIDE
BEPREVE
ELESTAT*
EMADINE
LASTACAFT
OPTIVAR*
PATANOL

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Antibacterials

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

AZASITE
BACTROBAN NASAL
BESIVANCE
BLEPHAMIDE
BLEPHAMIDE S.O.P.
BLEPH-10*
CIPRODEX
TOBREX*
VIGAMOX

NON-PREFERRED BRAND or PA GENERIC

CILOXAN*
CIPRO HC
COLY-MYCIN S
CORTISPORIN*
CORTISPORIN-TC
GARAMYCIN*
ILOTYCIN*
MAXITROL*
MOXEZA
NEOSPORIN*
OCUFLOX*
POLYTRIM*
PRED-G
TOBRADEX*
TOBRADEX ST
ZYLET
ZYMAXID

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Vasoconstrictors

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ADRENALIN

MYDRIN*

TYZINE

TYZINE PEDIATRIC

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