

Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
Date of Meeting: Wednesday, February 7, 2024
Preferred Drug List Final

AHFS Drug Class Re-reviewed: ORAL ANTICOAGULANTS

AHFS Drug Class Re-reviewed: PLATELET-AGGREGATION INHIBITORS

AHFS Drug Class Re-reviewed: VASODILATING AGENTS, MISCELLANEOUS

AHFS Drug Class Re-reviewed: ANTIARRHYTHMIC AGENTS

AHFS Drug Class Re-reviewed: CARDIOTONIC AGENTS

AHFS Drug Class Re-reviewed: CARDIAC DRUGS, MISCELLANEOUS

AHFS Drug Class Re-reviewed: BILE ACID SEQUESTRANTS

AHFS Drug Class Re-reviewed: CHOLESTEROL ABSORPTION INHIBITORS

AHFS Drug Class Re-reviewed: FIBRIC ACID DERIVATIVES

AHFS Drug Class Re-reviewed: HMG-CoA REDUCTASE INHIBITORS

AHFS Drug Class Reviewed: PROPROTEIN CONVERTASE SUBTILISIN KEXIN
TYPE 9 (PCSK9) INHIBITORS

AHFS Drug Class Re-reviewed: ANTILIPEMIC AGENTS, MISCELLANEOUS

AHFS Drug Class Re-reviewed: NITRITES AND NITRATES

AHFS Drug Class Re-reviewed: MISCELLANEOUS RENIN-ANGIOTENSIN-
ALDOSTERONE SYSTEM INHIBITORS

AHFS Drug Class Re-reviewed: ANTIDEPRESSANTS

Oral Anticoagulants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ELIQUIS PRADAXA* XARELTO	DABIGATRAN (generic) SAVAYSA

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

Platelet-aggregation Inhibitors

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	BRILINTA	EFFIENT* PLAVIX* ZONTIVITY

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Drug name denotes all dosage forms and strengths unless noted

Vasodilating Agents, Miscellaneous

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

Antiarrhythmic Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	MULTAQ NEXTERONE NORPACE* NORPACE CR PACERONE* RYTHMOL SR* TIKOSYN*

Cardiotonic Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	LANOXIN* LANOXIN PEDIATRIC

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Drug name denotes all dosage forms and strengths unless noted

Cardiac Drugs, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ASPRUZYO SPRINKLE ER CAMZYOS CORLANOR RANEXA* VYNDAMAX VYNDAQEL

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Drug name denotes all dosage forms and strengths unless noted

Bile Acid Sequestrants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	COLESTID* QUESTRAN* QUESTRAN LIGHT* WELCHOL*

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Drug name denotes all dosage forms and strengths unless noted

Cholesterol Absorption Inhibitors

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

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Drug name denotes all dosage forms and strengths unless noted

Fibric Acid Derivatives

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ANTARA* FENOGLIDE* LIPOFEN* LOPID* TRICOR* TRILIPIX*

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HMG-CoA Reductase Inhibitors

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ALTOPREV ATORVALIQ CADUET* EZALLOR LESCOL XL* LIPITOR* LIVALO VYTORIN* ZOCOR* ZYPITAMAG

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Drug name denotes all dosage forms and strengths unless noted

Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors

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

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Antilipemic Agents, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	VASCEPA*	EVKEEZA ICOSAPENT ETHYL (generic) JUXTAPID LEQVIO LOVAZA* NEXLETOL NEXLIZET NIASPAN*

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Drug name denotes all dosage forms and strengths unless noted

Nitrites and Nitrates

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NITRO-BID NITROSTAT*	GONITRO ISORDIL* ISORDIL TITRADOSE* NITRO-DUR* NITROLINGUAL*

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Drug name denotes all dosage forms and strengths unless noted

Miscellaneous Renin-Angiotensin-Aldosterone System Inhibitors

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

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Drug name denotes all dosage forms and strengths unless noted

Antidepressants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ANAFRANIL* APLENZIN AUVELITY ER BRISDELLE* CELEXA* CYMBALTA* DESVENLAFAXINE ER DRIZALMA SPRINKLE EFFEXOR XR* EMSAM FETZIMA FORFIVO XL* LEXAPRO* MARPLAN NARDIL* NORPRAMIN* PAMELOR* PAXIL* PAXIL CR* PEXEVA PRISTIQ* PROZAC* REMERON* SERTRALINE CAPSULES SILENOR* SPRAVATO TRINTELLIX VIIBRYD* WELLBUTRIN SR* WELLBUTRIN XL* ZOLOFT*