

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

Date of Meeting: Wednesday, November 8, 2017

Preferred Drug List Final

AHFS Drug Class Re-reviewed: HYPOTENSIVE AGENTS

Subclasses Reviewed

Central Alpha-Agonists
Direct Vasodilators
Peripheral Adrenergic Inhibitors
Hypotensive Agents, Miscellaneous

AHFS Drug Class Re-reviewed: ALPHA-ADRENERGIC BLOCKING AGENTS

AHFS Drug Class Re-reviewed: BETA-ADRENERGIC BLOCKING AGENTS

AHFS Drug Class Re-reviewed: CALCIUM-CHANNEL BLOCKING AGENTS

Subclasses Reviewed

Dihydropyridines
Calcium-Channel Blocking Agents, Miscellaneous

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

Subclasses Reviewed

Angiotensin-Converting Enzyme Inhibitors
Angiotensin II Receptor Antagonists
Mineralocorticoid (Aldosterone) Receptor Antagonists
Renin Inhibitors

AHFS Drug Class Re-reviewed: DIURETICS

Subclasses Reviewed

Loop Diuretics
Potassium-Sparing Diuretics
Thiazide Diuretics
Thiazide-like Diuretics
Vasopressin Antagonists
Diuretics, Miscellaneous

AHFS Drug Class Re-reviewed: HCV ANTIVIRALS

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

^cDenotes agent is preferred with clinical criteria in place

Central Alpha-Agonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

CATAPRES-TTS*

NON-PREFERRED BRAND or PA GENERIC

CATAPRES*
clonidine
patches (generic)

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

^cDenotes agent is preferred with clinical criteria in place

Direct Vasodilators

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

BIDIL

*Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

^cDenotes agent is preferred with clinical criteria in place

Peripheral Adrenergic Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

*Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

^cDenotes agent is preferred with clinical criteria in place

Hypotensive Agents, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

VECAMYL

*Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

^cDenotes agent is preferred with clinical criteria in place

Alpha-Adrenergic Blocking Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CARDURA*
CARDURA XL
MINIPRESS*

*Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

^cDenotes agent is preferred with clinical criteria in place

Beta-Adrenergic Blocking Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

BETAPACE*
BETAPACE AF*
BYSTOLIC
COREG*
COREG CR
CORGARD*
CORZIDE*
DUTOPROL
HEMANGEOL
INDERAL LA*
INDERAL XL
INNOPRAN XL
LEVATOL
LOPRESSOR*
SOTYLIZE
TENORETIC*
TENORMIN*
TOPROL XL*
ZIAC*

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

^cDenotes agent is preferred with clinical criteria in place

Dihydropyridines

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ADALAT CC*
AZOR*
CLEVIPREX
EXFORGE*
EXFORGE HCT*
LOTREL*
NORVASC*
NYMALIZE
PRESTALIA
PROCARDIA*
PROCARDIA XL*
SULAR*

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

^cDenotes agent is preferred with clinical criteria in place

Calcium-Channel Blocking Agents, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CALAN*
CALAN SR*
CARDIZEM*
CARDIZEM CD*
CARDIZEM LA*
MATZIM LA*
TIAZAC*
VERELAN*
VERELAN PM*

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

^cDenotes agent is preferred with clinical criteria in place

Angiotensin-Converting Enzyme Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ACCUPRIL*
ACCURETIC*
ACEON*
ALTACE*
EPANED
LOTENSIN*
LOTENSIN HCT*
PRINIVIL*
PRINZIDE*
QBRELIS
TARKA*
VASERETIC*
VASOTEC*
ZESTORETIC*
ZESTRIL*

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

^cDenotes agent is preferred with clinical criteria in place

Angiotensin II Receptor Antagonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ATACAND*
ATACAND HCT*
AVALIDE*
AVAPRO*
BENICAR*
BENICAR HCT*
BYVALSON
COZAAR*
DIOVAN*
DIOVAN HCT*
EDARBI
EDARBYCLOR
HYZAAR*
MICARDIS*
MICARDIS HCT*
TRIBENZOR*
TWINSTA*

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

^cDenotes agent is preferred with clinical criteria in place

Mineralocorticoid (Aldosterone) Receptor Antagonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ALDACTAZIDE*
ALDACTONE*
INSPRA*

*Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

^cDenotes agent is preferred with clinical criteria in place

Renin Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

TEKTURNA
TEKTURNA HCT

*Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

^cDenotes agent is preferred with clinical criteria in place

Loop Diuretics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DEMADEX*
EDECIN*
LASIX*

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

^cDenotes agent is preferred with clinical criteria in place

Potassium-Sparing Diuretics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DYAZIDE*
DYRENIUM
MAXZIDE*

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

^cDenotes agent is preferred with clinical criteria in place

Thiazide Diuretics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DIURIL
MICROZIDE*

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

^cDenotes agent is preferred with clinical criteria in place

Thiazide-like Diuretics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

*Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

^cDenotes agent is preferred with clinical criteria in place

Vasopressin Antagonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

SAMSCA

*Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

^cDenotes agent is preferred with clinical criteria in place

Diuretics, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

*Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

^cDenotes agent is preferred with clinical criteria in place

HCV Antivirals

PREFERRED GENERIC

All covered products

PREFERRED BRAND

EPCLUSA^{CC}
HARVONI^{CC}
MAVYRET^{CC}
TECHNIVIE^{CC}
VIEKIRA PAK^{CC}
ZEPATIER^{CC}

NON-PREFERRED BRAND or PA GENERIC

DAKLINZA
OLYSIO
SOVALDI
VIEKIRA XR
VOSEVI

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

^{CC}Denotes agent is preferred with clinical criteria in place