



# 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 implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). Drugs that are "preferred with clinical criteria" will also require a prior authorization request be submitted. If approval is given to dispense the requested 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 (generic tobramycin inhalation solution requires a PA)

### **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> Viekira XR<sup>CC</sup>  
Zepatier<sup>CC</sup>

### **Interferons**

All covered generics

### **Macrolides**

All covered generics

### **Miscellaneous Antibacterials**

All covered generics

### **Miscellaneous Antimycobacterials**

All covered generics

### **Miscellaneous Antiprotozoals**

All covered generics

### **Miscellaneous Antivirals**

All covered generics

### **Miscellaneous $\beta$ -Lactams**

All covered generics

### **Neuraminidase Inhibitors**

Relenza<sup>†</sup> Tamiflu\*  
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

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

Focalin\* Ritalin\*  
All covered generics (generic dextmethylphenidate IR requires a PA)

## **Behavioral Health (continued)**

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

Adderall XR\* Focalin XR\*  
Kapvay\* Strattera\*  
Vyvanse (capsules only)  
All covered generics (generic amphetamine-dextroamphetamine ER, dextmethylphenidate 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)

### **Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**

Janumet Janumet XR  
Januvia  
All covered generics (generic alogliptin, alogliptin-metformin, and alogliptin-pioglitazone require a PA)

## **Diabetic Agents (continued)**

### **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**

Omnares QNASL  
QNASL Children  
All covered generics (generic mometasone nasal spray requires a PA)

### **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

## **Immunomodulatory Agents used to treat**

### **Multiple Sclerosis**

Aubagio Betaseron  
Copaxone Extavia  
Gilenya Rebif  
Tysabri  
All covered generics (Glatopa requires a PA)

## **Pain Management/Autonomic Agents**

### **Centrally Acting Skeletal Muscle Relaxants**

All covered generics (generic carisoprodol products require a PA)

### **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**

Asmanex Twisthaler Dulera  
Pulmicort Respules\* QVAR  
All covered generics (generic budesonide inh soln requires a PA)

### **Respiratory Beta-Adrenergic Agonists**

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

### **Keratoplastic Agents**

All covered generics

### **Miscellaneous Local Anti-infectives**

All covered generics

### **Misc Skin and Mucous Membrane Agents**

Elidel  
All covered generics  
Scabicides and Pediculicides  
Sklice Ulesfia  
All covered generics (generic lindane requires a PA)

## **Women's Health**

### **Estrogens**

Menest Premarin (tabs only)  
All covered generics

### **Prenatal Vitamins**

Citranatal 90 DHA\* Citranatal Assure\*  
Citranatal B-Calm Citranatal DHA  
Citranatal Harmony  
All covered generics

\*The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.

<sup>CC</sup>Denotes agent is preferred with clinical criteria in place.