



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.

Antigout Agents

Colcrys*
All covered generics (generic colchicine tablets require a PA)

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
Eplclusa^{CC} Harvon^{CC}*
Mavyret^{CC} Zepatier^{CC}
All covered generics

Interferons
All covered generics

Macrolides
Xifaxan
All covered generics

Miscellaneous Antibacterials
All covered generics

Miscellaneous Antimycobacterials
All covered generics

Miscellaneous Antiprotozoals
All covered generics

Miscellaneous Antivirals
All covered generics

Miscellaneous β-Lactams
All covered generics

Neuraminidase Inhibitors
Relenza[†] Tamiflu*
Xofluza[†]
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
Diatat* Diastat Acudial*
All covered generics

Anxiolytics/Sedatives/Hypnotics: Miscellaneous
All covered generics

Cerebral Stimulants/Agents for ADHD-Short and Intermediate Acting
Ritalin*
All covered generics

Behavioral Health (continued)

Cerebral Stimulants/Agents for ADHD-Long Acting
Adderall XR* Adhansia XR
Concerta* Focalin XR*
Vyvanse
All covered generics (generic amphetamine-dextroamphetamine ER, dexamethylphenidate ER, and methylphenidate ER require a PA)

Wakefulness Promoting Agents
All covered generics

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* Eliquis
Pradaxa Xarelto
All covered generics

Beta-Adrenergic Blocking Agents
Bystolic Hemangeol^{CC}
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 require a PA)

Direct Vasodilators
All covered generics

Diuretics
All covered generics

Mineralocorticoid (Aldosterone) Receptor Antagonists
All covered generics

Miscellaneous Cardiac Drugs
All covered generics

Miscellaneous Hypotensive Agents
All covered generics

Vasopressin Antagonists
All covered generics

Nitrates/Nitrites
Nitro-Bid Nitrostat*
All covered generics

PCSK9 Inhibitors
All covered generics

Platelet-Aggregation Inhibitors
Brinta
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
All covered generics

Miscellaneous RAAS Inhibitors
Entresto
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 Jentaduetto
Kombiglyze XR Onglyza
Tradjenta
All covered generics (generic alogliptin, alogliptin-metformin, and alogliptin-pioglitazone require a PA)

Diabetic Agents (continued)

Incretin Mimetics
Byetta Trulicity
Victoza
All covered generics

Insulins
Humalog Mix Lantus
Levermir Novolog
Novolog Mix 70-30
All covered generics and OTCs

Meglitinides
All covered generics

Sodium-glucose Cotransport 2 Inhibitors
Farxiga Invokamet
Invokana Jardiance
All covered generics

Sulfonylureas
All covered generics

Thiazolidinediones
Actos*
All covered generics

Disease-Modifying Antirheumatic Agents
Cimzia^{CC} Enbrel^{CC}
Humira^{CC}
All covered generics

EENT Preparations

Antiallergic Agents
Bepreve Pazeo
All covered generics

Antibacterials
Besivance Blephamide
Cipro HC Ciprodex*
Zylet
All covered generics (generic moxifloxacin ophthalmic solution requires a PA)

Intranasal Corticosteroids
Omnaris Zetonna
All covered generics

Vasoconstrictors
All covered generics

Gastrointestinal Agents

5-HT₃ Receptor Antagonists
All covered generics

Antihistamine Antiemetics
All covered generics

Miscellaneous Antiemetics
All covered generics

Proton-Pump Inhibitors
All covered generics (generic omeprazole-sodium bicarbonate requires a PA)

Genitourinary Agents

Genitourinary Smooth Muscle Relaxants
Oxytrol Toviaz
All covered generics

Growth Hormone Agents
Zomacton^{CC}
All covered generics

Hereditary Angioedema Agents
All covered generics

Immunomodulatory Agents used to treat Multiple Sclerosis
Aubagio Betaseron
Copaxone* Gilenya
Rebif Tysabri
All covered generics (generic glatiramer requires a PA)

Pain Management/Autonomic Agents

Centrally Acting Skeletal Muscle Relaxants
All covered generics (generic carisoprodol products require a PA)

CGRP Antagonists
Aimovig^{CC}
All covered generics

Direct-Acting Skeletal Muscle Relaxants
All covered generics

GABA-Derivative Skeletal Muscle Relaxants
All covered generics

Miscellaneous Skeletal Muscle Relaxants
All covered generics

Pain Management/Autonomic Agents (continued)

Opiate Agonists
All covered generics (generic methadone requires a PA)

Opiate Partial Agonists
Suboxone^{CC}* Sublocade^{CC}
Zubsolv^{CC}
All covered generics (generic buprenorphine products and generic buprenorphine-naloxone films require a PA)

Selective Serotonin Agonists
All covered generics

Hormones and Synthetic Substitutes

Androgens
All covered generics

Respiratory

Inhaled Antimuscarinics
Atrovent HFA Incruse Ellipta
Spiriva Tudorza
All covered generics

Inhaled Mast-Cell Stabilizers
All covered generics

Leukotriene Modifiers
All covered generics (generic zileuton ER requires a PA)

Orally Inhaled Corticosteroids
Advair Diskus* Advair HFA
Asmanex HFA Asmanex Twisthaler
Dulera Flovent Diskus
Flovent HFA Pulmicort Flexhaler
Qvar Redihaler Symbicort*
All covered generics (generic fluticasone-salmeterol requires a PA)

Respiratory Beta-Adrenergic Agonists
Anoro Ellipta Bevespi
Combivent Respimat ProAir HFA*
Serevent Diskus Stiolto Respimat
Striverdi Respimat Xopenex HFA*
All covered generics (generic albuterol HFA and levalbuterol HFA require a PA)

Respiratory Smooth Muscle Relaxants
All covered generics

Skin and Mucous Membrane Agents

Antibacterials
All covered generics

Antifungals
All covered generics

Antipruritics and Local Anesthetics
All covered generics

Antivirals
Zovirax (cream)
All covered generics

Astringents
All covered generics

Cell Stimulants and Proliferants
All covered generics

Corticosteroids
Capex Shampoo
All covered generics

Keratolytic Agents
All covered generics

Keratoplastic Agents
All covered generics

Miscellaneous Anti-inflammatory Agents
Eucrisa^{CC}
All covered generics

Miscellaneous Local Anti-infectives
All covered generics

Misc Skin and Mucous Membrane Agents
Elidel
All covered generics (generic pimecrolimus requires a PA)

Nonsteroidal Anti-inflammatory Agents
All covered generics

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

Women's Health

Estrogens
Premarin (tabs only) Prempro
All covered generics

Prenatal Vitamins
Citranatal 90 DHA Citranatal Assure
Citranatal B-Calm Citranatal Bloom
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.

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