



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.

<p>Antiquout Agents All covered generics (generic colchicine capsules require a PA)</p> <p>Antihistamines First Generation All covered generics</p> <p>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 Epclusa^{CC+} Harvon^{CC+} Mavyret^{CC} Zepatier^{CC} All covered generics Interferons All covered generics Macrolides All covered generics Miscellaneous Antibacterials All covered generics (generic bacitracin for injection requires a PA) 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</p> <p>Behavioral Health Alzheimer's Agents Aricept* All covered generics Antidepressants All covered generics Anxiolytics/Sedatives/Hypnotics: Barbiturates All covered generics Anxiolytics/Sedatives/Hypnotics: Benzodiazepines Diazepam* 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 Cerebral Stimulants/Agents for ADHD-Long Acting Adderall XR* Concerta* Daytrana* Focalin XR* Vyvanse[†] capsule All covered generics (generic methylphenidate ER and methylphenidate transdermal patch require a PA)</p>	<p>Behavioral Health (continued) Orexin Receptor Antagonists All covered generics Wakefulness Promoting Agents All covered generics</p> <p>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 Eliquis Pradaxa* Xarelto All covered generics (generic dabigatran requires a PA) Beta-Adrenergic Blocking Agents Hemangeol^{CC} All covered generics Calcium-Channel Blocking Agents All covered generics Cardiotonic Agents All covered generics Central Alpha-Agonists All covered generics 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 Brilinta 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 Vascepa* All covered generics (generic icosapent ethyl requires a PA) Miscellaneous RAAS Inhibitors Entresto All covered generics</p> <p>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 Jentadueto Jentadueto XR Kazano Kombiglyze XR* Nesina Onglyza* Oseni Tradjenta All covered generics (generic alogliptin, alogliptin-metformin, alogliptin-pioglitazone, saxagliptin, and saxagliptin-metformin require a PA) Incretin Mimetics Bydureon Bcise^{CC} Byetta^{CC} Ozempic^{CC} Rybelsus^{CC} Trulicity^{CC} Victoza^{CC} All covered generics</p>	<p>Diabetic Agents (continued) Insulins Apidra Apidra Solostar Humalog* Humalog Mix Levemir Novolog* Novolog Mix 70-30 All covered generics and OTCs (generic insulin glargine, and insulin lispro require a PA) Meglitinides All covered generics Sodium-glucose Cotransport 2 Inhibitors Farxiga Invokamet Invokana Jardiance Synjardy Synjardy XR Xigduo XR All covered generics Sulfonylureas All covered generics Thiazolidinediones All covered generics</p> <p>Disease-Modifying Antirheumatic Agents Enbrel^{CC} Humira^{CC} All covered generics</p> <p>EENT Preparations Antiallergic Agents Bepreve Dymista* All covered generics (generic azelastine/fluticasone nasal spray requires a PA) Antibacterials Besivance Blephamide Cipro HC Ciprodex* Zylet All covered generics Intranasal Corticosteroids Omnaris Zetonna All covered generics Vasoconstrictors All covered generics</p> <p>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)</p> <p>Genitourinary Agents Genitourinary Smooth Muscle Relaxants Oxytrol Toviaz* All covered generics</p> <p>Hereditary Angioedema Agents All covered generics</p> <p>Immunomodulatory Agents used to treat Multiple Sclerosis Avonex Betaseron Copaxone* Rebif Tysabri All covered generics (generic glatiramer requires a PA)</p>	<p>Pain Management/Autonomic Agents (continued) Selective Serotonin Agonists All covered generics</p> <p>Hormones and Synthetic Substitutes Androgens All covered generics Growth Hormone Agents Genotropin^{CC} Omnitrope^{CC} Skytrofa^{CC} Zomacton^{CC} All covered generics</p> <p>Respiratory Inhaled Antimuscarinics Atrovent HFA Incruse Ellipta Spiriva All covered generics (generic tiotropium bromide requires a PA) 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* AirDuo RespiClick* Arnuity Ellipta Asmanex HFA Asmanex Twisthaler Breo Ellipta Dulera Flovent Diskus[^] Flovent HFA^{^A} Pulmicort Flexhaler Symbicort* All covered generics (generic fluticasone-salmeterol [Diskus] and [Advair HFA] require a PA) Respiratory Beta-Adrenergic Agonists Anoro Ellipta Bevespi Combivent RespiMat ProAir Digihaler^A ProAir Respiclick Proventil HFA* Serevent Diskus Stiolto RespiMat Striverdi RespiMat Ventolin HFA* All covered generics Respiratory Smooth Muscle Relaxants All covered generics</p> <p>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 All covered generics Immunomodulatory Agents Adbry^{CC} Dupixent^{CC} 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 Eidel[†] 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)</p> <p>Women's Health Estrogens Premarin (tabs only) Prempro All covered generics Prenatal Vitamins Select-OB + DHA Vitafof Fe+ softgel Vitafof-Nano tablet Vitafof-OB caplet Vitafof-OB+DHA Vitafof-One softgel Vitafof prenatal w/iron gummies Vitafof Ultra softgel All covered generics</p>
--	---	---	--

[†]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.

^AFlovent HFA and Flovent Diskus discontinued 12/31/2023. Proair Digihaler, ArmonAir Digihaler, Airduo Digihaler to be discontinued 6/1/2024.