

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, November 3, 2021  
Preferred Drug List Final**

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIFUNGAL AGENTS**

**Subclasses Reviewed**

- Antifungal: Allylamines
- Antifungal: Azoles
- Antifungal: Echinocandins
- Antifungal: Polyenes
- Antifungal: Pyrimidines
- Antifungal: Antifungals, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIMYCOBACTERIAL AGENTS**

**Subclasses Reviewed**

- Antimycobacterial: Antituberculosis Agents
- Antimycobacterial: Antimycobacterials, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIVIRAL AGENTS**

**Subclasses Reviewed**

- Antiviral: Adamantanes
- Antiviral: Interferons
- Antiviral: Neuraminidase Inhibitors
- Antiviral: Nucleosides and Nucleotides
- Antiviral: HCV Antivirals
- Antiviral: Antivirals, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIPROTOZOAL AGENTS**

**Subclasses Reviewed**

- Antiprotozoal: Amebicides
- Antiprotozoal: Antimalarials
- Antiprotozoal: Antiprotozoals, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE URINARY ANTI-INFECTIVE AGENTS**

**AHFS Drug Class Re-reviewed: FIRST GENERATION ANTIHISTAMINES**

**AHFS Drug Class Re-reviewed: ESTROGENS**

**AHFS Drug Class Re-reviewed: ANTIDIABETIC AGENTS**

**Subclasses Reviewed**

- Alpha-Glucosidase Inhibitors
- Amylinomimetics
- Biguanides
- Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

**Incretin Mimetics**  
**Insulins**  
**Meglitinides**  
**Sodium-glucose Cotransport 1 Inhibitors**  
**Sodium-glucose Cotransport 2 Inhibitors**  
**Sulfonylureas**  
**Thiazolidinediones**  
**Antidiabetic Agents, Miscellaneous**

**AHFS Drug Class Re-reviewed: MULTIVITAMIN PREPARATIONS; PRENATAL VITAMINS**

**AHFS Drug Class Re-reviewed: IMMUNOMODULATORY AGENTS USED TO TREAT MULTIPLE SCLEROSIS**

**AHFS Drug Class Reviewed: ANTIGOUT AGENTS**

**AHFS Drug Class Re-reviewed: GENITOURINARY SMOOTH MUSCLE RELAXANTS**

**Subclasses Reviewed**

**Antimuscarinics**

**Beta-3 Adrenergic Agonists**

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

## Allylamines

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

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Drug name denotes all dosage forms and strengths unless noted

## Azoles

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	CRESEMBA DIFLUCAN* NOXAFIL* SPORANOX* TOLSURA VFEND*

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

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	CANCIDAS* ERAXIS MYCAMINE*

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

## Polyenes

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	ABELCET AMBISOME

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

## Pyrimidines

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	ANCOBON*

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

## Antifungals, Miscellaneous

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

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

## Antituberculosis Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	MYAMBUTOL* MYCOBUTIN* PASER PRIFTIN RIFADIN* SIRTURO TRECATOR

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Drug name denotes all dosage forms and strengths unless noted

## Antimycobacterials, Miscellaneous

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

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Drug name denotes all dosage forms and strengths unless noted

## Adamantanes

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

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

## Interferons

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	INTRON A PEGASYS

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

## Neuraminidase Inhibitors

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	RELENZA <sup>†</sup> TAMIFLU <sup>†*</sup>	RAPIVAB

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

<sup>†</sup>The preferred status is contingent upon statewide influenza epidemiology status as reported by the CDC  
Drug name denotes all dosage forms and strengths unless noted

## Nucleosides and Nucleotides

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	BARACLUDGE* CYTOVENE* HEPSERA* SITAVIG VALCYTE* VALTREX* VEKLURY VEMLIDY VIRAZOLE* ZOVIRAX*

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

## HCV Antivirals

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
Generic formulations must meet clinical criteria	EPCLUSA* <sup>CC</sup> HARVONI* <sup>CC</sup> MAVYRET <sup>CC</sup> ZEPATIER <sup>CC</sup>	SOVALDI VIEKIRA PAK VOSEVI

\*Denotes generic available in at least one dosage form or strength  
 Drug name denotes all dosage forms and strengths unless noted  
<sup>CC</sup>Denotes agent is preferred with clinical criteria in place

## Antivirals, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	XOFLUZA <sup>†</sup>	FOSCAVIR* PREVYMIS

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

Drug name denotes all dosage forms and strengths unless noted

<sup>†</sup>The preferred status is contingent upon statewide influenza epidemiology status as reported by the CDC

## Amebicides

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	None

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

## Antimalarials

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	COARTEM DARAPRIM* KRINTAFEL MALARONE* QUALAQUIN*

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## Antiprotozoals, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	FLAGYL* LAMPIT MEPRON* NEBUPENT* PENTAM 300* SOLOSEC

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## Urinary Anti-infectives

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	HIPREX* HYOPHEN MACROBID* MACRODANTIN* MONUROL* PHOSPHASAL URIBEL URIMAR T USTELL UTIRA-C

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

## First Generation Antihistamines

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	KARBINAL ER RYCLORA RYVENT

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Drug name denotes all dosage forms and strengths unless noted  
°Denotes agent is preferred with clinical criteria in place

## Estrogens

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	PREMARIN (TABLET) PREMPRO	ACTIVELLA* AMABELZ* ANGELIQ BIJUVA CLIMARA* CLIMARA PRO COMBIPATCH DELESTROGEN* DEPO-ESTRADIOL DIVIGEL DUAVEE ELESTRIN ESTRACE* ESTRING EVAMIST FEMRING JINTELI* MENEST MENOSTAR MIMVEY* MINIVELLE* PREFEST PREMARIN (CREAM AND INJECTION) PREMPHASE VAGIFEM* VIVELLE-DOT*

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

## Alpha-Glucosidase Inhibitors

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

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## Amylinomimetics

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

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Drug name denotes all dosage forms and strengths unless noted

## Biguanides

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	FORTAMET* GLUMETZA* metformin ER (generic Fortamet and Glumetza) RIOMET*

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Drug name denotes all dosage forms and strengths unless noted

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

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	JANUMET JANUMET XR JANUVIA JENTADUETO JENTADUETO XR KAZANO* KOMBIGLYZE XR NESINA* ONGLYZA OSENI* TRADJENTA	alogliptin alogliptin-metformin alogliptin-pioglitazone

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# Incretin Mimetics

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	BYETTA TRULICITY VICTOZA	ADLYXIN BYDUREON OZEMPIC RYBELSUS

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Drug name denotes all dosage forms and strengths unless noted

## Insulins

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	HUMALOG MIX HUMULIN N HUMILIN R HUMULIN 70/30 LANTUS LEVEMIR NOVOLIN N NOVOLIN R NOVOLIN 70/30 NOVOLOG NOVOLOG MIX 70/30	ADMELOG AFREZZA APIDRA BASAGLAR FIASP HUMALOG HUMULIN R 500 INSULIN ASPART INSULLIN GLARGINE INSULIN LISPRO LYUMJEV MYXREDLIN SEMGLEE SOLIQUA TOUJEO TRESIBA XULTOPHY

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 Drug name denotes all dosage forms and strengths unless noted

## Meglitinides

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	None

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Drug name denotes all dosage forms and strengths unless noted

## Sodium-glucose Cotransport 1 Inhibitors

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
No current agents	None	None

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Drug name denotes all dosage forms and strengths unless noted

## Sodium-glucose Cotransport 2 Inhibitors

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	FARXIGA INVOKAMET INVOKANA JARDIANCE SYNJARDY SYNJARDY XR XIGDUO XR	GLYXAMBI INVOKAMET XR QTERN SEGLUROMET STEGLATRO STEGLUJAN TRIJARDY XR

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Drug name denotes all dosage forms and strengths unless noted

## Sulfonylureas

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	None	AMARYL* GLUCOTROL* GLUCOTROL XL* GLYNASE*

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Drug name denotes all dosage forms and strengths unless noted

## Thiazolidinediones

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ACTOPLUS MET* ACTOS* DUETACT*

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Drug name denotes all dosage forms and strengths unless noted

## Antidiabetic Agents, Miscellaneous

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

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## Multivitamin Preparations: Prenatal Vitamins

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	CITRANATAL 90 DHA* CITRANATAL ASSURE* CITRANATAL B-CALM CITRANATAL BLOOM CITRANATAL DHA CITRANATAL HARMONY CITRANATAL RX SELECT-OB + DHA VITAFOL FE PLUS VITAFOL GUMMIES VITAFOL NANO VITAFOL-OB VITAFOL-OB+DHA VITAFOL-ONE VITAFOL ULTRA	CONCEPT DHA* CONCEPT OB* ENBRACE HE EXTRA-VIRT PLUS DHA MARNATAL-F NESTABS* NESTABS ABC NESTABS DHA NESTABS ONE NEXA PLUS OB COMPLETE* OB COMPLETE ONE OB COMPLETE PETITE OB-COMPLETE PREMIER OB COMPLETE WITH DHA PRENATE PRENATE AM PRENATE DHA PRENATE ELITE PRENATE ENHANCE PRENATA ESSENTIAL PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRENATE STAR PRIMACARE PROVIDA OB SELECT-OB THRIVITE RX* TRISTART DHA TRICARE VINATE II VINATE DHA RF VIRT-PN PLUS VITAFOL FE + DOCUSATE VP-CH-PNV VP-CH PLUS ZATEAN-PN

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## Immunomodulatory Agents used to treat Multiple Sclerosis

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	AVONEX BETASERON COPAXONE* REBIF TECFIDERA* TYSABRI	AUBAGIO BAFIERTAM DR EXTAVIA GILENYA GLATOPA (glatiramer generic) KESIMPTA MAYZENT OCREVUS PLEGRIDY PONVORY VUMERITY DR ZEPOSIA

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## ANTIGOUT AGENTS

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	COLCRYS*	ALOPRIM* colchicine tablets (generic) GLOPERBA KRYSTEXXA MITIGARE* ULORIC*

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## Genitourinary Smooth Muscle Relaxants Antimuscarinics

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	OXYTROL TOVIAZ	DETROL* DETROL LA* DITROPAN XL* GELNIQUE VESICARE*

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**Genitourinary Smooth Muscle Relaxants  
Beta-3 Adrenergic Agonists**

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	GEMTESA MYRBETRIQ

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