

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
Date of Meeting: Wednesday, August 10, 2022
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: ANTICHOLINERGIC AGENTS

Subclass Reviewed

Inhaled Antimuscarinics

AHFS Drug Class Re-reviewed: SYMPATHOMIMETIC (ADRENERGIC) AGONISTS

Subclass Reviewed

Respiratory Beta-Adrenergic Agonists

AHFS Drug Class Re-reviewed: RESPIRATORY TRACT ANTI-INFLAMMATORY AGENTS

Subclasses Reviewed

Leukotriene Modifiers

Inhaled Mast-Cell Stabilizers

Respiratory Agents- Corticosteroids

AHFS Drug Class Re-reviewed: SMOOTH MUSCLE RELAXANTS

Subclass Reviewed

Respiratory Smooth Muscle Relaxants

AHFS Drug Class Re-reviewed: EYE, EAR, NOSE, AND THROAT (EENT)
PREPARATIONS

Subclasses Reviewed

Intranasal Corticosteroids

AHFS Drug Class Re-reviewed: EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

Subclasses Reviewed

Antiallergic Agents

Antibacterials

Vasoconstrictors

AHFS Drug Class Re-reviewed: ANDROGENS

AHFS Drug Class Re-reviewed: COMPLEMENT INHIBITORS FOR THE TREATMENT OF
HEREDITARY ANGIOEDEMA

AHFS Drug Class Reviewed: GROWTH HORMONE AGENTS

Inhaled Antimuscarinics

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ATROVENT HFA INCRUSE ELLIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT TUDORZA PRESSAIR	LONHALA MAGNAIR YUPELRI

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

Respiratory Beta-Adrenergic Agonists

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ANORO ELLIPTA BEVESPI COMBIVENT RESPIMAT PROAIR HFA* SEREVENT DISKUS STIOLTO RESPIMAT STRIVERDI RESPIMAT	albuterol HFA (generic) BROVANA* DUAKLIR PRESSAIR PERFORMIST* PROAIR DIGIHALER PROAIR RESPICLICK PROVENTIL HFA* VENTOLIN HFA* XOPENEX HFA* XOPENEX INHALATION SOLUTION*

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Leukotriene Modifiers

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ACCOLATE* SINGULAIR* zileuton ER (generic) ZYFLO

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Drug name denotes all dosage forms and strengths unless noted

Inhaled Mast-Cell Stabilizers

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

Respiratory Agents- Corticosteroids

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ADVAIR DISKUS* ADVAIR HFA ASMANEX HFA ASMANEX TWISTHALER DULERA FLOVENT DISKUS FLOVENT HFA* PULMICORT FLEXHALER SYMBICORT*	AIRDUO DIGIHALER AIRDUO RESPICLICK ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA BREO ELLIPTA* BREZTRI budesonide (generic) fluticasone/salmeterol (generic) PULMICORT RESPULES* QVAR REDIHALER TRELEGY ELLIPTA

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Respiratory Smooth Muscle Relaxants

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	THEO-24

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Intranasal Corticosteroids

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	DYMISTA* OMNARIS ZETONNA	azelastine/fluticasone (generic) BECONASE AQ QNASL QNASL CHILDREN SINUVA XHANCE

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EENT Antiallergic Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	BEPREVE	ALOCRIL ALOMIDE PATANASE* ZERVIAE

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EENT Antibacterials

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	BESIVANCE BLEPHAMIDE CIPRO HC CIPRODEX* ZYLET	AZASITE CILOXAN CORTISPORIN-TC MAXITROL* OCUFLOX* OTOVEL* POLYTRIM* PRED-G TOBRADEX* TOBRADEX ST TOBREX* VIGAMOX* ZYMAXID*

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EENT Vasoconstrictors

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

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Androgens

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ANDRODERM ANDROGEL* AVEED DEPO-TESTOSTERONE* FORTESTA* JATENZO NATESTO TESTIM* TESTOPEL VOGELXO* XYOSTED

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Complement Inhibitors for the Treatment of Hereditary Angioedema

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	BERINERT CINRYZE FIRAZYR* HAEGARDA ORLADEYO RUCONEST SAJAZIR* TAKHZYRO

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Growth Hormone Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	GENOTROPIN ^{CC} OMNITROPE ^{CC} ZOMACTON ^{CC}	HUMATROPE NORDITROPIN NUTROPIN SAIZEN SEROSTIM SKYTROFA

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