



# 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).

<p><b>Antiquot Agents</b> All covered generics (generic colchicine capsules require a PA)</p> <p><b>Antihistamines</b> <b>First Generation</b> All covered generics</p> <p><b>Anti-infective Agents</b> <b>Adamantanes</b> All covered generics</p> <p><b>Amebicides</b> All covered generics</p> <p><b>Aminoglycosides</b> Bethkis*                      Kitabis* All covered generics (generic tobramycin inhalation solution requires a PA)</p> <p><b>Anthemintics</b> All covered generics</p> <p><b>Antifungals</b> All covered generics</p> <p><b>Antimalarials</b> All covered generics</p> <p><b>Antituberculosis Agents</b> All covered generics</p> <p><b>Cephalosporins</b> All covered generics</p> <p><b>Chloramphenicol</b> All covered generics</p> <p><b>HCV Antivirals</b> Eplusa<sup>CC</sup>                      Harvon<sup>CC</sup> + Mavyret<sup>CC</sup>                      Zepatier<sup>CC</sup> All covered generics</p> <p><b>Interferons</b> All covered generics</p> <p><b>Macrolides</b> All covered generics</p> <p><b>Miscellaneous Antibacterials</b> All covered generics (generic bacitracin for injection requires a PA)</p> <p><b>Miscellaneous Antimycobacterials</b> All covered generics</p> <p><b>Miscellaneous Antiprotozoals</b> All covered generics</p> <p><b>Miscellaneous Antivirals</b> All covered generics</p> <p><b>Miscellaneous β-Lactams</b> All covered generics</p> <p><b>Neuraminidase Inhibitors</b> Relenza<sup>†</sup>                      Tamiflu<sup>†</sup> Xofluza<sup>†</sup> All covered generics</p> <p><b>Nucleosides and Nucleotides</b> All covered generics</p> <p><b>Penicillins</b> All covered generics</p> <p><b>Quinolones</b> All covered generics</p> <p><b>Sulfonamides</b> All covered generics</p> <p><b>Tetracyclines</b> All covered generics</p> <p><b>Urinary Anti-infectives</b> All covered generics</p>	<p><b>Behavioral Health (continued)</b> <b>Orexin Receptor Antagonists</b> All covered generics</p> <p><b>Wakefulness Promoting Agents</b> All covered generics</p> <p><b>Cardiovascular Health</b> <b>ACE Inhibitors</b> All covered generics</p> <p><b>Alpha-Adrenergic Blocking Agents</b> All covered generics</p> <p><b>Angiotensin II Receptor Antagonists</b> All covered generics</p> <p><b>Antiarrhythmics</b> All covered generics</p> <p><b>Oral Anticoagulants</b> Eliquis                      Pradaxa* Xarelto All covered generics (generic dabigatran requires a PA)</p> <p><b>Beta-Adrenergic Blocking Agents</b> Bystolic                      Hemangeol<sup>CC</sup> All covered generics</p> <p><b>Calcium-Channel Blocking Agents</b> All covered generics</p> <p><b>Cardiotonic Agents</b> All covered generics</p> <p><b>Central Alpha-Agonists</b> All covered generics</p> <p><b>Direct Vasodilators</b> All covered generics</p> <p><b>Diuretics</b> All covered generics</p> <p><b>Mineralocorticoid (Aldosterone) Receptor Antagonists</b> All covered generics</p> <p><b>Miscellaneous Cardiac Drugs</b> All covered generics</p> <p><b>Miscellaneous Hypotensive Agents</b> All covered generics</p> <p><b>Vasopressin Antagonists</b> All covered generics</p> <p><b>Nitrates/Nitrites</b> Nitro-Bid                      Nitrostat* All covered generics</p> <p><b>PCSK9 Inhibitors</b> All covered generics</p> <p><b>Platelet-Aggregation Inhibitors</b> Brilinta All covered generics</p> <p><b>Renin Inhibitors</b> All covered generics</p> <p><b>Bile Acid Sequestrants</b> All covered generics</p> <p><b>Cholesterol Absorption Inhibitors</b> All covered generics</p> <p><b>Fibric Acid Derivatives</b> All covered generics</p> <p><b>HMG-CoA Reductase Inhibitors</b> All covered generics</p> <p><b>Miscellaneous Antilipemic Agents</b> Vascepa* All covered generics (generic icosapent ethyl requires a PA)</p> <p><b>Miscellaneous RAAS Inhibitors</b> Entresto All covered generics</p>	<p><b>Diabetic Agents (continued)</b> <b>Insulins</b> Apidra                      Apidra Solostar Humalog*                      Humalog Mix Lantus*                      Levemir Novolog                      Novolog Mix 70-30 All covered generics and OTCs (generic insulin glargine, insulin glargine U-300, and insulin lispro require a PA)</p> <p><b>Meglitinides</b> All covered generics</p> <p><b>Sodium-glucose Cotransport 2 Inhibitors</b> Farxiga                      Invokamet Invokana                      Jardiance Synjardy                      Synjardy XR Xigduo XR All covered generics</p> <p><b>Sulfonylureas</b> All covered generics</p> <p><b>Thiazolidinediones</b> All covered generics</p> <p><b>Disease-Modifying Antirheumatic Agents</b> Enbrel<sup>CC</sup>                      Humira<sup>CC</sup> All covered generics</p> <p><b>EENT Preparations</b> <b>Antiallergic Agents</b> Bepreve                      Dymista* All covered generics (generic azelastine/fluticasone nasal spray requires a PA)</p> <p><b>Antibacterials</b> Besivance                      Blephamide Cipro HC                      Ciprodex* Zylet All covered generics</p> <p><b>Intranasal Corticosteroids</b> Omnaris                      Zetonna All covered generics</p> <p><b>Vasoconstrictors</b> All covered generics</p> <p><b>Gastrointestinal Agents</b> <b>5-HT<sub>3</sub> Receptor Antagonists</b> All covered generics</p> <p><b>Antihistamine Antiemetics</b> All covered generics</p> <p><b>Miscellaneous Antiemetics</b> All covered generics</p> <p><b>Proton-Pump Inhibitors</b> All covered generics (generic omeprazole-sodium bicarbonate requires a PA)</p> <p><b>Genitourinary Agents</b> <b>Genitourinary Smooth Muscle Relaxants</b> Oxytrol                      Toviaz All covered generics</p> <p><b>Hereditary Angioedema Agents</b> All covered generics</p> <p><b>Immunomodulatory Agents used to treat Multiple Sclerosis</b> Avonex                      Betaseron Copaxone*                      Rebif Tysabri All covered generics (generic glatiramer requires a PA)</p> <p><b>Pain Management/Autonomic Agents</b> <b>Centrally Acting Skeletal Muscle Relaxants</b> All covered generics (generic carisoprodol products require a PA)</p> <p><b>CGRP Antagonists</b> Aimovig<sup>CC</sup>                      Ajovy<sup>CC</sup> Ubrovelvy<sup>CC</sup> All covered generics</p> <p><b>Direct-Acting Skeletal Muscle Relaxants</b> All covered generics</p> <p><b>GABA-Derivative Skeletal Muscle Relaxants</b> All covered generics</p> <p><b>Miscellaneous Skeletal Muscle Relaxants</b> All covered generics</p> <p><b>Opiate Agonists</b> All covered generics (generic methadone requires a PA)</p>	<p><b>Pain Management/Autonomic Agents (continued)</b> <b>Opiate Partial Agonists</b> Suboxone<sup>CC</sup>*                      Sublocade<sup>CC</sup> Zubsolv<sup>CC</sup> All covered generics (generic buprenorphine products and generic buprenorphine-naloxone films require a PA)</p> <p><b>Selective Serotonin Agonists</b> All covered generics</p> <p><b>Hormones and Synthetic Substitutes</b> <b>Androgens</b> All covered generics</p> <p><b>Growth Hormone Agents</b> Genotropin<sup>CC</sup>                      Omnitrope<sup>CC</sup> Skytrofa<sup>CC</sup>                      Zosmacton<sup>CC</sup> All covered generics</p> <p><b>Respiratory</b> <b>Inhaled Antimuscarinics</b> Atrovent HFA                      Incruse Ellipta Spiriva All covered generics (generic tiotropium bromide requires a PA)</p> <p><b>Inhaled Mast-Cell Stabilizers</b> All covered generics</p> <p><b>Leukotriene Modifiers</b> All covered generics (generic zileuton ER requires a PA)</p> <p><b>Orally Inhaled Corticosteroids</b> Advair Diskus*                      Advair HFA* AirDuo RespiClick                      Arnuity Ellipta Asmanex HFA                      Asmanex Twisthaler Breo Ellipta                      Dulera Flovent Diskus                      Flovent HFA Pulmicort Flexhaler                      Symbicort* All covered generics (generic fluticasone-salmeterol [Diskus] requires a PA)</p> <p><b>Respiratory Beta-Adrenergic Agonists</b> Anoro Ellipta                      Combivent Respimat ProAir Dighaler                      ProAir Respiclick Proventil HFA                      Serevent Diskus Stiolto Respimat                      Striverdi Respimat Ventolin HFA All covered generics</p> <p><b>Respiratory Smooth Muscle Relaxants</b> All covered generics</p>
<p><b>Behavioral Health</b> <b>Alzheimer's Agents</b> Aricept* All covered generics</p> <p><b>Antidepressants</b> All covered generics</p> <p><b>Anxiolytics/Sedatives/Hypnotics: Barbiturates</b> All covered generics</p> <p><b>Anxiolytics/Sedatives/Hypnotics: Benzodiazepines</b> Diasat*                      Diasat Acudial* All covered generics</p> <p><b>Anxiolytics/Sedatives/Hypnotics: Miscellaneous</b> All covered generics</p> <p><b>Cerebral Stimulants/Agents for ADHD-Short and Intermediate Acting</b> Ritalin* All covered generics</p> <p><b>Cerebral Stimulants/Agents for ADHD-Long Acting</b> Adderall XR*                      Concerta* Daytrana*                      Focalin XR Vyvanse capsule All covered generics (generic methylphenidate ER and methylphenidate transdermal patch require a PA)</p>	<p><b>Diabetic Agents</b> <b>Alpha-Glucosidase Inhibitors</b> All covered generics</p> <p><b>Amylinomimetics</b> All covered generics</p> <p><b>Biguanides</b> All covered generics (generic metformin ER requires a PA)</p> <p><b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b> 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)</p> <p><b>Incretin Mimetics</b> Bydureon Bcise<sup>CC</sup>                      Byetta<sup>CC</sup> Ozempic<sup>CC</sup>                      Rybelsus<sup>CC</sup> Trulicity<sup>CC</sup>                      Victoza<sup>CC</sup> All covered generics</p>	<p><b>Skin and Mucous Membrane Agents</b> <b>Antibacterials</b> All covered generics</p> <p><b>Antifungals</b> All covered generics</p> <p><b>Antipruritics and Local Anesthetics</b> All covered generics</p> <p><b>Antivirals</b> Zovirax (cream) All covered generics</p> <p><b>Astringents</b> All covered generics</p> <p><b>Cell Stimulants and Proliferants</b> All covered generics</p> <p><b>Corticosteroids</b> All covered generics</p> <p><b>Keratolytic Agents</b> All covered generics</p> <p><b>Keratoplastic Agents</b> All covered generics</p> <p><b>Miscellaneous Anti-inflammatory Agents</b> Eucrisa<sup>CC</sup> All covered generics</p> <p><b>Miscellaneous Local Anti-infectives</b> All covered generics</p> <p><b>Misc Skin and Mucous Membrane Agents</b> Elidel* All covered generics (generic pimecrolimus requires a PA)</p> <p><b>Nonsteroidal Anti-inflammatory Agents</b> All covered generics</p> <p><b>Scabicides and Pediculicides</b> All covered generics (generic lindane requires a PA)</p> <p><b>Women's Health</b> <b>Estrogens</b> Premarin (tabs only)                      Prempro All covered generics</p> <p><b>Prenatal Vitamins</b> 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>	

<sup>†</sup>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.