



# 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).

### Antigout Agents

All covered generics (generic colchicine capsules 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<sup>CC</sup>\* Harvon<sup>CC</sup>\*  
Mavyret<sup>CC</sup> Zepatier<sup>CC</sup>  
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 $\beta$ -Lactams

All covered generics

#### Neuraminidase Inhibitors

Relenza<sup>†</sup> Tamiflu<sup>†</sup>  
Xofluza<sup>†</sup>  
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

Diastat\* 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)

### Behavioral Health (continued)

#### Orexin Receptor Antagonists

All covered generics

#### 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

Eliquis Pradaxa\*  
Xarelto  
All covered generics (generic dabigatran requires a PA)

#### Beta-Adrenergic Blocking Agents

Bystolic Hemangeol<sup>CC</sup>  
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

### 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, and alogliptin-pioglitazone require a PA)

#### Incretin Mimetics

Byetta Trulicity  
Victoza  
All covered generics

### Diabetic Agents (continued)

#### Insulins

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

#### 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

### Disease-Modifying Antirheumatic Agents

Enbrel<sup>CC</sup> Humira<sup>CC</sup>  
All covered generics

### 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

### Gastrointestinal Agents

#### 5-HT<sub>3</sub> 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

### Hereditary Angioedema Agents

All covered generics

### Immunomodulatory Agents used to treat

#### Multiple Sclerosis

Avonex Betaseron  
Copaxone\* 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<sup>CC</sup> Ajovy<sup>CC</sup>  
Ubrelvy<sup>CC</sup>  
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

#### Opiate Agonists

All covered generics (generic methadone requires a PA)

#### Opiate Partial Agonists

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)

### Pain Management/Autonomic Agents (continued)

#### Selective Serotonin Agonists

All covered generics

### Hormones and Synthetic Substitutes

#### Androgens

All covered generics

#### Growth Hormone Agents

Genotropin<sup>CC</sup> Omnitrope<sup>CC</sup>  
Skytrofa<sup>CC</sup> Zomacton<sup>CC</sup>  
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  
AirDuo RespiClick Arnuity Ellipta  
Asmanex HFA Asmanex Twisthaler  
Breo Ellipta Dulera  
Flovent Diskus Flovent HFA  
Pulmicort Flexhaler Symbicort\*  
All covered generics (generic fluticasone-salmeterol requires a PA)

#### Respiratory Beta-Adrenergic Agonists

Anoro Ellipta Combivent Respimat  
ProAir Digihaler ProAir Respiclick  
Proventil HFA Serevent Diskus  
Stiolto Respimat Striverdi Respimat  
Ventolin HFA  
All covered generics

#### Respiratory Smooth Muscle Relaxants

All covered generics

### Skin and Mucous Membrane Agents

#### Antibacterials

Clindesse  
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

#### Keratolytic Agents

All covered generics

#### Keratoplastic Agents

All covered generics

#### Miscellaneous Anti-inflammatory Agents

Eucrisa<sup>CC</sup>  
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

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

<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.