

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday August 19, 2015
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: HYPOTENSIVE AGENTS

Subclasses Reviewed

**Central Alpha-Agonists
Direct Vasodilators
Peripheral Adrenergic Inhibitors
Hypotensive Agents, Miscellaneous**

AHFS Drug Class Re-reviewed: ALPHA-ADRENERGIC BLOCKING AGENTS

AHFS Drug Class Re-reviewed: BETA-ADRENERGIC BLOCKING AGENTS

AHFS Drug Class Re-reviewed: CALCIUM-CHANNEL BLOCKING AGENTS

Subclasses Reviewed

**Dihydropyridines
Calcium-Channel Blocking Agents, Miscellaneous**

**AHFS Drug Class Re-reviewed: RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM
INHIBITORS**

Subclasses Reviewed

**Angiotensin-Converting Enzyme Inhibitors
Angiotensin II Receptor Antagonists
Mineralocorticoid (Aldosterone) Receptor Antagonists
Renin Inhibitors**

AHFS Drug Class Re-reviewed: DIURETICS

Subclasses Reviewed

**Loop Diuretics
Potassium-Sparing Diuretics
Thiazide Diuretics
Thiazide-like Diuretics
Vasopressin Antagonists
Diuretics, Miscellaneous**

AHFS Drug Class Re-reviewed: HCV ANTIVIRALS

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

Central Alpha-Agonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

CATAPRES-TTS*

NON-PREFERRED BRAND or PA GENERIC

CATAPRES*
CLONIDINE HCL
 PATCHES (GENERIC)
TENEX*

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

Direct Vasodilators

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

BIDIL
PROGLYCEM

*Denotes generic available in at least one dosage form or strength
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Peripheral Adrenergic Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

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

Hypotensive Agents, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

VECAMYL

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

Alpha-Adrenergic Blocking Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CARDURA*
CARDURA XL
MINIPRESS*

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

Beta-Adrenergic Blocking Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

BETAPACE*
BETAPACE AF*
BYSTOLIC
COREG*
COREG CR
CORGARD*
CORZIDE*
DUTOPROL
HEMANGEOL
INDERAL LA*
INDERAL XL
INNOPRAN XL
LEVATOL
LOPRESSOR*
LOPRESSOR HCT*
SECTRAL*
SOTYLIZE
TENORETIC*
TENORMIN*
TOPROL XL*
TRANDATE*
ZEBETA*
ZIAC*

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

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ADALAT CC*

AZOR

CARDENE IV

EXFORGE*

EXFORGE HCT*

LOTREL*

NORVASC*

NYMALIZE

PROCARDIA*

PROCARDIA XL*

SULAR*

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Calcium-Channel Blocking Agents, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CALAN*
CALAN SR*
CARDIZEM*
CARDIZEM CD*
CARDIZEM LA*
MATZIM LA
TIAZAC*
VERELAN*
VERELAN PM*

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Angiotensin-Converting Enzyme Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ACCUPRIL*
ACCURETIC*
ALTACE*
EPANED
LOTENSIN*
LOTENSIN HCT*
MAVIK*
PRINIVIL*
PRINZIDE*
TARKA*
UNIVASC*
VASERETIC*
VASOTEC*
ZESTORETIC*
ZESTRIL*

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Angiotensin II Receptor Antagonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ATACAND*
ATACAND HCT*
AVALIDE*
AVAPRO*
BENICAR
BENICAR HCT
COZAAR*
DIOVAN*
DIOVAN HCT*
EDARBI
EDARBYCLOR
HYZAAR*
MICARDIS*
MICARDIS HCT*
TEVETEN HCT
TRIBENZOR
TWINSTA*

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Mineralocorticoid (Aldosterone) Receptor Antagonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ALDACTAZIDE*
ALDACTONE*
INSPIRA*

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

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AMTURNIDE
TEKAMLO
TEKTURNA
TEKTURNA HCT

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Loop Diuretics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DEMADEX*
EDECIN
LASIX*

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Potassium-Sparing Diuretics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DYAZIDE*
MAXZIDE*

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Thiazide Diuretics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DIURIL
MICROZIDE*

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Thiazide-like Diuretics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ZAROXOLYN*

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Vasopressin Antagonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

SAMSCA

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Diuretics, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

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HCV Antivirals

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

HARVONI
OLYSIO
SOVALDI
VICTRELIS
VIEKIRA PAK

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