



# ALABAMA MEDICAID AGENCY

## PREFERRED DRUG LIST

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). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing 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).

Actos*	Entresto	Provigil*
Adderall XR*	Epclusa <sup>CC</sup>	Pulmicort Respules*
Adzenys XR	Extavia	QNASL
Aricept*	Focalin*	QNASL Children
Asmanex Twisthaler	Focalin XR*	QVAR
Atrivent HFA	Gilenya	Rebif
Aubagio	Harvoni <sup>CC</sup>	Relenza <sup>†</sup>
Bepreve	Humira <sup>CC</sup>	Relpax
Besivance	Janumet	Ritalin*
Betaseron	Janumet XR	Serevent Diskus
Bethkis	Januvia	Sklice
Blephamide	Kapvay*	Spiriva
Brilinta	Kitabis*	Strattera*
Catapres-TTS*	Lantus	Tamiflu <sup>†</sup>
Capex Shampoo	Levemir	Technivie <sup>CC</sup>
Cimzia <sup>CC</sup>	Mavyret <sup>CC</sup>	Toviaz
Cipro HC	Menest	Tysabri
Ciprodex	Nexium*	Ulesfia
Citranatal 90 DHA*	Niacor	Viekira Pak <sup>CC</sup>
Citranatal Assure*	Nitro-Bid	Vigamox
Citranatal B-Calm	Nitrostat	Vyvanse (capsules only)
Citranatal DHA	Novolog	Xarelto
Citranatal Harmony	Novolog Mix 70-30	Zepatier <sup>CC</sup>
Concerta*	Omnaris	Zetia*
Copaxone	Oxytrol	Zovirax (cream only)
Coumadin*	Patanase*	Zylet
Diastat*	Pazeo	
Diastat Acudial*	Pradaxa	
Dulera	Prandin*	
Elidel	Premarin (tabs only)	
Eliquis	ProAir HFA	
Enbrel <sup>CC</sup>	Proventil HFA	

<sup>†</sup>The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 01/01/2018

<sup>CC</sup> Denotes agent is preferred with clinical criteria in place.