



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.

Actos*	Kapvay*	Serevent Diskus
Adderall XR*	Kitabis	Sklice
Aerospan	Lantus	Spiriva
Anoro Ellipta	Levemir	Strattera
Aricept*	Menest	Tamiflu [†]
Asmanex Twisthaler	Mepron*	Technivie ^{CC}
Atrovent HFA	Moxeza	Toviaz
Bactroban Nasal	Nasonex	Ulesfia
Bepreve	Nexium*	Viekira Pak ^{CC}
Besivance	Niacor	Vigamox
Bethkis	Nitro-Bid	Vyvanse
Blephamide	Nitrostat	Zepatier ^{CC}
Catapres-TTS*	Novolog	Zovirax (cream only)
Capex Shampoo	Novolog Mix 70-30	Zylet
Cimzia ^{CC}	Oxytrol	
Cipro HC	Patanase*	
Ciprodex	Pazeo	
Cortisporin-TC	PegIntron	
Coumadin*	Prandin*	
Diastat*	Premarin (tabs only)	
Diastat Acudial*	ProAir HFA	
Dulera	Proventil HFA	
Elidel	Provida DHA	
Enbrel ^{CC}	Provigil*	
Focalin*	Pulmicort Respules*	
Focalin XR*	QNASL	
Harvoni ^{CC}	QNASL Children	
Humira ^{CC}	QVAR	
Janumet	Relenza [†]	
Janumet XR	Relpax	
Januvia	Ritalin*	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 10/1/2016

^{CC} Denotes agent is preferred with clinical criteria in place.