



# ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL

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**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Antihistamines**

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
First Generation Antihistamine Agents	none		Karbinal ER
			Ryvent
		carbinoxamine	
		clemastine	
		diphenhydramine	
		phenylephrine and chlorpheniramine	

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

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**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Anti-infective Agents**

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
<b>Adamantanes</b>	none	amantadine rimantadine	Flumadine*
<b>Amebicides</b>	none	paromomycin	none
<b>Aminoglycosides</b>	Bethkis		
	Kitabis		
			tobramycin inhalation solution (generic)
			TOBI*
			TOBI Podhaler
		amikacin	
		gentamicin	
		neomycin	
<b>Anthelmintics</b>	none		Albenza
			Biltricide
			Emverm
		ivermectin	Stromectol*
<b>Antifungals</b>	none		Abelcet
			AmBisome
		flucytosine	Ancobon*
			Cancidas
			Cresemba
		fluconazole	Diflucan*
			Eraxis
		griseofulvin ultramicrosize	Gris-Peg*
		terbinafine	Lamisil*
			Mycamine
			Noxafil
			Onmel
		itraconazole	Sporanox*
		voriconazole	Vfend*
amphotericin B			
griseofulvin microsize			
ketoconazole			
nystatin			
<b>Antimalarials</b>	none		Coartem
			Daraprim
		atovaquone and proguanil	Malarone*
		hydroxychloroquine	Plaquenil*
		quinine	Qualaquin*
		chloroquine	
mefloquine			
primaquine			

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Antituberculosis Agents	none		Capastat Sulfate
		ethambutol	Myambutol*
		rifabutin	Mycobutin*
			Paser
			Priftin
		rifampin	Rifadin*
			Rifamate
			Rifater
			Sirturo
			Trecator
Cephalosporins	none		Avycaz
		ceftibuten	Cedax*
		cefuroxime	Ceftin*
		cefotaxime	Claforan*
		ceftazidime	Fortaz*
		cephalexin	Keflex*
		cefepime	Maxipime*
		cefixime	Suprax*
		ceftazidime	Tazicef*
			Teflaro
			Zerbaxa
		cefuroxime	Zinacef *
		cefaclor	
		cefadroxil	
		cefazolin	
		cefdinir	
		cefpodoxime	
cefprozil			
ceftriaxone			
Chloramphenicol	none	chloramphenicol	
HCV Antivirals	Epclusa <sup>CC</sup>	none	
	Harvoni <sup>CC</sup>		
	Mavyret <sup>CC</sup>		
	Technivie <sup>CC</sup>		
	Viekira Pak <sup>CC</sup>		
	Zepatier <sup>CC</sup>		
		Daklinza	
		Olysio	
		Sovaldi	
		Viekira XR	
		Vosevi	
Interferons	none	none	Intron A
			Pegasys
			PegIntron

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
<b>Macrolides</b>	none	clarithromycin	Blaxin*
			Dificid
		erythromycin ethylsuccinate	E.E.S.*
			EryPed
			Ketek
			PCE
		azithromycin	Zithromax*
	Zmax		
	clarithromycin ER		
	erythromycin base		
<b>Miscellaneous Antibacterials</b>	none	bacitracin	Baciim*
		clindamycin	Cleocin*
		colistimethate	Coly-Mycin M*
			Cubicin
			Dalvance
		lincomycin	Lincocin*
			Orbactiv
			Pylera
			Sivextro
			Synercid
	vancomycin	Vancocin*	
		Vibativ	
		Xifaxan	
	linezolid	Zyvox*	
	polymyxin B sulfate		
<b>Miscellaneous Antimycobacterials</b>	none	dapsone	none
<b>Miscellaneous Antiprotozoals</b>	none		Alinia
			Flagyl*
			Flagyl ER
			Impavido**
		atovaquone	Mepron*
			NebuPent
	Pentam 300		
	tinidazole	Tindamax*	
<b>Miscellaneous Antivirals</b>	none	foscarnet	none
<b>Miscellaneous <math>\beta</math>-Lactams</b>	none	aztreonam	Azactam*
			Cayston
			Doribax
			Invanz
			Mefoxin
		meropenem	Merrem*
		imipenem and cilastatin	Primaxin*
			Vabomere**
	cefotetan		
	cefoxitin		
<b>Neuraminidase Inhibitors</b> †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC	Relenza†		
	Tamiflu†*	oseltamivir†	
			Rapivab

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	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Nucleosides and Nucleotides	none	entecavir	Baraclude*
		ribavirin	Copegus*
		ganciclovir	Cytovene*
		famciclovir	Famvir*
		adefovir	Hepsera*
			Rebetol
			Sitavig
			Tyzeka
		valganciclovir	Valcyte*
		valacyclovir	Valtrex*
			Velmidy**
		ribavirin	Virazole*
		acyclovir	Zovirax*
	cidofovir		
Penicillins	none	amoxicillin and clavulanate	Augmentin*
		amoxicillin and clavulanate	Augmentin XR*
			Bicillin C-R
			Bicillin L-A
			Moxatag
		penicillin G	Pfizerpen*
		ampicillin and sulbactam	Unasyn*
		piperacillin and tazobactam	Zosyn*
		amoxicillin	
		ampicillin	
		dicloxacillin	
		nafcillin	
		oxacillin	
penicillin V			
Quinolones	none	moxifloxacin	Avelox *
		ciprofloxacin	Cipro*
		ciprofloxacin ER	Cipro XR*
		levofloxacin	Levaquin*
		ofloxacin	
Sulfonamides	none	sulfasalazine	Azulfidine*
		sulfamethoxazole and trimethoprim	Bactrim*
		sulfamethoxazole and trimethoprim	Bactrim DS*
		sulfamethoxazole and trimethoprim	Sulfatrim*
		sulfadiazine	
Tetracyclines	none	doxycycline	Adoxa*
		doxycycline	Doryx*
		doxycycline	Morgidox*
		tigecycline	Tygacil*
		doxycycline	Vibramycin*
		demeclocycline	
		minocycline	
tetracycline			

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	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Urinary Anti-infectives	none	nitrofurantoin	Furadantin*
		methenamine	Hiprex*
		nitrofurantoin and nitrofurantoin macrocrystals	Macrobid*
		nitrofurantoin macrocrystals	Macrochantin*
			Monurol
			Primsol
			Urimar-T
		methenamine, methylene blue, phenyl salicylate, sodium phosphate, and hyoscyamine	Urin D.S.*
		methenamine, methylene blue, phenyl salicylate, sodium phosphate, and hyoscyamine	Utira-C*
		methenamine, sodium phosphate, methylene blue and hyoscyamine	
	trimethoprim		

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**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Behavioral Health**

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Alzheimer's Agents	Aricept*	donepezil	
		rivastigmine	Exelon*
		memantine	Namenda*
			Namenda XR
			Namzaric
		galantamine	Razadyne*
	galantamine	Razadyne ER*	
Antidepressants	none	clomipramine	Anafranil*
			Aplenzin
			Brisdelle
		citalopram	Celexa*
		duloxetine	Cymbalta*
			Desvenlafaxine ER
		venlafaxine	Effexor XR*
			Emsam
			Fetzima
			Forfivo XL
		duloxetine	Irenka*
		desvenlafaxine	Khedezla*
		escitalopram	Lexapro*
			Marplan
		phenelzine	Nardil*
		desipramine	Norpramin*
			Oleptro ER
		nortriptyline	Pamelor*
		tranylcypromine	Parnate*
		paroxetine	Paxil*
		paroxetine	Paxil CR*
			Pexeva
		desvenlafaxine	Pristiq*
		fluoxetine	Prozac*
		fluoxetine	Prozac Weekly*
		mirtazapine	Remeron*
		fluoxetine	Sarafem*
			Silenor
			Surmontil
		imipramine	Tofranil*
imipramine	Tofranil-PM*		
	Trintellix		
	Viibryd		
bupropion	Wellbutrin*		
bupropion	Wellbutrin SR*		
bupropion	Wellbutrin XL*		
sertraline	Zoloft*		
amitriptyline			
amitriptyline and chlordiazepoxide			
amoxapine			
doxepin			
protriptyline			

*Antidepressants continued on next page*

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	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic	
Antidepressants (continued)	<i>Antidepressants continued from previous page</i>			
		fluvoxamine		
		maprotiline		
		nefazodone		
		trazodone		
Anxiolytics, Sedatives, and Hypnotics: Barbiturates	none		Amytal Sodium	
			Butisol Sodium	
Anxiolytics, Sedatives, and Hypnotics: Benzodiazepines		phenobarbital	Seconal Sodium	
	Diastat*		diazepam rectal kit (generic)	
	Diastat AcuDial*		diazepam rectal kit (generic)	
			Alprazolam IntenSol	
		lorazepam	Ativan*	
		triazolam	Halcion*	
		clonazepam	Klonopin*	
		lorazepam	Lorazepam IntenSol*	
		temazepam	Restoril*	
		clorazepate	Tranxene*	
		alprazolam	Xanax*	
		alprazolam ER	Xanax XR*	
		chlordiazepoxide		
		diazepam		
Anxiolytics, Sedatives, and Hypnotics: Miscellaneous Agents	none		estazolam	
			flurazepam	
			midazolam	
			oxazepam	
			zolpidem	Ambien*
			zolpidem	Ambien CR*
				Belsomra
				Eduar
				Hetlioz
			zolpidem	Intermezzo*
			eszopiclone	Lunesta*
	dexmedetomidine	Precedex*		
		Rozerem		
	zaleplon	Sonata*		
	hydroxyzine	Vistaril*		
	buspirone			
	droperidol			
	meprobamate			

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
<b>Cerebral Stimulants/ Agents Used for ADHD (Short- and Intermediate-Acting)</b>	Focalin*		dexmethylphenidate IR (generic)
	Ritalin*	methylphenidate	
		amphetamine-dextroamphetamine	Adderall*
		methamphetamine	Desoxyn*
		dextroamphetamine	Dexedrine*
			Evekeo
		methylphenidate	Metadate ER*
		methylphenidate	Methylin*
<b>Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)</b>		dextroamphetamine	ProCentra*
		dextroamphetamine	Zenedi*
	Adderall XR*		amphetamine-dextroamphetamine (generic)
	Adzenys XR		
	Concerta*		methylphenidate ER (generic)
	Focalin XR*		dexmethylphenidate ER (generic)
	Kapvay*		clonidine ER (generic)
	Strattera*	atomoxetine	
	Vyvanse (capsules only)		
			Aptensio
			Cotempla XR-ODT
			Daytrana
			Dyanavel XR
		guanfacine ER	Intuniv*
		Mydayis	
		Quillichew ER	
		Quillivant	
	methylphenidate	Ritalin LA*	
		Vyvanse (chewable tablets)	
<b>Wakefulness Promoting Agents</b>	Provigil*		modafinil (generic)
		armodafonil	Nuvigil*
			Xyrem

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**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Cardiovascular Health**

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
ACE Inhibitors	none	quinapril	Accupril*
		quinapril and HCTZ	Accuretic*
		perindopril	Aceon*
		ramipril	Altace*
			Epaned
		benazepril	Lotensin*
		benazepril and HCTZ	Lotensin HCT*
		lisinopril	Prinivil*
		lisinopril and HCTZ	Prinzide*
			Qbrelis
		trandolapril and verapamil ER	Tarka*
		enalapril and HCTZ	Vaseretic*
		enalapril	Vasotec*
		lisinopril and HCTZ	Zestoretic*
		lisinopril	Zestril*
		captopril	
		captopril and HCTZ	
fosinopril			
fosinopril and HCTZ			
moexipril and HCTZ			
moexipril			
trandolapril			
Alpha-Adrenergic Blocking Agents	none	doxazosin	Cardura*
			Cardura XL
		prazosin	Minipress*
		terazosin	
Angiotensin II Receptor Antagonists	none	candesartan	Atacand*
		candesartan and HCTZ	Atacand HCT*
		irbesartan and HCTZ	Avalide*
		irbesartan	Avapro*
		olmesartan	Benicar*
		olmesartan and HCTZ	Benicar HCT*
			Byvalson
		losartan	Cozaar*
		valsartan	Diovan*
		valsartan and HCTZ	Diovan HCT*
			Edarbi
			Edarbyclor
		losartan and HCTZ	Hyzaar*
		telmisartan	Micardis*
telmisartan and HCTZ	Micardis HCT*		
olmesartan, amlodipine, and HCTZ	Tribenzor*		
telmisartan and amlodipine	Twynsta*		
eprosartan			

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Antiarrhythmic Agents	none	amiodarone	Cordarone*
			Multaq
			Nexterone
		disopyramide	Norpace*
			Norpace CR
		amiodarone	Pacerone*
		propafenone	Rythmol*
		propafenone	Rythmol SR*
		dofetilide	Tikosyn*
		flecainide	
mexiletine			
quinidine			
Oral Anticoagulants	Coumadin*	warfarin	
	Eliquis		
	Pradaxa		
	Xarelto		
			Savaysa
Beta-Adrenergic Blocking Agents	none	sotalol	Betapace*
		sotalol	Betapace AF*
			Bystolic
		carvedilol	Coreg*
			Coreg CR
		nadolol	Corgard*
		nadolol and bendroflumethiazide	Corzide*
			Dutoprol
			Hemangeol
		propranolol	Inderal LA*
			Inderal XL
			InnoPran XL
			Levatol
		metoprolol	Lopressor*
			Sotylize
		atenolol and chlorthalidone	Tenoretic*
		atenolol	Tenormin*
		metoprolol	Toprol XL*
		bisoprolol and HCTZ	Ziac*
		acebutolol	
		betaxolol	
		bisoprolol	
labetalol			
metoprolol and HCTZ			
pindolol			
propranolol and HCTZ			
timolol			

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Calcium-Channel Blocking Agents	none	nifedipine	Adalat CC*
		amlodipine and olmesartan	Azor*
		verapamil	Calan*
		verapamil	Calan SR*
		diltiazem	Cardizem*
		diltiazem	Cardizem CD*
		diltiazem	Cardizem LA*
		amlodipine and valsartan	Exforge*
		amlodipine, valsartan and HCTZ	Exforge HCT*
		amlodipine and benazepril	Lotrel*
		diltiazem	Matzim LA*
		amlodipine	Norvasc*
			Nymalize
			Prestalia
		nifedipine	Procardia*
		nifedipine	Procardia XL*
		nisoldipine	Sular ER*
		diltiazem	Tiazac*
		verapamil	Verelan*
		verapamil	Verelan PM*
felodipine			
isradipine			
nicardipine			
nimodipine			
nisoldipine			
Cardiotonic Agents	none	digoxin	Digitek*
		digoxin	Lanoxin*
			Lanoxin Pediatric
Central Alpha-Agonists	Catapres-TTS*		clonidine patches (generic)
		clonidine	Catapres*
		guanfacine	
		methyldopa	
		methyldopa and HCTZ	
Direct Vasodilators	none		BiDil
		hydralazine	
		minoxidil	

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Diuretics	none	torseamide	Demadex*
		triamterene and HCTZ	Diuril
			Dyazide*
			Dyrenium
		ethacrynic acid	Edecrin*
		furosemide	Lasix*
		triamterene and HCTZ	Maxzide*
		hydrochlorothiazide (HCTZ)	Microzide*
		amiloride	
		amiloride and HCTZ	
		bumetanide	
		chlorthalidone	
		chlorothiazide	
indapamide			
methyclothiazide			
metolazone			
Vasopressin Antagonists	none	none	Samsca
Mineralocorticoid (Aldosterone) Receptor Antagonists	none	spironolactone and HCTZ	Aldactazide*
		spironolactone	Aldactone*
			Carospir**
	eplerenone	Inspra*	
Miscellaneous Cardiac Drugs	none	none	Corlanor
			Ranexa
Miscellaneous Hypotensive Agents	none	none	Vecamyl
Nitrates and Nitrites	Nitro-Bid Nitrostat*		
		nitroglycerin	
			Dilatrate-SR
			GoNitro
		isosorbide dinitrate	Isordil*
		nitroglycerin	Minitran*
		nitroglycerin	Nitro-Dur*
		nitroglycerin	Nitrolingual*
nitroglycerin	NitroMist*		
	isosorbide mononitrate		
Platelet-aggregation Inhibitors	Brilinta		
		aspirin and dipyridamole	Aggrenox*
			Durlaza ER
		prasugrel	Effient*
		clopidogrel	Plavix*
			Zontivity
	cilostazol		
	dipyridamole		
	ticlopidine		
Renin-Angiotensin-Aldosterone System Inhibitors, Misc	Entresto	none	none
Renin Inhibitors	none	none	Tekturna
			Tekturna HCT
Bile Acid Sequestrants	none	colestipol	Colestid*
		cholestyramine	Questran*
		cholestyramine	Questran Light*
			Welchol

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
<b>Cholesterol Absorption Inhibitors</b>	Zetia*	none	ezetimibe (generic)
<b>Fibric Acid Derivatives</b>	none		Antara
		fenofibrate	Fenoglide*
		fenofibric acid	Fibricor*
		fenofibrate	Lipofen*
		gemfibrozil	Lopid*
		fenofibrate, nanocrystallized	TriCor*
		fenofibric acid	Trilipix*
<b>HMG-CoA Reductase Inhibitors</b>	none		Altoprev
		amlodipine/atorvastatin	Caduet*
		rosuvastatin	Crestor*
		fluvastatin	Lescol XL*
		atorvastatin	Lipitor*
			Livalo
		pravastatin	Pravachol*
		simvastatin/ezetimibe	Vytorin*
<b>Miscellaneous Antilipemic Agents</b>	Niacor		Juxtapid
			Kynamro
			Lovaza*
		omega-3 ethyl ester	Niaspan*
		niacin	Vascepa
<b>Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors</b>	none	none	Praluent Repatha

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

\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Diabetic Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Alpha-Glucosidase Inhibitors	none	miglitol acarbose	Glyset* Precose*
Amylinomimetics	none	none	SymlinPen
Antidiabetic Agents, Miscellaneous	none	none	Korlym
Biguanides	none		Fortamet*
		metformin	Glucophage*
		metformin	Glucophage XR*
			Glumetza*
			metformin ER (generic Fortamet ER and Glumetza ER) Riomet
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Janumet	none	
	Janumet XR		
	Januvia		
Incretin Mimetics	none	none	Adlyxin**
			Bydureon
			Byetta
			Tanzeum
			Trulicity
			Victoza
Insulins	Lantus		
	Levemir		
	Novolog		
	Novolog Mix 70/30		
			Afrezza
			Apidra
			Basaglar**
			Fiasp**
			Humalog
			Humalog Mix 50/50
			Humalog Mix 75/25
			Humulin R (U-500)
			Soliqua**
			Toujeo
			Tresiba
			Xultophy**
	Humulin N		
	Humulin R		
	Humulin 70/30		
	Novolin N		
	Novolin R		
	Novolin 70/30		

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\*\*Will be reviewed at a future time when eligible

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Meglitinides	Prandin*	repaglinide	
		nateglinide	Starlix*
		repaglinide and metformin	
Sodium-glucose Co-transporter 2 Inhibitor	none	none	Farxiga
			Glyxambi
			Invokamet
			Invokamet XR
			Invokana
			Jardiance
			Synjardy
			Synjardy XR
Sulfonylureas	none	glimepiride	Amaryl*
		glyburide	DiaBeta*
		glipizide	Glucotrol*
		glipizide	Glucotrol XL*
		glyburide and metformin	Glucovance*
		glyburide	Glynase*
		chlorpropamide	
		glipizide and metformin	
		tolazamide	
		tolbutamide	
Thiazolidinediones	Actos*	pioglitazone	
		pioglitazone and metformin	Actoplus Met*
			Actoplus Met XR
			Avandia
		pioglitazone and glimepiride	Duetact*

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\*\*Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Disease-Modifying Antirheumatic Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Disease-Modifying Antirheumatic Agents	Cimzia <sup>CC</sup>		
	Enbrel <sup>CC</sup>		
	Humira <sup>CC</sup>		
			Actemra
		leflunomide	Arava*
			Inflectra**
			Kevzara**
			Kineret
			Orencia
			Otezla
			Remicade
			Renflexis
			Siliq**
			Simponi
		Simponi Aria	
		Xeljanz	
		Xeljanz XR	

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

\*\*Will be reviewed at a future time when eligible

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

**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Eye, Ear, Nose, and Throat (EENT) Preparations**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Antiallergic Agents	Bepreve		
	Patanase*		olopatadine nasal spray (generic)
	Pazeo		
		azelastine	Astepro*
			Alocril
			Alomide
		epinastine	Elestat*
			Emadine
			Lastacaft
		Pataday	
	olopatadine	Patanol*	
	cromolyn		
Antibacterials	Besivance		
	Blephamide		
	Cipro HC		
	Ciprodex		
	Vigamox*		moxifloxacin ophthalmic solution (generic)
	Zylet		
			AzaSite
		sulfacetamide	Bleph-10*
			Blephamide SOP
		ciprofloxacin	Ciloxan*
			Coly-Mycin S
		gentamicin	Garamycin*
		erythromycin base	Ilotycin*
		neomycin, polymyxin B and dexamethasone	Maxitrol*
			Moxeza
		neomycin, polymyxin B and gramicidin	Neosporin*
		ofloxacin	Ocuflox*
			Otiprio
			Otovel**
		polymyxin B and trimethoprim	Polytrim*
			Pred-G
		tobramycin and dexamethasone	TobraDex*
			TobraDex ST
		tobramycin	Tobrex*
		gatifloxacin	Zymaxid*
		bacitracin	
	bacitracin and polymyxin B		
	levofloxacin		
	neomycin, bacitracin and polymyxin B		
	neomycin, bacitracin, polymyxin B and hydrocortisone		
	neomycin, polymyxin B and hydrocortisone		
	sulfacetamide		
	sulfacetamide and prednisolone		

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

\*\*Will be reviewed at a future time when eligible

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Intranasal Corticosteroids	Omnaris		
	QNASL		
	QNASL Children		
			mometasone nasal spray (generic)
			Beconase AQ
			Dymista
		fluticasone	Flonase*
			Nasonex*
		budesonide	Rhinocort Aqua*
			Veramyst
		Zetonna	
	flunisolide		
	triamcinolone		
Vasoconstrictors	none		Tyzine Pediatric
		naphazoline	
		phenylephrine	

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\*\*Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Gastrointestinal Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
5-HT <sub>3</sub> Receptor Antagonists	none		Aloxi
			Anzemet
		granisetron	Kytril*
			Sancuso
			Sustol
		ondansetron	Zofran*
	ondansetron	Zofran ODT*	
		Zuplenz	
Antiemetic Antihistamines	none		Diclegis
		trimethobenzamide	Tigan*
		dimenhydrinate	
		meclizine	
		prochlorperazine	
Miscellaneous Antiemetics	none		Akynzeo
			Cesamet
			Emend
		dronabinol	Marinol*
		scopolamine	Transderm-Scop*
		Varubi**	
Proton-Pump Inhibitors	Nexium*		esomeprazole magnesium (generic)
		rabeprazole	Aciphex*
			Aciphex Sprinkle
			Dexilant
			Esomeprazole strontium
			omeprazole/sodium bicarbonate (generic)
		lansoprazole	Prevacid*
		lansoprazole/amoxicillin/ clarithromycin	Prevpac*
	omeprazole	Prilosec*	
	pantoprazole	Protonix*	

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

\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Genitourinary Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Genitourinary Smooth Muscle Relaxants	Oxytrol		
	Toviaz		
		tolterodine	Detrol*
		tolterodine	Detrol LA*
		oxybutynin	Ditropan XL*
		darifenacin	Enablex*
			Gelnique
			Myrbetriq
			Vesicare
		flavoxate	
	tropium		

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

\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Hormones and Synthetic Substitutes**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Androgens	none		Anadrol
			Androderm
		testosterone	AndroGel*
		methyltestosterone	Android*
			Aveed
			Axiron
		testosterone cypionate	Depo-Testosterone*
		testosterone	Fortesta*
			Natesto
			Striant
		testosterone	Testim*
			Testopel
		methyltestosterone	Testred*
		testosterone	Vogelxo*
	danazol		
	oxandrolone		
	testosterone enanthate		

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

\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Immunomodulatory Agents used to treat MS**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Immunomodulatory Agents used to treat MS	Aubagio		
	Betaseron		
	Copaxone*		Glatopa (generic Copaxone)
	Extavia		
	Gilenya		
	Rebif		
	Tysabri		
			Avonex
			Ocrevus**
			Plegridy
		Tecfidera	
		Zinbryta	

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\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.



**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Pain Management & Autonomic Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED	
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic	
Centrally Acting Skeletal Muscle Relaxants	none		Amrix	
			carisoprodol (generic)	
			carisoprodol/aspirin (generic)	
			codeine/carisoprodol/aspirin (generic)	
		cyclobenzaprine	Fexmid*	
			Lorzone	
		chlorzoxazone	Parafon Forte DSC*	
		methocarbamol	Robaxin*	
		metaxalone	Skelaxin*	
	Soma*			
	tizanidine	Zanaflex*		
	cyclobenzaprine			
Direct-Acting Skeletal Muscle Relaxants	none	dantrolene	Dantrium*	
			Revonto	
			Ryanodex	
GABA-derivative Skeletal Muscle Relaxants	none		Gablofen	
			Lioresal Intrathecal	
	baclofen			
Miscellaneous Skeletal Muscle Relaxants	none	orphenadrine	none	
Opiate Agonists	none		Abstral	
		fentanyl	Actiq*	
		alfentanil	Alfenta*	
		morphine	Astramorph-PF*	
			Capital w/codeine	
		tramadol	ConZip*	
		meperidine	Demerol*	
		hydromorphone	Dilaudid*	
		methadone	Dolophine*	
		fentanyl	Duragesic*	
			Duramorph	
			Fentora	
			codeine/butalbital/acetaminophen/caffeine	Fioricet w/codeine*
			codeine/butalbital/aspirin/caffeine	Fiorinal w/codeine*
			hydrocodone/acetaminophen	Hycet*
			hydrocodone/ibuprofen	Ibudone*
				Infumorph
				Lazanda
			hydrocodone/acetaminophen	Lorcet*
			hydrocodone/acetaminophen	Lortab*
				methadone (generic)
				Methadose*
			hydrocodone/acetaminophen	Norco*
		Nucynta		
		Nucynta ER		
	oxymorphone	Opana*		

*Opiate Agonists continued on next page*

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

\*\*Will be reviewed at a future time when eligible

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
<b>Opiate Agonists (continued)</b>	<i>Opiate Agonists continued from previous page</i>		
	none		Oxecta
		oxycodone/acetaminophen	Percocet*
		oxycodone/aspirin	Percodan*
			Primlev
		oxycodone	Roxicodone*
		fentanyl	Sublimaze*
			Subsys
		sufentanil	Sufenta*
		dihydrocodeine/apap/ caffeine	Synalgos-DC*
		acetaminophen/codeine	Tylenol w/codeine*
			Ultiva
		tramadol/acetaminophen	Ultracet*
		tramadol	Ultram*
		tramadol	Ultram ER*
		hydrocodone/acetaminophen	Verdrocet*
		hydrocodone/acetaminophen	Vicodin*
		hydrocodone/ibuprofen	Vicoprofen*
			Xartemis XR
		hydrocodone/acetaminophen	Xodol*
	hydrocodone/ibuprofen	Xylon*	
		Zamicet	
	codeine		
	ibuprofen/oxycodone		
	levorphanol		
	opium/belladonna		
<b>Opiate Partial Agonists</b>	none		Belbuca
			Bunavail
			Buprenex*
			buprenorphine (generic)
			buprenorphine/naloxone (generic)
			Butrans*
			Probuphine
			Suboxone*
			Talwin
			Zubsolv
	butorphanol		
	nalbuphine		
	pentazocine/naloxone		
<b>Selective Serotonin Agonists</b>	Relpax		
		sumatriptan	Alsuma*
		naratriptan	Amerge*
		almotriptan	Axert*
		frovatriptan	Frova*
		sumatriptan	Imitrex*
		rizatriptan	Maxalt*
		rizatriptan	Maxalt MLT*
			Onzetra Xsail
			Sumavel DosePro
			Treximet
			Zecuity**
			Zembrace
	zolmitriptan	Zomig*	
	zolmitriptan	Zomig ZMT*	

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

\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Allergy and Respiratory Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Inhaled Antimuscarinics	Atrovent HFA		
	Spiriva		
			Incruse Ellipta Seebri Neohaler** Tudorza Pressair
		ipratropium bromide	
Inhaled Mast-Cell Stabilizers	none	cromolyn sodium	none
Leukotriene Modifiers	none	zafirlukast	Accolate*
		montelukast	Singulair*
			Zyflo
		zileuton	Zyflo CR*
Respiratory Corticosteroids	Asmanex Twisthaler		
	Dulera		
	Pulmicort Respules*		budesonide (generic)
	QVAR		
			Advair Diskus Advair HFA Aerospan
		salmeterol/fluticasone	AirDuo* Alvesco Armonair Arnuity Ellipta Asmanex HFA Breo Ellipta Flovent Diskus Flovent HFA Pulmicort Flexhaler QVAR Redihaler** Symbicort Trelegy Ellipta**
	Respiratory Beta-Adrenergic Agonists	ProAir HFA	
Proventil HFA			
Serevent Diskus			
			Anoro Ellipta Arcapta Bevespi Aerosphere** Brovana Combivent Respimat Foradil Perforomist ProAir Respiclick Stiolto Respimat** Striverdi Respimat Utibron Neohaler** Ventolin HFA
		levalbuterol	Xopenex HFA*
		levalbuterol	Xopenex Inhalation Solution*
		albuterol	
		albuterol/ipratropium	
	metaproterenol		
	terbutaline		
Respiratory Smooth Muscle Relaxants	none	theophylline	Elixophyllin* Lufyllin Theo-24
		aminophylline	

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

\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Skin & Mucous Membrane Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Antibacterials	none		Altabax
		mupirocin	Bactroban*
		mupirocin	Centany*
			Centany AT
		clindamycin (vaginal only)	Cleocin*
			Clindesse
			Cortisporin
		metronidazole	MetroGel-Vaginal*
		neomycin and polymyxin B	Neosporin G.U. Irrigant*
			Nuversa
metronidazole	Vandazole*		
	gentamicin		
Antifungals	none	ciclopirox	Ciclodan*
			Ertaczo
			Exelderm
		ketoconazole	Extina*
			Gynazole-1
			Jublia
			Kerydin
			Lamisil
		ciclopirox	Loprox*
		clotrimazole and betamethasone	Lotrisone*
			Luzu
			Mentax
		naftifine	Naftin*
		ketoconazole	Nizoral*
		oxiconazole	Oxistat*
		ciclopirox	Penlac*
		terconazole	Terazol 3*
		terconazole	Terazol 7*
			Vusion
			clotrimazole
	econazole		
	miconazole		
	nystatin		
	nystatin and triamcinolone		

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

\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Anti-inflammatory Agents	Capex Shampoo		
		hydrocortisone	Anusol-HC*
			ApexiCon E
		clobetasol	Clobex*
		clobetasol	Clodan*
		clocortolone	Cloderm
			Cordran
		hydrocortisone	Cortenema*
			Cortifoam
		fluticasone	Cutivate*
		Fluocinolone	Derma-Smooth/FS*
		prednicarbate	Dermatop*
			Desonate
		betamethasone dipropionate and propylene glycol	Diprolene*
		betamethasone dipropionate and propylene glycol	Diprolene AF*
		mometasone	Elocon*
			Eucrisa**
			Halog
		triamcinalone	Kenalog*
		betamethasone valerate	Luxiq*
		clobetasol	Olux*
		clobetasol	Olux-E*
		triamcinolone	Oralene*
			Pandel
			PramCort
			ProctoFoam-HC
		diflorasone	Psorcon*
			Sernivo
		fluocinolone	Synalar*
		clobetasol	Temovate*
		clobetasol and emollient	Temovate Emollient*
			Texacort
		desoximetasone	Topicort*
		Trianex	
	halobetasol	Ultravate*	
	fluocinonode	Vanos*	
	alclometasone		
	amcinonide		
	betamethasone dipropionate		
	betamethasone valerate		
	desonide		
	fluranderenolide		
	hydrocortisone and aloe vera		
	hydrocortisone, mineral oil and white petrolatum		
	hydrocortisone acetate		
	hydrocortisone acetate and urea		
	hydrocortisone butyrate		
	hydrocortisone valerate		

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

\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Antipruritics and Local Anesthetics	none	lidocaine topical patch	Lidoderm*
			Lidotral
		doxepin	Prudoxin*
			Synera
		doxepin	Zonalon*
		hydrocortisone and lidocaine	
		hydrocortisone, lidocaine and aloe vera	
		lidocaine	
	lidocaine and prilocaine		
Antivirals	Zovirax (cream)		Denavir
			Xerese
			Zovirax (ointment)*
		acyclovir	
Astringents	none		Xerac AC
Keratolytic Agents	none		Aluvea
			Bensal HP
		salicylic acid	Salex*
			Umecta
			Umecta PD
			Uramaxin
		urea	Uramaxin GT*
Miscellaneous Local Anti-infectives	none		AVC
		silver sulfadiazine	Silvadene*
		silver sulfadiazine	SSD*
			Sulfamylon

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\*\*Will be reviewed at a future time when eligible

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Miscellaneous Skin and Mucous Membrane Agents	Elidel		
		imiquimod	Aldara*
			Artiss
		fluorouracil	Carac*
		podofilox	Condylox*
		calcipotriene	Dovonex*
			Dupixent**
		fluorouracil	Efudex*
			Enstilar
			Levulan
			Panretin
			Picato
			Podocon-25
		tacrolimus	Protopic*
			Qutenza
			Rectiv
			Regranex
			Santyl
			Solaraze
		diclofenac	Soriatane*
			Sorilux
		calcipotriene	Taclonex*
			Targretin
		Tazorac	
		Tolak	
		Valchlor	
	calcitriol	Vectical*	
		Veregen	
		Zyclara	
Scabicides and Pediculicides	Sklice		
	Ulesfia		
		permethrin	Elimite*
			Eurax
			lindane (generic)
		spinosad	Natroba*
	malathion	Ovide*	

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

\*\*Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Women’s Health**

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Estrogens	Menest		
	Premarin (tablets only)		
		estradiol and norethindrone	Activella*
		estradiol	Alora*
		estradiol and norethindrone	Amabelz*
			Angeliq
		estradiol	Climara*
			Climara Pro
			Combipatch
		estradiol valerate	Delestrogen*
			Depo-Estradiol
			Divigel
			Duavee
			Elestrin
			Enjuvia
		estradiol	Estrace*
			Estring
			Evamist
		ethinyl estradiol and norethindrone	FemHRT*
			Femring
		ethinyl estradiol and norethindrone	Jevantique*
		ethinyl estradiol and norethindrone	Jinteli*
			Menostar
		estradiol and norethindrone	Mimvey*
		estradiol and norethindrone	Mimvey Lo*
		estradiol	Minivelle*
		Prefest	
		Premarin (cream and injection)	
		Premphase	
		Prempro	
	estradiol	Vagifem*	
	estradiol	Vivelle-Dot*	
	estropipate		

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand
Prenatal Vitamins	Citranatal 90 DHA*	prenatal vitamins, iron, folic acid, DHA, docusate	
	Citranatal Assure*	prenatal vitamins, iron, folic acid, DHA, docusate	
	Citranatal B-Calm		
	Citranatal DHA		
	Citranatal Harmony		
		Prenatal vitamins, iron, folic acid, DHA	Active OB*
			Bal-Care DHA Essential
			Citranatal Rx
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	Concept DHA*
		prenatal vitamins, iron, folic acid	Concept OB*
			Natalvit
		prenatal vitamins, iron, folic acid	Nestabs*
			Nestabs ABC
		prenatal vitamins, iron, folic acid, DHA	Nestabs DHA*
			Nexa Plus
			OB Complete
			OB Complete One
			OB Complete Petite
			OB-Complete Premier
			OB Complete with DHA
			Paire OB Plus DHA
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	PR Natal 400*
			PR Natal 430
			PR Natal 400 EC
			PR Natal 430 EC
		prenatal vitamins, iron, folic acid, omega-3 fatty acids, DHA	Prefera OB*
		prenatal vitamins, iron, folic acid, DHA	Prefera-OB One*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids, DHA	Prefera-OB Plus DHA*
			Prenata
			Prenate AM
			Prenate Chewable
			Prenate DHA
			Prenate Elite
			Prenate Enhance
			Prenate Essential
			Prenate Mini
			Prenate Pixie
			Prenate Restore
			Prenate Star
			Preque 10
		Primacare	
		Provida DHA	
		Provida OB	
	prenatal vitamins, iron, folic acid, omega 3 fatty acids	ReInate DHA*	
		Select-OB	
<i>Prenatal Vitamins continued on next page</i>			

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<i>Prenatal Vitamins continued from previous page</i>		
<b>Prenatal Vitamins (continued)</b>	prenatal vitamins, iron, folic acid, DHA	Select-OB+DHA*
		Tricare
		Tricare Prenatal DHA One
		Vinate II
		Vinate DHA RF
	prenatal vitamins, iron, folic acid, selenium	Vinate-M*
		Vitafol-OB
	prenatal vitamins, iron, folic acid, DHA	Vitafol-OB+DHA*
	prenatal vitamins, iron, folic acid, DHA	Vitafol-One *
		Vitafol Nano
		Vitafol Ultra
		VP CH Ultra

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