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.

Adbry[CC]
Adderall XR*
Advair Diskus*
Advair HFA*
Aimovig[CC]
Ajovy[CC]
Anoro Ellipta*
Aricept*
Arnuity Ellipta
Asmanex HFA
Asmanex Twisthaler
Atrovent HFA
Avonex
Bepreve*
Besivance
Betaseron
Bethkis*
Bevespi
Blephamide
Breo Ellipta*
Brixadi[CC]
Byetta[CC]
Cipro HC
Ciprodex*
Combivent Respimat
Concept DHA*
Concept OB*
Concerta*
Copaxone*
Daytrana*
Dulera
Dupixent[CC]
Dymista*
Ebglyss[CC]
Elidel*
Eliquis
Enbrel[CC]
Epclusa[CC]*
Eucrisa[CC]
Farxiga*
Fasenra[CC]
Fiasp
Focalin XR*
Genotropin[CC]
Harvoni[CC]*
Hemangeol[CC]
Humira[CC]
Humalog
Humalog Mix
Humulin R U-500
Incruse Ellipta
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Journavx[CC]
Kazano*
Kitabis*
Lantus*
Mavyret[CC]
Mounjaro[CC]
Myrbetriq*
Nemluvio[CC]
Nestabs*
Nestabs DHA*
Nitro-Bid
Nitrostat*
Novolog Mix 70-30
Omnaris
Omnitrope[CC]
Oseni*
Otezla[CC]
Oxytrol
Ozempic[CC]
Paxlovid

† The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.
[CC] Denotes agent is preferred with clinical criteria in place.
^ Zepbound is preferred with clinical criteria for its Obstructive Sleep Apnea (OSA) with obesity indication. Zepbound is non-covered for weight reduction without OSA.

Pradaxa Pellets
Premarin (cream & tablets only)
Prempro
ProAir Respiclick
Proventil HFA*
Pulmicort Flexhaler
Qulipta[CC]
Qvar RediHaler
Rebif
Relenza[†]
Rinvoq[CC]
Ritalin*
Rybelsus[CC]
Serevent Diskus
Skytrofa[CC]
Sogroya[CC]
Spiriva Handihaler*
Spiriva Respimat
Stiolto Respimat
Striverdi Respimat
Sublocade[CC]
Symbicort*
Synjardy
Synjardy XR
Tezspire[CC]
Thrivite Rx*
Tradjenta
Tricare
Trulicity[CC]
Tysabri
Ubrelvy[CC]
Ventolin HFA*
Victoza*[CC]
Vinate II
Vitafol Fe+ softgel
Vitafol-OB
Vitafol-OB+DHA
Vitafol-One softgel
Vitafol Prenatal w/iron gummies
Vitafol Ultra softgel
Vyvanse* (capsules)
Xarelto*
Xigduo XR*
Xofluza[†]
Xolair[CC]
Zepatier[CC]
Zepbound[CC] ^
Zetonna
Zomacton[CC]
Zylet

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