



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*	Diastat Acudial*	Pradaxa
Adderall XR*	Dulera	Premarin (tabs only)
Adhansia XR	Elidel	Prempro
Advair Diskus*	Eliquis	ProAir HFA*
Advair HFA	Enbrel ^{CC}	Pulmicort Flexhaler
Aimovig ^{CC}	Entresto	Qvar Redihaler
Anoro Ellipta	Eplusa ^{CC*}	Rebif
Aricept*	Eucrisa ^{CC}	Relenza [†]
Asmanex HFA	Farxiga	Ritalin*
Asmanex Twisthaler	Flovent Diskus	Serevent Diskus
Atrovent HFA	Flovent HFA	Spiriva
Aubagio	Focalin XR*	Stiolto Respimat
Bepreve	Gilenya	Striverdi Respimat
Besivance	Harvoni ^{CC*}	Sublocade ^{CC}
Betaseron	Hemangeol ^{CC}	Suboxone ^{CC*}
Bethkis	Humira ^{CC}	Symbicort*
Bevespi	Humalog Mix	Tamiflu ^{†*}
Blephamide	Incruse Ellipta	Toviaz
Brilinta	Invokamet	Tradjenta
Byetta	Invokana	Trulicity
Bystolic	Janumet	Tudorza
Catapres-TTS*	Janumet XR	Tysabri
Capex Shampoo	Januvia	Victoza
Cimzia ^{CC}	Jardiance	Vyvanse (capsules and chewable tablets)
Cipro HC	Jentadueto	Xarelto
Ciprodex*	Kitabis*	Xifaxan
Citranatal 90 DHA	Kombiglyze XR	Xofluza [†]
Citranatal Asssure	Lantus	Xopenex HFA*
Citranatal B-Calm	Levemir	Zepatier ^{CC}
Citranatal Bloom	Mavyret ^{CC}	Zetonna
Citranatal DHA	Nitro-Bid	Zomacton ^{CC}
Citranatal Harmony	Nitrostat	Zovirax (cream only)
Colcrys*	Novolog	Zubsolv ^{CC}
Combivent	Novolog Mix 70-30	Zylet
Concerta*	Omnaris	
Copaxone*	Onglyza	
Coumadin*	Oxytrol	
Diastat*	Pazeo	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 4/1/2021

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