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.

Adderall XR*
Advair Diskus*
Advair HFA
Aimovig®
AirDuos®
Ajoys®
Anoro Ellipta
Aricept®
Arnulty Ellipta
Asmanex HFA
Asmanex Twisathaler
Atrovent HFA
Avonex
Bepreve
Besivance
Betaseron
Bethikis
Blephamides
Bree Ellipta
Brilinta
Byetta
Bystolic
Catapres-TTS®
Capex Shampoo
Cimzia®
Cipro HC
Ciprodex®
Citanaral 90 DHA
Citanaral Assure
Citanaral B-Calm
Citanaral Bloom
Citanaral DHA
Citanaral Harmony
Combivent
Concerta®
Copaxone®
Diastat®
Diastat Acudial®
Dulera
Dymista®
Eidel
Eliquis
Enbrel®
Entresto
Eplonusa®
Ercrisa®
Faroixa
Flovent Diskus
Flovent HFA
Harvoni®
Hemangeo®
Humira®
Humalog Mix
Incure Ellipta
Invokamet
Invokana
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kazano
Kitabix®
Kombiglyze XR
Lantus
Levemir
Mavyre®
Nesina
Nitro-Bid
Novolog
Novolog Mix 70-30
Omnaris
Omnitrope®
Onglyza
Oseni
Oxylotol
Premarin (tabs only)
Prempro
ProAir HFA®
Pulmicort Flexhaler
Qvar Redihaler
Rebif
Relenza®
Ritalin®
Select-OB + DHA
Serevent Diskus
Spiriva
Stiolto Respimat
Striverdi Respimat
Sublocade®
Suboxone®
Symbicot®
Synjardy
Synjardy XR
Tamiflu®
Tecfidera
Toviaz
Tradjenta
Trulicity
Tudorza
Tysabri
Vascepa®
Victoza
Vitalol Fe+ softgel
Vitalol-Nano prenatal tablet
Vitalol-OB
Vitalol-OB+DHA
Vitalol-One softgel
Vitalol Prenatal w/iron gummies
Vitalol Ultra softgel
Vyvanse (capsules)
Xarelto
Xigduo XR
Xofluza®
Xopenex HFA®
Zepatier®
Zetrona
Zomacton®
Zovirax (cream only)
Zubsolv®
Zydel

†The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 7/1/2022

oo Denotes agent is preferred with clinical criteria in place.