



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}	Farxiga	Rebif
Adderall XR*	Flovent Diskus [^]	Relenza [†]
Advair Diskus*	Flovent HFA* [^]	Ritalin*
Advair HFA*	Focalin XR*	Rybelsus ^{CC}
Aimovig ^{CC}	Genotropin ^{CC}	Select-OB + DHA
AirDuo RespiClick*	Harvoni ^{CC*}	Serevent Diskus
Ajovy ^{CC}	Hemangeol ^{CC}	Skytrofa ^{CC}
Anoro Ellipta	Humira ^{CC}	Spiriva Handihaler*
Apidra	Humalog*	Spiriva Respimat
Apidra Solostar	Humalog Mix	Stiolto Respimat
Aricept*	Incruse Ellipta	Striverdi Respimat
Arnuity Ellipta	Invokamet	Sublocade ^{CC}
Asmanex HFA	Invokana	Suboxone ^{CC*}
Asmanex Twisthaler	Janumet	Symbicort*
Atrovent HFA	Janumet XR	Synjardy
Avonex	Januvia	Synjardy XR
Bepreve*	Jardiance	Tamiflu ^{†*}
Besivance	Jentadueto	Toviaz*
Betaseron	Jentadueto XR	Tradjenta
Bethkis*	Kazano*	Trulicity ^{CC}
Bevespi	Kitabis*	Tysabri
Blephamide	Kombiglyze XR*	Ubrelvy ^{CC}
Breo Ellipta*	Lantus*	Vascepa*
Brilinta	Levemir	Ventolin HFA*
Bydureon Bcise ^{CC}	Mavyret ^{CC}	Victoza ^{CC}
Byetta ^{CC}	Nesina*	Vitafol Fe+ softgel
Cipro HC	Nitro-Bid	Vitafol-Nano prenatal tablet
Ciprodex*	Nitrostat*	Vitafol-OB
Combivent Respimat	Novolog*	Vitafol-OB+DHA
Concerta*	Novolog Mix 70-30	Vitafol-One softgel
Copaxone*	Omnaris	Vitafol Prenatal w/iron gummies
Daytrana*	Omnitrope ^{CC}	Vitafol Ultra softgel
Diastat*	Onglyza*	Vyvanse* (capsules)
Diastat Acudial*	Oseni*	Xarelto
Dulera	Oxytrol	Xigduo XR
Dupixent ^{CC}	Ozempic ^{CC}	Xofluza [†]
Dymista*	Pradaxa*	Zepatier ^{CC}
Elidel*	Premarin (tablets only)	Zetonna
Eliquis	Prempro	Zomacton ^{CC}
Enbrel ^{CC}	ProAir Digihaler [^]	Zovirax* (cream only)
Entresto	ProAir Respiclick	Zubsolv ^{CC}
Epclusa ^{CC*}	Proventil HFA*	Zylet
Eucrisa ^{CC}	Pulmicort Flexhaler	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 7/1/2024

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

[^]Flovent HFA and Flovent Diskus discontinued 12/31/2023. Proair Digihaler, ArmonAir Digihaler, Airduo Digihaler to be discontinued 6/1/2024.