



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*	Entresto	QNASL
Adderall XR*	Extavia	QNASL Children
Adzenys XR	Focalin*	QVAR
Aricept*	Focalin XR*	Rebif
Asmanex Twisthaler	Gilenya	Relenza [†]
Atrovent HFA	Harvoni ^{CC}	Relpax
Aubagio	Humira ^{CC}	Ritalin*
Bepreve	Janumet	Serevent Diskus
Besivance	Janumet XR	Sklice
Betaseron	Januvia	Spiriva
Bethkis	Kapvay*	Strattera*
Blephamide	Kitabis*	Tamiflu [†] *
Brilinta	Lantus	Technivie ^{CC}
Catapres-TTS*	Levemir	Toviaz
Capex Shampoo	Menest	Tysabri
Cimzia ^{CC}	Nexium*	Ulesfia
Cipro HC	Niacor	Viekira Pak ^{CC}
Ciprodex	Nitro-Bid	Viekira XR ^{CC}
Citranatal 90 DHA*	Nitrostat	Vigamox
Citranatal Assure*	Novolog	Vyvanse (capsules only)
Citranatal B-Calm	Novolog Mix 70-30	Xarelto
Citranatal DHA	Omnaris	Zetia*
Citranatal Harmony	Oxytrol	Zovirax (cream only)
Concerta*	Patanase*	Zylet
Copaxone	Pazeo	
Coumadin*	Pradaxa	
Diastat*	Prandin*	
Diastat Acudial*	Premarin (tabs only)	
Dulera	ProAir HFA	
Elidel	Proventil HFA	
Eliquis	Provigil*	
Enbrel ^{CC}	Pulmicort Respules*	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 10/2/2017

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