



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

†The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 7/3/2017

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