



ALABAMA MEDICAID AGENCY
PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

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.

Below is a list 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.

Table with 3 columns listing drug categories such as Antihistamines, Behavioral Health, Diabetic Agents, Pain Management, etc., with sub-categories and specific drug names.

*The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.

**Denotes agent is preferred with clinical criteria in place.