



ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Antihistamines**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|---------------------------------------|-----------------|------------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| First Generation Antihistamine Agents | none | | Karbinal ER |
| | | | Ryvent |
| | | carbinoxamine | |
| | | clemastine | |
| | | diphenhydramine | |
| | | phenylephrine and chlorpheniramine | |

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Anti-infective Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|------------------------|-----------------|-----------------------------|--|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Adamantanes | none | amantadine rimantadine | Flumadine* |
| Amebicides | none | paromomycin | none |
| Aminoglycosides | Bethkis | | |
| | Kitabis | | |
| | | | tobramycin inhalation solution (generic) |
| | | | TOBI* |
| | | | TOBI Podhaler |
| | | amikacin | |
| | | gentamicin | |
| | | neomycin | |
| Anthelmintics | none | | Albenza |
| | | | Biltricide |
| | | | Emverm |
| | | ivermectin | Stromectol* |
| Antifungals | none | | Abelcet |
| | | | AmBisome |
| | | flucytosine | Ancobon* |
| | | | Cancidas |
| | | | Cresemba |
| | | fluconazole | Diflucan* |
| | | | Eraxis |
| | | griseofulvin ultramicrosize | Gris-Peg* |
| | | terbinafine | Lamisil* |
| | | | Mycamine |
| | | | Noxafil |
| | | | Onmel |
| | | itraconazole | Sporanox* |
| | | voriconazole | Vfend* |
| amphotericin B | | | |
| griseofulvin microsize | | | |
| ketoconazole | | | |
| nystatin | | | |
| Antimalarials | none | | Coartem |
| | | | Daraprim |
| | | atovaquone and proguanil | Malarone* |
| | | hydroxychloroquine | Plaquenil* |
| | | quinine | Qualaquin* |
| | | chloroquine | |
| mefloquine | | | |
| primaquine | | | |

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|-------------------------|---------------------------|-------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Antituberculosis Agents | none | | Capastat Sulfate |
| | | ethambutol | Myambutol* |
| | | rifabutin | Mycobutin* |
| | | | Paser |
| | | | Priftin |
| | | rifampin | Rifadin* |
| | | | Rifamate |
| | | | Rifater |
| | | | Sirturo |
| | | | Trecator |
| Cephalosporins | none | | Avycaz |
| | | ceftibuten | Cedax* |
| | | cefuroxime | Ceftin* |
| | | cefotaxime | Claforan* |
| | | ceftazidime | Fortaz* |
| | | cephalexin | Keflex* |
| | | cefepime | Maxipime* |
| | | cefixime | Suprax* |
| | | ceftazidime | Tazicef* |
| | | | Teflaro |
| | | | Zerbaxa |
| | | cefuroxime | Zinacef * |
| | | cefactor | |
| | | cefadroxil | |
| | | cefazolin | |
| | | cefdinir | |
| | | cefpodoxime | |
| | | cefprozil | |
| ceftriaxone | | | |
| Chloramphenicol | none | chloramphenicol | |
| HCV Antivirals | Harvoni ^{CC} | none | |
| | Technivie ^{CC} | | |
| | Viekira Pak ^{CC} | | |
| | Viekira XR ^{CC} | | |
| | | | |
| | | | Daklinza |
| | | | Epclusa |
| | | | Mavyret |
| Interferons | none | none | Intron A |
| | | | Pegasys |
| | | | PegIntron |
| | | | |

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--|---------------------|-----------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Macrolides | none | clarithromycin | Blaxin* |
| | | | Dificid |
| | | erythromycin ethylsuccinate | E.E.S.* |
| | | | EryPed |
| | | | Ketek |
| | | | PCE |
| | | azithromycin | Zithromax* |
| | Zmax | | |
| | clarithromycin ER | | |
| | erythromycin base | | |
| Miscellaneous Antibacterials | none | bacitracin | Baciim* |
| | | clindamycin | Cleocin* |
| | | colistimethate | Coly-Mycin M* |
| | | | Cubicin |
| | | | Dalvance |
| | | lincomycin | Lincocin* |
| | | | Orbactiv |
| | | | Pylera |
| | | | Sivextro |
| | | | Synercid |
| | vancomycin | Vancocin* | |
| | | Vibativ | |
| | | Xifaxan | |
| | linezolid | Zyvox* | |
| | polymyxin B sulfate | | |
| Miscellaneous Antimycobacterials | none | dapsone | none |
| Miscellaneous Antiprotozoals | none | | Alinia |
| | | | Flagyl* |
| | | | Flagyl ER |
| | | | Impavido** |
| | | atovaquone | Mepron* |
| | | | NebuPent |
| | Pentam 300 | | |
| | tinidazole | Tindamax* | |
| Miscellaneous Antivirals | none | foscarnet | none |
| Miscellaneous β-Lactams | none | aztreonam | Azactam* |
| | | | Cayston |
| | | | Doribax |
| | | | Invanz |
| | | | Mefoxin |
| | | meropenem | Merrem* |
| | | imipenem and cilastatin | Primaxin* |
| | cefotetan | | |
| | cefoxitin | | |
| Neuraminidase Inhibitors †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC | Relenza† | | |
| | Tamiflu†* | oseltamivir† | |
| | | | Rapivab |

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|-----------------------------|-----------------|-----------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Nucleosides and Nucleotides | none | entecavir | Baraclude* |
| | | ribavirin | Copegus* |
| | | ganciclovir | Cytovene* |
| | | famciclovir | Famvir* |
| | | adefovir | Hepsera* |
| | | | Rebetol |
| | | | Sitavig |
| | | | Tyzeka |
| | | valganciclovir | Valcyte* |
| | | valacyclovir | Valtrex* |
| | | | Velmidy** |
| | | ribavirin | Virazole* |
| | | acyclovir | Zovirax* |
| | cidofovir | | |
| Penicillins | none | amoxicillin and clavulanate | Augmentin* |
| | | amoxicillin and clavulanate | Augmentin XR* |
| | | | Bicillin C-R |
| | | | Bicillin L-A |
| | | | Moxatag |
| | | penicillin G | Pfizerpen* |
| | | ampicillin and sulbactam | Unasyn* |
| | | piperacillin and tazobactam | Zosyn* |
| | | amoxicillin | |
| | | ampicillin | |
| | | dicloxacillin | |
| | | nafcillin | |
| | | oxacillin | |
| penicillin V | | | |
| Quinolones | none | moxifloxacin | Avelox * |
| | | ciprofloxacin | Cipro* |
| | | ciprofloxacin ER | Cipro XR* |
| | | levofloxacin | Levaquin* |
| | | ofloxacin | |
| Sulfonamides | none | sulfasalazine | Azulfidine* |
| | | sulfamethoxazole and trimethoprim | Bactrim* |
| | | sulfamethoxazole and trimethoprim | Bactrim DS* |
| | | sulfamethoxazole and trimethoprim | Sulfatrim* |
| | | sulfadiazine | |
| Tetracyclines | none | doxycycline | Adoxa* |
| | | doxycycline | Doryx* |
| | | doxycycline | Morgidox* |
| | | tigecycline | Tygacil* |
| | | doxycycline | Vibramycin* |
| | | demeclocycline | |
| | | minocycline | |
| | | tetracycline | |

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|-------------------------|-----------------|---|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Urinary Anti-infectives | none | nitrofurantoin | Furadantin* |
| | | methenamine | Hiprex* |
| | | nitrofurantoin and nitrofurantoin macrocrystals | Macrobid* |
| | | nitrofurantoin macrocrystals | Macrochantin* |
| | | | Monurol |
| | | | Primsol |
| | | | Urimar-T |
| | | methenamine, methylene blue, phenyl salicylate, sodium phosphate, and hyoscyamine | Urin D.S.* |
| | | methenamine, methylene blue, phenyl salicylate, sodium phosphate, and hyoscyamine | Utira-C* |
| | | methenamine, sodium phosphate, methylene blue and hyoscyamine | |
| | trimethoprim | | |

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Behavioral Health**

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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|------------------------------------|-----------------|-------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Alzheimer's Agents | Aricept* | donepezil | |
| | | rivastigmine | Exelon* |
| | | memantine | Namenda* |
| | | | Namenda XR |
| | | | Namzaric |
| | | galantamine | Razadyne* |
| | galantamine | Razadyne ER* | |
| Antidepressants | none | clomipramine | Anafranil* |
| | | | Aplenzin |
| | | | Brisdelle |
| | | citalopram | Celexa* |
| | | duloxetine | Cymbalta* |
| | | | Desvenlafaxine ER |
| | | venlafaxine | Effexor XR* |
| | | | Emsam |
| | | | Fetzima |
| | | | Forfivo XL |
| | | duloxetine | Irenka* |
| | | desvenlafaxine | Khedezla* |
| | | escitalopram | Lexapro* |
| | | | Marplan |
| | | phenelzine | Nardil* |
| | | desipramine | Norpramin* |
| | | | Oleptro ER |
| | | nortriptyline | Pamelor* |
| | | tranylcypromine | Parnate* |
| | | paroxetine | Paxil* |
| | | paroxetine | Paxil CR* |
| | | | Pexeva |
| | | desvenlafaxine | Pristiq* |
| | | fluoxetine | Prozac* |
| | | fluoxetine | Prozac Weekly* |
| | | mirtazapine | Remeron* |
| | | fluoxetine | Sarafem* |
| | | | Silenor |
| | | | Surmontil |
| | | imipramine | Tofranil* |
| imipramine | Tofranil-PM* | | |
| | Trintellix | | |
| | Viibryd | | |
| bupropion | Wellbutrin* | | |
| bupropion | Wellbutrin SR* | | |
| bupropion | Wellbutrin XL* | | |
| sertraline | Zoloft* | | |
| amitriptyline | | | |
| amitriptyline and chlordiazepoxide | | | |
| amoxapine | | | |
| doxepin | | | |
| protriptyline | | | |

Antidepressants continued on next page

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|---|---|-------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Antidepressants (continued) | <i>Antidepressants continued from previous page</i> | | |
| | | fluvoxamine | |
| | | maprotiline | |
| | | nefazodone | |
| | | trazodone | |
| Anxiolytics, Sedatives, and Hypnotics: Barbiturates | none | | Amytal Sodium |
| | | phenobarbital | Butisol Sodium Seconal Sodium |
| Anxiolytics, Sedatives, and Hypnotics: Benzodiazepines | Diastat* | | diazepam rectal kit (generic) |
| | Diastat AcuDial* | | diazepam rectal kit (generic) |
| | | | Alprazolam Intensol |
| | | lorazepam | Ativan* |
| | | triazolam | Halcion* |
| | | clonazepam | Klonopin* |
| | | lorazepam | Lorazepam Intensol* |
| | | temazepam | Restoril* |
| | | clorazepate | Tranxene* |
| | | alprazolam | Xanax* |
| | | alprazolam ER | Xanax XR* |
| | | chlordiazepoxide | |
| | | diazepam | |
| | estazolam | | |
| | flurazepam | | |
| | midazolam | | |
| | oxazepam | | |
| Anxiolytics, Sedatives, and Hypnotics: Miscellaneous Agents | none | zolpidem | Ambien* |
| | | zolpidem | Ambien CR* |
| | | | Belsomra |
| | | | Eduar |
| | | | Hellioz |
| | | zolpidem | Intermezzo* |
| | | eszopiclone | Lunesta* |
| | | dexmedetomidine | Precedex* |
| | | | Rozerem |
| | | zaleplon | Sonata* |
| hydroxyzine | Vistaril* | | |
| | buspirone | | |
| | droperidol | | |
| | meprobamate | | |

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|---|-------------------------|-------------------------------|---|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Cerebral Stimulants/ Agents Used for ADHD (Short- and Intermediate-Acting) | Focalin* | | dexmethylphenidate IR (generic) |
| | Ritalin* | methylphenidate | |
| | | amphetamine-dextroamphetamine | Adderall* |
| | | methamphetamine | Desoxyn* |
| | | dextroamphetamine | Dexedrine* |
| | | | Evekeo |
| | | methylphenidate | Metadate ER* |
| | | methylphenidate | Methylin* |
| Cerebral Stimulants/ Agents Used for ADHD (Long-Acting) | | dextroamphetamine | ProCentra* |
| | | dextroamphetamine | Zenzedi* |
| | Adderall XR* | | amphetamine-dextroamphetamine (generic) |
| | Adzenys XR | | |
| | Concerta* | | methylphenidate ER (generic) |
| | Focalin XR* | | dexmethylphenidate ER (generic) |
| | Kapvay* | | clonidine ER (generic) |
| | Strattera* | atomoxetine | |
| | Vyvanse (capsules only) | | |
| | | | Adzenys XR |
| | | | Aptensio |
| | | | Cotempla XR-ODT |
| | | | Daytrana |
| | | | Dyanavel XR |
| | | guanfacine ER | Intuniv* |
| | | Mydayis | |
| | | Quillichew ER | |
| | | Quillivant | |
| | methylphenidate | Ritalin LA* | |
| | | Vyvanse (chewable tablets) | |
| Wakefulness Promoting Agents | Provigil* | | modafinil (generic) |
| | | armodafonil | Nuvigil* |
| | | | Xyrem |

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Cardiovascular Health**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--|-----------------|-------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| ACE Inhibitors | none | quinapril | Accupril* |
| | | quinapril and HCTZ | Accuretic* |
| | | perindopril | Aceon* |
| | | ramipril | Altace* |
| | | | Epaned |
| | | benazepril | Lotensin* |
| | | benazepril and HCTZ | Lotensin HCT* |
| | | trandolapril | Mavik* |
| | | lisinopril | Prinivil* |
| | | lisinopril and HCTZ | Prinzide* |
| | | | Qbrelis |
| | | trandolapril and verapamil ER | Tarka* |
| | | enalapril and HCTZ | Vaseretic* |
| | | enalapril | Vasotec* |
| | | lisinopril and HCTZ | Zestoretic* |
| | | lisinopril | Zestril* |
| | | captopril | |
| | | captopril and HCTZ | |
| fosinopril | | | |
| fosinopril and HCTZ | | | |
| moexipril and HCTZ | | | |
| moexipril | | | |
| Alpha-Adrenergic Blocking Agents | none | doxazosin | Cardura* |
| | | | Cardura XL |
| | | prazosin | Minipress* |
| | | terazosin | |
| Angiotensin II Receptor Antagonists | none | candesartan | Atacand* |
| | | candesartan and HCTZ | Atacand HCT* |
| | | irbesartan and HCTZ | Avalide* |
| | | irbesartan | Avapro* |
| | | olmesartan | Benicar* |
| | | olmesartan and HCTZ | Benicar HCT* |
| | | | Byvalson** |
| | | losartan | Cozaar* |
| | | valsartan | Diovan* |
| | | valsartan and HCTZ | Diovan HCT* |
| | | | Edarbi |
| | | | Edarbyclor |
| | | losartan and HCTZ | Hyzaar* |
| | | telmisartan | Micardis* |
| | | telmisartan and HCTZ | Micardis HCT* |
| | Teveten HCT | | |
| olmesartan, amlodipine, and HCTZ | Tribenzor* | | |
| telmisartan and amlodipine | Twynsta* | | |
| eprosartan | | | |

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|---------------------------------|-----------------|---------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Antiarrhythmic Agents | none | amiodarone | Cordarone* |
| | | | Multaq |
| | | | Nexterone |
| | | disopyramide | Norpace* |
| | | | Norpace CR |
| | | amiodarone | Pacerone* |
| | | propafenone | Rythmol* |
| | | propafenone | Rythmol SR* |
| | | dofetilide | Tikosyn* |
| | | flecainide | |
| mexiletine | | | |
| quinidine | | | |
| Oral Anticoagulants | Coumadin* | warfarin | |
| | Eliquis | | |
| | Pradaxa | | |
| | Xarelto | | |
| | | | Savaysa |
| Beta-Adrenergic Blocking Agents | none | sotalol | Betapace* |
| | | sotalol | Betapace AF* |
| | | | Bystolic |
| | | carvedilol | Coreg* |
| | | | Coreg CR |
| | | nadolol | Corgard* |
| | | nadolol and bendroflumethiazide | Corzide* |
| | | | Dutoprol |
| | | | Hemangeol |
| | | propranolol | Inderal LA* |
| | | | InnoPran XL |
| | | | Levatol |
| | | metoprolol | Lopressor* |
| | | metoprolol and HCTZ | Lopressor HCT* |
| | | acebutolol | Sectral* |
| | | | Sotylize |
| | | atenolol and chlorthalidone | Tenoretic* |
| | | atenolol | Tenormin* |
| | | metoprolol | Toprol XL* |
| | | labetalol | Trandate* |
| bisoprolol | Zebeta* | | |
| bisoprolol and HCTZ | Ziac* | | |
| betaxolol | | | |
| pindolol | | | |
| propranolol and HCTZ | | | |
| timolol | | | |

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|---------------------------------|-----------------|--------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Calcium-Channel Blocking Agents | none | nifedipine | Adalat CC* |
| | | amlodipine and olmesartan | Azor* |
| | | verapamil | Calan* |
| | | verapamil | Calan SR* |
| | | diltiazem | Cardizem* |
| | | diltiazem | Cardizem CD* |
| | | diltiazem | Cardizem LA* |
| | | amlodipine and valsartan | Exforge* |
| | | amlodipine, valsartan and HCTZ | Exforge HCT* |
| | | amlodipine and benazepril | Lotrel* |
| | | diltiazem | Matzim LA* |
| | | amlodipine | Norvasc* |
| | | | Nymalize |
| | | | Prestalia** |
| | | nifedipine | Procardia* |
| | | nifedipine | Procardia XL* |
| | | nisoldipine | Sular ER* |
| | | diltiazem | Tiazac* |
| | | verapamil | Verelan* |
| | | verapamil | Verelan PM* |
| felodipine | | | |
| isradipine | | | |
| nicardipine | | | |
| nimodipine | | | |
| nisoldipine | | | |
| Cardiotonic Agents | none | digoxin | Digitek* |
| | | digoxin | Lanoxin* |
| Central Alpha-Agonists | Catapres-TTS* | | clonidine patches (generic) |
| | | clonidine | Catapres* |
| | | guanfacine | Tenex* |
| | | methyl dopa | |
| | | methyl dopa and HCTZ | |
| Direct Vasodilators | none | | BiDil |
| | | | Proglycem |
| | | hydralazine | |
| | minoxidil | | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|---|-------------------------|----------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Diuretics | none | torseamide | Demadex* |
| | | | Diuril |
| | | triamterene and HCTZ | Dyazide* |
| | | | Dyrenium |
| | | | Edecrin |
| | | furosemide | Lasix* |
| | | triamterene and HCTZ | Maxzide* |
| | | hydrochlorothiazide (HCTZ) | Microzide* |
| | | | Samsca |
| | | | |
| | | amiloride | |
| | | amiloride and HCTZ | |
| | | bumetanide | |
| chlorthalidone | | | |
| chlorothiazide | | | |
| indapamide | | | |
| methyclothiazide | | | |
| metolazone | | | |
| Mineralocorticoid (Aldosterone) Receptor Antagonists | none | spironolactone and HCTZ | Aldactazide* |
| | | spironolactone | Aldactone* |
| | | eplerenone | Inspira* |
| Miscellaneous Cardiac Drugs | none | none | Corianor |
| | | | Ranexa |
| Miscellaneous Hypotensive Agents | none | none | Vecamyl |
| Nitrates and Nitrites | Nitro-Bid Nitrostat* | | |
| | | nitroglycerin | |
| | | | Dilatrate-SR |
| | | | GoNitro |
| | | isosorbide dinitrate | Isordil* |
| | | nitroglycerin | Minitran* |
| | | nitroglycerin | Nitro-Dur* |
| | | nitroglycerin | Nitrolingual* |
| | NitroMist* | | |
| | isosorbide mononitrate | | |
| Peripheral Adrenergic Inhibitors | none | reserpine | none |
| Platelet-aggregation Inhibitors | Brilinta | | |
| | | aspirin and dipyridamole | Aggrenox* |
| | | | Durlaza ER |
| | | prasugrel | Effient* |
| | | clopidogrel | Plavix* |
| | | | Zontivity |
| | | | |
| | cilostazol | | |
| | dipyridamole | | |
| | ticlopidine | | |
| Renin-Angiotensin-Aldosterone System Inhibitors, Misc | Entresto | none | none |
| Renin Inhibitors | none | none | Amturnide |
| | | | Tekamlo |
| | | | Tekturna |
| | | | Tekturna HCT |
| Bile Acid Sequestrants | none | colestipol | Colestid* |
| | | cholestyramine | Questran* |
| | | cholestyramine | Questran Light* |
| | | | Welchol |

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|---|-----------------|-------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Cholesterol Absorption Inhibitors | Zetia* | none | ezetimibe (generic) |
| Fibric Acid Derivatives | none | fenofibrate | Antara |
| | | fenofibric acid | Fenoglide* |
| | | fenofibrate | Fibricor* |
| | | gemfibrozil | Lipofen* |
| | | fenofibrate, nanocrystallized | Lopid* |
| | | | TriCor* |
| | | fenofibric acid | Triglide |
| HMG-CoA Reductase Inhibitors | none | | Trilipix* |
| | | | Altoprev |
| | | amlodipine/atorvastatin | Caduet* |
| | | rosuvastatin | Crestor* |
| | | fluvastatin | Lescol XL* |
| | | atorvastatin | Lipitor* |
| | | | Livalo |
| | | pravastatin | Pravachol* |
| Miscellaneous Antilipemic Agents | Niacor | | Vytorin* |
| | | | Zocor* |
| | | | |
| | | | Juxtapid |
| | | | Kynamro |
| Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors | none | omega-3 ethyl ester | Lovaza* |
| | | niacin | Niaspan* |
| | | | Vascepa |
| | | | Praluent |
| | | Repatha | |

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**Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Diabetic Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|---|-------------------|----------------------|--|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Alpha-Glucosidase Inhibitors | none | miglitol acarbose | Glyset* Precose* |
| Amylinomimetics | none | none | SymlinPen |
| Antidiabetic Agents, Miscellaneous | none | none | Korlym |
| Biguanides | none | | Fortamet* |
| | | metformin | Glucophage* |
| | | metformin | Glucophage XR* |
| | | | Glumetza* |
| | | | metformin ER (generic Fortamet ER and Glumetza ER) Riomet |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | Janumet | none | |
| | Janumet XR | | |
| | Januvia | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Incretin Mimetics | none | none | Adlyxin** |
| | | | Bydureon |
| | | | Byetta |
| | | | Tanzeum |
| | | | Trulicity |
| | | | Victoza |
| Insulins | Lantus | | |
| | Levemir | | |
| | Novolog | | |
| | Novolog Mix 70/30 | | |
| | | | Afrezza |
| | | | Apidra |
| | | | Basaglar** |
| | | | Humalog |
| | | | Humalog Mix 50/50 |
| | | | Humalog Mix 75/25 |
| | | | Humulin R (U-500) |
| | | | Soliqua** |
| | | | Toujeo |
| | | | Tresiba |
| | | | Xultophy** |
| | | Humulin N | |
| | Humulin R | | |
| | Humulin 70/30 | | |
| | Novolin N | | |
| | Novolin R | | |
| | Novolin 70/30 | | |

*Denotes a generic available in at least one dosage form or strength
 **Will be reviewed at a future time when eligible
 ccDenotes agent is preferred with clinical criteria in place.

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|---|-----------------|------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Meglitinides | Prandin* | repaglinide | |
| | | nateglinide | Starlix* |
| | | repaglinide and metformin | |
| Sodium-glucose Co-transporter 2 Inhibitor | none | none | Farxiga |
| | | | Glyxambi |
| | | | Invokamet |
| | | | Invokamet XR |
| | | | Invokana |
| | | | Jardiance |
| | | | Synjardy |
| | | | Synjardy XR |
| Sulfonylureas | none | glimepiride | Amaryl* |
| | | glyburide | DiaBeta* |
| | | glipizide | Glucotrol* |
| | | glipizide | Glucotrol XL* |
| | | glyburide and metformin | Glucovance* |
| | | glyburide | Glynase* |
| | | chlorpropamide | |
| | | glipizide and metformin | |
| | | tolazamide | |
| | | tolbutamide | |
| Thiazolidinediones | Actos* | pioglitazone | |
| | | pioglitazone and metformin | Actoplus Met* |
| | | | Actoplus Met XR |
| | | | Avandia |
| | | pioglitazone and glimepiride | Duetact* |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Disease-Modifying Antirheumatic Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--|----------------------|-------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Disease-Modifying Antirheumatic Agents | Cimzia ^{CC} | | |
| | Enbrel ^{CC} | | |
| | Humira ^{CC} | | |
| | | | Actemra |
| | | leflunomide | Arava* |
| | | | Inflectra** |
| | | | Kenvzara** |
| | | | Kineret |
| | | | Orencia |
| | | | Otezla |
| | | | Remicade |
| | | | Renflexis |
| | | | Siliq** |
| | | | Simponi |
| | | Simponi Aria | |
| | | Xeljanz | |
| | | Xeljanz XR | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

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

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Eye, Ear, Nose, and Throat (EENT) Preparations**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|---------------------|--|---|--|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Antiallergic Agents | Bepreve | | |
| | Patanase* | | olopatadine nasal spray (generic) |
| | Pazeo | | |
| | | azelastine | Astepro* |
| | | | Alocril |
| | | | Alomide |
| | | epinastine | Elestat* |
| | | | Emadine |
| | | | Lastacaft |
| | | Pataday | |
| | olopatadine | Patanol* | |
| | cromolyn | | |
| Antibacterials | Besivance | | |
| | Blephamide | | |
| | Cipro HC | | |
| | Ciprodex | | |
| | Vigamox* | | moxifloxacin ophthalmic solution (generic) |
| | Zylet | | |
| | | | AzaSite |
| | | sulfacetamide | Bleph-10* |
| | | | Blephamide SOP |
| | | ciprofloxacin | Ciloxan* |
| | | | Coly-Mycin S |
| | | gentamicin | Garamycin* |
| | | erythromycin base | Ilotycin* |
| | | neomycin, polymyxin B and dexamethasone | Maxitrol* |
| | | | Moxeza |
| | | neomycin, polymyxin B and gramicidin | Neosporin* |
| | | ofloxacin | Ocuflox* |
| | | | Otiprio |
| | | | Otovel** |
| | | polymyxin B and trimethoprim | Polytrim* |
| | | | Pred-G |
| | | tobramycin and dexamethasone | TobraDex* |
| | | | TobraDex ST |
| | | tobramycin | Tobrex* |
| | gatifloxacin | Zymaxid* | |
| | bacitracin | | |
| | bacitracin and polymyxin B | | |
| | levofloxacin | | |
| | neomycin, bacitracin and polymyxin B | | |
| | neomycin, bacitracin, polymyxin B and hydrocortisone | | |
| | neomycin, polymyxin B and hydrocortisone | | |
| | sulfacetamide | | |
| | sulfacetamide and prednisolone | | |

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**Will be reviewed at a future time when eligible

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|----------------------------|-----------------|-------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Intranasal Corticosteroids | Omnaris | | |
| | QNASL | | |
| | QNASL Children | | |
| | | | mometasone nasal spray (generic) |
| | | | Beconase AQ |
| | | | Dymista |
| | | fluticasone | Flonase* |
| | | | Nasonex* |
| | | budesonide | Rhinocort Aqua* |
| | | | Veramyst |
| | | Zetonna | |
| Vasoconstrictors | none | | Tyzine Pediatric |
| | | naphazoline | |
| | | phenylephrine | |

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**Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Gastrointestinal Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--|-----------------|---|---|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| 5-HT ₃ Receptor Antagonists | none | | Aloxi |
| | | | Anzemet |
| | | granisetron | Kytril* |
| | | | Sancuso |
| | | | Sustol |
| | | ondansetron | Zofran* |
| | | ondansetron | Zofran ODT* |
| | | Zuplenz | |
| Antiemetic Antihistamines | none | | Diclegis |
| | | trimethobenzamide | Tigan* |
| | | dimenhydrinate | |
| | | meclizine | |
| | | prochlorperazine | |
| Miscellaneous Antiemetics | none | | Akynzeo |
| | | | Cesamet |
| | | | Emend |
| | | dronabinol | Marinol* |
| | | scopolamine | Transderm-Scop* |
| | | Varubi** | |
| Proton-Pump Inhibitors | Nexium* | | esomeprazole magnesium (generic) |
| | | rabeprazole | Aciphex* |
| | | | Aciphex Sprinkle |
| | | | Dexilant |
| | | | Esomeprazole strontium |
| | | | omeprazole/sodium bicarbonate (generic) |
| | | lansoprazole | Prevacid* |
| | | lansoprazole/amoxicillin/clarithromycin | Prevpac* |
| | omeprazole | Prilosec* | |
| | pantoprazole | Protonix* | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Genitourinary Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|---------------------------------------|-----------------|-------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Genitourinary Smooth Muscle Relaxants | Oxytrol | | |
| | Toviaz | | |
| | | tolterodine | Detrol* |
| | | tolterodine | Detrol LA* |
| | | oxybutynin | Ditropan XL* |
| | | darifenacin | Enablex* |
| | | | Gelnique |
| | | | Myrbetriq |
| | | | Vesicare |
| | | flavoxate | |
| | tropium | | |

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**Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Hormones and Synthetic Substitutes**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|------------|------------------------|------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Androgens | none | | Anadrol |
| | | | Androderm |
| | | testosterone | AndroGel* |
| | | methyltestosterone | Android* |
| | | | Aveed |
| | | | Axiron |
| | | testosterone cypionate | Depo-Testosterone* |
| | | testosterone | Fortesta* |
| | | | Natesto |
| | | | Striant |
| | | testosterone | Testim* |
| | | | Testopel |
| | | methyltestosterone | Testred* |
| | | testosterone | Vogelxo* |
| | danazol | | |
| | oxandrolone | | |
| | testosterone enanthate | | |

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**Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Immunomodulatory Agents used to treat MS**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--|-----------------|-------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Immunomodulatory Agents used to treat MS | Aubagio | | |
| | Betaseron | | |
| | Copaxone* | | Glatopa (generic Copaxone) |
| | Extavia | | |
| | Gilenya | | |
| | Rebif | | |
| | Tysabri | | |
| | | | Avonex |
| | | | Ocrevus** |
| | | | Plegridy |
| | | Tecfidera | |
| | | Zinbryta | |

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**Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Pain Management & Autonomic Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED | |
|--|-----------------|-------------------|---|---------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic | |
| Centrally Acting Skeletal Muscle Relaxants | none | | Amrix | |
| | | | carisoprodol (generic) | |
| | | | carisoprodol/aspirin (generic) | |
| | | | codeine/carisoprodol/aspirin (generic) | |
| | | cyclobenzaprine | Fexmid* | |
| | | | Lorzone | |
| | | chlorzoxazone | Parafon Forte DSC* | |
| | | methocarbamol | Robaxin* | |
| | | metaxalone | Skelaxin* | |
| | Soma* | | | |
| | tizanidine | Zanaflex* | | |
| | cyclobenzaprine | | | |
| Direct-Acting Skeletal Muscle Relaxants | none | dantrolene | Dantrium* | |
| | | | Revonto | |
| | | | Ryanodex | |
| GABA-derivative Skeletal Muscle Relaxants | none | | Gablofen | |
| | | | Lioresal Intrathecal | |
| | baclofen | | | |
| Miscellaneous Skeletal Muscle Relaxants | none | orphenadrine | none | |
| Opiate Agonists | none | | Abstral | |
| | | fentanyl | Actiq* | |
| | | alfentanil | Alfenta* | |
| | | morphine | Astramorph-PF* | |
| | | | Capital w/codeine | |
| | | tramadol | ConZip* | |
| | | meperidine | Demerol* | |
| | | hydromorphone | Dilaudid* | |
| | | methadone | Dolophine* | |
| | | fentanyl | Duragesic* | |
| | | | Duramorph | |
| | | | Fentora | |
| | | | codeine/butalbital/acetaminophen/caffeine | Fioricet w/codeine* |
| | | | codeine/butalbital/aspirin/caffeine | Fiorinal w/codeine* |
| | | | hydrocodone/acetaminophen | Hycet* |
| | | | hydrocodone/ibuprofen | Ibudone* |
| | | | | Infumorph |
| | | | | Lazanda |
| | | | hydrocodone/acetaminophen | Lorcet* |
| | | | hydrocodone/acetaminophen | Lortab* |
| | | | | methadone (generic) |
| | | | | Methadose* |
| | | | hydrocodone/acetaminophen | Norco* |
| | | Nucynta | | |
| | | Nucynta ER | | |
| | oxymorphone | Opana* | | |

Opiate Agonists continued on next page

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--|---|-------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Opiate Agonists (continued) | <i>Opiate Agonists continued from previous page</i> | | |
| | none | | Oxecta |
| | | oxycodone/acetaminophen | Percocet* |
| | | oxycodone/aspirin | Percodan* |
| | | | Primlev |
| | | oxycodone | Roxicodone* |
| | | fentanyl | Sublimaze* |
| | | | Subsys |
| | | sufentanil | Sufenta* |
| | | dihydrocodeine/apap/ caffeine | Synalgos-DC* |
| | | acetaminophen/codeine | Tylenol w/codeine* |
| | | | Ultiva |
| | | tramadol/acetaminophen | Ultracet* |
| | | tramadol | Ultram* |
| | | tramadol | Ultram ER* |
| | | hydrocodone/acetaminophen | Verdrocet* |
| | | hydrocodone/acetaminophen | Vicodin* |
| | | hydrocodone/ibuprofen | Vicoprofen* |
| | | | Xartemis XR |
| | | hydrocodone/acetaminophen | Xodol* |
| | hydrocodone/ibuprofen | Xylon* | |
| | | Zamicet | |
| | codeine | | |
| | ibuprofen/oxycodone | | |
| | levorphanol | | |
| | opium/belladonna | | |
| Opiate Partial Agonists | none | | Belbuca |
| | | | Bunavail |
| | | | Buprenex* |
| | | | buprenorphine (generic) |
| | | | buprenorphine/naloxone (generic) |
| | | | Butrans* |
| | | | Probuphine |
| | | | Suboxone* |
| | | | Talwin |
| | | | Zubsolv |
| | | butorphanol | |
| | nalbuphine | | |
| | pentazocine/naloxone | | |
| Selective Serotonin Agonists | Relpax | | |
| | | sumatriptan | Alsuma* |
| | | naratriptan | Amerge* |
| | | almotriptan | Axert* |
| | | frovatriptan | Frova* |
| | | sumatriptan | Imitrex* |
| | | rizatriptan | Maxalt* |
| | | rizatriptan | Maxalt MLT* |
| | | | Onzetra Xsail |
| | | | Sumavel DosePro |
| | | | Treximet |
| | | | Zecuity** |
| | | | Zembrace |
| | zolmitriptan | Zomig* | |
| | zolmitriptan | Zomig ZMT* | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Allergy and Respiratory Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--------------------------------------|-----------------------|------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Inhaled Antimuscarinics | Atrovent HFA | | |
| | Spiriva | | |
| | | | Bevespi Aerosphere** |
| | | | Incruse Ellipta |
| | | Seebri Neohaler** | |
| | | Tudorza Pressair | |
| | | ipratropium bromide | |
| Inhaled Mast-Cell Stabilizers | none | cromolyn sodium | none |
| Leukotriene Modifiers | none | zafirlukast | Accolate* |
| | | montelukast | Singulair* |
| | | | Zyflo |
| | | zileuton | Zyflo CR* |
| Respiratory Corticosteroids | Asmanex Twisthaler | | |
| | Dulera | | |
| | Pulmicort Respules* | | budesonide (generic) |
| | QVAR | | |
| | | | Advair Diskus |
| | | | Advair HFA |
| | | | Aerospan |
| | | salmeterol/fluticasone | AirDuo* |
| | | | Alvesco |
| | | | Armonair |
| | | | Arnuity Ellipta |
| | | | Asmanex HFA |
| | | | Breo Ellipta |
| | | Flovent Diskus | |
| | | Flovent HFA | |
| | | Pulmicort Flexhaler | |
| | | Symbicort | |
| Respiratory Beta-Adrenergic Agonists | ProAir HFA | | |
| | Proventil HFA | | |
| | Serevent Diskus | | |
| | | | Anoro Ellipta |
| | | | Arcapta |
| | | | Brovana |
| | | | Combivent Respimat |
| | | | Foradil |
| | | | Perforomist |
| | | | ProAir Respiclick |
| | | | Stiolto Respimat** |
| | | | Striverdi Respimat |
| | | | Utibron Neohaler** |
| | | Ventolin HFA | |
| | levalbuterol | Xopenex HFA* | |
| | levalbuterol | Xopenex Inhalation Solution* | |
| | albuterol | | |
| | albuterol/ipratropium | | |
| | metaproterenol | | |
| | terbutaline | | |
| Respiratory Smooth Muscle Relaxants | none | | Elixophyllin |
| | | | Lufyllin |
| | | | Theo-24 |
| | | aminophylline | |
| | theophylline | | |

*Denotes a generic available in at least one dosage form or strength

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Skin & Mucous Membrane Agents**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|----------------------------|-----------------|--------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Antibacterials | none | | Altabax |
| | | mupirocin | Bactroban* |
| | | mupirocin | Centany* |
| | | | Centany AT |
| | | clindamycin (vaginal only) | Cleocin* |
| | | | Clindesse |
| | | | Cortisporin |
| | | metronidazole | MetroGel-Vaginal* |
| | | neomycin and polymyxin B | Neosporin G.U. Irrigant* |
| | | metronidazole | Nuversa |
| gentamicin | Vandazole* | | |
| Antifungals | none | ciclopirox | Ciclodan* |
| | | | Ertaczo |
| | | | Exelderm |
| | | ketoconazole | Extina* |
| | | | Gynazole-1 |
| | | | Jublia |
| | | | Kerydin |
| | | | Lamisil |
| | | ciclopirox | Loprox* |
| | | clotrimazole and betamethasone | Lotrisone* |
| | | | Luzu |
| | | | Mentax |
| | | naftifine | Naftin* |
| | | ketoconazole | Nizoral* |
| | | oxiconazole | Oxistat* |
| | | ciclopirox | Penlac* |
| | | terconazole | Terazol 3* |
| | | terconazole | Terazol 7* |
| | | | Vusion |
| | | clotrimazole | |
| econazole | | | |
| miconazole | | | |
| nystatin | | | |
| nystatin and triamcinolone | | | |

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--------------------------|--|---|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Anti-inflammatory Agents | Capex Shampoo | | |
| | | hydrocortisone | Anusol-HC* |
| | | | ApexiCon E |
| | | clobetasol | Clobex* |
| | | clobetasol | Clodan* |
| | | clocortolone | Cloderm |
| | | | Cordran |
| | | hydrocortisone | Cortenema* |
| | | | Cortifoam |
| | | fluticasone | Cutivate* |
| | | Fluocinolone | Derma-Smooth/FS* |
| | | prednicarbate | Dermatop* |
| | | | Desonate |
| | | betamethasone dipropionate and propylene glycol | Diprolene* |
| | | betamethasone dipropionate and propylene glycol | Diprolene AF* |
| | | mometasone | Elocon* |
| | | | Eucrisa** |
| | | | Halog |
| | | triamcinalone | Kenalog* |
| | | betamethasone valerate | Luxiq* |
| | | clobetasol | Olux* |
| | | clobetasol | Olux-E* |
| | | triamcinolone | Oralene* |
| | | | Pandel |
| | | | PramCort |
| | | | ProctoFoam-HC |
| | | diflorasone | Psorcon* |
| | | | Sernivo |
| | | fluocinolone | Synalar* |
| | | clobetasol | Temovate* |
| | | clobetasol and emollient | Temovate Emollient* |
| | | | Texacort |
| | | desoximetasone | Topicort* |
| | | Trianex | |
| | halobetasol | Ultravate* | |
| | fluocinonode | Vanos* | |
| | alclometasone | | |
| | amcinonide | | |
| | betamethasone dipropionate | | |
| | betamethasone valerate | | |
| | desonide | | |
| | fluranderenolide | | |
| | hydrocortisone and aloe vera | | |
| | hydrocortisone, mineral oil and white petrolatum | | |
| | hydrocortisone acetate | | |
| | hydrocortisone acetate and urea | | |
| | hydrocortisone butyrate | | |
| | hydrocortisone valerate | | |

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|-------------------------------------|--------------------------|---|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Antipruritics and Local Anesthetics | none | lidocaine topical patch | Lidoderm* |
| | | | Lidotral |
| | | doxepin | Prudoxin* |
| | | | Synera |
| | | doxepin | Zonalon* |
| | | hydrocortisone and lidocaine | |
| | | hydrocortisone, lidocaine and aloe vera | |
| | | lidocaine | |
| | lidocaine and prilocaine | | |
| Antivirals | Zovirax (cream) | | Denavir |
| | | | Xerese |
| | | | Zovirax (ointment)* |
| | | acyclovir | |
| Astringents | none | | Xerac AC |
| Keratolytic Agents | none | | Aluvea |
| | | | Bensal HP |
| | | salicylic acid | Salex* |
| | | | Umecta |
| | | | Umecta PD |
| | | | Uramaxin |
| | | urea | Uramaxin GT* |
| Miscellaneous Local Anti-infectives | none | | AVC |
| | | silver sulfadiazine | Silvadene* |
| | | silver sulfadiazine | SSD* |
| | | | Sulfamylon |

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
 A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--|-----------------|-------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Miscellaneous Skin and Mucous Membrane Agents | Elidel | | |
| | | imiquimod | Aldara* |
| | | | Artiss |
| | | fluorouracil | Carac* |
| | | podofilox | Condylox* |
| | | calcipotriene | Dovonex* |
| | | | Dupixent** |
| | | fluorouracil | Efudex* |
| | | | Enstilar |
| | | | Levulan |
| | | | Panretin |
| | | | Picato |
| | | | Podocon-25 |
| | | tacrolimus | Protopic* |
| | | | Qutenza |
| | | | Rectiv |
| | | | Regranex |
| | | | Santyl |
| | | | Solaraze |
| | | diclofenac | Soriatane* |
| | | | Sorilux |
| | | calcipotriene | Taclonex* |
| | | Targretin | |
| | | Tazorac | |
| | | Tolak | |
| | | Valchlor | |
| | calcitriol | Vectical* | |
| | | Veregen | |
| | | Zyclara | |
| Scabicides and Pediculicides | Sklice | | |
| | Ulesfia | | |
| | | permethrin | Elimite* |
| | | | Eurax |
| | | | lindane (generic) |
| | | spinosad | Natroba* |
| | malathion | Ovide* | |

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**Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Women’s Health**

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|------------|-----------------------------|-------------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Estrogens | Menest | | |
| | Premarin (tablets only) | | |
| | | estradiol and norethindrone | Activella* |
| | | estradiol | Alora* |
| | | estradiol and norethindrone | Amabelz* |
| | | | Angeliq |
| | | estradiol | Climara* |
| | | | Climara Pro |
| | | | Combipatch |
| | | estradiol valerate | Delestrogen* |
| | | | Depo-Estradiol |
| | | | Divigel |
| | | | Duavee |
| | | | Elestrin |
| | | | Enjuvia |
| | | estradiol | Estrace* |
| | | | Estring |
| | | | Evamist |
| | | ethinyl estradiol and norethindrone | FemHRT* |
| | | | Femring |
| | | ethinyl estradiol and norethindrone | Jevantique* |
| | | ethinyl estradiol and norethindrone | Jinteli* |
| | | | Menostar |
| | estradiol and norethindrone | Mimvey* | |
| | estradiol and norethindrone | Mimvey Lo* | |
| | estradiol | Minivelle* | |
| | | Prefest | |
| | | Premarin (cream and injection) | |
| | | Premphase | |
| | | Prempro | |
| | estradiol | Vagifem* | |
| | estradiol | Vivelle-Dot* | |
| | estropipate | | |

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**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.

| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED for NAME |
|---|--|---|------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand |
| Prenatal Vitamins | Citranatal 90 DHA* | prenatal vitamins, iron, folic acid, DHA, docusate | |
| | Citranatal Assure* | prenatal vitamins, iron, folic acid, DHA, docusate | |
| | Citranatal B-Calm | | |
| | Citranatal DHA | | |
| | Citranatal Harmony | | |
| | | Prenatal vitamins, iron, folic acid, DHA | Active OB* |
| | | | Bal-Care DHA Essential |
| | | | Citranatal Rx |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | Concept DHA* |
| | | prenatal vitamins, iron, folic acid | Concept OB* |
| | | | Natalvit |
| | | prenatal vitamins, iron, folic acid | Nestabs* |
| | | | Nestabs ABC |
| | | prenatal vitamins, iron, folic acid, DHA | Nestabs DHA* |
| | | | Nexa Plus |
| | | | OB Complete |
| | | | OB Complete One |
| | | | OB Complete Petite |
| | | | OB-Complete Premier |
| | | | OB Complete with DHA |
| | | | Paire OB Plus DHA |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids | PR Natal 400* |
| | | | PR Natal 430 |
| | | | PR Natal 400 EC |
| | | | PR Natal 430 EC |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids, DHA | Prefera OB* |
| | | prenatal vitamins, iron, folic acid, DHA | Prefera-OB One* |
| | | prenatal vitamins, iron, folic acid, omega-3 fatty acids, DHA | Prefera-OB Plus DHA* |
| | | | Prenata |
| | | | Prenate AM |
| | | | Prenate Chewable |
| | | | Prenate DHA |
| | | | Prenate Elite |
| | | | Prenate Enhance |
| | | | Prenate Essential |
| | | | Prenate Mini |
| | | | Prenate Pixie |
| | | | Prenate Restore |
| | | | Prenate Star |
| | | | Preque 10 |
| | | Primacare | |
| | | Provida DHA | |
| | | Provida OB | |
| | prenatal vitamins, iron, folic acid, omega 3 fatty acids | ReInate DHA* | |
| | | Select-OB | |
| <i>Prenatal Vitamins continued on next page</i> | | | |

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**Will be reviewed at a future time when eligible

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| <i>Prenatal Vitamins continued from previous page</i> | | |
|---|---|--------------------------|
| Prenatal Vitamins (continued) | prenatal vitamins, iron, folic acid, DHA | Select-OB+DHA* |
| | | Tricare |
| | | Tricare Prenatal DHA One |
| | | Vinate II |
| | | Vinate DHA RF |
| | prenatal vitamins, iron, folic acid, selenium | Vinate-M* |
| | | Vitafol-OB |
| | prenatal vitamins, iron, folic acid, DHA | Vitafol-OB+DHA* |
| | prenatal vitamins, iron, folic acid, DHA | Vitafol-One * |
| | | Vitafol Nano |
| | | Vitafol Ultra |
| | | VP CH Ultra |

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