



# ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL

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**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Antigout 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
Antigout Agents		colchicine tablets	Colcrys*
			colchicine capsules
		allopurinol	Aloprim*
			Gloperba
			Krystexxa
			Mitigare*
		febuxostat	Uloric*
		probenecid	
	probenecid-colchicine		

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PDL REFERENCE TOOL – Antihistamines**

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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
			Ryclora
			Ryvent
		carbinoxamine	
		clemastine	
		diphenhydramine	
		phenylephrine and chlorpheniramine	

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PDL REFERENCE TOOL – Anti-infective Agents**

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
<b>Adamantanes</b>	none	amantadine rimantadine	Flumadine*
<b>Amebicides</b>	none	paromomycin	none
<b>Aminoglycosides</b>	Bethkis*		tobramycin inhalation solution (generic Bethkis)
	Kitabis*		tobramycin inhalation solution (generic Kitabis)
		tobramycin inhalation solution (generic TOBI)	Arikayce
			TOBI*
			TOBI Podhaler
			Zemdri
		amikacin gentamicin neomycin streptomycin tobramycin	
<b>Anthelmintics</b>	none	albendazole praziquantel  ivermectin	Albenza* Biltricide* Egaten Emverm Stromectol*
<b>Antifungals</b>	none	 flucytosine  casprofungin  fluconazole  micafungin posaconazole itraconazole  voriconazole amphotericin B griseofulvin ketoconazole nystatin terbinafine	Abelcet AmBisome Ancobon* Brexafemme** Cancidas* Cresemba Diflucan* Eraxis Mycamine* Noxafil* Sporanox* Tolsura Vfend*
<b>Antimalarials</b>	none	 pyrimethamine  atovaquone and proguanil quinine chloroquine hydroxychloroquine mefloquine primaquine	Coartem Daraprim* Krintafel Malarone* Qualaquin*

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Antituberculosis Agents	none	ethambutol	Myambutol*
		rifabutin	Mycobutin*
			Paser
			Priftin
		rifampin	Rifadin*
			Sirturo
			Trecator
		cycloserine isoniazid pretomanid pyrazinamide	
Cephalosporins	none		Avycaz
		cefotaxime	Claforan*
			Fetroja
		ceftazidime	Fortaz*
		cephalexin	Keflex*
		cefixime	Suprax*
		ceftazidime	Tazicef*
			Teflaro
			Zerbaxa
		cefaclor	
		cefadroxil	
		cefazolin	
		cefdinir	
		cefepime	
		cefpodoxime	
cefprozil			
ceftriaxone			
cefuroxime			
Chloramphenicol	none	chloramphenicol	
HCV Antivirals	Epclusa <sup>CC</sup>	sofosbuvir-velpatasvir <sup>CC</sup>	
	Harvoni <sup>CC</sup>	ledipasvir-sofosbuvir <sup>CC</sup>	
	Mavyret <sup>CC</sup>		
	Zepatier <sup>CC</sup>		
			Sovaldi
		Viekira Pak	
		Vosevi	
Interferons	none	none	Intron A
			Pegasys

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
<b>Macrolides</b>	none		Difcid
		erythromycin ethylsuccinate	E.E.S.*
		erythromycin ethylsuccinate	EryPed*
			Erythrocin Lactobionate
		azithromycin	Zithromax*
		clarithromycin	
		clarithromycin ER erythromycin base	
<b>Miscellaneous Antibacterials</b>			bacitracin (generic)
		clindamycin	Cleocin*
		colistimethate	Coly-Mycin M*
		daptomycin	Cubicin*
			Dalvance
		vancomycin	Firvanq*
			Kimyrsa**
		lincomycin	Lincocin*
			Orbactiv
			Pylera
			Sivextro
			Synercid
		vancomycin	Vancocin*
			Vibativ
		Xenleta	
	linezolid	Xifaxan	
	polymyxin B sulfate	Zyvox*	
<b>Miscellaneous Antimycobacterials</b>	none	dapsone	none
<b>Miscellaneous Antiprotozoals</b>	none	metronidazole	Flagyl*
			Lampit
		atovaquone	Mepron*
		pentamidine	NebuPent*
		pentamidine	Pentam 300*
			Solosec
		benznidazole nitazoxanide tinidazole	
<b>Miscellaneous Antivirals</b> †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC	Xofluza†		
		foscarnet	Foscavir*
<b>Miscellaneous β-Lactams</b>	none		Prevymis
		aztreonam	Azactam*
			Cayston
		cefotetan	Cefotan*
		ertapenem	Invanz*
		cefoxitin	Mefoxin*
		meropenem	Merrem*
		imipenem and cilastatin	Primaxin*
			Recarbrio
	Vabomere		
<b>Neuraminidase Inhibitors</b> †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*
		ganciclovir	Cytovene*
		adefovir	Hepsera*
			Sitavig
		valganciclovir	Valcyte*
		valacyclovir	Valtrex*
			Veklury
			Vemlidy
		ribavirin	Virazole*
		acyclovir	Zovirax*
	cidofovir		
	famciclovir		
Penicillins	none	amoxicillin and clavulanate	Augmentin*
			Bicillin C-R
			Bicillin L-A
		penicillin G	Pfizerpen*
		ampicillin and sulbactam	Unasyn*
		piperacillin and tazobactam	Zosyn*
		amoxicillin	
		ampicillin	
		dicloxacillin	
		nafcillin	
oxacillin			
	penicillin VK		
Quinolones	none	moxifloxacin	Avelox*
			Baxdela
		ciprofloxacin	Cipro*
		ciprofloxacin ER	Cipro XR*
		levofloxacin	
	ofloxacin		
Sulfonamides	none	sulfasalazine	Azulfidine*
		sulfamethoxazole and trimethoprim	Bactrim*
		sulfamethoxazole and trimethoprim	Bactrim DS*
		sulfadiazine	
Tetracyclines	none	doxycycline	Adoxa*
		doxycycline	Doryx*
			Minocin
		doxycycline	Morgidox*
			Nuzyra
		tigecycline	Tygacil*
		doxycycline	Vibramycin*
			Xerava
		demeclocycline	
minocycline			
tetracycline			

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	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Urinary Anti-infectives	none	methenamine	Hiprex*
			Hyophen
		nitrofurantoin and nitrofurantoin macrocrystals	Macrobid*
		nitrofurantoin macrocrystals	Macrochantin*
		fosfomycin	Monurol*
			Phosphasal
		methenamine, methylene blue, phenyl salicylate, sodium phosphate, and hyoscyamine	Uribel*
			Urimar-T
			Ustell
			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	
			Adlarity
			Aduhelm
		rivastigmine	Exelon*
		memantine	Namenda*
		memantine	Namenda XR*
			Namzaric
Antidepressants	none	galantamine	Razadyne ER*
		clomipramine	Anafranil*
			Aplenzin
		paroxetine	Brisdelle*
		citalopram	Celexa*
		duloxetine	Cymbalta*
			Desvenlafaxine ER
			Drizalma
		venlafaxine	Effexor XR*
			Emsam
			Fetzima
		bupropion	Forfivo XL*
		escitalopram	Lexapro*
			Marplan
		phenelzine	Nardil*
		desipramine	Norpramin*
		nortriptyline	Pamelor*
		paroxetine	Paxil*
		paroxetine	Paxil CR*
			Pexeva
		desvenlafaxine	Pristiq*
		fluoxetine	Prozac*
		mirtazapine	Remeron*
			Sertraline capsules
		doxepin	Silenor*
			Spravato
			Trintellix
		vilazodone	Viibryd*
		bupropion	Wellbutrin SR*
		bupropion	Wellbutrin XL*
		sertraline	Zoloft*
			Zulresso
		amitriptyline	
	amitriptyline and chlordiazepoxide		
	amoxapine		
	doxepin		
	fluvoxamine		
	imipramine		
	maprotiline		
	nefazodone		
	protriptyline		
	tranylcypromine		
	trazodone		
	trimipramine		
	venlafaxine		

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	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Anxiolytics, Sedatives, and Hypnotics: Barbiturates	none		Amytal Sodium Seconal Sodium
		pentobarbital phenobarbital	
Anxiolytics, Sedatives, and Hypnotics: Benzodiazepines	Diastat*	diazepam rectal kit (generic)	
	Diastat AcuDial*	diazepam rectal kit (generic)	
			Alprazolam Intenso
		lorazepam	Ativan*
		triazolam	Halcion*
		clonazepam	Klonopin*
			Loreev**
		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
			Dayvigo
			Eduar
			Hettioz
		eszopiclone	Lunesta*
		dexmedetomidine	Precedex*
		ramelteon	Rozerem*
		hydroxyzine	Vistaril*
		buspirone	
		droperidol	
		meprobamate	
	zaleplon		

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Cerebral Stimulants/ Agents Used for ADHD (Short- and Intermediate-Acting)	Ritalin*	methylphenidate	
		amphetamine-dextroamphetamine	Adderall*
		methamphetamine	Desoxyn*
		dextroamphetamine	Dexedrine*
		amphetamine	Evekeo*
		dexmethylphenidate IR	Focalin*
		methylphenidate	Methylin*
	dextroamphetamine	ProCentra*	
	dextroamphetamine	Zenzedi*	
Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)	Adderall XR*		amphetamine-dextroamphetamine ER
	Concerta*		methylphenidate ER (generic)
	Vyvanse Capsules		
			Adhansia XR
		amphetamine	Adzenys ER*
			Adzenys XR-ODT
		methylphenidate	Aptensio XR*
			Cotempla XR
			Daytrana
			Dyanavel XR
		dexmethylphenidate ER	Focalin XR*
		guanfacine ER	Intuniv*
			Jornay PM
		clonidine ER	Kapvay
			Mydayis
			Qelbree**
		Quillichew ER	
		Quillivant	
	methylphenidate	Relexxi ER*	
	atomoxetine	Strattera*	
	methylphenidate	Ritalin LA*	
		Vyvanse Chewable Tablets	
Wakefulness Promoting Agents		armodafinil	Nuvigil*
		modafinil	Provigil*
			Sunosi
			Wakix
			Xyrem
		Xywav	

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**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Cardiovascular 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
ACE Inhibitors	none	quinapril	Accupril*
		quinapril and HCTZ	Accuretic*
		ramipril	Altace*
		enalapril	Epaned*
		benazepril	Lotensin*
		benazepril and HCTZ	Lotensin HCT*
		lisinopril	Prinivil*
		lisinopril and HCTZ	Prinzide*
			Qbrelis
		enalapril and HCTZ	Vaseretic*
		enalapril	Vasotec*
		lisinopril and HCTZ	Zestoretic*
		lisinopril	Zestril*
		captopril	
		captopril and HCTZ	
		fosinopril	
fosinopril and HCTZ			
moexipril			
perindopril			
trandolapril			
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*
		losartan	Cozaar*
		valsartan	Diovan*
		valsartan and HCTZ	Diovan HCT*
			Edarbi
			Edarbyclor
		losartan and HCTZ	Hyzaar*
		telmisartan	Micardis*
		telmisartan and HCTZ	Micardis HCT*
olmesartan, amlodipine, and HCTZ	Tribenzor*		
eprosartan			
telmisartan and amlodipine			

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Antiarrhythmic Agents	none		Multaq
			Nexterone
		disopyramide	Norpace*
			Norpace CR
		amiodarone	Pacerone*
		propafenone	Rythmol SR*
		dofetilide	Tikosyn*
		flecainide	
		mexiletine	
Oral Anticoagulants	Eliquis		
	Pradaxa*	dabigatran	
	Xarelto		
		warfarin	
			Savaysa
Beta-Adrenergic Blocking Agents	Bystolic*	nebivolol	
	Hemangeol <sup>cc</sup>		
		sotalol	Betapace*
		sotalol	Betapace AF*
		carvedilol	Coreg*
		carvedilol	Coreg CR*
		nadolol	Corgard*
		propranolol	Inderal LA*
			Inderal XL
			InnoPran XL
			Kapsargo
			Levatol
		metoprolol	Lopressor*
			Sotylize
		atenolol and chlorthalidone	Tenoretic*
		atenolol	Tenormin*
		metoprolol	Toprol XL*
		bisoprolol and HCTZ	Ziac*
		acebutolol	
		betaxolol	
	bisoprolol		
	labetalol		
	metoprolol and HCTZ		
	nadolol and bendroflumethiazide		
	pindolol		
	timolol		

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Calcium-Channel Blocking Agents	none	nifedipine	Adalat CC*
		amlodipine and olmesartan	Azor*
		verapamil	Calan SR*
		diltiazem	Cardizem*
		diltiazem	Cardizem CD*
		diltiazem	Cardizem LA*
		amlodipine and valsartan	Exforge*
		amlodipine, valsartan and HCTZ	Exforge HCT*
			Katerzia
		amlodipine and benazepril	Lotrel*
		diltiazem	Matzim LA*
			Norliqva**
		amlodipine	Norvasc*
			Nymalize
		nifedipine	Procardia XL*
		nisoldipine	Sular ER*
		diltiazem	Tiazac*
		verapamil	Verelan*
		verapamil	Verelan PM*
felodipine			
isradipine			
nicardipine			
nimodipine			
nisoldipine			
Cardiotonic Agents	none	digoxin	Lanoxin*
			Lanoxin Pediatric
Central Alpha-Agonists	none	clonidine patches	
		clonidine	
		guanfacine	
		methyl dopa	
Direct Vasodilators	none		BiDil
		hydralazine	
		minoxidil	

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Diuretics	none		Diuril
		ethacrynic acid	Edecrin*
		furosemide	Lasix*
		triamterene and HCTZ	Maxzide*
			Thalitone
		amiloride	
		amiloride and HCTZ	
		bumetanide	
		chlorthalidone	
		chlorothiazide	
		hydrochlorothiazide (HCTZ)	
		indapamide	
		methyclothiazide	
metolazone			
toremide			
triamterene			
Vasopressin Antagonists	none	none	Jynarque
		tolvaptan	Samsca*
Mineralocorticoid (Aldosterone) Receptor Antagonists	none	spironolactone and HCTZ	Aldactazide*
		spironolactone	Aldactone*
			Carospir
		eplerenone	Inspra*
Miscellaneous Cardiac Drugs	none		Kerendia
			Aspruzyo
			Corlanor
		ranolazine	Ranexa*
			Vyndamax
	Vyndaqel		
Miscellaneous Hypotensive Agents	none	none	Vecamyl
Nitrates and Nitrites	Nitro-Bid Nitrostat*	nitroglycerin	
			GoNitro
		isosorbide dinitrate	Isordil*
		nitroglycerin	Minitran*
		nitroglycerin	Nitro-Dur*
		nitroglycerin	Nitrolingual*
		isosorbide mononitrate	
Platelet-aggregation Inhibitors	Brilinta		
		prasugrel	Effient*
		clopidogrel	Plavix*
			Verquvo
		aspirin and dipyridamole	
		cilostazol	
dipyridamole			
Renin-Angiotensin-Aldosterone System Inhibitors, Misc	Entresto	none	none
Renin Inhibitors	none	aliskiren	Tekturna*
			Tekturna HCT
Bile Acid Sequestrants	none	colestipol	Colestid*
		cholestyramine	Questran*
		cholestyramine	Questran Light*
		colesevelam	Welchol*

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
<b>Cholesterol Absorption Inhibitors</b>	none	ezetimibe	Zetia*
<b>Fibric Acid Derivatives</b>	none	fenofibrate	Antara*
		fenofibrate	Fenoglide*
		fenofibrate	Fibricor*
		fenofibrate	Lipofen*
		gemfibrozil	Lopid*
		fenofibrate, nanocrystallized	TriCor*
		fenofibric acid	Trilipix*
<b>HMG-CoA Reductase Inhibitors</b>	none		Altprev
		amlodipine/atorvastatin	Caduet*
		rosuvastatin	Crestor*
			Ezallor
		fluvastatin	Lescol XL*
		atorvastatin	Lipitor*
			Livalo
		simvastatin/ezetimibe	Vytorin*
		simvastatin	Zocor*
			Zypitamag
<b>Miscellaneous Antilipemic Agents</b>	Vascepa*		icosapent ethyl (generic)
			Evkeeza
			Juxtapid
		omega-3 ethyl ester	Lovaza*
			Nexletol
			Nexlizet
			Leqvio**
<b>Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors</b>	none	none	Praluent
			Repatha

\*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 – 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	acarbose miglitol	Precose*	
Amylinomimetics	none	none	SymlinPen	
Antidiabetic Agents, Miscellaneous	none	none	Korlym	
Biguanides	none		Fortamet*	
			Glumetza*	
			metformin ER (generic Fortamet ER and Glumetza ER)	
		metformin metformin	Riomet*	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Janumet	none		
	Janumet XR			
	Januvia			
	Jentadueto			
	Jentadueto XR			
	Kazano*			
	Kombiglyze XR			
	Nesina*			
	Onglyza			
	Oseni*			
	Tradjenta			
				alogliptin (generic)
		alogliptin-metformin (generic)		
		alogliptin-pioglitazone (generic)		
Incretin Mimetics	Byetta	none		
	Trulicity			
	Victoza			
				Adlyxin
				Bydureon
				Mounjaro**
		Ozempic		
		Rybelsus		

\*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
Insulins	Humalog Mix		
	Lantus		
	Levemir		
	Novolog		
	Novolog Mix		
	Insulin aspart		
			Admelog
			Afrezza
			Apidra
			Basaglar
			Fiasp
			Humalog
			Humulin R (U-500)
			Insulin lispro
			Lyumjev
			Myxredlin
			Semglee
			Soliqua
		Toujeo	
		Tresiba	
		Xultophy	
		Humulin N	
		Humulin R	
		Humulin 70/30	
		Novolin N	
		Novolin R	
		Novolin 70/30	
Meglitinides	none	repaglinide	none
		nateglinide	
		repaglinide and metformin	
Sodium-glucose Co-transporter 2 Inhibitor	Farxiga	none	
	Invokamet		
	Invokana		
	Jardiance		
	Synjardy		Glyxambi
	Synjardy XR		Invokamet XR
	Xigduo XR		Qtern
			Segluromet
	Steglatro		
	Steglujan		
	Trijardy XR		
Sulfonylureas	none	glimepiride	Amaryl*
		glipizide	Glucotrol*
		glipizide	Glucotrol XL*
		glyburide	Glynase*
		glipizide and metformin	
		glyburide and metformin	
Thiazolidinediones		pioglitazone and metformin	Actoplus Met*
		pioglitazone	Actos*
		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

ccDenotes agent is preferred with clinical criteria in place.

**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 <sup>cc</sup>		
	Enbrel <sup>cc</sup>		
	Humira <sup>cc</sup>		
			Actemra
		leflunomide	Arava*
			Avsola
			Cibinqo**
			Inflectra
			Kevzara
			Kineret
			Lupkynis**
			Olumiant
			Orencia
			Otezla
			Remicade
			Renflexis
			Rinvoq
		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

<sup>cc</sup>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*	bepotastine	
			Alocril
			Alomide
		olopatadine	Patanase*
			Zerviate
		azelastine cromolyn epinastine	
Antibacterials	Besivance		
	Blephamide		
	Cipro HC		
	Ciprodex*	ciprofloxacin/dexamethasone	
	Zylet		
			AzaSite
		ciprofloxacin	Ciloxan*
			Cortisporin-TC
		neomycin, polymyxin B and dexamethasone	Maxitrol*
		ofloxacin	Ocuflox*
		ciprofloxacin and fluocinolone	Otovel*
		polymyxin B and trimethoprim	Polytrim*
			Pred-G
		tobramycin and dexamethasone	TobraDex*
			TobraDex ST
		tobramycin	Tobrex*
		moxifloxacin	Vigamox*
		gatifloxacin	Zymaxid*
		bacitracin	
		bacitracin and polymyxin B	
		erythromycin base	
		gentamicin	
		levofloxacin	
	neomycin, bacitracin and polymyxin B		
	neomycin, bacitracin, polymyxin B and hydrocortisone		
	neomycin, polymyxin B and gramicidin		
	neomycin, polymyxin B and hydrocortisone		
	ofloxacin		
	sulfacetamide		
	sulfacetamide and prednisolone		

\*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
Intranasal Corticosteroids	Dymista*	azelastine/fluticasone	
	Omnaris		
	Zetonna		
			Beconase AQ
			QNASL
			QNASL Children
			Sinuva
			Xhance
		mometasone nasal spray	
		flunisolide	
	fluticasone		
Vasoconstrictors	none	phenylephrine	

\*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 – 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 <sub>3</sub> Receptor Antagonists	none	palonosetron	Aloxi*
		granisetron	Kytril*
			Sancuso
			Sustol
		ondansetron	Zofran*
Antiemetic Antihistamines	none		Zuplenz
			Bonjesta
		prochlorperazine	Compro*
		doxylamine/pyridoxine	Diclegis*
		trimethobenzamide	Tigan*
Neurokinin-1 Receptor Antagonists	none	dimenhydrinate	
		meclizine	
			Akynzeo
			Cinvanti*
Miscellaneous Antiemetics	none	aprepitant	Emend*
			Varubi
		dronabinol	Marinol*
Proton-Pump Inhibitors	none	scopolamine	Transderm-Scop*
		rabeprazole	Aciphex*
			Aciphex Sprinkle
		dexlansoprazole	Dexilant*
			Esomeprazole strontium
		esomeprazole magnesium	Nexium*
			Omeclamox-Pak
			omeprazole/sodium bicarbonate (generic)
		lansoprazole	Prevacid*
		omeprazole	Prilosec*
pantoprazole	Protonix*		
	lansoprazole/amoxicillin/ clarithromycin		

\*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
<b>Genitourinary Smooth Muscle Relaxants: Antimuscarinics</b>	Oxytrol		
	Toviaz		
		tolterodine	Detrol*
		tolterodine	Detrol LA*
		oxybutynin	Ditropan XL*
			Gelnique
		solifenacin	Vesicare*
		darifenacin	
<b>Genitourinary Smooth Muscle Relaxants: Beta-3 Adrenergic Agonists</b>		flavoxate	
		tropium	
	none	none	Gemtesa
			Myrbetriq

\*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 – Growth Hormone 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
Growth Hormone Agents	Genotropin <sup>cc</sup>	none	
	Omnitrope <sup>cc</sup>		
	Zomacton <sup>cc</sup>		
			Humatrope
			Norditropin
			Nutropin
			Saizen
			Serostim
		Skytrofa	

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

\*\*Will be reviewed at a future time when eligible

<sup>cc</sup>Denotes agent is preferred with clinical criteria in place.



**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		Androderm
		testosterone	AndroGel*
			Aveed
		testosterone cypionate	Depo-Testosterone*
		testosterone	Fortesta*
			Jatenzo
			Natesto
		testosterone	Testim*
			Testopel
			Tlando**
		testosterone	Vogelxo*
			Xyosted
			danazol
	methyltestosterone		
	oxandrolone		
	testosterone enanthate		

\*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 – Complement Inhibitors for the Treatment of Hereditary Angioedema**

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
Complement Inhibitors for the Treatment of Hereditary Angioedema (HAE)	none		Berinert
			Cinryze
		icatibant	Firazyr*
			Haegarda
			Kalbitor
			Orladeyo
			Ruconest
	icatibant	Sajazir*	
		Takhzyro	

\*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 – 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	Avonex		
	Betaseron		
	Copaxone*		glatiramer (generic)
	Rebif		
	Tecfidera*	dimethyl fumarate	
	Tysabri		
			Aubagio
			Bafiertam
			Extavia
			Gilenya
			Kesimpta
			Lemtrada
			Mayzent
			Ocrevus
			Plegridy
		Ponvory	
		Vumerity	
		Zeposia	

\*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 – 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	cyclobenzaprine	Amrix*
			carisoprodol (generic)
			codeine/carisoprodol/aspirin (generic)
		cyclobenzaprine	Fexmid*
		chlorzoxazone	Lorzone*
		methocarbamol	Robaxin*
	metaxalone	Skelaxin*	
		Soma*	
		tizanidine	Zanaflex*
Calcitonin Gene-related Peptide (CGRP) Antagonists	Aimovig <sup>cc</sup>	none	
	Ajovy <sup>cc</sup>		
			Emgality
			Nurtec ODT
			Ubrelvy
			Vyepti**
Direct-Acting Skeletal Muscle Relaxants	none	dantrolene	Dantrium*
		dantrolene	Revonto*
			Ryanodex
GABA-derivative Skeletal Muscle Relaxants	none	baclofen	Gablofen*
			Lioresal Intrathecal
			Lyvispah
		Fleqsuvy**	
Miscellaneous Skeletal Muscle Relaxants	none		Korsuva**
			Norgesic Forte
		orphenadrine	
Opiate Agonists	none	fentanyl	Actiq*
		benzhydrocodone/acetaminophen	Apadaz*
		tramadol	ConZip ER*
		meperidine	Demerol*
		hydromorphone	Dilaudid*
			Dsuvia
		fentanyl	Duragesic*
			Duramorph
			Dvorah
		fentanyl	Fentora*
		codeine/butalbital/aspirin/caffeine	Fiorinal w/codeine*
			Infumorph
		hydrocodone/acetaminophen	Lorcet*
		hydrocodone/acetaminophen	Lortab*
			methadone (generic)
			Methadose*
		hydrocodone/acetaminophen	Norco*
	Nucynta		
	Nucynta ER		
	Olinvyk**		
	Oxaydo		

*Opiate Agonists continued on next page*

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

\*\*Will be reviewed at a future time when eligible

<sup>cc</sup>Denotes 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
<b>Opiate Agonists (continued)</b>	<i>Opiate Agonists continued from previous page</i>		
	none	oxycodone/acetaminophen	Percocet*
		oxycodone/acetaminophen	Primlev
		tramadol	Prolate
		oxycodone	Qdolo*
			Roxicodone*
			Roxybond
			Seglentsis**
		remifentanil	Ultiva*
		tramadol/acetaminophen	Ultracet*
		tramadol	Ultram*
			Verdrocet
		hydrocodone/ibuprofen	Xylon*
		alfentanil	
		codeine	
		codeine/acetaminophen	
		codeine/butalbital/acetaminophen/ caffeine	
		ibuprofen/oxycodone	
		levorphanol	
		morphine	
	opium/belladonna		
	oxycodone/aspirin		
	oxymorphone		
	sufentanil		
<b>Opiate Partial Agonists</b>	Sublocade <sup>CC</sup>		
	Suboxone* <sup>CC</sup>		buprenorphine/naloxone film (generic)
	Zubsolv <sup>CC</sup>		Belbuca
			Bunavail
			Buprenex*
			buprenorphine (generic)
			Butrans*
			Probuphine
		buprenorphine/naloxone tablets <sup>CC</sup>	
		butorphanol	
	nalbuphine		
	pentazocine/naloxone		
<b>Selective Serotonin Agonists</b>	none	naratriptan	Amerge*
		frovatriptan	Frova*
		sumatriptan	Imitrex*
		rizatriptan	Maxalt*
		rizatriptan	Maxalt MLT*
			Onzetra Xsail
		eletriptan	Relpax*
			Reyvow
		sumatriptan and naproxen	Treximet*
			Tosymra
	zolmitriptan	Zomig*	
	zolmitriptan	Zomig ZMT*	
	almotriptan		

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

\*\*Will be reviewed at a future time when eligible

<sup>CC</sup>Denotes 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		
	Incruse Ellipta		
	Spiriva Handihaler		
	Spiriva Respimat		
	Tudorza Pressair		
			Lonhala Magnair Yupelri
		ipratropium bromide	
Inhaled Mast-Cell Stabilizers	none	cromolyn sodium	none
Leukotriene Modifiers		zafirlukast	Accolate*
		montelukast	Singulair*
			zileuton ER (generic)
			Zyflo
Respiratory Corticosteroids	Advair Diskus*		fluticasone/salmeterol
	Advair HFA		
	Asmanex HFA		
	Asmanex Twisthaler		
	Dulera		
	Flovent Diskus		
	Flovent HFA*	fluticasone	
	Pulmicort Flexhaler		
	Symbicort*	budesonide/formoterol	
			AirDuo Digihaler
		salmeterol/fluticasone	AirDuo Respiclick*
			Alvesco
			ArmonAir Digihaler
			Arnuity Ellipta
		fluticasone/vilanterol	Breo Ellipta*
			Breztri Aerosphere
	budesonide	Pulmicort Respules*	
		QVAR Redihaler	
		Trelegy Ellipta	

\*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
Respiratory Beta-Adrenergic Agonists	Anoro Ellipta		
	Bevespi		
	Combivent Respimat		
	ProAir HFA*		albuterol HFA (generic) ‡
	Serevent Diskus		
	Stiolto Respimat		
	Striverdi Respimat		
		arformeterol	Brovana*
			Duaklir Pressair
		formeterol	Perforomist*
			ProAir Digihaler‡
			ProAir Respiclick‡
			Proventil HFA**‡
			Ventolin HFA*‡
		levalbuterol HFA	Xopenex HFA*
		levalbuterol inhalation solution	Xopenex Inhalation Solution*
	albuterol		
	albuterol/ipratropium		
	metaproterenol		
	terbutaline		
Respiratory Smooth Muscle Relaxants	none		Theo-24
		aminophylline	
		theophylline	

‡During the COVID-19 state of emergency, all albuterol containing products in this class will be available without prior authorization (PA). Non-preferred products will return to non-preferred status and require PA when the state of emergency has ended.

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

\*\*Will be reviewed at a future time when eligible

‡Denotes 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	mupirocin	Centany*
		clindamycin (vaginal only)	Cleocin*
			Clindesse
			Cortisporin
		metronidazole	MetroGel-Vaginal*
			Neo-Synalar
			Nuessa
		metronidazole	Vandazole*
	Xepi		
	gentamicin		
	neomycin and polymyxin B		
Antifungals	none	ciclopirox	Ciclodan*
			Ertaczo
			Exelderm
		ketoconazole	Extina*
			Gynazole-1
			Jublia
		tavaborole	Kerydin*
		ciclopirox	Loprox*
		clotrimazole and betamethasone	
		luliconazole	Luzu*
			Mentax
		naftifine	Naftin*
			Oravig
		oxiconazole	Oxistat*
		miconazole/zinc/petrolatum	Vusion*
		clotrimazole	
		clotrimazole and betamethasone	
econazole			
ketoconazole			
miconazole			
nystatin			
nystatin and triamcinolone			
terconazole			

\*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
Corticosteroids	Capex Shampoo		
		hydrocortisone	Anusol-HC*
			ApexiCon E
			Beser
			Bryhali
		clobetasol	Clobex*
		clobetasol	Clodan*
		clocortolone	Cloderm*
			Cordran
		hydrocortisone	Cortenema*
			Cortifoam
		fluticasone	Cutivate*
		fluocinolone	Derma-Smooth/FS*
			Desonate
		betamethasone dipropionate and propylene glycol	Diprolene*
		halcinonide	Halog*
			Impeklo
		triamcinalone	Kenalog*
		halbetasol	Lexette*
		hydrocortisone butyrate	Locoid*
			Locoid lipocream
		betamethasone valerate	Luxiq*
		clobetasol	Olux*
		clobetasol	Olux-E*
		triamcinolone	Oralone*
			Pandel
			ProctoFoam-HC
		diflorasone	Psorcon*
		fluocinolone	Synalar*
		clobetasol	Temovate*
		clobetasol and emollient	Temovate Emollient*
			Texacort
		desoximetasone	Topicort*
		clobetasol	Tovet*
	halobetasol	Ultravate*	
	fluocinonide	Vanos*	
	alclometasone		
	amcinonide		
	betamethasone dipropionate		
	betamethasone valerate		
	desonide		
	flurandrenolide		
	hydrocortisone		
	mometasone		
	prednicarbate		

\*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.

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 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*
		doxepin	Prudoxin*
			Synera
		doxepin	Zonalon*
			ZTLido
Antivirals	Zovirax (cream)		
			Denavir
		acyclovir	Xerese Zovirax (ointment)*
Cell Stimulants and Proliferants	none	none	none
Keratolytic Agents	none		Bensal HP
			Salex
			Uramaxin
	urea		
Miscellaneous Anti-inflammatory Agents	Eucrisa <sup>cc</sup>	none	none
Miscellaneous Local Anti-infectives	none	silver sulfadiazine	Silvadene*
		silver sulfadiazine	SSD*
		mafenide	Sulfamylon*
		silver nitrate	

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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*		pimecrolimus (generic)
		imiquimod	Aldara*
			Condylox
		calcipotriene	Dovonex*
			Duobrii
			Enstilar
			Opzelura**
			Podocon-25
		tacrolimus	Protopic*
			Qbrexza**
			Rectiv
		acitretin	Soriatane*
		calcipotriene	Sorilux*
		calcipotriene/betamethasone	Taclonex*
		tazarotene	Tazorac*
		calcitriol	Vectical*
			Veregen
	imiquimod	Zyclara*	
	formaldehyde		
	podofilox		
Scabicides and Pediculicides		permethrin	Elimite*
		crotamiton	Eurax*
			lindane (generic)
		spinosad	Natroba*
		malathion	Ovide*
	ivermectin	Sklice*	

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**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Women’s 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
Estrogens	Premarin (tablets only)		
	Prempro		
		estradiol and norethindrone	Activella*
		estradiol and norethindrone	Amabelz*
			Angeliq
			Bijuva
		estradiol	Climara*
			Climara Pro
			Combipatch
		estradiol valerate	Delestrogen*
			Depo-Estradiol
			Divigel
			Duavee
			Elestrin
		estradiol	Estrace*
			Estring
			Evamist
			Femring
		ethinyl estradiol and norethindrone	Jinteli*
			Menest
		Menostar	
	estradiol and norethindrone	Mimvey*	
	estradiol and norethindrone	Mimvey Lo*	
	estradiol	Minivelle*	
		Prefest	
		Premarin (cream and injection)	
		Premphase	
	estradiol	Vagifem*	
	estradiol	Vivelle-Dot*	

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED	
	Preferred Brand	Preferred Generic	Non-Preferred Brand	
Prenatal Vitamins	Citranatal 90 DHA			
	Citranatal Assure			
	Citranatal B-Calm			
	Citranatal Bloom			
	Citranatal DHA			
	Citranatal Harmony			
	Select-OB+DHA			
	Vitafof FE Plus			
	Vitafof Gummies			
	Vitafof-OB			
	Vitafof-OB+DHA			
	Vitafof-One			
	Vitafof Nano			
	Vitafof Ultra			
				Citranatal RX
			prenatal vitamins, iron, folic acid, omega-3 fatty acids	Concept DHA*
			prenatal vitamins, iron, folic acid	Concept OB*
				Enbrace HR
				Extra-Virt Plus DHA
				Marnatal-F
				Nestabs
				Nestabs ABC
				Nestabs DHA
				Nestabs One
				Nexa Plus
			prenatal vitamins, iron, folic acid	OB Complete*
				OB Complete One
				OB Complete Petite
				OB-Complete Premier
				OB Complete with DHA
				Prenate
				Prenate AM
				Prenate DHA
				Prenate Elite
				Prenate Enhance
				Prenate Essential
				Prenate Mini
				Prenate Pixie
				Prenate Restore
				Prenate Star
			Primacare	
			Provida OB	
			Select-OB	
		prenatal vitamins, calcium, iron, folic acid	Thrivite Rx*	
			Tricare	
			Tristart DHA	
<i>Prenatal Vitamins continued on next page</i>				

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand
Prenatal Vitamins (continued)	<i>Prenatal Vitamins continued from previous page</i>		
			Vinate II
			Vinate DHA RF
			Virt-PN Plus
			Vitafol Fe + Docusate
			VP-CH Plus
			VP-CH-PNV
			Zatean-PN Plus

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