



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.
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
Antigout Agents	none	allopurinol	Aloprim*
		colchicine tablets	Colcrys*
			colchicine capsules
			Gloperba
			Krystexxa
			Mitigare*
		febuxostat	Uloric*
		probenecid	
		probenecid-colchicine	

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Effective 07/01/2025

**ALABAMA MEDICAID AGENCY
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	

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ALABAMA MEDICAID AGENCY 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
Adamantanes	none	amantadine	
		rimantadine	Flumadine*
Amebicides	none	paromomycin	none
Aminoglycosides	Bethkis*		tobramycin inhalation solution (generic Bethkis)
	Kitabis*		tobramycin inhalation solution (generic Kitabis)
			Arikayce
		tobramycin inhalation solution (generic TOBI)	TOBI*
			TOBI Podhaler
			Zemdri
		amikacin	
		gentamicin	
		neomycin	
		streptomycin	
		tobramycin	
Anthelmintics	none	praziquantel	Biltricide*
			Egaten
			Emverm
		ivermectin	Stromectol*
		albendazole	
Antifungals	none		Abelcet
		amphotericin B liposome	AmBisome*
		flucytosine	Ancobon*
			Brexafemme
		caspofungin	Cancidas*
			Cresemba
		fluconazole	Diflucan*
			Eraxis
		micafungin	Mycamine*
		posaconazole	Noxafil*
		itraconazole	Sporanox*
			Tolsura
		voriconazole	Vfend*
			Vivjoa
		amphotericin B	
		griseofulvin	
		ketoconazole	
		nystatin	
		terbinafine	
Antimalarials	none		Coartem
		pyrimethamine	Daraprim*
			Krintafel
		atovaquone and proguanil	Malarone*
		quinine	Qualaquin*
			Sovuna**
Antimalarials continued on next page			

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand
Antimalarials (continued)	<i>Antimalarials continued from previous page</i>		
	none	chloroquine	
		hydroxychloroquine	
		mefloquine	
		primaquine	

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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	
Cephalosporins	none		Avycaz
		cefotaxime	Claforan*
			Fetroja
		ceftazidime	Tazicef*
			Teflaro
			Zerbaxa
		cefaclor	
		cefadroxil	
		cefazolin	
		cefdinir	
		cefepime	
		cefixime	
		cefpodoxime	
		cefprozil	
		ceftriaxone	
		cefuroxime	
		cephalexin	
Chloramphenicol	none	chloramphenicol	
HCV Antivirals	Epclusa ^{*CC}	sofosbuvir-velpatasvir ^{CC}	
	Harvoni ^{*CC}	ledipasvir-sofosbuvir ^{CC}	
	Mavyret ^{CC}		
	Zepatier ^{CC}		
			Sovaldi
			Viekira Pak
Interferons	none	none	Intron A
			Pegasys
Macrolides	none		Difcid
		erythromycin ethylsuccinate	E.E.S.*
		erythromycin ethylsuccinate	EryPed*
		erythromycin lactobionate	Erythrocin Lactobionate*
			Erythrocin Stearate
		azithromycin	Zithromax*
		clarithromycin	
		clarithromycin ER	
		erythromycin base	

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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 Antibacterials	none		Aemcolo DR
		clindamycin	Cleocin*
		colistimethate	Coly-Mycin M*
			Dalvance
		vancomycin	Firvanq*
			Kimyrsa
		lincomycin	Lincocin*
			Orbactiv
		bismuth/metronid/tetracycline	Pylera*
			Sivextro
		vancomycin	Vancocin*
			Vibativ
			Xenleta
Miscellaneous Antimycobacterials	none		Xifaxan
		linezolid	Zyvox*
		daptomycin	
		polymyxin B sulfate	
		dapsone	none
		metronidazole	Flagyl*
			Lampit
		atovaquone	Mepron*
		pentamidine	NebuPent*
		pentamidine	Pentam 300*
			Solosec
		benznidazole	
		nitazoxanide	
Miscellaneous Antiprotozoals	none	tinidazole	
Miscellaneous Antivirals †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC	Paxlovid Xofluza†		
		foscarnet	Foscavir*
			Livtency
			Prevymis
Miscellaneous β-Lactams	none		
		aztreonam	Azactam*
			Cayston
		cefotetan	Cefotan*
		imipenem and cilastatin	Primaxin*
			Recarbrio
			Vabomere
		ertapenem	
Neuraminidase Inhibitors †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC	Relenza† Tamiflu†*	cefoxitin	
		meropenem	
		oseltamivir†	
			Rapivab

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	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Nucleosides and Nucleotides	none	entecavir	Baraclude*
		adefovir	Hepsera*
			Sitavig
		valganciclovir	Valcyte*
		valacyclovir	Valtrex*
			Veklury
			Vemlidy
		ribavirin	Virazole*
		acyclovir	Zovirax*
		cidofovir	
		famciclovir	
		ganciclovir	
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		Baxdela
		ciprofloxacin	Cipro*
		ciprofloxacin ER	
		levofloxacin	
		moxifloxacin	
		ofloxacin	
Sulfonamides	none	sulfasalazine	Azulfidine*
		sulfamethoxazole and trimethoprim	Bactrim*
		sulfamethoxazole and trimethoprim	Bactrim DS*
		sulfadiazine	
Tetracyclines	none	doxycycline	Doryx*
			Minocin
		doxycycline	Morgidox*
			Nuzyra
		tigecycline	Tygacil*
			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*
			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*
			Leqembi
		memantine	Namenda*
		memantine	Namenda XR*
			Namzaric
Antidepressants	none	galantamine	Razadyne ER*
		clomipramine	Anafranil*
			Aplenzin
			Auvelity ER
		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 succinate	Pristiq*
		fluoxetine	Prozac*
		mirtazapine	Remeron*
			Sertraline capsules
		doxepin	Silenor*
			Spravato
			Trintellix
		vilazodone	Viibryd*
		bupropion	Wellbutrin SR*
		bupropion	Wellbutrin XL*
		sertraline	Zoloft*
			Zurzuvae
		amitriptyline	
		amitriptyline and chlordiazepoxide	
		amoxapine	
		fluvoxamine	
		imipramine	
		maprotiline	
		nefazodone	
		protriptyline	
		tranylcypromine	
		trazodone	
		trimipramine	

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Anxiolytics, Sedatives, and Hypnotics: Barbiturates	none		Amytal Sodium
			Sezaby
		pentobarbital	
		phenobarbital	
Anxiolytics, Sedatives, and Hypnotics: Benzodiazepines	none	diazepam rectal kit	
			Alprazolam Intensol
		lorazepam	Ativan*
		triazolam	Halcion*
		clonazepam	Klonopin*
			Loreev XR
		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*
			Edluar
		tasimelteon	Hetlioz*
		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*
		amphetamine	Evekeo*
		dexmethylphenidate IR	Focalin*
		methylphenidate	Methylin*
		dextroamphetamine	ProCentra*
		dextroamphetamine	Zenzedi*
Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)		methamphetamine	
	Adderall XR*	amphetamine-dextroamphetamine ER	
	Concerta*	methylphenidate ER	
	Daytrana*		methylphenidate transdermal patch (generic)
	Focalin XR*	dexmethylphenidate ER	
	Vyvanse Capsules*		lisdexamfetamine dimesylate (generic capsules)
			Adzenys XR-ODT
		methylphenidate	Aptensio XR*
			Azstarys
			Cotempla XR
		dextroamphetamine	Dexedrine*
			Dyanavel XR
		guanfacine ER	Intuniv*
			Jornay PM
		dextroamphetamine-amphetamine ER	Mydayis ER*
			Qelbree ER
			Quillichew ER
			Quillivant XR
		methylphenidate	Relexxi ER*
		methylphenidate	Ritalin LA*
		atomoxetine	Strattera*
Orexin Receptor Antagonists	none		Belsomra
			Dayvigo
			Quviviq
Wakefulness Promoting Agents	none	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* Xarelto*		
			dabigatran (generic)
		warfarin	rivaroxaban (generic)
			Savaysa
Beta-Adrenergic Blocking Agents	Hemangeol ^{CC}		
		sotalol	Betapace*
		sotalol	Betapace AF*
		nebivolol	Bystolic*
		nadolol	Corgard*
		propranolol	Inderal LA*
			Inderal XL
			InnoPran XL
			Kapspargo
			Levatol
		metoprolol	Lopressor*
			Sotyize
		atenolol and chlorthalidone	Tenoretic*
		atenolol	Tenormin*
		metoprolol	Toprol XL*
		bisoprolol and HCTZ	Ziac*
		acebutolol	
		betaxolol	
		bisoprolol	
		carvedilol	
		labetalol	
		metoprolol and HCTZ	
		nadolol and bendroflumethiazide	
		pindolol	
		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 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	isosorbide dinitrate-hydralazine	BiDil*
		hydralazine	
		minoxidil	

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

^{TIM} Denotes agent managed through the Targeted Immunomodulators (TIMs)/Biologics/DMARDs criteria. Agents are preferred across PDL classes for all FDA-approved indications.

Effective 07/01/2025

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		Diuril
		ethacrynic acid	Edecrin*
			Furoscix
		furosemide	Lasix*
		triamterene and HCTZ	Maxzide*
			Thalitone
		amiloride	
		amiloride and HCTZ	
		bumetanide	
		chlorthalidone	
		chlorothiazide	
		hydrochlorothiazide (HCTZ)	
		indapamide	
		methyclothiazide	
		metolazone	
		torsemide	
		triamterene	
Vasopressin Antagonists	none	none	Jynarque
		tolvaptan	Samsca*
Mineralocorticoid (Aldosterone) Receptor Antagonists	none	spironolactone and HCTZ	Aldactazide*
		spironolactone	Aldactone*
			Carospir
		eplerenone	Inspira*
Miscellaneous Cardiac Drugs	none		Kerendia
			Aspruzo
			Camzyos
		ivabradine	Corlanor*
			Inpefa**
		ranolazine	Ranexa*
Misc. Hypotensive Agents	none		Vyndamax
			Vyndaqel
Nitrates and Nitrites	Nitro-Bid Nitrostat*	none	Vecamyl
		nitroglycerin	
			GoNitro
		isosorbide dinitrate	Isordil*
		nitroglycerin	Nitro-Dur*
		nitroglycerin	Nitrolingual*
		isosorbide mononitrate	
Platelet-aggregation Inhibitors/ Vasodilating Agents, Misc	Brilinta		
		prasugrel	Effient*
		clopidogrel	Plavix*
			Verquvo
		aspirin and dipyridamole	
		cilostazol	
Renin-Angiotensin-Aldosterone System Inhibitors, Misc	Entresto	dipyridamole	
Renin Inhibitors	none	none	none
		aliskiren	Tekturna*
Bile Acid Sequestrants	none		Tekturna HCT
		colestipol	Colestid*
		cholestyramine	Questran*
		cholestyramine	Questran Light*
		colesevelam	Welchol*

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Effective 07/01/2025

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	none	ezetimibe	Zetia*
Fibric Acid Derivatives	none	fenofibrate	Antara*
		fenofibrate	Fenoglide*
		fenofibrate	Lipofen*
		gemfibrozil	Lopid*
		fenofibrate, nanocrystallized	TriCor*
		fenofibric acid	Trilipix*
HMG-CoA Reductase Inhibitors	none		Altoprev
			Atorvaliq
		amlodipine/atorvastatin	Caduet*
			Ezallor
		fluvastatin	Lescol XL*
		atorvastatin	Lipitor*
			Livalo
		simvastatin/ezetimibe	Vytorin*
		simvastatin	Zocor*
			Zypitamag
		lovastatin	
		pravastatin	
		rosuvastatin	
Miscellaneous Antilipemic Agents	none		Evkeeza
			Juxtapid
			Leqvio
		omega-3 ethyl ester	Lovaza*
			Nexletol
			Nexlizet
		icosapent ethyl	Vascepa*
Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	none	none	Praluent
			Repatha

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Effective 07/01/2025

**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	mifepristone	Korlym*
			Tzield
Biguanides	none		Glumetza*
			metformin ER (generic Glumetza ER)
		metformin	Riomet*
		metformin	Riomet ER
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Janumet	none	
	Janumet XR		
	Januvia		
	Jentadueto		
	Jentadueto XR		
	Kazano*		alogliptin-metformin (generic)
	Kombiglyze XR*		saxagliptin-metformin (generic)
	Nesina*		alogliptin (generic)
	Onglyza*		saxagliptin (generic)
	Oseni*		alogliptin-pioglitazone (generic)
	Tradjenta		
			Zituvio*
Incretin Mimetics	Bydureon Bcise ^{CC}	none	sitagliptin (generic)
	Byetta ^{CC}		
	Ozempic ^{CC}		
	Rybelsus ^{CC}		
	Trulicity ^{CC}		
	Victoza* ^{CC}		liraglutide (generic)
			Mounjaro
	Zepbound ^{CC} ^		

^Zepbound is preferred with clinical criteria for its Obstructive Sleep Apnea (OSA) with obesity indication. Zepbound is non-covered for weight reduction without OSA.

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Effective 07/01/2025

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	Fiasp		
	Humalog*	insulin lispro	
	Humalog Mix		
	Humulin R (U-500)		
	Lantus*		insulin glargine
	Novolog Mix		
	Toujeo* (U-300)		insulin glargine (U-300)
			Admelog
			Afrezza
			Apidra
			Apidra Solostar
			Basaglar
			Levemir
			Lyumjev
			Myxredlin
		insulin aspart	Novolog*
			Rezvoglar
			Semglee
			Soliqua
			Tresiba
			Xultophy
		Humulin N	
		Humulin R	
		Humulin 70/30	
		insulin lispro protamine 72/25 mix pen	
		Novolin N	
		Novolin R	
		Novolin 70/30	
Meglitinides	none	nateglinide	none
		repaglinide	
Sodium-glucose Co-transporter 2 Inhibitor	Farxiga*		dapagliflozin (generic)
	Jardiance		
	Synjardy		
	Synjardy XR		
	Xigduo XR*		dapagliflozin/metformin ER (generic)
			Glyxambi
			Invokamet
			Invokamet XR
			Invokana
			Qtern
			Segluromet
			Steglatro
			Steglujan
			Trijardy XR
Sulfonylureas	none	glimepiride	
		glipizide	Glucotrol*
		glipizide	Glucotrol XL*
		glyburide	Glynase*
		glipizide and metformin	
		glyburide and metformin	
Thiazolidinediones	none	pioglitazone and metformin	Actoplus Met*
		pioglitazone	Actos*
		pioglitazone and glimepiride	Duetact*

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Effective 07/01/2025

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
Therapeutics Immunomodulators/ Disease-Modifying Antirheumatic Agents	Enbrel ^{CC,TIM}		
	Humira ^{CC,TIM}		
	Otezla ^{CC,TIM}		
			Abrilada ^{TIM}
			Actemra ^{TIM}
			Amjevita ^{TIM}
		leflunomide ^{TIM}	Arava ^{*TIM}
			Avsola ^{TIM}
			Benlysta ^{TIM}
			Cimzia ^{TIM}
			Cosentyx ^{TIM}
			Cyltezo ^{TIM}
			Entyvio ^{TIM}
			Hadlima ^{TIM}
			Hulio ^{TIM}
			Hyrimoz ^{TIM}
			Idacio ^{TIM}
			Inflectra ^{TIM}
			Kevzara ^{TIM}
			Kineret ^{TIM}
			Lupkynis ^{TIM}
			Olumiant ^{TIM}
			Orencia ^{TIM}
		infliximab ^{TIM}	Remicade ^{*TIM}
			Renflexis ^{TIM}
			Rinvoq ^{TIM}
			Saphnelo ^{TIM}
			Simlandi ^{TIM}
			Simponi ^{TIM}
			Simponi Aria ^{TIM}
			Stelara ^{TIM}
			Taltz ^{TIM}
			Tofidence ^{TIM}
			Tyenne ^{TIM}
			Xeljanz ^{TIM}
			Xeljanz XR ^{TIM}
			Yuflyma ^{TIM}
			Yusimry ^{TIM}
			Zymfentra ^{TIM}

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Effective 07/01/2025

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 ophthalmic solution (generic)
			Alomide
			Zerviate
		azelastine	
		cromolyn	
		epinastine	
		olopatadine	
Antibacterials	Besivance		
	Cipro HC		
	Zylet		
			AzaSite
		ciprofloxacin	Ciloxan*
			Cortisporin-TC
		neomycin, polymyxin B and dexamethasone	Maxitrol*
		ofloxacin	Ocuflox*
		ciprofloxacin and fluocinolone	Otovel*
		tobramycin and dexamethasone	TobraDex*
			TobraDex ST
		tobramycin	Tobrex*
		moxifloxacin	Vigamox*
		gatifloxacin	
		bacitracin	
		bacitracin and polymyxin B	
		ciprofloxacin and dexamethasone	
		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	
		polymyxin B and trimethoprim	
		sulfacetamide	
		sulfacetamide and prednisolone	

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Effective 07/01/2025

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 (generic)
	Omnaris		
	Zetonna		
			Beconase AQ
			QNASL
			QNASL Children
			Sinuva
			Xhance
		mometasone nasal spray	
		flunisolide	
		fluticasone	
Vasoconstrictors	none	phenylephrine	

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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		Anzemet
			Sancuso
			Sustol
		granisetron	
		ondansetron	
Antiemetic Antihistamines	none	palonosetron	
		meclizine	Antivert*
			Bonjesta
		doxylamine/pyridoxine	Diclegis*
		trimethobenzamide	Tigan*
		dimenhydrinate	
Neurokinin-1 Receptor Antagonists	none	meclizine	
		prochlorperazine	
			Akynzeo
			Aponvie
Miscellaneous Antiemetics	none		Cinvanti
		aprepitant/fosaprepitant	Emend*
			Barhemsys
Antiulcer Agents and Acid Suppressants	none	dronabinol	Marinol*
		scopolamine	Transderm-Scop*
		dexlansoprazole	Dexilant*
			Konvomep
		esomeprazole magnesium	Nexium*
			omeprazole/sodium bicarbonate (generic)
		lansoprazole	Prevacid*
		omeprazole	Prilosec*
		pantoprazole	Protonix*
			Talicia
			Voquenza
			Voquenza Dual
			Voquenza Triple
		lansoprazole/amoxicillin/clarithromycin	
		rabeprazole	

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Effective 07/01/2025

**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: Antimuscarinics	Oxytrol		
	Toviaz*	fesoterodine	
		tolterodine	Detrol*
		tolterodine	Detrol LA*
		oxybutynin	Ditropan XL*
			Gelnique
		solifenacin	Vesicare*
		darifenacin	
		flavoxate	
Genitourinary Smooth Muscle Relaxants: Beta-3 Adrenergic Agonists	none	trospium	
			Gemtesa
		mirabegron	Myrbetriq*

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Effective 07/01/2025

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 ^{CC}	none	
	Omnitrope ^{CC}		
	Skytrofa ^{CC}		
	Sogroya ^{CC}		
	Zomacton ^{CC}		
			Humatrope
			Ngenla
			Norditropin
			Nutropin
			Saizen
			Serostim

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

^Fortesta discontinued 5/31/2024.

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**Will be reviewed at a future time when eligible

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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

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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	Avonex		
	Betaseron		
	Copaxone*		glatiramer (generic)
	Rebif		
	Tysabri		
		teriflunomide	Aubagio*
			Bafiertam
			Briumvi
			Extavia
		fingolimod	Gilenya*
			Kesimpta
			Lemtrada
			Mayzent
			Ocrevus
			Plegridy
			Ponvory
			Tascenso ODT
		dimethyl fumarate	Tecfidera*
			Vumerity
			Zeposia (follow TIMs criteria for UC indication)

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Effective 07/01/2025

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
Analgesics and Antipyretics, Miscellaneous	none	none	Journavx**
Centrally Acting Skeletal Muscle Relaxants	none	cyclobenzaprine	Amrix*
			carisoprodol (generic)
		cyclobenzaprine	Fexmid*
		chlorzoxazone	Lorzone*
		methocarbamol	Robaxin*
		metaxalone	
Calcitonin Gene-related Peptide (CGRP) Antagonists	Aimovig ^{CC} Ajovy ^{CC} Qulipta ^{CC} Ubrovelvy ^{CC}	none	
			Emgality
			Nurtec ODT
			Vyepti
			Zavzpret
Direct-Acting Skeletal Muscle Relaxants	none	dantrolene	Dantrium*
		dantrolene	Revonto*
			Ryanodex
GABA-derivative Skeletal Muscle Relaxants	none	baclofen	Fleqsuvy*
		baclofen	Gablofen*
			Lioresal Intrathecal
			Lyvispah
Miscellaneous Skeletal Muscle Relaxants	none	orphenadrine/aspirin/caffeine	Norgesic Forte*
		orphenadrine	
Opiate Agonists	none	benzhydrocodone/acetaminophen	Apadaz*
		tramadol	ConZip ER*
		meperidine	Demerol*
		hydromorphone	Dilaudid*
			Dsuvia
			Duramorph
		fentanyl	Fentora*^
			Infumorph
			methadone (generic)
			Methadose*
			Nucynta
			Nucynta ER
			Olinvyk
		<i>Opiate Agonists continued on next page</i>	

^Fentora discontinued 9/30/2024

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**Will be reviewed at a future time when eligible

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Effective 07/01/2025

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	oxycodone/acetaminophen	Percocet*
			Prolate
		oxycodone	Roxicodone*
			Seglentis
		remifentanyl	Ultiva*
		alfentanil	
		codeine	
		codeine/acetaminophen	
		codeine/butalbital/acetaminophen/ caffeine	
		codeine/butalbital/aspirin/caffeine	
		hydrocodone/acetaminophen	
		hydrocodone/ibuprofen	
		ibuprofen/oxycodone	
		levorphanol	
		morphine	
		opium/belladonna	
		oxycodone/aspirin	
		oxymorphone	
		sufentanil	
		tramadol	
		tramadol/acetaminophen	
Opiate Partial Agonists	Brixadi ^{CC}		
	Sublocade ^{CC}		
			buprenorphine/naloxone film (generic)
			Belbuca
			buprenorphine (generic)
			Butrans*
			Suboxone*
			Zubsolv
		buprenorphine/naloxone tablets ^{CC}	
		butorphanol	
		nalbuphine	
Selective Serotonin Agonists	none	pentazocine/naloxone	Frova*
		frovatriptan	Imitrex*
		sumatriptan	Maxalt*
		rizatriptan	Maxalt MLT*
		rizatriptan	Relpax*
		eletriptan	Reyvow
			Tosymra
			Zembrace
			Zomig*
		zolmitriptan	Zomig ZMT*
		zolmitriptan	
		almotriptan	
		naratriptan	
		sumatriptan and naproxen	

*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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Effective 07/01/2025

**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
Asthma and Allergy Monoclonal Antibodies	Fasenra ^{CC,TIM}		Cinqair ^{TIM}
	Tezspire ^{CC,TIM}		Nucala ^{TIM}
	Xolair ^{CC,TIM}		
Inhaled Antimuscarinics	Atrovent HFA		
	Incruse Ellipta		
	Spiriva Handihaler*		tiotropium (generic)
	Spiriva Respimat		
			Tudorza Pressair
			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 (Diskus)
	Advair HFA*		fluticasone/salmeterol (HFA)
	Arnuity Ellipta		
	Asmanex HFA		
	Asmanex Twisthaler		
	Breo Ellipta*	fluticasone/vilanterol	
	Dulera		
	Pulmicort Flexhaler		
	QVAR Redihaler		
	Symbicort*		budesonide/formoterol (generic)
			AirDuo Respiclick
			Airsupra
			Alvesco
			Breztri Aerosphere
		budesonide	Pulmicort Respules*
			Trelegy Ellipta
		fluticasone	

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Effective 07/01/2025

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
Respiratory Beta-Adrenergic Agonists	Anoro Ellipta*		umeclidinium-vilanterol (generic)
	Bevespi		
	Combivent Respimat		
	ProAir Respiclick		
	Serevent Diskus		
	Stiolto Respimat		
	Striverdi Respimat		
	Ventolin HFA*	albuterol HFA	
		arformoterol	Brovana*
			Duaklir Pressair
		formoterol	Perforomist*
		levalbuterol HFA	Xopenex HFA*
		levalbuterol inhalation solution	
		albuterol	
		albuterol/ipratropium	
		metaproterenol	
		terbutaline	
Respiratory Smooth Muscle Relaxants	none		Theo-24
		aminophylline	
		theophylline	

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Effective 07/01/2025

**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*
		clindamycin (vaginal only)	Clindesse*
			Neo-Synalar
			Nuversa
			Sulfamylon
		metronidazole	Vandazole*
			Xaciat
			Xepi
		gentamicin neomycin and polymyxin B	
Antifungals	none	ciclopirox	Ciclodan*
			Ertaczo
			Gynazole-1
			Jublia
		ciclopirox	Loprox*
		luliconazole	Luzu*
		naftifine	Naftin*
			Oravig
		oxiconazole	Oxistat*
		miconazole/zinc/petrolatum	Vusion*
		clotrimazole	
		clotrimazole and betamethasone	
		econazole	
		ketoconazole	
		miconazole	
		nystatin	
		nystatin and triamcinolone	
		sulconazole	
		tavaborole	
		terconazole	

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Effective 07/01/2025

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	none		
		hydrocortisone	Anusol-HC*
		fluticasone	Beser*
			Bryhali
		clobetasol	Clodan*
		hydrocortisone	Cortenema*
			Cortifoam
		fluocinolone	Derma-Smooth/FS*
		betamethasone dipropionate and propylene glycol	Diprolene*
		triamcinolone	Kenalog*
		halobetasol	Lexette*
		hydrocortisone butyrate	Locoid*
		hydrocortisone butyrate	Locoid lipocream*
		triamcinolone	Oralone*
			Pandel
			ProctoFoam-HC
		fluocinolone	Synalar*
			Texacort
		desoximetasone	Topicort*
		clobetasol	Tovet*
		halobetasol	Ultravate*
		fluocinonide	Vanos*
		alclometasone	
		amcinonide	
		betamethasone dipropionate	
		betamethasone valerate	
		clocortolone	
		halcinonide	
		desonide	
		diflorasone	
		flurandrenolide	
		hydrocortisone	
		mometasone	
		prednicarbate	

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Effective 07/01/2025

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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*
		doxepin	Zonalon*
			ZTLido
		lidocaine	
Antivirals		lidocaine and prilocaine	
	none	penciclovir	Denavir*
			Xerese
			Ycanth
			Zovirax (cream)
		acyclovir	Zovirax (ointment)*
Cell Stimulants and Proliferants	none	none	none
Immunomodulatory Agents	Adbry ^{CC,TIM}		
	Dupixent ^{CC,TIM}		
	Elidel*		pimecrolimus (generic)
			Bimzelx ^{TIM}
			Hyftor
			Ilumya ^{TIM}
			Nemlurio ^{TIM**}
			Siliq ^{TIM}
			Skyrizi ^{TIM}
			Spevigo ^{TIM}
			Tremfya ^{TIM}
Janus Kinase Inhibitors		tacrolimus	
	none		Cibinqo ^{TIM}
			Opzelura
Keratolytic Agents			Sotyktu ^{TIM}
	none	podofilox	Condylox*
			Duobrii
			Podocon-25
			Veregen
		acitretin	
Miscellaneous Anti-inflammatory Agents		tazarotene	
	none	none	none
Miscellaneous Local Anti-infectives	none	silver sulfadiazine	Silvadene*
		silver sulfadiazine	SSD*
		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	none		Filsuvez
		calcitriol	
Phosphodiesterase-4 Inhibitors	Eucrisa ^{CC}		
			Zoryve
Scabicides and Pediculicides	none		Crotan
		spinosad	Natroba*
		crotamiton	
		ivermectin	
		malathion	
		permethrin	

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Effective 07/01/2025

**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/Treatments for menopausal symptoms	Premarin (tablets only)		
	Prempro		
		estradiol and norethindrone	Activella*
		estradiol and norethindrone	Amabelz*
			Angeliq
			Bijuva
		estradiol	Climara*
			Climara Pro
			Combipatch
		estradiol valerate	Delestrogen*
			Depo-Estradiol
		estradiol	Divigel*
			Duavee
			Elestrin
		estradiol	Estrace*
			Estring
		estradiol	Estrogel*
			Evamist
			Femring
		ethinyl estradiol and norethindrone	Jinteli*
			Menest
			Menostar
		estradiol and norethindrone	Mimvey*
		estradiol	Minivelle*
			Prefest
			Premarin (cream and injection)
			Premphase
		estradiol	Vagifem*
			Veozah
		estradiol	Vivelle-Dot*

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Effective 07/01/2025

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand
Prenatal Vitamins	Concept DHA*	prenatal vitamins, iron, folic acid, omega-3 fatty acids	
	Concept OB*	prenatal vitamins, iron, folic acid	
	Nestabs		
	Nestabs DHA		
	Thrivite Rx		
	Tricare		
	Vinate II		
	Vitafof FE+ softgel		
	Vitafof Prenatal w/iron Gummies		
	Vitafof-OB		
	Vitafof-OB+DHA		
	Vitafof-One softgel		
	Vitafof Ultra softgel		
			Citranatal 90 DHA
			Citranatal Assure
			Citranatal B-Calm
			Citranatal Bloom
			Citranatal DHA
			Citranatal Harmony
			Enbrace HR
			Extra-Virt Plus DHA
			Marnatal-F
			Nestabs ABC
			Nestabs One
		prenatal vitamins, iron, folic acid	OB Complete*
		prenatal vitamins, iron, folic acid, DHA	OB Complete Caplet*
			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
			Select-OB+DHA
			Tristart DHA
	Prenatal Vitamins continued on next page		

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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 DHA RF
			Vitafol Fe + Docusate
			VP-CH Plus
			VP-CH-PNV
			Zatean-PN Plus