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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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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ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL – Antihistamines			
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DRUG CLASS	**NO PA REQUIRED** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **Non-Preferred Brand or PA Generic**
Adamantanes	none	amantadine	none
		rimantadine	
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*
			Rezzayo
		itraconazole	Sporanox*
			Tolsura
		voriconazole	Vfend*
			Vivjoa
		amphotericin B	
		griseofulvin	
		ketoconazole	
		nystatin	
		terbinafine	
Antileprosy Agents	none	dapsone	none

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DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand**
Antimalarials	none		Coartem
			Krintafel
		atovaquone and proguanil	Malarone*
			Sovuna
		chloroquine	
		hydroxychloroquine	
		mefloquine	
		primaquine	
		pyrimethamine	
		quinine	
Antiprotozoals, Cryptosporidiosis	none	nitazoxanide	none
Antiprotozoals, Miscellaneous	none	none	Lampit
Antiprotozoals, Nitroimidazole-derivative	none		Likmez
			Solosec
		benznidazole	
		metronidazole	
		tinidazole	
Antiprotozoals, *Pneumocystis jirovecii* Pneumonia	none	atovaquone	Mepron*
		pentamidine	NebuPent*
		pentamidine	Pentam 300*
Antituberculosis Agents	none	ethambutol	
		rifabutin	Mycobutin*
			Priftin
		rifampin	Rifadin*
			Sirturo
			Trecator
		cycloserine	
		isoniazid	
		pretomanid	
		pyrazinamide	

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Cephalosporins	none		Avycaz
		cefotaxime	Claforan*
			Fetroja
		ceftazidime	Tazicef*
			Teflaro
			Zerbaxa
		cefaclor	
		cefadroxil	
		cefazolin	
		cefdinir	
		cefepime	
		cefixime	
		cefpodoxime	
		cefprozil	
		ceftriaxone	
		cefuroxime	
		cephalexin	
Chloramphenicol	none	chloramphenicol	
CMV Antivirals	none	none	Livtencity
			Prevymis
Coronavirus (COVID-19)	Paxlovid	none	none
Endonuclease Inhibitors †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC	Xofluza†	none	none
HCV Antivirals	Epclusa*CC	sofosbuvir-velpatasvirCC	
	Harvoni*CC	ledipasvir-sofosbuvirCC	
	MavyretCC		
	ZepatierCC		
			Sovaldi
			Vosevi
Interferons	none	none	Pegasys
Macrolides	none		Dificid
		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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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
			Xifaxan
		linezolid	Zyvox*
		daptomycin	
		polymyxin B sulfate	
Miscellaneous Antivirals		foscarnet	Foscavir*
Miscellaneous β-Lactams	none	aztreonam	Azactam*
			Cayston
		cefotetan	Cefotan*
		imipenem and cilastatin	Primaxin*
			Recarbrio
			Vabomere
		ertapenem	
		cefoxitin	
		meropenem	
Neuraminidase Inhibitors †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC	Relenza†		
			Rapivab
		oseltamivir†	Tamiflu*

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Nucleosides and Nucleotides	none	entecavir	Baraclude*
		adefovir	
		valganciclovir	Valcyte*
		valacyclovir	Valtrex*
			Veklury
			Vemlidy
		ribavirin	
		acyclovir	
		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	nitrofurantoin and nitrofurantoin macrocrystals	Macrobid*
		methenamine, methylene blue, phenyl salicylate, sodium phosphate, and hyoscyamine	Uribel*
			Urelle
		fosfomycin	
		nitrofurantoin macrocrystals	
		methenamine	
		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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **Non-Preferred Brand or PA Generic**
Alzheimer's Agents	Aricept*	donepezil	
			Adlarity
			Aduhelm
		rivastigmine	Exelon*
			Leqembi
		memantine	Namenda*
		memantine	Namenda XR*
			Namzaric
		galantamine	Razadyne ER*
Antidepressants	none	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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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*
		methamphetamine	
Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)	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*
		lisdexamfetamine dimesylate (generic chewable)	Vyvanse Chewable Tablets*
			Xelstrym
		clonidine ER	
Orexin Receptor Antagonists	none		Belsomra
			Dayvigo
			Quviviq
Wakefulness Promoting Agents	none	armodafinil	Nuvigil*
		modafinil	Provigil*
			Sunosi
			Wakix
			Xyrem
			Xywav

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DRUG CLASS	**NO PA REQUIRED** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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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Antiarrhythmic Agents	none		Multaq
			Nexterone
		disopyramide	Norpace*
			Norpace CR
		amiodarone	Pacerone*
		propafenone	Rythmol SR*
		dofetilide	Tikosyn*
		flecainide	
		mexiletine	
		propafenone	
		quinidine	
Oral Anticoagulants	Eliquis		
	Pradaxa (pellets)		
	Xarelto*		rivaroxaban (generic)
		warfarin	
		dabigatran	Pradaxa* (capsule)
			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*
			Sotylize
		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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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	
		methyldopa	
Direct Vasodilators	none	isosorbide dinitrate-hydralazine	BiDil*
		hydralazine	
		minoxidil	

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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	Inspra*
			Kerendia
Miscellaneous Cardiac Drugs	none		Aspruzyo
			Camzyos
		ivabradine	Corlanor*
			Inpefa**
		ranolazine	Ranexa*
			Vyndamax
			Vyndaqel
Misc. Hypotensive Agents	none	none	Vecamyl
Nitrates and Nitrites	Nitro-Bid		
	Nitrostat*	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	
		dipyridamole	
Renin-Angiotensin-Aldosterone System Inhibitors, Misc		sacubitril/valsartan	Entresto*
Renin Inhibitors	none	aliskiren	Tekturna*
			Tekturna HCT
Bile Acid Sequestrants	none	colestipol	Colestid*
		cholestyramine	Questran*
		cholestyramine	Questran Light*
		colesevelam	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	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*
		niacin	
Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	none	none	Praluent
			Repatha

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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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **Non-Preferred Brand or PA Generic**
Alpha-Glucosidase Inhibitors	none	acarbose	Precose*
		miglitol	
Amylinomimetics	none	none	SymlinPen
Antidiabetic Agents, Miscellaneous	none	mifepristone	Korlym*
			Tzield
Biguanides	none		Glumetza*
			metformin ER (generic Glumetza ER)
		metformin	Riomet*
			Riomet ER
		metformin	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Janumet	none	
	Janumet XR		
	Januvia		
	Jentadueto		
	Jentadueto XR		
	Kazano*		alogliptin-metformin (generic)
	Nesina*		alogliptin (generic)
	Oseni*		alogliptin-pioglitazone (generic)
	Tradjenta		
		sitagliptin	Zituvio*
		saxagliptin	
		saxagliptin-metformin	Zituvimet*
Incretin Mimetics	Bydureon Bcise[CC]	none	
	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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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
			Merilog
			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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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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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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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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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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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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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	
		palonosetron	
Antiemetic Antihistamines	none	meclizine	Antivert*
			Bonjesta
		doxylamine/pyridoxine	Diclegis*
		trimethobenzamide	Tigan*
		dimenhydrinate	
		meclizine	
		prochlorperazine	
Neurokinin-1 Receptor Antagonists	none		Akynzeo
			Aponvie
			Cinvanti
		aprepitant/fosaprepitant	Emend*
Miscellaneous Antiemetics	none		Barhemsys
		dronabinol	Marinol*
		scopolamine	Transderm-Scop*
Antiulcer Agents and Acid Suppressants	none	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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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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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	
		trospium	
Genitourinary Smooth Muscle Relaxants: Beta-3 Adrenergic Agonists	none		Gemtesa
		mirabegron	Myrbetriq*

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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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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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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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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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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	
			Soma*
		tizanidine	Zanaflex*
Calcitonin Gene-related Peptide (CGRP) Antagonists	Aimovig[CC]	none	
	Ajovy[CC]		
	Qulipta[CC]		
	Ubrelvy[CC]		
			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
	Opiate Agonists continued on next page		

^Fentora discontinued 9/30/2024

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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)	*Opiate Agonists continued from previous page*		
	none	oxycodone/acetaminophen	Percocet*
			Prolate
		oxycodone	Roxicodone*
			Seglentis
		remifentanil	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	
		pentazocine/naloxone	
Selective Serotonin Agonists	none	frovatriptan	Frova*
		sumatriptan	Imitrex*
		rizatriptan	Maxalt*
		rizatriptan	Maxalt MLT*
		eletriptan	Relpax*
			Reyvow
			Tosymra
			Zembrace
		zolmitriptan	Zomig*
		zolmitriptan	Zomig ZMT*
		almotriptan	
		naratriptan	
		sumatriptan and naproxen	

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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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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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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*		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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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
			Nuvessa
			Sulfamylon
		metronidazole	Vandazole*
			Xaciato
			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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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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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*
		doxepin	Prudoxin*
		doxepin	Zonalon*
			ZTLido
		lidocaine	
		lidocaine and prilocaine	
Antivirals	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]
			Nemluvio[TIM]
			Siliq[TIM]
			Skyrizi[TIM]
			Spevigo[TIM]
			Tremfya[TIM]
		tacrolimus	
Janus Kinase Inhibitors	none		Cibinqo[TIM]
			Opzelura
			Sotyktu[TIM]
Keratolytic Agents	none	podofilox	Condylox*
			Duobrii
			Podocon-25
			Veregen
		acitretin	
		tazarotene	
Miscellaneous Anti-inflammatory Agents	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	Pruradik*
		ivermectin	
		malathion	
		permethrin	

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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/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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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** **Preferred Brand**	**NO PA REQUIRED** **Preferred Generic**	**PA REQUIRED** **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		
	Vitafol FE+ softgel		
	Vitafol Prenatal w/iron Gummies		
	Vitafol-OB		
	Vitafol-OB+DHA		
	Vitafol-One softgel		
	Vitafol 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)	*Prenatal Vitamins continued from previous page*		
			Vinate DHA RF
			Vitafol Fe + Docusate
			VP-CH Plus
			VP-CH-PNV
			Zatean-PN Plus

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