



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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**Will be reviewed at a future time when eligible

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**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		Ryclora
		clemastine (tablet)	Clemastine (generic syrup)
		diphenhydramine	

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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
Adamantanes	none	amantadine rimantadine	none
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, <i>Pneumocystis jirovecii</i> Pneumonia	none	atovaquone pentamidine pentamidine	Mepron* NebuPent* Pentam 300*
Antituberculosis Agents	none	ethambutol rifabutin	
			Mycobutin*
			Priftin
		rifampin	Rifadin*
			Sirturo
			Trecator
		cycloserine isoniazid pretomanid pyrazinamide	

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
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	Livtensity
			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-velpatasvir ^{CC}	
	Harvoni ^{CC}	ledipasvir-sofosbuvir ^{CC}	
	Mavyret ^{CC}		
	Zepatier ^{CC}		
			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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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		
	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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	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
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	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	
		galantamine	Razadyne ER*
Antidepressants	none	clomipramine	Anafranil*
			Aplenzin
			Auvelity ER
		citalopram	Celexa*
		duloxetine	Cymbalta*
			desvenlafaxine ER (generic Khedezla)
			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*
			Raldesy
		mirtazapine	Remeron*
			sertraline capsules (generic)
		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	Hellioz*
		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)	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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**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			
Angiotensin II Receptor Antagonists/Neprilysin Inhibitors	none	sacubitril and valsartan	Entresto*

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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
		disopyramide	Norpace*
		amiodarone	Norpace CR
		dofetilide	Pacerone*
		flecainide	Tikosyn*
		mexiletine	
		propafenone	
Oral Anticoagulants	Eliquis		
	Pradaxa (pellets)		
	Xarelto*	rivaroxaban	
		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
			Kaspargo
			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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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	ivabradine	Corlanor*
		digoxin	Lanoxin*
			Lanoxin Pediatric
Central Alpha-Agonists	none	clonidine patches	
		clonidine	
		guanfacine	
		methyldopa	
cGMP Synthesis Agents	none	none	Verquvo
Direct Vasodilators	none	isosorbide dinitrate-hydralazine	BiDil*
		hydralazine	
		minoxidil	
Endothelin Receptor Antagonists	none	none	Tryvio

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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	Furoscix
		triamterene and HCTZ	Lasix*
			Maxzide*
			Thalitone
		amiloride	
		amiloride and HCTZ	
		bumetanide	
		chlorthalidone	
		chlorothiazide	
		hydrochlorothiazide (HCTZ)	
		indapamide	
		methyclothiazide	
metolazone			
torseamide			
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
			Aspruzyo
			Attruby
			Camzyos
			Vyndamax
			Vyndaqel
Misc. Hypotensive Agents	none	none	Vecamyl
Nitrates and Nitrites	Nitro-Bid* Nitrostat*	nitroglycerin	
		nitroglycerin	
			GoNitro
		isosorbide dinitrate	Isordil*
		nitroglycerin	Nitro-Dur*
		nitroglycerin	Nitrolingual*
Platelet-aggregation Inhibitors	none	isosorbide mononitrate	
		ticagrelor	Brilinta*
		prasugrel	Effient*
		clopidogrel	Plavix*
		aspirin and dipyridamole	
		cilostazol	
Renin Inhibitors	none	dipyridamole	
		aliskiren	Tekturna*
Sodium-glucose (SGLT) Cotransporter Inhibitors	none		Tekturna HCT
		none	Inpefa
Bile Acid Sequestrants	none	colestipol	Colestid*
		cholestyramine	Questran*
		cholestyramine	Questran Light*
		colesevelam	Welchol*

*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.

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

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
ACL Inhibitors	none	none	Nexletol Nexlizet
ANGPTL3 Inhibitors	none	none	Evkeeza
Cholesterol Absorption Inhibitors	none	ezetimibe	Zetia*
Fibric Acid Derivatives	none	fenofibrate	Lipofen*
		gemfibrozil	Lopid*
		fenofibrate, nanocrystallized	TriCor*
		fenofibric acid	Trilipix*
		fenofibrate, micronized	
HMG-CoA Reductase Inhibitors	none		Altoprev
			Atorvaliq
		amlodipine/atorvastatin	Caduet*
			Ezallor
			Flolipid
		fluvastatin	Lescol XL*
		atorvastatin	Lipitor*
		pitavastatin	Livalo*
		simvastatin/ezetimibe	Vytorin*
		simvastatin	Zocor*
	Zypitamag		
	lovastatin		
	pravastatin		
	rosuvastatin		
Miscellaneous Antilipemic Agents	none		Leqvio
			Tryngolza
		niacin	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors	none	none	Juxtapid
Omega-3-mediated Antilipemics	none	icosapent ethyl	none
		omega-3 acid ethyl esters	
Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	none	none	Praluent
			Repatha

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

**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	none
Amylinomimetics	none	none	SymlinPen
Antidiabetic Agents, Miscellaneous	none	mifepristone	Korlym* Tzield
Biguanides	none	metformin	Glumetza* metformin ER (generic Glumetza ER)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Janumet		
	Janumet XR		
	Januvia		
	Jentaduetto		
	Jentaduetto XR		
	Kazano*		alogliptin-metformin (generic)
	Oseni*		alogliptin-pioglitazone (generic)
	Tradjenta		
		alogliptin	Nesina*
		sitagliptin	Zituvio*
		saxagliptin	
	saxagliptin-metformin	Zituvimet*	
	saxagliptin-metformin XR	Zituvimet XR*	
Incretin Mimetics	Byetta* ^{cc}		exenatide (generic)
	Mounjaro ^{cc}		
	Ozempic ^{cc}		
	Rybelsus ^{cc}		
	Trulicity ^{cc}		
	Victoza* ^{cc}		liraglutide (generic)
			Bydureon Bcise
	Zepbound ^{cc} ^		Wegovy#
Meglitinides	none	nateglinide repaglinide	none

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

[#]Wegovy is available via PA for its cardiovascular and metabolic dysfunction-associated steatohepatitis (MASH) indications. Wegovy is non-covered for weight reduction.

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

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		
			Admelog
			Afrezza
			Apidra
			Apidra Solostar
			Basaglar
			Kirsty
			Levemir
			Lyumjev
			Merilog
			Myxredlin
		insulin aspart	Novolog*
			Rezvoglar
			Semglee
			Soliqua
			Tresiba
		insulin glargine max solostar	Toujeo Max Solostar*
	insulin glargine solostar	Toujeo Solostar*	
		Xultophy	
	Humulin N		
	Humulin R		
	Humulin 70/30		
	insulin lispro protamine 72/25 mix pen		
	Novolin N		
	Novolin R		
	Novolin 70/30		
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 XL*
		glyburide	
		glipizide and metformin	
		glyburide and metformin	
Thiazolidinediones	none	pioglitazone and metformin	Actoplus Met*
		pioglitazone	Actos*
		pioglitazone and glimepiride	Duetact*

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**Will be reviewed at a future time when eligible

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

**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}		
	Rinvoq ^{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}
			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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**Will be reviewed at a future time when eligible

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

**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
		azelastine	Zerviate
		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	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	

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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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**Will be reviewed at a future time when eligible

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

**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		
		tolterodine	Detrol*
		tolterodine	Detrol LA*
		fesoterodine	Toviaz*
		solifenacin	Vesicare*
		darifenacin	
		flavoxate	
	oxybutynin		
	trospium		
Genitourinary Smooth Muscle Relaxants: Beta-3 Adrenergic Agonists	Myrbetriq*		mirabegron (generic)
			Gemtesa

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

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

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

**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.

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

**Will be reviewed at a future time when eligible

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – 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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**Will be reviewed at a future time when eligible

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

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

*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.

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

**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	Journavx ^{CC}	none	none
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}		
	Ubrelyv ^{CC}		
		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

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

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		
	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			

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

**Will be reviewed at a future time when eligible

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

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

**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 (generic)
	Dulera		
	Pulmicort Flexhaler		
	QVAR Redihaler		
	Symbicort*		budesonide/formoterol (generic)
		fluticasone/salmeterol	AirDuo Respiclick*
			Airsupra
			Alvesco
			Breztri Aerosphere
	budesonide	Pulmicort Respules*	
		Trelegy Ellipta	
	fluticasone		

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**Will be reviewed at a future time when eligible

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
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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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**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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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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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
		acyclovir	Zovirax (cream) Zovirax (ointment)*
Cell Stimulants and Proliferants	none	none	none
Immunomodulatory Agents	Adbry ^{CC,TIM}		
	Dupixent ^{CC,TIM}		
	Ebglyss ^{CC,TIM}		
	Elidel*		pimecrolimus (generic)
	Nemluvio ^{CC,TIM}		
			Bimzelx ^{TIM}
			Hyftor
			Ilumya ^{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 (cream and tablets only)		conjugated estrogens tablets (generic)
	Prempro		
		estradiol and norethindrone	Activella*
			Angeliq
			Bijuva
		estradiol	Climara*
			Climara Pro
			Combipatch
		estradiol valerate	Delestrogen*
			Depo-Estradiol
		estradiol	Divigel*
			Duavee
			Elestrin
		estradiol	Estrace*
			Estring
			Evamist
			Femring
		ethinyl estradiol and norethindrone	Jinteli*
			Menest
			Menostar
	estradiol and norethindrone	Mimvey*	
		Prefest	
		Premarin (injection)	
		Premphase	
	estradiol	Vagifem*	
		Veozah	
	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	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 Harmony
			Enbrace HR
			Natal PNV
			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	
<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 DHA RF
			VP-CH Plus
			Zatean-PN Plus

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