



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 04/01/2025

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

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

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

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| ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL – Anti-infective Agents | | | |
|---|--------------------------------------|---|--|
| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status. 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 |
| 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 | albendazole | Albenza* |
| | | praziquantel | Biltricide* |
| | | | Egaten |
| | | | Emverm |
| | | ivermectin | Stromectol* |
| 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 |
| | | | |
| | | | |
| | | | |
| | | Antimalarials | none |
| 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 |
| | | cefixime | Suprax* |
| | | ceftazidime | Tazicef* |
| | | | Teflaro |
| | | | Zerbaxa |
| | | cefaclor | |
| | | cefadroxil | |
| | | cefazolin | |
| | | cefdinir | |
| | | cefepime | |
| | | 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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|---|-----------------------|-------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Miscellaneous Antibacterials | none | | Aemcolo DR |
| | | | bacitracin (generic) |
| | | clindamycin | Cleocin* |
| | | colistimethate | Coly-Mycin M* |
| | | daptomycin | Cubicin* |
| | | | Dalvance |
| | | vancomycin | Firvanq* |
| | | | Kimyrsa |
| | | lincomycin | Lincocin* |
| | | | Orbactiv |
| | | bismuth/metronid/tetracycline | Pylera* |
| | | | Sivextro |
| | | vancomycin | Vancocin* |
| | | | Vibativ |
| Miscellaneous Antimycobacterials | none | | Xenleta |
| | | | Xifaxan |
| Miscellaneous Antiprotozoals | none | linezolid | Zyvox* |
| | | polymyxin B sulfate | |
| | | dapsone | none |
| | | metronidazole | Flagyl* |
| | | | Lampit |
| | | atovaquone | Mepron* |
| | | pentamidine | NebuPent* |
| | | pentamidine | Pentam 300* |
| | | | Solosec |
| | | benznidazole | |
| Miscellaneous Antivirals †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC | Paxlovid Xofluza† | | |
| | | | |
| | | foscarnet | Foscavir* |
| | | | Livtencity |
| | | | Prevymis |
| Miscellaneous β-Lactams | none | | |
| | | aztreonam | Azactam* |
| | | | Cayston |
| | | cefotetan | Cefotan* |
| | | ertapenem | Invanz* |
| | | cefoxitin | Mefoxin* |
| | | imipenem and cilastatin | Primaxin* |
| | | | Recarbrio |
| Neuraminidase Inhibitors †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC | Relenza† Tamiflu†* | | Vabomere |
| | | | |
| | | 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 | Cipro XR* |
| | | levofloxacin | |
| | | moxifloxacin | |
| | | ofloxacin | |
| Sulfonamides | none | sulfamethoxazole and trimethoprim | Bactrim* |
| | | sulfamethoxazole and trimethoprim | Bactrim DS* |
| | | sulfadiazine | |
| | | sulfasalazine | Azulfidine* |
| Tetracyclines | none | doxycycline | Adoxa* |
| | | doxycycline | Doryx* |
| | | | Minocin |
| | | doxycycline | Morgidox* |
| | | | Nuzyra |
| | | tigecycline | Tygacil* |
| | | doxycycline | Vibramycin* |
| | | | Xerava |
| | | demeclocycline | |
| | | minocycline | |
| | | tetracycline | |

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|-------------------------|-----------------|---|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Urinary Anti-infectives | none | methenamine | Hiprex* |
| | | | Hyophen |
| | | nitrofurantoin and nitrofurantoin macrocrystals | Macrobid* |
| | | nitrofurantoin macrocrystals | Macrochantin* |
| | | fosfomycin | Monurol* |
| | | | Phosphasal |
| | | methenamine, methylene blue, phenyl salicylate, sodium phosphate, and hyoscyamine | Uribel* |
| | | | Ustell |
| | | | Utira-C |
| | | methenamine, sodium phosphate, methylene blue and hyoscyamine | |
| | | trimethoprim | |

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

This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.
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| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
|--------------------|-----------------|------------------------------------|-----------------------------------|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| 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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|--|------------------|----------------------------------|---|
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Cerebral Stimulants/ Agents Used for ADHD (Short- and Intermediate-Acting) | Ritalin* | methylphenidate | |
| | | amphetamine-dextroamphetamine | Adderall* |
| | | methamphetamine | Desoxyn* |
| | | dextroamphetamine | Dexedrine* |
| | | amphetamine | Evekeo* |
| | | dexmethylphenidate IR | Focalin* |
| | | methylphenidate | Methylin* |
| | | dextroamphetamine | ProCentra* |
| | | dextroamphetamine | Zenzedi* |
| Cerebral Stimulants/ Agents Used for ADHD (Long-Acting) | Adderall XR* | amphetamine-dextroamphetamine ER | |
| | Concerta* | | methylphenidate ER (generic) |
| | Daytrana* | | methylphenidate transdermal patch (generic) |
| | Focalin XR* | dexmethylphenidate ER | |
| | Vyvanse Capsules | lisdexamfetamine dimesylate | |
| | | | Adhansia XR |
| | | | Adzenys XR-ODT |
| | | methylphenidate | Aptensio XR* |
| | | | Azstarys |
| | | | Cotempla XR |
| | | | Dyanavel XR |
| | | guanfacine ER | Intuniv* |
| | | | Jornay PM |
| | | clonidine ER | Kapvay* |
| | | dextroamphetamine-amphetamine ER | Mydayis ER* |
| | | | Qelbree ER |
| | | | Quillichew ER |
| | | | Quillivant XR |
| | | methylphenidate | Relexxi ER* |
| | | methylphenidate | Ritalin LA* |
| | | atomoxetine | Strattera* |
| | | lisdexamfetamine dimesylate | Vyvanse Chewable Tablets |
| | | | Xelstrym |
| 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 | |
| | | propafenone | |
| | | quinidine | |
| Oral Anticoagulants | Eliquis | | |
| | Pradaxa* | | dabigatran (generic) |
| | Xarelto | | |
| | | warfarin | |
| Beta-Adrenergic Blocking Agents | | | Savaysa |
| | 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 | |

*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.

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

Effective 04/01/2025

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 |
| 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 | |

*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.

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

Effective 04/01/2025

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 | Tektura* |
| Bile Acid Sequestrants | none | | Tektura HCT |
| | | 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

^{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 04/01/2025

| 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 niacin | Vascepa* |
| Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors | none | none | Praluent |
| | | | Repatha |

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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.

Effective 04/01/2025

**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* | | |
| | Kombiglyze XR* | | alogliptin-metformin (generic) |
| | Nesina* | | saxagliptin-metformin (generic) |
| | Onglyza* | | alogliptin (generic) |
| | Oseni* | | saxagliptin (generic) |
| | Tradjenta | | alogliptin-pioglitazone (generic) |
| | | | Zituvio* |
| | | | sitagliptin (generic) |
| Incretin Mimetics | Bydureon Bcise ^{CC} | none | |
| | Byetta ^{CC} | | |
| | Ozempic ^{CC} | | |
| | Rybelsus ^{CC} | | |
| | Trulicity ^{CC} | | |
| | Victoza ^{*CC} | | |
| | | | liraglutide (generic) |
| | Zepbound ^{CC ^} | | Mounjaro |

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

*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.

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

Effective 04/01/2025

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 | Humalog Mix | | |
| | Humulin R (U-500) | | |
| | Lantus* | | insulin glargine |
| | Novolog* | insulin aspart | |
| | Novolog Mix | | |
| | Toujeo* (U-300) | | insulin glargine (U-300) |
| | | | Admelog |
| | | | Afrezza |
| | | | Apidra |
| | | | Apidra Solostar |
| | | | Basaglar |
| | | | Fiasp |
| | | insulin lispro | Humalog* |
| | | | Levemir |
| | | | Lyumjev |
| | | | Myxredlin |
| | | | 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 repaglinide | none |
| Sodium-glucose Co-transporter 2 Inhibitor | Farxiga* | dapagliflozin | |
| | Invokamet | | |
| | Invokana | | |
| | Jardiance | | |
| | Synjardy | | |
| | Synjardy XR | | |
| | Xigduo XR* | dapagliflozin/metformin ER | |
| | | | Glyxambi |
| | | | Invokamet XR |
| | | | 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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**Will be reviewed at a future time when eligible

^{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 04/01/2025

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} |
| | | | Cibinqo ^{TIM} |
| | | | Cimzia ^{TIM} |
| | | | Cosentyx ^{TIM} |
| | | | Cyltezo ^{TIM} |
| | | | Entyvio ^{TIM} |
| | | | Hadlima ^{TIM} |
| | | | Hulio ^{TIM} |
| | | | Hyrimoz ^{TIM} |
| | | | Idacio ^{TIM} |
| | | | Inflectra ^{TIM} |
| | | | infliximab ^{TIM} (unbranded generic) |
| | | | Kevzara ^{TIM} |
| | | | Kineret ^{TIM} |
| | | | Lupkynis ^{TIM} |
| | | | Olumiant ^{TIM} |
| | | | Orencia ^{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} |

*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.

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

Effective 04/01/2025

| 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 | |
| Antibacterials | | olopatadine | |
| | 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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**Will be reviewed at a future time when eligible

^{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 04/01/2025

| 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 | |

*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 – 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* |
| Neurokinin-1 Receptor Antagonists | none | dimenhydrinate | |
| | | meclizine | |
| | | prochlorperazine | |
| | | | Akynzeo |
| Miscellaneous Antiemetics | none | | Aponvie |
| | | | 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 | |

*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.

Effective 04/01/2025

**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 | |
| | | trospium | |
| Genitourinary Smooth Muscle Relaxants: Beta-3 Adrenergic Agonists | none | | Gemtesa |
| | | mirabegron | Myrbetriq* |

*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.

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

Effective 04/01/2025

| 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 |

*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.

^{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

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 – Complement Inhibitors for the Treatment of Hereditary Angioedema | | | |
| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status. A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| DRUG CLASS | NO PA REQUIRED | NO PA REQUIRED | PA REQUIRED |
| | Preferred Brand | Preferred Generic | Non-Preferred Brand or PA Generic |
| Complement Inhibitors for the Treatment of Hereditary Angioedema (HAE) | none | | Berinert |
| | | | Cinryze |
| | | icatibant | Firazyr* |
| | | | Haegarda |
| | | | Kalbitor |
| | | | Orladeyo |
| | | | Ruconest |
| | | icatibant | Sajazir* |
| | | | Takhzyro |

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

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

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 |
| 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) |

*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.

Effective 04/01/2025

| 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 |
| Centrally Acting Skeletal Muscle Relaxants | none | cyclobenzaprine | Amrix* |
| | | | carisoprodol (generic) |
| | | cyclobenzaprine | Fexmid* |
| | | chlorzoxazone | Lorzone* |
| | | methocarbamol | Robaxin* |
| | | metaxalone | |
| | | tizanidine | Soma* 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

*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.

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

Effective 04/01/2025

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* |
| | | | Seglantis |
| | | 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 | Sublocade ^{CC} | | |
| | Suboxone ^{*CC} | | buprenorphine/naloxone film (generic) |
| | Zubsolv ^{CC} | | |
| | | | Belbuca |
| | | | Brixadi |
| | | | buprenorphine (generic) |
| | | buprenorphine/naloxone tablets ^{CC} | Butrans* |
| | | 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.

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

Effective 04/01/2025

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) |
| | AirDuo Respiclick | | |
| | Arnuity Ellipta | | |
| | Asmanex HFA | | |
| | Asmanex Twisthaler | | |
| | Breo Ellipta* | fluticasone/vilanterol | |
| | Dulera | | |
| | Flovent Diskus*^ | fluticasone | |
| | Flovent HFA*^ | fluticasone | |
| | Pulmicort Flexhaler | | |
| | QVAR Redihaler | | |
| | Symbicort* | | budesonide/formoterol (generic) |
| | | | AirDuo Digihaler^ |
| | | | Airsupra |
| | | | Alvesco |
| | | | ArmonAir Digihaler^ |
| | | | Breztri Aerosphere |
| | | budesonide | Pulmicort Respules* |
| | | | Trelegy Ellipta |

^Proair Digihaler, ArmonAir Digihaler, Airduo Digihaler discontinued 6/1/2024.

*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.

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

Effective 04/01/2025

| 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 |
| Respiratory Beta-Adrenergic Agonists | Anoro Ellipta | | |
| | Bevespi | | |
| | Combivent Respimat | | |
| | ProAir Digihaler^ | | |
| | 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 | |

^Proair Digihaler, ArmonAir Digihaler, Airduo Digihaler discontinued 6/1/2024.

*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.

Effective 04/01/2025

**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* |
| | | | 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 | |

*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.

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

Effective 04/01/2025

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 | |

*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.

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

Effective 04/01/2025

| 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 |
| 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) |
| Cell Stimulants and Proliferants | | acyclovir | Zovirax (ointment)* |
| | none | none | none |
| Immunomodulatory Agents | Adbry ^{CC,TIM} | | |
| | Dupixent ^{CC,TIM} | | |
| | Elidel* | | pimecrolimus (generic) |
| | | | Bimzelx ^{TIM} |
| | | | Ilumya ^{TIM} |
| | | | Siliq ^{TIM} |
| | | | Skyrizi ^{TIM} |
| | | | Spevigo ^{TIM} |
| | | | Tremfya ^{TIM} |
| Janus Kinase Inhibitors | none | | Cibinqo ^{TIM} |
| | | | Opzelura |
| | | | Sotyktu ^{TIM} |
| Keratolytic Agents | 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 | |

*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.

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

Effective 04/01/2025

| 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 |
| 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 | |

*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.

^{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 – 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* |

*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.

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

Effective 04/01/2025

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 |
| 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 | | |

*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.

Effective 04/01/2025

| 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 |
| 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 |