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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| **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 Agent****s** | | | |
| 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 |
| amphotericin B |  |
| griseofulvin |  |
| ketoconazole |  |
| nystatin |  |
| terbinafine |  |
| **Antimalarials** | none |  | Coartem |
| pyrimethamine | Daraprim\* |
|  | Krintafel |
| atovaquone and proguanil | Malarone\* |
| quinine | Qualaquin\* |
|  | Sovuna\*\* |
| *Antimalarials continued on next page* | | |

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| 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** |
| **Antimalarials (continued)** | *Antimalarials continued from previous page* | | |
| 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 |  |
| pyrazinamide |  |
| **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-velpatasvirCC |  |
| Harvoni\*CC | ledipasvir-sofosbuvirCC |  |
| MavyretCC |  |  |
| ZepatierCC |  |  |
|  |  | Sovaldi |
|  |  | Viekira Pak |
|  |  | Vosevi |
| **Interferons** | none | none | Intron A |
| 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 |
|  | 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 |
|  | Xenleta |
|  | Xifaxan |
| linezolid | Zyvox\* |
| polymyxin B sulfate |  |
| **Miscellaneous Antimycobacterials** | none | dapsone | none |
| **Miscellaneous Antiprotozoals** | none | metronidazole | Flagyl\* |
|  | Lampit |
| atovaquone | Mepron\* |
| pentamidine | NebuPent\* |
| pentamidine | Pentam 300\* |
|  | Solosec |
| benznidazole |  |
| nitazoxanide |  |
| tinidazole |  |
| **Miscellaneous Antivirals**  †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC | Paxlovid |  |  |
| Xofluza† |  |  |
|  | foscarnet | Foscavir\* |
|  |  | Livtencity |
|  |  | Prevymis |
| **Miscellaneous β-Lactams** | none | aztreonam | Azactam\* |
|  | Cayston |
| cefotetan | Cefotan\* |
| ertapenem | Invanz\* |
| cefoxitin | Mefoxin\* |
| imipenem and cilastatin | Primaxin\* |
|  | Recarbrio |
|  | Vabomere |
| meropenem |  |
| **Neuraminidase Inhibitors**  †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC | Relenza† |  |  |
| Tamiflu†\* | oseltamivir† |  |
|  |  | Rapivab |

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| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **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 | Macrodantin\* |
| 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 He****alth** | | | |
| 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** |
| **Alzheimer’s Agents** | Aricept\* | donepezil |  |
|  |  | Adlarity |
|  |  | Aduhelm |
|  | rivastigmine | Exelon\* |
|  |  | Leqembi |
|  | memantine | Namenda\* |
|  | memantine | Namenda XR\* |
|  |  | Namzaric |
|  | galantamine | Razadyne ER\* |
| **Antidepressants** | none | clomipramine | Anafranil\* |
|  | Aplenzin |
|  | Auvelity ER |
| paroxetine | Brisdelle\* |
| citalopram | Celexa\* |
| duloxetine | Cymbalta\* |
|  | desvenlafaxine ER |
|  | Drizalma |
| venlafaxine | Effexor XR\* |
|  | Emsam |
|  | Fetzima |
| bupropion | Forfivo XL\* |
| escitalopram | Lexapro\* |
|  | Marplan |
| phenelzine | Nardil\* |
| desipramine | Norpramin\* |
| nortriptyline | Pamelor\* |
| paroxetine | Paxil\* |
| paroxetine | Paxil CR\* |
|  | Pexeva |
| desvenlafaxine succinate | Pristiq\* |
| fluoxetine | Prozac\* |
| mirtazapine | Remeron\* |
|  | Sertraline capsules |
| doxepin | Silenor\* |
|  | Spravato |
|  | Trintellix |
| vilazodone | Viibryd\* |
| bupropion | Wellbutrin SR\* |
| bupropion | Wellbutrin XL\* |
| sertraline | Zoloft\* |
|  | Zurzuvae |
| amitriptyline |  |
| amitriptyline and chlordiazepoxide |  |
| amoxapine |  |
| fluvoxamine |  |
| imipramine |  |
| maprotiline |  |
| nefazodone |  |
| protriptyline |  |
| tranylcypromine |  |
| trazodone |  |
| trimipramine |  |

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| 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** |
| **Anxiolytics, Sedatives, and Hypnotics: Barbiturates** | none |  | Amytal Sodium |
|  | Sezaby |
| pentobarbital |  |
| phenobarbital |  |
| **Anxiolytics, Sedatives, and Hypnotics: Benzodiazepines** | none | diazepam rectal kit |  |
|  | Alprazolam Intensol |
| lorazepam | Ativan\* |
| triazolam | Halcion\* |
| clonazepam | Klonopin\* |
|  | Loreev XR |
| temazepam | Restoril\* |
| clorazepate | Tranxene\* |
| alprazolam | Xanax\* |
| alprazolam ER | Xanax XR\* |
| chlordiazepoxide |  |
| diazepam |  |
| estazolam |  |
| flurazepam |  |
| midazolam |  |
| oxazepam |  |
| **Anxiolytics, Sedatives, and Hypnotics:**  **Miscellaneous Agents** | none | zolpidem | Ambien\* |
| zolpidem | Ambien CR\* |
|  | Edluar |
| tasimelteon | Hetlioz\* |
| eszopiclone | Lunesta\* |
| dexmedetomidine | Precedex\* |
| ramelteon | Rozerem\* |
| hydroxyzine | Vistaril\* |
| buspirone |  |
| droperidol |  |
| meprobamate |  |
| zaleplon |  |

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| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or PA Generic** |
| **Cerebral Stimulants/ Agents Used for ADHD**  **(Short- and Intermediate-Acting)** | Ritalin\* | methylphenidate |  |
|  | amphetamine-dextroamphetamine | Adderall\* |
|  | 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 He****alth** | | | |
| 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** |
| **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 |  |
|  |  | Savaysa |
| **Beta-Adrenergic Blocking Agents** | HemangeolCC |  |  |
|  | sotalol | Betapace\* |
|  | sotalol | Betapace AF\* |
|  | nebivolol | Bystolic\* |
|  | nadolol | Corgard\* |
|  | propranolol | Inderal LA\* |
|  |  | Inderal XL |
|  |  | InnoPran XL |
|  |  | Kapspargo |
|  |  | Levatol |
|  | metoprolol | Lopressor\* |
|  |  | Sotylize |
|  | atenolol and chlorthalidone | Tenoretic\* |
|  | atenolol | Tenormin\* |
|  | metoprolol | Toprol XL\* |
|  | bisoprolol and HCTZ | Ziac\* |
|  | acebutolol |  |
|  | betaxolol |  |
|  | bisoprolol |  |
|  | carvedilol |  |
|  | labetalol |  |
|  | metoprolol and HCTZ |  |
|  | nadolol and bendroflumethiazide |  |
|  | pindolol |  |
|  | timolol |  |

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| **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 |  |
| methyldopa |  |
| **Direct Vasodilators** | none | isosorbide dinitrate-hydralazine | BiDil\* |
| hydralazine |  |
| minoxidil |  |

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

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| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or**  **PA Generic** |
| **Cholesterol Absorption Inhibitors** | none | ezetimibe | Zetia\* |
| **Fibric Acid Derivatives** | none | fenofibrate | Antara\* |
| fenofibrate | Fenoglide\* |
| fenofibrate | Lipofen\* |
| gemfibrozil | Lopid\* |
| fenofibrate, nanocrystallized | TriCor\* |
| fenofibric acid | Trilipix\* |
| **HMG-CoA Reductase Inhibitors** | none |  | Altoprev |
|  | Atorvaliq |
| amlodipine/atorvastatin | Caduet\* |
|  | Ezallor |
| fluvastatin | Lescol XL\* |
| atorvastatin | Lipitor\* |
|  | Livalo |
| simvastatin/ezetimibe | Vytorin\* |
| simvastatin | Zocor\* |
|  | Zypitamag |
| lovastatin |  |
| pravastatin |  |
| rosuvastatin |  |
| **Miscellaneous Antilipemic Agents** | none |  | Evkeeza |
|  | Juxtapid |
|  | Leqvio |
| omega-3 ethyl ester | Lovaza\* |
|  | Nexletol |
|  | Nexlizet |
| icosapent ethyl | Vascepa\* |
| niacin |  |
| **Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors** | none | none | Praluent |
| Repatha |

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Diabetic Agent****s** | | | |
| 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 | Precose\* |
| miglitol |  |
| **Amylinomimetics** | none | none | SymlinPen |
| **Antidiabetic Agents, Miscellaneous** | none | mifepristone | Korlym\* |
|  | Tzield |
| **Biguanides** | none |  | Glumetza\* |
|  | metformin ER (generic  Glumetza ER) |
| metformin | Riomet\* |
|  | Riomet ER |
| metformin |  |
| **Dipeptidyl Peptidase-4 (DPP-4) Inhibitors** | Janumet | none |  |
| Janumet XR |  |
| Januvia |  |
| Jentadueto |  |
| Jentadueto XR |  |
| Kazano\* | alogliptin-metformin (generic) |
| Kombiglyze XR\* | saxagliptin-metformin (generic) |
| Nesina\* | alogliptin (generic) |
| Onglyza\* | saxagliptin (generic) |
| Oseni\* | alogliptin-pioglitazone (generic) |
| Tradjenta |  |
|  | Zituvio\* |
|  | sitagliptin (generic) |
| **Incretin Mimetics** | Bydureon Bcise**CC** | none |  |
| Byetta**CC** |  |
| Ozempic**CC** |  |
| Rybelsus**CC** |  |
| Trulicity**CC** |  |
| Victoza\***CC** | liraglutide (generic) |
|  | Mounjaro |
| Zepbound**CC** ^ |  |

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

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| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or PA Generic** |
| **Insulins** | 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 | none |
| repaglinide |  |
| **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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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Disease-Modifying Antirheumatic Agent****s** | | | |
| 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** | EnbrelCC,TIM |  |  |
| HumiraCC,TIM |  |  |
| OtezlaCC,TIM |  |  |
|  |  | AbriladaTIM |
|  |  | ActemraTIM |
|  |  | AmjevitaTIM |
|  | leflunomideTIM | Arava\*TIM |
|  |  | AvsolaTIM |
|  |  | BenlystaTIM |
|  |  | CibinqoTIM |
|  |  | CimziaTIM |
|  |  | CosentyxTIM |
|  |  | CyltezoTIM |
|  |  | EntyvioTIM |
|  |  | HadlimaTIM |
|  |  | HulioTIM |
|  |  | HyrimozTIM |
|  |  | IdacioTIM |
|  |  | InflectraTIM |
|  |  | infliximabTIM (unbranded generic) |
|  |  | KevzaraTIM |
|  |  | KineretTIM |
|  |  | LupkynisTIM |
|  |  | OlumiantTIM |
|  |  | OrenciaTIM |
|  |  | Remicade\*TIM |
|  |  | RenflexisTIM |
|  |  | RinvoqTIM |
|  |  | SaphneloTIM |
|  |  | SimlandiTIM |
|  |  | SimponiTIM |
|  |  | Simponi AriaTIM |
|  |  | StelaraTIM |
|  |  | TaltzTIM |
|  |  | TofidenceTIM |
|  |  | TyenneTIM |
|  |  | XeljanzTIM |
|  |  | Xeljanz XRTIM |
|  |  | YuflymaTIM |
|  |  | YusimryTIM |
|  |  | ZymfentraTIM |

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Eye, Ear, Nose, and Throat (EENT) Preparation****s** | | | |
| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or**  **PA Generic** |
| **Antiallergic Agents** | Bepreve\* |  | bepotastine ophthalmic solution (generic) |
|  |  | Alomide |
|  |  | Zerviate |
|  | azelastine |  |
|  | cromolyn |  |
|  | epinastine |  |
|  | olopatadine |  |
| **Antibacterials** | Besivance |  |  |
| Cipro HC |  |  |
| Zylet |  |  |
|  |  | AzaSite |
|  | ciprofloxacin | Ciloxan\* |
|  |  | Cortisporin-TC |
|  | neomycin, polymyxin B and  dexamethasone | Maxitrol\* |
|  | ofloxacin | Ocuflox\* |
|  | ciprofloxacin and fluocinolone | Otovel\* |
|  | tobramycin and dexamethasone | TobraDex\* |
|  |  | TobraDex ST |
|  | tobramycin | Tobrex\* |
|  | moxifloxacin | Vigamox\* |
|  | gatifloxacin |  |
|  | bacitracin |  |
|  | bacitracin and polymyxin B |  |
|  | ciprofloxacin and dexamethasone |  |
|  | erythromycin base |  |
|  | gentamicin |  |
|  | levofloxacin |  |
|  | neomycin, bacitracin and polymyxin B |  |
|  | neomycin, bacitracin, polymyxin B and  hydrocortisone |  |
|  | neomycin, polymyxin B and gramicidin |  |
|  | neomycin, polymyxin B and  hydrocortisone |  |
|  | ofloxacin |  |
|  | polymyxin B and trimethoprim |  |
|  | sulfacetamide |  |
|  | sulfacetamide and prednisolone |  |

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| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or PA Generic** |
| **Intranasal Corticosteroids** | Dymista\* |  | azelastine/fluticasone (generic) |
| Omnaris |  |  |
| Zetonna |  |  |
|  |  | Beconase AQ |
|  |  | QNASL |
|  |  | QNASL Children |
|  |  | Sinuva |
|  |  | Xhance |
|  | mometasone nasal spray |  |
|  | flunisolide |  |
|  | fluticasone |  |
| **Vasoconstrictors** | none | phenylephrine |  |

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Gastrointestinal Agent****s** | | | |
| 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-HT3 Receptor Antagonists** | none |  | Anzemet |
|  | Sancuso |
|  | Sustol |
| granisetron |  |
| ondansetron |  |
| palonosetron |  |
| **Antiemetic Antihistamines** | none | meclizine | Antivert\* |
|  | Bonjesta |
| doxylamine/pyridoxine | Diclegis\* |
| trimethobenzamide | Tigan\* |
| dimenhydrinate |  |
| meclizine |  |
| prochlorperazine |  |
| **Neurokinin-1 Receptor Antagonists** | none |  | Akynzeo |
|  | Aponvie |
|  | Cinvanti |
| aprepitant/fosaprepitant | Emend\* |
| **Miscellaneous Antiemetics** | none |  | Barhemsys |
| dronabinol | Marinol\* |
| scopolamine | Transderm-Scop\* |
| **Antiulcer Agents and Acid Suppressants** | none | dexlansoprazole | Dexilant\* |
|  | Konvomep |
| esomeprazole magnesium | Nexium\* |
|  | omeprazole/sodium  bicarbonate (generic) |
| lansoprazole | Prevacid\* |
| omeprazole | Prilosec\* |
| pantoprazole | Protonix\* |
|  | Talicia |
|  | Voquenza |
|  | Voquenza Dual |
|  | Voquenza Triple |
| lansoprazole/amoxicillin/  clarithromycin |  |
| rabeprazole |  |

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Genitourinary Agent****s** | | | |
| 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\* |

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Growth Hormone Agents** | | | |
| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or PA Generic** |
| **Growth Hormone Agents** | GenotropinCC | none |  |
| OmnitropeCC |  |  |
| SkytrofaCC |  |  |
| SogroyaCC |  |  |
| ZomactonCC |  |  |
|  |  | Humatrope |
|  |  | Ngenla |
|  |  | Norditropin |
|  |  | Nutropin |
|  |  | Saizen |
|  |  | Serostim |

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Hormones and Synthetic Substitutes** | | | |
| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or**  **PA Generic** |
| **Androgens** | none |  | Androderm |
| testosterone | AndroGel\* |
|  | Aveed |
| testosterone cypionate | Depo-Testosterone\* |
| testosterone | Fortesta\*^ |
|  | Jatenzo |
|  | Natesto |
| testosterone | Testim\* |
|  | Testopel |
|  | Tlando |
| testosterone | Vogelxo\* |
|  | Xyosted |
| danazol |  |
| methyltestosterone |  |
| oxandrolone |  |
| testosterone enanthate |  |

^Fortesta discontinued 5/31/2024.

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

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL** **– Immunomodulatory Agents used to treat MS** | | | |
| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or**  **PA Generic** |
| **Immunomodulatory Agents used to treat MS** | Avonex |  |  |
| Betaseron |  |  |
| Copaxone\* |  | glatiramer (generic) |
| Rebif |  |  |
| Tysabri |  |  |
|  | teriflunomide | Aubagio\* |
|  |  | Bafiertam |
|  |  | Briumvi |
|  |  | Extavia |
|  | fingolimod | Gilenya\* |
|  |  | Kesimpta |
|  |  | Lemtrada |
|  |  | Mayzent |
|  |  | Ocrevus |
|  |  | Plegridy |
|  |  | Ponvory |
|  |  | Tascenso ODT |
|  | dimethyl fumarate | Tecfidera\* |
|  |  | Vumerity |
|  |  | Zeposia (follow TIMs criteria  for UC indication) |

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Pain Management & Autonomic Agent****s** | | | |
| 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 |  |
|  | Soma\* |
| tizanidine | Zanaflex\* |
| **Calcitonin Gene-related Peptide (CGRP) Antagonists** | AimovigCC | none |  |
| AjovyCC |  |
| QuliptaCC |  |
| UbrelvyCC |  |
|  | Emgality |
|  | Nurtec ODT |
|  | Vyepti |
|  | Zavzpret |
| **Direct-Acting Skeletal Muscle Relaxants** | none | dantrolene | Dantrium\* |
| dantrolene | Revonto\* |
|  | Ryanodex |
| **GABA-derivative Skeletal Muscle Relaxants** | none | baclofen | Fleqsuvy\* |
| baclofen | Gablofen\* |
|  | Lioresal Intrathecal |
|  | Lyvispah |
| **Miscellaneous Skeletal Muscle Relaxants** | none | orphenadrine/aspirin/caffeine | Norgesic Forte\* |
| orphenadrine |  |
| **Opiate Agonists** | none | benzhydrocodone/acetaminophen | Apadaz\* |
| tramadol | ConZip ER\* |
| meperidine | Demerol\* |
| hydromorphone | Dilaudid\* |
|  | Dsuvia |
|  | Duramorph |
| fentanyl | Fentora\*^ |
|  | Infumorph |
|  | methadone (generic) |
|  | Methadose\* |
|  | Nucynta |
|  | Nucynta ER |
|  | Olinvyk |
| *Opiate Agonists continued on next page* | | |

^Fentora discontinued 9/30/2024

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| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A “substitution allowed” physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or**  **PA Generic** |
| **Opiate Agonists (continued)** | *Opiate Agonists continued from previous page* | | |
| none | oxycodone/acetaminophen | Percocet\* |
|  | Prolate |
| oxycodone | Roxicodone\* |
|  | Seglentis |
| remifentanil | Ultiva\* |
| alfentanil |  |
| codeine |  |
| codeine/acetaminophen |  |
| codeine/butalbital/acetaminophen/  caffeine |  |
| codeine/butalbital/aspirin/caffeine |  |
| hydrocodone/acetaminophen |  |
| hydrocodone/ibuprofen |  |
| ibuprofen/oxycodone |  |
| levorphanol |  |
| morphine |  |
| opium/belladonna |  |
| oxycodone/aspirin |  |
| oxymorphone |  |
| sufentanil |  |
| tramadol |  |
| tramadol/acetaminophen |  |
| **Opiate Partial Agonists** | SublocadeCC |  |  |
| Suboxone\*CC |  | buprenorphine/naloxone film  (generic) |
| ZubsolvCC |  |  |
|  |  | Belbuca |
|  |  | Brixadi |
|  |  | buprenorphine (generic) |
|  | buprenorphine/naloxone tabletsCC | 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 |  |

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Allergy and Respiratory Agent****s** | | | |
| 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** | FasenraCC,TIM |  | CinqairTIM |
| TezspireCC,TIM |  | NucalaTIM |
| XolairCC,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.

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| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or PA Generic** |
| **Respiratory Beta-Adrenergic Agonists** | Anoro Ellipta |  |  |
| 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.

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Skin & Mucous Membrane Agent****s** | | | |
| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or**  **PA Generic** |
| **Antibacterials** | none | mupirocin | Centany\* |
| clindamycin (vaginal only) | Cleocin\* |
| clindamycin (vaginal only) | Clindesse\* |
|  | Neo-Synalar |
|  | Nuvessa |
|  | Sulfamylon |
| metronidazole | Vandazole\* |
|  | Xaciato |
|  | Xepi |
| gentamicin |  |
| neomycin and polymyxin B |  |
| **Antifungals** | none | ciclopirox | Ciclodan\* |
|  | Ertaczo |
|  | Gynazole-1 |
|  | Jublia |
| ciclopirox | Loprox\* |
| luliconazole | Luzu\* |
| naftifine | Naftin\* |
|  | Oravig |
| oxiconazole | Oxistat\* |
| miconazole/zinc/petrolatum | Vusion\* |
| clotrimazole |  |
| clotrimazole and betamethasone |  |
| econazole |  |
| ketoconazole |  |
| miconazole |  |
| nystatin |  |
| nystatin and triamcinolone |  |
| sulconazole |  |
| tavaborole |  |
| terconazole |  |

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| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or**  **PA Generic** |
| **Corticosteroids** | none |  |  |
|  | hydrocortisone | Anusol-HC\* |
|  | fluticasone | Beser\* |
|  |  | Bryhali |
|  | clobetasol | Clodan\* |
|  | hydrocortisone | Cortenema\* |
|  |  | Cortifoam |
|  | fluocinolone | Derma-Smooth/FS\* |
|  | betamethasone dipropionate and  propylene glycol | Diprolene\* |
|  | triamcinolone | Kenalog\* |
|  | halobetasol | Lexette\* |
|  | hydrocortisone butyrate | Locoid\* |
|  | hydrocortisone butyrate | Locoid lipocream\* |
|  | triamcinolone | Oralone\* |
|  |  | Pandel |
|  |  | ProctoFoam-HC |
|  | fluocinolone | Synalar\* |
|  |  | Texacort |
|  | desoximetasone | Topicort\* |
|  | clobetasol | Tovet\* |
|  | halobetasol | Ultravate\* |
|  | fluocinonide | Vanos\* |
|  | alclometasone |  |
|  | amcinonide |  |
|  | betamethasone dipropionate |  |
|  | betamethasone valerate |  |
|  | clocortolone |  |
|  | halcinonide |  |
|  | desonide |  |
|  | diflorasone |  |
|  | flurandrenolide |  |
|  | hydrocortisone |  |
|  | mometasone |  |
|  | prednicarbate |  |

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| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or PA Generic** |
| **Antipruritics and Local Anesthetics** | none | lidocaine topical patch | Lidoderm\* |
|  | doxepin | Prudoxin\* |
|  | doxepin | Zonalon\* |
|  |  | ZTLido |
|  | lidocaine |  |
|  | lidocaine and prilocaine |  |
| **Antivirals** | none | penciclovir | Denavir\* |
|  |  | Xerese |
|  |  | Ycanth |
|  |  | Zovirax (cream) |
|  | acyclovir | Zovirax (ointment)\* |
| **Cell Stimulants and Proliferants** | none | none | none |
| **Immunomodulatory Agents** | AdbryCC,TIM |  |  |
| DupixentCC,TIM |  |  |
| Elidel\* |  | pimecrolimus (generic) |
|  |  | BimzelxTIM |
|  |  | IlumyaTIM |
|  |  | SiliqTIM |
|  |  | SkyriziTIM |
|  |  | SpevigoTIM |
|  |  | TremfyaTIM |
| **Janus Kinase Inhibitors** | none |  | CibinqoTIM |
|  |  | Opzelura |
|  |  | SotyktuTIM |
| **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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| 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** | EucrisaCC |  |  |
|  |  | Zoryve |
| **Scabicides and Pediculicides** | none |  | Crotan |
| spinosad | Natroba\* |
| crotamiton |  |
| ivermectin |  |
| malathion |  |
| permethrin |  |

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| **ALABAMA MEDICAID AGENCY**  **PDL REFERENCE TOOL – Women’s Healt****h** | | | |
| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **NO PA REQUIRED** | **PA REQUIRED** |
| **Preferred Brand** | **Preferred Generic** | **Non-Preferred Brand or**  **PA Generic** |
| **Estrogens/Treatments for menopausal symptoms** | Premarin (tablets  only) |  |  |
| Prempro |  |  |
|  | estradiol and norethindrone | Activella\* |
|  | estradiol and norethindrone | Amabelz\* |
|  |  | Angeliq |
|  |  | Bijuva |
|  | estradiol | Climara\* |
|  |  | Climara Pro |
|  |  | Combipatch |
|  | estradiol valerate | Delestrogen\* |
|  |  | Depo-Estradiol |
|  | estradiol | Divigel\* |
|  |  | Duavee |
|  |  | Elestrin |
|  | estradiol | Estrace\* |
|  |  | Estring |
|  | estradiol | Estrogel\* |
|  |  | Evamist |
|  |  | Femring |
|  | ethinyl estradiol and norethindrone | Jinteli\* |
|  |  | Menest |
|  |  | Menostar |
|  | estradiol and norethindrone | Mimvey\* |
|  | estradiol | Minivelle\* |
|  |  | Prefest |
|  |  | Premarin (cream and  injection) |
|  |  | Premphase |
|  | estradiol | Vagifem\* |
|  |  | Veozah |
|  | estradiol | Vivelle-Dot\* |

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| This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available. | | | |
| **DRUG CLASS** | **NO PA REQUIRED** | **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 |  |  |
| Vitafol FE+ softgel |  |  |
| Vitafol Prenatal w/iron  Gummies |  |  |
| Vitafol-OB |  |  |
| Vitafol-OB+DHA |  |  |
| Vitafol-One softgel |  |  |
| Vitafol Ultra softgel |  |  |
|  |  | Citranatal 90 DHA |
|  |  | Citranatal Assure |
|  |  | Citranatal B-Calm |
|  |  | Citranatal Bloom |
|  |  | Citranatal DHA |
|  |  | Citranatal Harmony |
|  |  | Enbrace HR |
|  |  | Extra-Virt Plus DHA |
|  |  | Marnatal-F |
|  |  | Nestabs ABC |
|  |  | Nestabs One |
|  | prenatal vitamins, iron, folic acid | OB Complete\* |
|  | prenatal vitamins, iron, folic acid,  DHA | OB Complete Caplet\* |
|  |  | OB Complete One |
|  |  | OB Complete Petite |
|  |  | OB-Complete Premier |
|  |  | OB Complete with DHA |
|  |  | Prenate |
|  |  | Prenate AM |
|  |  | Prenate DHA |
|  |  | Prenate Elite |
|  |  | Prenate Enhance |
|  |  | Prenate Essential |
|  |  | Prenate Mini |
|  |  | Prenate Pixie |
|  |  | Prenate Restore |
|  |  | Prenate Star |
|  |  | Primacare |
|  |  | Provida OB |
|  |  | Select-OB |
|  |  | Select-OB+DHA |
|  |  | Tristart DHA |
| *Prenatal Vitamins continued on next page* | | |

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| 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)** | *Prenatal Vitamins continued from previous page* | | |
|  |  | Vinate DHA RF |
|  |  | Vitafol Fe + Docusate |
|  |  | VP-CH Plus |
|  |  | VP-CH-PNV |
|  |  | Zatean-PN Plus |