



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Adderall XR*	Flovent HFA*	Ritalin*
Advair Diskus*	Focalin XR	Rybelsus ^{CC}
Advair HFA*	Genotropin ^{CC}	Select-OB + DHA
Aimovig ^{CC}	Harvoni ^{CC*}	Serevent Diskus
AirDuo RespiClick*	Hemangeol ^{CC}	Skytrofa ^{CC}
Ajovy ^{CC}	Humira ^{CC}	Spiriva Handihaler*
Anoro Ellipta	Humalog*	Spiriva Respimat
Apidra	Humalog Mix	Stiolto Respimat
Apidra Solostar	Incruse Ellipta	Striverdi Respimat
Aricept*	Invokamet	Sublocade ^{CC}
Arnuity Ellipta	Invokana	Suboxone ^{CC*}
Asmanex HFA	Janumet	Symbicort*
Asmanex Twisthaler	Janumet XR	Synjardy
Atrovent HFA	Januvia	Synjardy XR
Avonex	Jardiance	Tamiflu ^{†*}
Bepreve*	Jentadueto	Toviaz
Besivance	Jentadueto XR	Tradjenta
Betaseron	Kazano*	Trulicity ^{CC}
Bethkis*	Kitabis*	Tysabri
Blephamide	Kombiglyze XR	Ubrelyv ^{CC}
Breo Ellipta*	Lantus	Vascepa*
Brilinta	Levemir	Ventolin HFA
Bydureon Bcise ^{CC}	Mavyret ^{CC}	Victoza ^{CC}
Byetta ^{CC}	Nesina*	Vitafol Fe+ softgel
Bystolic*	Nitro-Bid	Vitafol-Nano prenatal tablet
Cipro HC	Nitrostat*	Vitafol-OB
Ciprodex*	Novolog	Vitafol-OB+DHA
Combivent Respimat	Novolog Mix 70-30	Vitafol-One softgel
Concerta*	Omnaris	Vitafol Prenatal w/iron gummies
Copaxone*	Omnitrope ^{CC}	Vitafol Ultra softgel
Daytrana*	Onglyza	Vyvanse (capsules)
Diastat*	Oseni*	Xarelto
Diastat Acudial*	Oxytrol	Xigduo XR
Dulera	Ozempic ^{CC}	Xofluza [†]
Dymista*	Pradaxa*	Zepatier ^{CC}
Elidel*	Premarin (tablets only)	Zetonna
Eliquis	Prempo	Zomacton ^{CC}
Enbrel ^{CC}	ProAir Digihaler	Zovirax (cream only)
Entresto	ProAir Respiclick	Zubsolv ^{CC}
Epclusa ^{CC*}	Proventil HFA	Zylet
Eucrisa ^{CC}	Pulmicort Flexhaler	
Farxiga	Rebif	
Flovent Diskus	Relenza [†]	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 4/1/2024

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