



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

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 1/1/2024
^{CC} Denotes agent is preferred with clinical criteria in place.