

ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL

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

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
First Generation Antihistamine Agents	none		AccuHist*
			Aldex AN
			Aldex-CT
			Aldex D
		phenylephrine and chlorpheniramine	Alersule*
			Bromax
		phenylephrine and brompheniramine	Bromfed*
		phenylephrine and brompheniramine	Bromfed-PD*
			Brovex ADT
			Brovex PD
			Brovex PSE
		phenylephrine and chlorpheniramine	Dallergy*
			Dallergy JR
			Deconsal CT
			Duratuss DA
		pseudoephedrine and chlorpheniramine	Histex*
			Histex SR
		pseudoephedrine and brompheniramine	J-Tan D PD*
		brompheniramine	J-Tan PD*
		pseudoephedrine and brompheniramine	Lodrane*
			Lodrane 24
			Lodrane 24D
			Lodrane D
		chlorpheniramine	Myci Chlor-Tan*
		phenylephrine, phenyltoloxamine, and chlorpheniramine	Nalex-A*
		phenylephrine and chlorpheniramine	Nasohist*
		carbinoxamine	Palgic*
		pseudoephedrine and triprolidine	Pediatex TD*
			Phena-Plus
		phenylephrine, pyrilamine, and chlorpheniramine	Phena-S*
			Phena-S 12
		phenylephrine, pyrilamine, and chlorpheniramine	Poly Hist PD*
		phenylephrine and chlorpheniramine	Rescon-Jr*
			Rescon-MX SR
		phenylephrine and brompheniramine	Respahist-II*
			Ryna-12
			Ryna-12 S
		phenylephrine and chlorpheniramine	Rynatan*
		phenylephrine and chlorpheniramine	Rynatan Pediatric*
			Rynesa 12S
	Sudal-12		
	Tekral		
	Tripohist*		
	Tripohist D		
	Tussanil		
phenylephrine and brompheniramine	Vazobid*		
brompheniramine	VaZol*		
	Vazotab		
	Viravan-P		
phenylephrine and brompheniramine	Zotex-PE*		
brompheniramine and diphenhydramine			
brompheniramine, diphenhydramine, and phenylephrine			

First Generation Antihistamines continued on next page

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	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
First Generation Antihistamine Agents (continued)	<i>First Generation Antihistamines continued from previous page</i>		
	none	dexchlorpheniramine	
		diphenhydramine	
		phenylephrine and diphenhydramine	
		phenylephrine, pyrilamine, and dexbrompheniramine	
		pseudoephedrine and dexbrompheniramine pyrilamine and dexbrompheniramine	

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Anti-infective Agents**

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
Adamantanes	none	rimantadine	Flumadine*
		amantadine	
Amebicides	none	paromomycin	none
Aminoglycosides	none		TOBI
		amikacin	
		gentamicin	
		kanamycin	
		neomycin	
		streptomycin	
Anthelmintics	none		Albenza
			Biltricide
			Stromectol
		mebendazole	
Antifungals	Gris-Peg		
			Abelcet
			Ambisome
			Amphotec
			Ancobon
			Cancidas
		fluconazole	Diflucan*
			Eraxis
		griseofulvin microsize	Grifulvin V*
		terbinafine	Lamisil*
			Mycamine
		nystatin	Mycostatin*
			Noxafil
		itraconazole	Sporanox*
	Vfend		
Antimalarials	Daraprim		
		chloroquine	Aralen Phosphate*
			Coartem
			Fansidar
		mefloquine	Lariam*
			Malarone
		hydroxychloroquine	Plaquenil*
	Qualaquin		
Antituberculosis Agents	none		Capastat Sulfate
		ethambutol	Myambutol*
			Mycobutin
			Paser
			Priftin
		rifampin	Rifadin*
		rifampin and isoniazid	Rifamate*
			Rifater
		cycloserine	Seromycin*
	Trecator		

Antituberculosis Agents continued on next page

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
Miscellaneous Antiprotozoals	none		Alinia
		metronidazole	Flagyl*
			Flagyl ER
			Mepron
			Nebupent
		pentamidine tinidazole	Pentam 300* Tindamax*
Miscellaneous Antivirals	none	foscarnet	Foscavir*
Miscellaneous B-Lactams	none		Azactam
			Cayston**
			Doribax
			Invanz
		cefoxitin	Mefoxin*
			Merrem
Neuraminidase Inhibitors	Relenza†	none	none
	Tamiflu†		
Nucleosides and Nucleotides	none		Baraclude
		ribavirin	Copegus*
		ganciclovir	Cytovene*
		famciclovir	Famvir*
			Hepsera
		ribavirin	Rebetol*
			Tyzeka
			Valcyte
		valacyclovir	Valtrex*
			Virazole
Penicillins	Amoxil*	amoxicillin	
		amoxicillin and clavulanate	Augmentin*
		amoxicillin and clavulanate	Augmentin ES*
		amoxicillin and clavulanate	Augmentin XR*
			Bicillin C-R
			Bicillin L-A
			Moxatag
		nafcillin	Nallpen*
		penicillin G	Pfizerpen*
			Ticar
			Timentin
		ampicillin and sulbactam	Unasyn*
		piperacillin and tazobactam	Zosyn*
		ampicillin	
		dicloxacillin	
	oxacillin		
	penicillin V		
	piperacillin		

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
Quinolones	none		Avelox
		ciprofloxacin	Cipro*
		ciprofloxacin ER	Cipro XR*
			Factive
		ofloxacin	Floxin*
			Levaquin
			Noroxin
		ProQuin XR	
Sulfonamides	none	sulfasalazine	Azulfidine*
		sulfamethoxazole and trimethoprim	Bactrim*
		sulfamethoxazole and trimethoprim	Bactrim DS*
			Gantrisin
		sulfamethoxazole and trimethoprim sulfamethoxazole and trimethoprim sulfadiazine	Septra* Septra DS*
Tetracyclines	none	doxycycline	Adoxa*
			Doryx
		minocycline	Dynacin*
		minocycline	Minocin*
		minocycline	Myrac*
			Terramycin
			Tygacil
		doxycycline	Vibramycin*
		doxycycline	Vibra-tabs*
		demeclocycline	
	tetracycline		
Urinary Anti-infectives	none		Furadantin
		methenamine	Hiprex*
		nitrofurantoin and nitrofurantoin macrocrystals	Macrobid*
		nitrofurantoin macrocrystals	Macrochantin*
			Monurol
			Primsol
		methenamine, methylene blue, benzoic acid, phenyl salicylate, hyoscyamine	Prosed/DS*
		methenamine, methylene blue, phenyl salicylate, sodium phosphate, hyoscyamine	Urelle*
		methenamine	Urex*
			Urimar-T
			Urin D.S.
		methenamine and sodium phosphate	Uroqid-Acid No. 2*
		methenamine, methylene blue, phenyl salicylate, sodium phosphate, hyoscyamine	Uta*
		methenamine and sodium phosphate	Utac*
		methenamine, methylene blue, phenyl salicylate, sodium phosphate, hyoscyamine	Utira C*
trimethoprim			

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

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DRUG CLASS	NO PA REQUIRED Preferred Brand	NO PA REQUIRED Preferred Generic	PA REQUIRED for NAME Non-Preferred Brand
Alzheimer's Agents	Aricept		
	Aricept ODT		
		rivastigmine	Cognex Exelon*
		galantamine	Namenda Razadyne*
		galantamine	Razadyne ER*
Antidepressants	Lexapro		
	Luvox CR		
		clomipramine	Anafranil* Aplenzin
		citalopram	Celexa* Cymbalta
		venlafaxine	Effexor*
		venlafaxine	Effexor XR *
			Emsam
		amitriptyline and chlordiazepoxide	Limbitrol*
			Marplan
			Nardil
		desipramine	Norpramin*
			Oleptro ER
		nortriptyline	Pamelor*
		tranylcypromine	Parnate*
		paroxetine	Paxil*
		paroxetine	Paxil CR*
			Pexeva
			Pristiq
		fluoxetine	Prozac*
		fluoxetine	Prozac Weekly*
		mirtazapine	Remeron*
		fluoxetine	Sarafem*
		fluoxetine	Selfemra*
		trimipramine	Surmontil*
			Symbyax
		imipramine	Tofranil*
		imipramine	Tofranil-PM*
			Venlafaxine ER
		protriptyline	Vivactil*
		bupropion	Wellbutrin*
		bupropion	Wellbutrin SR*
	bupropion	Wellbutrin XL*	
	sertraline	Zoloft*	
	amitriptyline		
	amoxapine		
	doxepin		
	fluvoxamine		
	maprotiline		
	nefazodone		
	perphenazine and amitriptyline		
	trazodone		

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand
Anxiolytics, Sedatives, and Hypnotics: Barbiturates	none		Amytal Sodium
			Butisol Sodium
			Luminal Sodium
		mephobarbital	Mebaral*
			Nembutal Sodium
			Seconal Sodium
Anxiolytics, Sedatives, and Hypnotics: Benzodiazepines ‡Brand named benzodiazepines (excluding Diastat) are non-covered by Alabama Medicaid.	Diastat*	diazepam	N/A‡
		alprazolam	
		alprazolam ER	
		chlordiazepoxide	
		clonazepam	
		clorazepate	
		diazepam	
		flurazepam	
		lorazepam	
		midazolam	
		oxazepam	
		temazepam	
		triazolam	
Anxiolytics, Sedatives, and Hypnotics: Miscellaneous Agents	none	zolpidem	Ambien*
		zolpidem	Ambien CR*
		buspirone	BuSpar*
			Edluar
		droperidol	Inapsine*
			Lunesta
			Precedex
			Rozerem
		zaleplon	Sonata*
		hydroxyzine	Vistaril*
		chloral hydrate	
meprobamate			
Cerebral Stimulants/ Agents Used for ADHD (Short- and Intermediate-Acting)	Dexedrine*	dextroamphetamine	
	Focalin*	dexmethylphenidate	
	Ritalin*	methylphenidate	
		amphetamine-dextroamphetamine	Adderall*
			Desoxyn
		methylphenidate	Metadate ER*
		methylphenidate	Methylin*
			ProCentra
	methylphenidate	Ritalin-SR*	
Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)	Adderall XR*	amphetamine-dextroamphetamine	
	Concerta		
	Daytrana		
	Focalin XR		
	Vyvanse		
			Intuniv
			Metadate CD
			Nuvigil
			Provigil
			Ritalin LA
		Strattera	

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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 for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand
ACE Inhibitors	none	perindopril	Aceon*
		quinapril	Accupril*
		quinapril and HCTZ	Accuretic*
		ramipril	Altace*
		benazepril	Lotensin*
		benazepril and HCTZ	Lotensin HCT*
		trandolapril	Mavik*
		lisinopril	Prinivil*
		lisinopril and HCTZ	Prinzide*
		trandolapril and verapamil	Tarka*
		moexipril and HCTZ	Uniretic*
		moexipril	Univasc*
		enalapril and HCTZ	Vaseretic*
		enalapril	Vasotec*
		lisinopril and HCTZ	Zestoretic*
		lisinopril	Zestril*
	captopril		
	captopril and HCTZ		
	fosinopril		
	fosinopril and HCTZ		
Alpha-Adrenergic Blocking Agents	none	doxazosin	Cardura*
			Cardura XL
		prazosin	Minipress*
		terazosin	
Angiotensin II Receptor Antagonists	Avalide		
	Avapro		
	Benicar		
	Benicar HCT		
			Atacand
			Atacand HCT
		losartan	Cozaar*
			Diovan
			Diovan HCT
		losartan and HCTZ	Hyzaar*
			Micardis
			Micardis HCT
		Teveten	
		Teveten HCT	
		Twynsta	
Antiarrhythmic Agents	none	amiodarone	Cordarone*
			Multaq
		disopyramide	Norpace*
		disopyramide	Norpace CR*
		amiodarone	Pacerone*
		propafenone	Rythmol*
			Rythmol SR
		flecainide	Tambocor*
			Tikosyn
	mexiletine		
	quinidine		

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	Preferred Brand	Preferred Generic	Non-Preferred Brand
Beta-Adrenergic Blocking Agents	none	sotalol	Betapace*
		sotalol	Betapace AF*
			Bystolic
		carvedilol	Coreg*
			Coreg CR
		nadolol	Corgard*
		nadolol and bendroflumethiazide	Corzide*
		propranolol	Inderal LA*
			InnoPran XL
		betaxolol	Kerlone*
			Levatol
		metoprolol	Lopressor*
		metoprolol and HCTZ	Lopressor HCT*
		acebutolol	Sectral*
		atenolol and chlorthalidone	Tenoretic*
		atenolol	Tenormin*
		metoprolol	Toprol XL*
		labetalol	Trandate*
		bisoprolol	Zebeta*
		bisoprolol and HCTZ	Ziac*
	pindolol		
	propranolol and HCTZ		
	timolol		
Calcium-Channel Blocking Agents	none	nifedipine	Adalat CC*
			Azor
		verapamil	Calan*
		verapamil	Calan SR*
			Cardene SR
		diltiazem	Cardizem*
		diltiazem	Cardizem CD*
		diltiazem	Cardizem LA*
			Covera-HS
		diltiazem	Dilacor XR*
			DynaCirc CR
			Exforge
			Exforge HCT
		verapamil	Isoptin SR*
		amlodipine and benazepril	Lotrel*
		nimodipine	Nimotop*
		amlodipine	Norvasc*
		nifedipine	Procardia*
		nifedipine	Procardia XL*
			Sular
		diltiazem	Tiazac*
			Tribenzor**
		verapamil	Verelan*
		verapamil	Verelan PM*
		felodipine	
isradipine			
nicardipine			
nisoldipine			
Cardiotonic Agents	none	digoxin	Lanoxin*
			Lanoxin Pediatric

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand
Central Alpha-Agonists	none	clonidine	Catapres*
		clonidine	Catapres-TTS*
		guanfacine	Tenex*
		clonidine and chlorthalidone	
		guanabenz	
		methyldopa	
		methyldopa and HCTZ	
Direct Vasodilators	none		BiDil
			Proglycem
		hydralazine	
		minoxidil	
Diuretics	none	toremide	Demadex*
			Diuril
		chlorothiazide	Diuril Sodium*
		triamterene and HCTZ	Dyazide*
			Edecrin
		furosemide	Lasix*
		triamterene and HCTZ	Maxzide*
		hydrochlorothiazide (HCTZ)	Microzide*
		amiloride	Midamor*
			Samsca
			Thalitone
		metolazone	Zaroxolyn*
		amiloride and HCTZ	
		bumetanide	
chlorthalidone			
indapamide			
methyclothiazide			
Mineralocorticoid (Aldosterone) Receptor Antagonists	none	spironolactone and HCTZ	Aldactazide*
		spironolactone	Aldactone*
		eplerenone	Inspra*
Miscellaneous Cardiac Drugs	none	none	Ranexa
Nitrates and Nitrites	Nitro-Bid		Dilatrate-SR
			Imdur*
		isosorbide mononitrate	Ismo*
		isosorbide mononitrate	Isordil*
		nitroglycerin	Minitran*
		isosorbide mononitrate	Monoket*
		nitroglycerin	Nitro-Dur*
			Nitrolingual
			NitroMist
		nitroglycerin	Nitrostat*
amyl nitrite			
Peripheral Adrenergic Inhibitors	none	reserpine	none
Platelet-Aggregation Inhibitors	none		Aggrenox
			Effient
		dipyridamole	Persantine*
			Plavix
		cilostazol	Pletal*
	Zorprin CR		
	ticlopidine		

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand
Renin Inhibitors	none	none	Tekamlo**
			Tekturna
			Tekturna HCT
			Valturna
Bile Acid Sequestrants	none	colestipol	Colestid*
		cholestyramine	Questran*
		cholestyramine	Questran Light *
			Welchol
Cholesterol Absorption Inhibitors	none	none	Zetia
Fibric Acid Derivatives	none		Antara
			Fenoglide
		fenofibric acid	Fibricor*
			Lipofen
		fenofibrate	Lofibra*
		gemfibrozil	Lopid*
			Tricor
			Triglide
	Trilipix		
HMG-CoA Reductase Inhibitors	none		Advicor
			Altoprev
			Caduet
			Crestor
			Lescol
			Lescol XL
			Lipitor
			Livalo**
		lovastatin	Mevacor*
		pravastatin	Pravachol*
			Simcor
	Vytorin		
	Zocor*		
Miscellaneous Antilipemic Agents	Niacor	none	
			Lovaza
			Niaspan

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**ALABAMA MEDICAID AGENCY
PDL REFERENCE TOOL – Diabetic Agents**

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DRUG CLASS	NO PA REQUIRED Preferred Brand	NO PA REQUIRED Preferred Generic or OTC	PA REQUIRED for NAME Non-Preferred Brand
Alpha-Glucosidase Inhibitors	Glyset		
		acarbose	Precose*
Amylinomimetics	none	none	Symlin
Biguanides	none		Fortamet
		metformin	Glucophage*
		metformin ER	Glucophage XR*
			Glumetza
			Riomet
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	none	none	Januvia
			Janumet
			Kombiglyze**
			Onglyza
Incretin Mimetics	none	none	Byetta Victoza**
Insulins	Humalog		
	Lantus		
	Levemir		
		Humulin N	
		Humulin R	
		Humulin 50/50	
		Humulin 70/30	
		Novolin N	
		Novolin R	
		Novolin 70/30	
			Apidra
			Humalog Mix 50/50
			Humalog Mix 75/25
			Humulin R (U-500)
		Novolog Novolog Mix 70/30	
Meglitinides	Prandin		
			PrandiMet
		nateglinide	Starlix*
Sulfonylureas	none	glimepiride	Amaryl*
		glyburide	DiaBeta*
		glipizide	Glucotrol*
		glipizide ER	Glucotrol XL*
		glyburide and metformin	Glucovance*
		glyburide	Glynase*
		glipizide and metformin	Metaglip*
		chlorpropamide	
		tolazamide	
tolbutamide			
Thiazolidinediones	Actos	none	
			Avandamet
			Avandaryl
			Avandia
			Actoplus Met
			Actoplus Met XR Duetact

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**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.
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DRUG CLASS	NO PA REQUIRED Preferred Brand	NO PA REQUIRED Preferred Generic or OTC	PA REQUIRED for NAME Non-Preferred Brand
Antiallergic Agents	Astelin		
	Astepro		
	Pataday		
	Patanase		
	Patanol	Nasalcrom OTC*	
		Zaditor OTC*	
			Alamast
			Alocril
			Alomide
			Bepreve**
		cromolyn sodium	Crolom*
		Elestat	
		Emadine	
	azelastine	Optivar*	
Antibacterials	AzaSite		
	Bactroban Nasal		
	Besivance		
	Blephamide		
	Blephamide S.O.P.		
	Bleph-10*	sulfacetamide	
	Neosporin*	neomycin, polymyxin B and gramicidin	
	Poly-Pred		
	Tobrex*	tobramycin	
			Cetraxal**
		ciprofloxacin	Ciloxan*
			Cipro HC
			Ciprodex
			Coly-Mycin S
		neomycin, polymyxin B and hydrocortisone	Cortisporin*
			Cortisporin-TC
		ofloxacin	Floxin*
			Iquix
		neomycin, polymyxin B and dexamethasone	Maxitrol*
		ofloxacin	Ocuflox*
			Pediatic
		doxycycline	Periostat*
		polymyxin B and trimethoprim	Polytrim*
			Pred-G
			Quixin
		tobramycin and dexamethasone	TobraDex*
			TobraDex ST
			Vigamox
		Zylet	
		Zymar	
		Zymaxid**	
	bacitracin		
	bacitracin and polymyxin B		
	erythromycin base		
	gentamicin		
	neomycin, bacitracin and polymyxin B		
	neomycin, bacitracin, polymyxin B and hydrocortisone		

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

**Will be reviewed at a future time when eligible

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 for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
Intranasal Corticosteroids	Beconase AQ		
	Nasacort AQ		
	Nasonex		
		fluticasone	Flonase*
		flunisolide	Nasarel*
			Omnaris
			Rhinocort Aqua Veramyst
Vasoconstrictors	Tyzine		
			Adrenalin Chloride
		naphazoline	Albalon*
		phenylephrine	Mydrin*

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

**Will be reviewed at a future time when eligible

**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 for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand or PA Generic
Antiemetics, Antihistamines	none	meclizine	Antivert*
		trimethobenzamide	Tigan*
		dimenhydrinate	
		prochlorperazine edisylate	
		prochlorperazine maleate	
Antiemetics, 5-HT3 Receptor Antagonists	none		Aloxi
			Anzemet
			Granisol
		granisetron	Kytril*
			Sancuso**
		ondansetron	Zofran*
ondansetron	Zofran ODT*		
	Zuplenz**		
Antiemetics, Miscellaneous	none		Cesamet
			Emend
		dronabinol	Marinol*
			Scopace
		Transderm-Scop	
Proton-pump Inhibitors Single Entity	Aciphex		
		Prevacid OTC	
		Prilosec OTC	
		Zegerid OTC	
			Dexilant (formerly known as Kapidex)**
			lansoprazole (generic)
			Nexium
			omeprazole-sodium bicarbonate (generic)
			pantoprazole (generic)
			Prevacid*
	omeprazole	Prilosec*	
		Protonix*	
Proton-pump Inhibitors Combinations	none	none	Prevpac

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

**Will be reviewed at a future time when eligible

**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 Preferred Brand	NO PA REQUIRED Preferred Generic or OTC	PA REQUIRED for NAME Non-Preferred Brand or PA Generic
Genitourinary Smooth Muscle Relaxants	Oxytrol		
			Detrol
			Detrol LA
		oxybutynin	Ditropan XL*
			Enablex
			Gelnique
		tropium	Sanctura*
			Sanctura XR
			Toviaz
			Vesicare
	flavoxate		

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

**Will be reviewed at a future time when eligible

**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 Preferred Brand	NO PA REQUIRED Preferred Generic	PA REQUIRED for NAME Non-Preferred Brand or PA Generic
Opiate Agonists	none	fentanyl	Actiq*
			Alcet
		alfentanil	Alfenta*
		morphine sulfate	Astramorph*
			Capital w/codeine
		oxycodone/ibuprofen	Combunox*
		propoxyphene napsylate/ acetaminophen	Darvocet*
		propoxyphene HCL	Darvon*
			Darvon-N
		oxycodone	Dazidox*
		meperidine	Demerol*
			Depodur
		hydromorphone	Dilaudid*
		methadone	Dolophine*
		fentanyl	Duragesic*
		morphine sulfate	Duramorph*
			Fentora
		codeine/acetaminophen/butalbital/ caffeine	Fioricet w/codeine*
		codeine/aspirin/butalbital/caffeine	Fiorinal w/codeine*
			Hycet
			Ibudone
			Infumorph
		levorphanol	Levo-Dromoran*
		hydrocodone/acetaminophen	Lorcet*
		hydrocodone/acetaminophen	Lortab*
			Lynox
			Magnacet
		hydrocodone/acetaminophen	Maxidone*
		methadone	Methadose*
		hydrocodone/acetaminophen	Norco*
			Nucynta**
			Numorphan
			Onsolis**
		oxymorphone	Opana*
		oxycodone	OxyIR*
			Panlor DC
		dihydrocodeine/acetaminophen/caffeine	Panlor SS*
		oxycodone/acetaminophen	Percocet*
		oxycodone/aspirin	Percodan*
			Perloxx
codeine/APAP/butalbital/caffeine	Phrenilin-Caffeine-Codeine*		
	Primalev		
hydrocodone/ibuprofen	Reprexain*		
morphine sulfate	Roxanol*		
oxycodone	Roxicodone*		
	Rybix		
	Ryzolt		
fentanyl	Sublimaze*		
codeine/acetaminophen	Tylenol w/codeine*		
oxycodone/acetaminophen	Tylox*		

Opiate Agonists continued on next page

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**Will be reviewed at a future time when eligible

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 for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Opiate Agonists (continued)	<i>Opiate Agonists continued from previous page</i>		
	none		Ultiva
		tramadol/acetaminophen	Ultracet*
		tramadol	Ultram*
		tramadol	Ultram ER*
		hydrocodone/acetaminophen	Vicodin*
		hydrocodone/ibuprofen	Vicoprofen*
			Vopac
			Xodol
			Xolox
		hydrocodone/acetaminophen	Zamiset*
			Zydone
		codeine	
		codeine/aspirin	
opium/belladonna			
propoxyphene HCL/acetaminophen			
Opiate Partial Agonists	none	buprenorphine	Buprenex*
			Suboxone
			Subutex
		pentazocine/acetaminophen	Talacen*
			Talwin
		pentazocine/naloxone	Talwin NX*
		butorphanol	
	nalbuphine		
Selective Serotonin Agonists	Maxalt MLT		
		naratriptan	Amerge*
			Axert
			Frova
		sumatriptan	Imitrex*
			Maxalt
			Relpax
			Treximet
			Zomig
		Zomig ZMT	
Centrally Acting Skeletal Muscle Relaxants	none		Amrix
			carisoprodol (generic)
			carisoprodol/aspirin (generic)
			carisoprodol/aspirin/codeine (generic)
			Fexmid
		chlorzoxazone	Parafon Forte DSC*
		methocarbamol	Robaxin*
		metaxalone	Skelaxin*
			Soma*
			Soma Compound*
			Soma Compound w/codeine*
	tizanidine	Zanaflex*	
	cyclobenzaprine		
Direct-acting Skeletal Muscle Relaxants	none	dantrolene	Dantrium*
GABA-derivative Skeletal Muscle Relaxants	none	baclofen	Lioresal*
Skeletal Muscle Relaxants, Miscellaneous	none	orphenadrine	Norflex*
		orphenadrine/aspirin/caffeine	

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

**Will be reviewed at a future time when eligible

**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 Preferred Brand	NO PA REQUIRED Preferred Generic	PA REQUIRED for NAME Non-Preferred Brand
Inhaled Corticosteroids Single Entity	Aerobid	none	
	Aerobid-M		
	Asmanex Twisthaler		
	Flovent Diskus		
	Flovent HFA		
	Qvar		
			Alvesco** Pulmicort
Inhaled Corticosteroids Combinations	Advair Diskus	none	
	Advair HFA		
	Symbicort		
			Dulera**
Inhaled Antimuscarinics/ Antispasmodics	Atrovent HFA		none
	Spiriva		
		ipratropium bromide	
Leukotriene Modifiers	Accolate	none	
	Singulair		
			Zyflo Zyflo CR
Mast-cell Stabilizers	none	cromolyn sodium	Intal*
			Tilade
Smooth Muscle Relaxants Single Entity	none	aminophylline	
		theophylline	Elixophyllin*
		dyphylline	Lufyllin*
			Theo-24
		theophylline	Uniphyll*
Smooth Muscle Relaxants Combinations	none	Various dyphylline/guaifenesin and theophylline/guaifenesin products available; some "Branded Generic"	Broncomar-1
			Dilex-G*
			Lufyllin-GG*
			Myci Bron-G*
Beta-Adrenergic Agonists Single Entity	Foradil		
	Maxair Autohaler		
	ProAir HFA		
	Proventil HFA		
	Serevent Diskus		
	Ventolin HFA		
	Xopenex HFA		
		albuterol sulfate	Accuneb*
		terbutaline sulfate	Brethine*
			Brovana
			Perforomist
		albuterol sulfate	Proventil*
			Xopenex
	levalbuterol		
	metaproterenol sulfate		
Beta-Adrenergic Agonists Combinations	Combivent		
		albuterol/ipratropium	Duoneb*

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

**Will be reviewed at a future time when eligible

**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 Preferred Brand	NO PA REQUIRED Preferred Generic or OTC	PA REQUIRED for NAME Non-Preferred Brand or PA Generic
Antibacterials	none	mupirocin	Altabax
		mupirocin	Bactroban*
		clindamycin phosphate	Centany*
			Cleocin*
			Clindesse
			Cortisporin
		metronidazole	MetroGel – Vaginal*
		neomycin and polymyxin B	Neosporin G.U. Irrigant*
		metronidazole vaginal	Vandazole*
		bacitracin and polymyxin B	
		gentamicin	
neomycin, bacitracin and polymyxin B			
Antifungals	none		Bensal HP
			Ertaczo
			Exelderm
			Gynazole-1
		ketoconazole	Kuric*
			Lamisil
		ciclopirox	Loprox*
		clotrimazole and betamethasone	Lotrisone*
			Mentax
		clotrimazole	Mycelex*
			Naftin
			Oravig**
			Oxistat
		ciclopirox	Penlac*
		terconazole	Terazol 3*
		terconazole	Terazol 7*
			Vusion
			Xolegel
			Xolegel Duo
		terconazole	Zazole*
econazole			
miconazole			
nystatin			
nystatin and triamcinolone			
sodium thiosulfate and salicylic acid			
terbinafine			
tolnaftate			
Antivirals	Zovirax	none	
			Denavir
			Veregen
			Xerese**
Scabicides and Pediculicides	none	permethrin	Acticin*
		permethrin	Elimite*
			Eurax
			lindane (generic)
		malathion	Ovide *
			Ulesfia
	piperonyl butoxide and pyrethrins		

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**Will be reviewed at a future time when eligible

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 for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
Miscellaneous Local Anti-infectives	Phisohex		
			AVC
		acetic acid and oxyquinoline	Relagard*
		silver sulfadiazine	Silvadene*
		silver sulfadiazine	SSD*
			Sulfamylon
		acetic acid, ricinoleic acid and oxyquinoline	
Anti-inflammatory Agents	Capex Shampoo		
	Derma-Smooth/FS		
		alclometasone	Aclovate*
		hydrocortisone	Anusol-HC*
		diflorasone	Apexicon*
			Apexicon E
		hydrocortisone acetate and urea	Carmol HC*
			Clobex
			Cloderm
			Cordran
		clobetasol	Cormax*
		hydrocortisone	Cortenema*
			Cortifoam
		fluticasone	Cutivate*
		prednicarbate	Dermatop*
			Desonate
		desonide	Desowen*
		betamethasone dipropionate and propylene glycol	Diprolene*
		betamethasone dipropionate and propylene glycol	Diprolene AF*
		mometasone	Elocon*
			Halog
		hydrocortisone	Hytone*
			Kenalog
		hydrocortisone butyrate	Locoid*
			Locoid Lipocream
			Luxiq
			Nucort
		hydrocortisone acetate and aloe vera	Nuzon*
		clobetasol	Olux*
			Olux-E
		triamcinolone	Oralone in Orabase*
			Pandel
		hydrocortisone	Proctocort*
		hydrocortisone	Proctocream-HC*
		hydrocortisone	Proctofoam-HC
			Psorcon E
	clobetasol	Temovate*	
		Texacort	
	desoximetasone	Topicort*	
	desoximetasone	Topicort LP*	
	halobetasol	Ultravate*	
<i>Anti-inflammatory Agents continued on next page</i>			

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**Will be reviewed at a future time when eligible

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
	<i>Anti-inflammatory Agents continued from previous page</i>		
Anti-inflammatory Agents (continued)			Ultravate PAC
			Vanos
			Verdeso
		hydrocortisone valerate	Westcort*
		amcinonide	
		betamethasone dipropionate	
		betamethasone valerate	
		fluocinolone	
		fluocinonide	
		hydrocortisone and aloe vera	
		hydrocortisone, mineral oil and white petrolatum	
	hydrocortisone acetate		
Antipruritics and Local Anesthetics	none		Americaine
		hydrocortisone and lidocaine	Anamantle HC*
		hydrocortisone and lidocaine	Anamantle HC Forte*
		lidocaine and prilocaine	Emla*
		lidocaine	Lidamantle*
		hydrocortisone and lidocaine	Lidamantle HC*
			Lidoderm
		hydrocortisone, lidocaine and aloe vera	Peranex HC*
			Pontocaine
			Proctofoam
			Prudoxin
		hydrocortisone, lidocaine and aloe vera	Rectagel HC*
			Synera
			Zonalon
	ethyl chloride		
	lidocaine		
Astringents	none	aluminum chloride	Drysol*
			Xerac AC
Keratolytic Agents	none	urea	Carmol 40*
			Kerafoam
		urea	Keralac*
		urea	Kerol*
			Kerol ZX
		urea	Remeven*
		salicylic acid	Salex*
		salicylic acid	Salitop*
			Salkera
		urea	Umecta*
			Umecta PD
	Uramaxin		
	Vanamide*		
	urea, lactic acid and salicylic acid		
Keratoplastic Agents	none		Doak Tar Distillate
		coal tar	

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**Will be reviewed at a future time when eligible

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 for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
Miscellaneous Skin and Mucous Membrane Agents	Elidel		
	Protopic		
		imiquimod	Aldara*
			Artiss
			Carac
		podofilox	Condylox*
			Constant-Clens
		calcipotriene	Dovonex*
		fluorouracil	Efudex*
			Fluoroplex
		formaldehyde	Formalaz*
		formaldehyde	Lazerformalyde*
			Metvixia**
			Qutenza
			Panretin
			Podocon-25
			Regranex
			Santyl
			Solaraze
			Soriatane CK
			Taclonex
			Targetrin
			Tazorac
		Vectical**	
		Zyclara**	
		phenylephrine, shark liver oil, glycerin and white petrolatum	
		phenylephrine, shark liver oil, mineral oil and white petrolatum	

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

**Will be reviewed at a future time when eligible

**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 Preferred Brand	NO PA REQUIRED Preferred Generic or OTC	PA REQUIRED for NAME Non-Preferred Brand
Estrogens	Cenestin		
	Menest		
	Premarin (tablets only)		
		estradiol and norethindrone	Activella*
			Alora
			Angeliq
		estradiol	Climara*
			Climara Pro
			Combipatch
		estradiol valerate	Delestrogen*
			Depo-Estradiol
			Divigel
			Elestrin
			Enjuvia
		estradiol	Etrace*
			Estraderm
			Estrasorb
			Estring
			Evamist
			FemHRT
			Femring
			Femtrace
			Menostar
	estropipate	Ogen*	
		Prefest	
		Premarin (Cream)	
		Premphase	
		Prempro	
		Vagifem	
		Vivelle-Dot	
Prenatal Vitamins	none	prenatal vitamins, iron, folic acid, DHA, docusate	Citranatal 90 DHA*
		prenatal vitamins, iron, folic acid, DHA, docusate	Citranatal Assure*
		prenatal vitamins, iron, folic acid	Citranatal B-Calm*
		prenatal vitamins, iron, folic acid, DHA, docusate	Citranatal DHA*
			Citranatal Harmony
		prenatal vitamins, iron, folic acid, docusate	Citranatal Rx*
		prenatal vitamins, iron, folic acid, DHA	Concept DHA*
		prenatal vitamins, iron, folic acid	Concept OB*
		prenatal vitamins, iron, folic acid, DHA	Duet DHA Complete*
		prenatal vitamins, iron, folic acid, omega 3 fatty acids, DHA	Duet DHA with Ferrazone*
		folic acid, calcium, b vitamins	Folbecal*
		prenatal vitamins, iron, folic acid	Gesticare*
		prenatal vitamins, iron, folic acid, DHA	Gesticare DHA*
		iron, ascorbic acid, cyanocobalamin, folic acid	Icar-C Plus*
			Icar-C Plus SR*
			Maxinate
		prenatal vitamins, iron, folic acid	NataChew*
			Natalvit
			Natelle
	Natelle C*		
prenatal vitamins, iron, folic acid, DHA	Natelle One*		
<i>Prenatal Vitamins continued on next page</i>			

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

**Will be reviewed at a future time when eligible

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 for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
Prenatal Vitamins (continued)	<i>Prenatal Vitamins continued from previous page</i>		
	none	prenatal vitamins, iron, folic acid, DHA	Natelle Plus*
		prenatal vitamins, iron, folic acid	Natelle-ez*
		prenatal vitamins, iron, folic acid, l-methylfolate	Neevo*
		prenatal vitamins, iron, folic acid, l-methylfolate, DHA	Neevo DHA*
		prenatal vitamins, iron, folic acid	Novastart*
		prenatal vitamins, iron, folic acid	OB Complete*
			OB Complete 400
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	OB-Natal One*
		prenatal vitamins, iron, folic acid, DHA	Paire OB Plus DHA
		prenatal vitamins, iron, folic acid	Precare Conceive*
		prenatal vitamins, iron, folic acid, docusate	Precare Premier*
		prenatal vitamins, iron, folic acid	Prefera-OB*
		prenatal vitamins, iron, folic acid, DHA	Prefera-OB Plus DHA*
		prenatal vitamins, iron, folic acid, DHA	Prenate DHA*
		prenatal vitamins, iron, folic acid	Prenate Elite*
		prenatal vitamins, iron, folic acid, DHA	Prenate Essential
		prenatal vitamins, iron, folic acid, docusate, DHA	Prenexa*
		prenatal vitamins, iron, folic acid, DHA	Preque 10*
			PR Natal 400
			PR Natal 400 EC
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	PR Natal 430*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	PR Natal 430 EC*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids, DHA	PR Natal 440EC*
			Pruet DHA
			Pruet DHA EC
		prenatal vitamins, iron, folic acid	Select-OB*
			Select-OB+DHA
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	Tandem DHA*
		prenatal vitamins, iron, folic acid	Tandem OB*
		prenatal vitamins, iron, folic acid	Tricare*
			Tricare DHA
		prenatal vitamins, iron, folic acid, docusate	Vinacal*
			Vinate AZ
			Vinate AZ Extra
		prenatal vitamins, iron, folic acid	Vinate C*
			Vinate Calcium
		prenatal vitamins, iron, folic acid	Vinate Care*
			Vinate GT
		prenatal vitamins, iron, folic acid	Vinate IC*
			Vinate II
		prenatal vitamins, iron, folic acid	Vinate III*
		prenatal vitamins, iron, folic acid, selenium	Vinate M*
		prenatal vitamins, iron, folic acid	Vinate One*
		prenatal vitamins, iron, folic acid, docusate	Vinate PN Care*
	prenatal vitamins, iron, folic acid, docusate	Vinate Ultra*	
	prenatal vitamins, iron, folic acid	Vitafol-OB*	
	prenatal vitamins, iron, folic acid, DHA	Vitafol-OB+DHA*	
		Vitafol-PN	
		Viva DHA	
	iron, docusate, folic acid		
	prenatal vitamins, iron, folic acid, DHA, EPA, omega-3 fatty acids		

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

**Will be reviewed at a future time when eligible