

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

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

<b>DRUG CLASS</b>	<b>NO PA REQUIRED</b>	<b>NO PA REQUIRED</b>	<b>PA REQUIRED for NAME</b>
	<b>Preferred Brand</b>	<b>Preferred Generic or OTC</b>	<b>Non-Preferred Brand</b>
<b>Adamantanes</b>	none	rimantadine	Flumadine*
		amantadine	
<b>Amebicides</b>	none	paromomycin	none
<b>Aminoglycosides</b>	none		TOBI
		amikacin	
		gentamicin	
		kanamycin	
		neomycin	
		streptomycin	
<b>Anthelmintics</b>	none		Albenza
			Biltricide
			Stromectol
		mebendazole	
<b>Antifungals</b>	Gris-Peg Mycostatin*		
		nystatin	
			Abelcet
			Ambisome
			Amphotec
			Ancobon
			Cancidas
		fluconazole	Diflucan*
			Eraxis
		griseofulvin microsize	Grifulvin V*
		terbinafine	Lamisil*
			Mycamine
			Noxafil
		itraconazole	Sporanox*
	Vfend		
	amphotericin B		
	ketoconazole		
<b>Antimalarials</b>	Daraprim		
		chloroquine	Aralen Phosphate*
			Coartem
			Fansidar
		mefloquine	Lariam*
			Malarone
		hydroxychloroquine	Plaquenil*
	Qualaquin		
	primaquine		

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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
Antituberculosis Agents	none		Capastat Sulfate
		ethambutol	Myambutol*
			Mycobutin
			Paser
			Priftin
		rifampin	Rifadin*
		rifampin and isoniazid	Rifamate*
			Rifater
		cycloserine	Seromycin*
			Trecator
Cephalosporins	none		Cedax
		cefuroxime	Ceftin*
		cefotaxime	Claforan*
		ceftazidime	Fortaz*
		cephalexin	Keflex*
		cefepime	Maxipime*
		cefdinir	Omnicef*
			Raniclor
		ceftriaxone	Rocephin*
			Spectracef
			Suprax
		ceftazidime	Tazicef*
		cefepodoxime	Vantin*
		cefuroxime	Zinacef *
		cefaclor	
		cefadroxil	
cefazolin			
cefprozil			
Chloramphenicol	none	chloramphenicol	none
Interferons	Infergen	none	
	Pegasys		
			Alferon N
			Intron A
			PegIntron
Macrolides	none	clarithromycin	Biaxin*
		clarithromycin ER	Biaxin XL*
		erythromycin ethylsuccinate	E.E.S.*
			EryPed
			Erythrocin Lactobionate
			Erythrocin Stearate
			Ketek
			PCE
		azithromycin	Zithromax*
			Zmax
erythromycin base			
erythromycin ethylsuccinate and sulfisoxazole			

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<b>Miscellaneous Antibacterials</b>	Cleocin*	clindamycin	
		bacitracin	Baciim*
		colistimethate	Coly-Mycin M*
			Cubicin
			Helidac
			Lincocin
			Pylera
			Synercid
		vancomycin	Vancocin*
			Vibativ**
			Xifaxan
		Zyvox	
		polymyxin B sulfate	
<b>Miscellaneous Antimycobacterials</b>	none	dapsone	none
<b>Miscellaneous Antiprotozoals</b>	none		Alinia
		metronidazole	Flagyl*
			Flagyl ER
			Mepron
			Nebupent
		pentamidine	Pentam 300*
	tinidazole	Tindamax*	
<b>Miscellaneous Antivirals</b>	none	foscarnet	Foscavir*
<b>Miscellaneous B-Lactams</b>	none		Azactam
			Doribax
			Invanz
		cefoxitin	Mefoxin*
			Merrem
			Primaxin
	cefotetan		
<b>Neuraminidase Inhibitors</b>	Relenza <sup>†</sup>	none	
	Tamiflu <sup>†</sup>		
<b>Nucleosides and Nucleotides</b>	none		Baraclude
		ribavirin	Copegus*
		ganciclovir	Cytovene*
		famciclovir	Famvir*
			Hepsera
		ribavirin	Rebetol*
			Tyzeka
			Valcyte
			Valtrex
			Virazole
			Vistide
	acyclovir	Zovirax*	

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<b>Penicillins</b>	Amoxil*	amoxicillin	
		amoxicillin and clavulanate	Augmentin*
		amoxicillin and clavulanate	Augmentin ES*
			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		
<b>Quinolones</b>	none		Avelox
		ciprofloxacin	Cipro*
		ciprofloxacin ER	Cipro XR*
			Factive
		ofloxacin	Floxin*
			Levaquin
			Noroxin
	ProQuin XR		
<b>Sulfonamides</b>	none	sulfasalazine	Azulfidine*
		sulfamethoxazole and trimethoprim	Bactrim*
		sulfamethoxazole and trimethoprim	Bactrim DS*
			Gantrisin
		sulfamethoxazole and trimethoprim	Septra*
		sulfamethoxazole and trimethoprim	Septra DS*
	sulfadiazine		
<b>Tetracyclines</b>	none	doxycycline	Adoxa*
			Doryx
		minocycline	Dynacin*
		minocycline	Minocin*
		minocycline	Myrac*
			Terramycin
			Tygacil
		doxycycline	Vibramycin*
		doxycycline	Vibra-tabs*
		demeclocycline	
tetracycline			

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	<b>Preferred Brand</b>	<b>Preferred Generic or OTC</b>	<b>Non-Preferred Brand</b>
<b>Urinary Anti-infectives</b>	none		Furadantin
		methenamine	Hiprex*
		nitrofurantoin and nitrofurantoin macrocrystals	Macrobid*
		nitrofurantoin macrocrystals	Macrodantin*
			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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<b>DRUG CLASS</b>	<b>NO PA REQUIRED Preferred Brand</b>	<b>NO PA REQUIRED Preferred Generic</b>	<b>PA REQUIRED for NAME Non-Preferred Brand</b>
<b>Alzheimer's Agents</b>	Aricept		
			Cognex
			Exelon
			Namenda
		galantamine	Razadyne
	galantamine	Razadyne ER	
<b>Antidepressants</b>	Lexapro		
	Luvox CR		
		doxepin	Adapin*(brand not available)
		clomipramine	Anafranil*
			Aplenzin ER
		citalopram HBr	Celexa*
			Cymbalta
		trazodone	Desyrel*
		venlafaxine	Effexor*
			Effexor XR
		amitriptyline	Elavil* (brand not available)
			Emsam
		amitriptyline & chlordiazepoxide	Limbitrol*
		amitriptyline & chlordiazepoxide	Limbitrol DS*
		maprotiline	Ludiomil* (brand not available)
		fluvoxamine	Luvox* (brand not available)
			Marplan
			Nardil
		desipramine	Norpramin*
		nortriptyline	Pamelor*
		tranylcypromine	Parnate*
		paroxetine	Paxil*
		paroxetine	Paxil CR*
			Pexeva
			Pristiq**
		fluoxetine	Prozac*
			Prozac Weekly
		mirtazapine	Remeron*
			Sarafem
			Savella**
		nefazodone	Serzone* (brand not available)
		doxepin	Sinequan*(brand not available)
	trimipramine	Surmontil*	
		Symbyax	
	imipramine	Tofranil*	
		Tofranil PM	
	amitriptyline & perphenazine	Triavil* (brand not available)	
		Venlafaxine ER	
	protriptyline	Vivactil*	
	bupropion	Wellbutrin*	
	bupropion	Wellbutrin SR*	
	bupropion	Wellbutrin XL*	
	sertraline	Zoloft*	

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<b>Cerebral Stimulants/Agents for ADD/ADHD Short- and Intermediate Acting</b>	Dexedrine*	dextroamphetamine	
	Focalin*	dexmethylphenidate	
	Ritalin*	methylphenidate	
		amphetamine-dextroamphetamine	Adderall*
			Desoxyn
		methylphenidate	Metadate ER*
		methylphenidate	Methylin*
		methylphenidate	Procentra
<b>Cerebral Stimulants/Agents for ADD/ADHD Long-Acting</b>	Adderall XR*	amphetamine-dextroamphetamine	
	Concerta		
	Focalin XR		
	Vyvanse		
			Daytrana
			Intuniv**
			Metadate CD
			Nuvigil**
			Provigil
		Ritalin LA	
<b>Miscellaneous Cerebral Stimulants/Agents for ADD/ADHD</b>	none	none	Strattera
<b>Sedative/Hypnotics: Barbiturates</b>	none		Amytal
		butabarbital	Butisol*
			Brevital
		phenobarbital	Luminal*
			Mebaral
			Nembutal
<b>Sedative/Hypnotics: Benzodiazepines</b>	Diastat		Seconal
		lorazepam	Ativan*
		flurazepam	Dalmane*
		triazolam	Halcion*
		clonazepam	Klonopin*
		chlordiazepoxide	Librium*
			Lorazepam intensol
		temazepam	Restoril*
		oxazepam	Serax*
			Tranxene SD
		clorazepate	Tranxene T-Tab*
		diazepam	Valium* (brand not covered)
		alprazolam	Xanax* (brand not covered)
		alprazolam ER	Xanax XR* (brand not covered)

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	Preferred Brand	Preferred Generic	Non-Preferred Brand
<b>Miscellaneous Anxiolytics, Sedatives/Hypnotics</b>	none	zolpidem	Ambien*
			Ambien CR
			Aquachloral
		hydroxyzine HCl	Atarax*(brand not available)
		buspirone	Buspar*
			Edluar**
		meprobamate	Equanil*(brand not available)
		droperidol	Inapsine*
			Lunesta
		meprobamate	Miltown*
			Precedex
			Rozerem
		zaleplon	Sonata*
hydroxyzine pamoate	Vistaril*		
chloral hydrate			

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

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<b>DRUG CLASS</b>	<b>NO PA REQUIRED</b>	<b>NO PA REQUIRED</b>	<b>PA REQUIRED for NAME</b>
	<b>Preferred Brand</b>	<b>Preferred Generic</b>	<b>Non-Preferred Brand</b>
<b>ACE Inhibitors Single Entity</b>	Aceon*	perindopril	
		quinapril	Accupril*
		ramipril	Altace*
		captopril	Capoten*
		benazepril	Lotensin*
		trandolapril	Mavik*
		fosinopril	Monopril*
		lisinopril	Prinivil*
		moexipril	Univasc*
		enalapril	Vasotec*
	lisinopril	Zestril*	
<b>ACE Inhibitors Combinations</b>	none	quinapril and HCTZ	Accuretic*
		captopril and HCTZ	Capozide*
			Lexxel
		benazepril and HCTZ	Lotensin HCT*
		amlodipine and benazepril	Lotrel*
		fosinopril and HCTZ	Monopril HCT*
		lisinopril and HCTZ	Prinzide*
			Tarka
		moexipril and HCTZ	Uniretic*
		enalapril and HCTZ	Vaseretic*
	lisinopril and HCTZ	Zestoretic*	
<b>Angiotensin II Receptor Antagonists Single Entity</b>	Avapro	none	
	Benicar		
	Cozaar		
	Diovan		
	Micardis		
			Atacand
		Teveten	
<b>Angiotensin II Receptor Antagonists Combinations</b>	Avalide	none	
	Benicar HCT		
	Diovan HCT		
	Hyzaar		
	Micardis HCT		
			Atacand HCT
		Teveten HCT	
<b>Alpha-Adrenergic Blocking Agents</b>	none	doxazosin mesylate	Cardura*
			Cardura XL
		terazosin HCl	Hytrin*
		prazosin HCl	Minipress*
<b>Antiarrhythmic Agents</b>	Norpace*	disopyramide phosphate	
	Norpace CR*	disopyramide phosphate	
		amiodarone HCl	Cordarone*
			Ethmozine
		amiodarone HCl	Pacerone*
			Procanbid
		propafenone HCl	Rythmol*
			Rythmol SR
		flecainide acetate	Tambocor*
			Tikosyn
		mexiletine hydrochloride	
		procainamide HCl	
	quinidine gluconate		
	quinidine sulfate		

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand
<b>Beta-Adrenergic Blockers Single Entity</b>	none	sotalol	Betapace*
		sotalol	Betapace AF*
			Bystolic
		carvedilol	Coreg*
			Coreg CR
		nadolol	Corgard*
		propranolol	Inderal*
		propranolol	Inderal LA*
			InnoPran XL
		betaxolol	Kerlone*
			Levatol
		metoprolol tartrate	Lopressor*
		acebutolol	Sectral*
		atenolol	Tenormin*
		metoprolol succinate	Toprol XL*
labetalol	Trandate*		
bisoprolol	Zebeta*		
pindolol			
timolol			
<b>Beta-Adrenergic Blocker Combinations</b>	none	nadolol and bendroflumethiazide	Corzide*
		propranolol and HCTZ	Inderide*
		metoprolol tartrate and HCTZ	Lopressor HCT*
		atenolol and chlorthalidone	Tenoretic*
			Timolide
	bisoprolol and HCTZ	Ziac*	
<b>Calcium-Channel Blockers Single Entity</b>	Dynacirc CR		
		nifedipine	Adalat CC*
		verapamil	Calan*
		verapamil	Calan SR*
		nicardipine	Cardene*
			Cardene SR
		diltiazem	Cardizem CD*
		diltiazem	Cardizem IR*
			Cardizem LA
			Covera-HS
		diltiazem	Dilacor XR*
		verapamil	Isoptin SR*
		nimodipine	Nimotop*
		amlodipine	Norvasc*
		felodipine	Plendil*
		nifedipine	Procardia*
		nifedipine	Procardia XL*
		nisoldipine	Sular*
	diltiazem	Tiazac*	
	verapamil	Verelan*	
	verapamil	Verelan PM*	
	isradipine		
<b>Calcium-Channel Blockers Combinations</b>	Azor	none	
	Exforge		
			Exforge HCT**
		Twynsta**	
<b>Cardiotonics</b>	Lanoxicaps		
		digoxin	Lanoxin*
			Lanoxin Pediatric

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<b>Central Alpha-Agonists Single Entity</b>	none	clonidine	Catapres*
		clonidine	Catapres-TTS*
		guanafacine	Tenex*
		guanabenz	
		methyldopa	
<b>Central Alpha-Agonists Combinations</b>	none	methyldopa and HCTZ	none
		clonidine and chlorthalidone	
<b>Direct Renin Inhibitors Single Entity</b>	none	none	Tekturna
<b>Direct Renin Inhibitors Combinations</b>	none	none	Tekturna HCT
			Valturna**
<b>Direct Vasodilators Single Entity</b>	none		Proglycem
		hydralazine	
		minoxidil	
<b>Direct Vasodilators Combinations</b>	none		BiDil
		hydralazine and HCTZ	
<b>Diuretics Single Entity</b>	none	spironolactone	Aldactone*
		bumetanide	Bumex*
		torseamide	Demadex*
		chlorothiazide	Diuril*
			Diuril Sodium
			Edecrin
		eplerenone	Inspira*
		indapamide	
		furosemide	Lasix*
		hydrochlorothiazide (HCTZ)	Microzide*
		chlorthalidone	Thalitone*
		metolazone	Zaroxolyn*
		amiloride	
		hydrochlorothiazide (HCTZ)	
methyclothiazide			
<b>Diuretics Combinations</b>	none	spironolactone and HCTZ	Aldactazide*
		triamterene and HCTZ	Dyazide*
		triamterene and HCTZ	Maxzide*
		amiloride and HCTZ	
<b>Miscellaneous Cardiac Drugs</b>	none	none	Ranexa
<b>Miscellaneous Hypotensive Agents</b>	none	none	Inversine
<b>Nitrates and Nitrites</b>	Nitro-BID		
			Dilatrate-SR
		isosorbide mononitrate	Imdur*
		isosorbide mononitrate	Ismo*
		isosorbide dinitrate	Isordil*
		nitroglycerin	Minitran*
		isosorbide mononitrate	Monoket*
		nitroglycerin	Nitro-Dur*
		nitroglycerin	Nitroglyn*
			Nitrolingual
	nitroglycerin	Nitrostat*	
	amyl nitrite		
<b>Peripheral Adrenergic Inhibitors</b>	none	reserpine	none

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<b>Platelet-Aggregation Inhibitors/Combos</b>	none		Aggrenox
			Effient**
		dipyridamole	Persantine*
			Plavix
		cilostazol	Pletal*
		ticlopidine	Ticlid*
<b>Bile Acid Sequestrants</b>	none	colestipol	Colestid*
		cholestyramine	Questran*
		cholestyramine	Questran Light *
			Welchol
<b>Cholesterol Absorption Inhibitors</b>	none	none	Zetia
<b>Fibric Acid Derivatives</b>	none		Antara
			Fenoglide
		fenofibric acid	Fibricor*
			Lipofen
		fenofibrate	Lofibra*
		gemfibrozil	Lopid*
			Tricor
			Triglide
	Trilipix		
<b>HMG-CoA Reductase Inhibitors Single Entity</b>	Lescol		
	Lescol XL		
			Altoprev
			Crestor
			Lipitor
		lovastatin	Mevacor*
		pravastatin	Pravachol*
	simvastatin	Zocor*	
<b>HMG-CoA Reductase Inhibitors Combinations</b>	none	none	Advicor
			Caduet
			Simcor
			Vytorin
<b>Miscellaneous Antilipemic Agents</b>	Niacor	none	
	Niaspan		
			Lovaza

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

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<b>Alpha-Glucosidase Inhibitors</b>	Glyset			
		acarbose	Precose*	
<b>Amylinomimetics</b>	none	none	Symlin	
<b>Biguanides</b>	none		Fortamet	
		metformin HCl	Glucophage*	
		metformin HCl	Glucophage XR*	
			Glumetza	
			Glumetza ER	
		Riomet		
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>	none	none	Januvia Onglyza**	
<b>Incretin Mimetics</b>	none	none	Byetta	
<b>Insulins</b>	Humalog			
	Lantus			
	Levemir			
		Humulin N		
		Humulin R		
		Humulin U		
		Humulin 50/50		
		Humulin 70/30		
		Novolin N		
		Novolin R		
		Novolin 70/30		
				Apidra
				Exubera
				Humalog Mix 50/50
				Humalog Mix 75/25
			Humulin R (U-500)	
			Novolog	
			Novolog Mix 70/30	
<b>Meglitinides</b>	Prandin	none		
		nateglinide	Starlix*	
<b>Sulfonylureas</b>	none	glimepiride	Amaryl*	
		glyburide	Diabeta*	
		chlorpropamide	Diabinese*	
		glipizide	Glucotrol*	
		glipizide	Glucotrol XL*	
		glyburide	Glycron*	
		glyburide	Glynase*	
		glyburide	Micronase*	
	tolazamide	Tolinase*		
<b>Thiazolidinediones</b>	Actos	none	none	
	Avandia			

\*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.

<b>DRUG CLASS</b>	<b>NO PA REQUIRED</b>	<b>NO PA REQUIRED</b>	<b>PA REQUIRED for NAME</b>
	<b>Preferred Brand</b>	<b>Preferred Generic or OTC</b>	<b>Non-Preferred Brand</b>
<b>Antidiabetic Combinations</b>	Avandamet		
	Avandaryl		
			Actoplus Met
			Duetact
		glyburide and metformin	Glucovance*
			Janumet
		glipizide and metformin	Metaglip*
			Prandimet**

\*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 – Eye, Ear, Nose, and Throat (EENT) Preparations**

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

<b>DRUG CLASS</b>	<b>NO PA REQUIRED Preferred Brand</b>	<b>NO PA REQUIRED Preferred Generic or OTC</b>	<b>PA REQUIRED for NAME Non-Preferred Brand</b>
<b>Antiallergic Agents</b>	Astelin		
	Astepro		
	Optivar		
	Pataday		
	Patanase		
	Patanol	Nasalcrom OTC*	
		Zaditor OTC*	
			Alamast
			Alocril
			Alomide
			Bepreve**
		cromolyn sodium	Crolom*
		Elestat	
		Emadine	
<b>Antibacterials</b>	AzaSite		
	Bactroban Nasal		
	Blephamide		
	Blephamide S.O.P.		
	Bleph-10*	sulfacetamide	
	Neosporin*	neomycin, polymyxin B and gramicidin	
	Poly-Pred		
	Tobrex*	tobramycin	
	Vigamox		
			Besivance
			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*
			Pediotic
		doxycycline	Periostat*
		polymyxin B and trimethoprim	Polytrim*
			Pred-G
			Quixin
		tobramycin and dexamethasone	TobraDex*
			Zylet
		Zymar	
	bacitracin		
	bacitracin and polymyxin B		
	erythromycin base		
	gentamicin		
	neomycin, bacitracin and polymyxin B		
	neomycin, bacitracin, polymyxin B and hydrocortisone		

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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.

<b>DRUG CLASS</b>	<b>NO PA REQUIRED</b>	<b>NO PA REQUIRED</b>	<b>PA REQUIRED for NAME</b>
	<b>Preferred Brand</b>	<b>Preferred Generic or OTC</b>	<b>Non-Preferred Brand</b>
<b>Intranasal Corticosteroids</b>	Beconase AQ		
	Nasacort AQ		
	Nasonex		
	Veramyst		
		fluticasone	Flonase*
		flunisolide	Nasarel*
			Omnaris
		Rhinocort Aqua	
<b>Vasoconstrictors</b>	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.

<b>DRUG CLASS</b>	<b>NO PA REQUIRED Preferred Brand</b>	<b>NO PA REQUIRED Preferred Generic or OTC</b>	<b>PA REQUIRED for NAME Non-Preferred Brand or PA Generic</b>
<b>Antiemetics, Antihistamines</b>	none	meclizine	Antivert*
		trimethobenzamide	Tigan*
		dimenhydrinate	
		prochlorperazine edisylate	
		prochlorperazine maleate	
<b>Antiemetics, 5-HT3 Receptor Antagonists</b>	none		Aloxi
			Anzemet
			Granisol
		granisetron	Kytril*
			Sancuso**
		ondansetron	Zofran*
ondansetron	Zofran ODT*		
<b>Antiemetics, Miscellaneous</b>	none		Cesamet
			Emend
		dronabinol	Marinol*
			Scopace
			Transderm-Scop
<b>Proton-pump Inhibitors Single Entity</b>	Aciphex		
		Prevacid OTC	
		Prilosec OTC	
			Kapidex**
			Nexium
			pantoprazole (generic)
		lansoprazole	Prevacid*
		omeprazole	Prilosec*
		Protonix*	
<b>Proton-pump Inhibitors Combinations</b>	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 – Pain Management & Autonomic Agents**

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

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
<b>Opiate Agonists</b>	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**
			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*		
	Ryzolt		
fentanyl	Sublimaze*		
codeine/acetaminophen	Tylenol w/codeine*		
oxycodone/acetaminophen	Tylox*		
	Ultiva		

*Opiate Agonists continued on next page*

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

\*\*Will be reviewed at a future time when eligible

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
<b>Opiate Agonists (continued)</b>		<i>Opiate Agonists continued from previous page</i>	
		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		
<b>Opiate Partial Agonists</b>	none	buprenorphine	Buprenex*
			Suboxone
			Subutex
		pentazocine/acetaminophen	Talacen*
			Talwin
		pentazocine/naloxone	Talwin NX*
		butorphanol	
	nalbuphine		
<b>Selective Serotonin Agonists</b>	Amerge		
	Maxalt		
	Maxalt MLT		
	Relpax		
	Treximet		
			Axert
			Frova
		sumatriptan	Imitrex*
		Zomig	
		Zomig ZMT	
<b>Centrally Acting Skeletal Muscle Relaxants</b>	none		Amrix
			carisoprodol (generic)
			carisoprodol/aspirin (generic)
			carisoprodol/aspirin/codeine (generic)
			Fexmid
		chlorzoxazone	Parafon Forte DSC*
		methocarbamol	Robaxin*
			Skelaxin
			Soma*
			Soma Compound*
			Soma Compound w/codeine*
	tizanidine	Zanaflex*	
	cyclobenzaprine		
<b>Direct-acting Skeletal Muscle Relaxants</b>	none	dantrolene	Dantrium*
<b>GABA-derivative Skeletal Muscle Relaxants</b>	none	baclofen	Lioresal*
<b>Skeletal Muscle Relaxants, Miscellaneous</b>	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.

<b>DRUG CLASS</b>	<b>NO PA REQUIRED Preferred Brand</b>	<b>NO PA REQUIRED Preferred Generic</b>	<b>PA REQUIRED for NAME Non-Preferred Brand</b>
<b>Inhaled Corticosteroids Single Entity</b>	Aerobid	none	
	Aerobid-M		
	Asmanex Twisthaler		
	Azmacort		
	Flovent Diskus		
	Flovent HFA		
	Qvar		
			Alvesco**
	Pulmicort		
<b>Inhaled Corticosteroids Combinations</b>	Advair Diskus	none	none
	Advair HFA		
	Symbicort		
<b>Inhaled Antimuscarinics/ Antispasmodics</b>	Atrovent HFA	ipratropium bromide	none
	Spiriva		
<b>Leukotriene Modifiers</b>	Accolate	none	
	Singulair		
			Zyflo
			Zyflo CR
<b>Mast-cell Stabilizers</b>	none	cromolyn sodium	Intal*
			Tilade
<b>Smooth Muscle Relaxants Single Entity</b>	none	aminophylline	
		theophylline	Elixophyllin*
		dyphylline	Lufyllin*
			Theo-24
		theophylline	Uniphyl*
<b>Smooth Muscle Relaxants Combinations</b>	none	Various dyphylline/guaifenesin and theophylline/guaifenesin products available; some "Branded Generic"	Broncomar-1
			Dilex-G*
			Lufyllin-GG*
			Myci Bron-G*
<b>Beta-Adrenergic Agonists Single Entity</b>	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		
<b>Beta-Adrenergic Agonists Combinations</b>	Combivent		
		albuterol/ipratropium	Duoneb*

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\*\*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.

<b>DRUG CLASS</b>	<b>NO PA REQUIRED</b>	<b>NO PA REQUIRED</b>	<b>PA REQUIRED for NAME</b>
	<b>Preferred Brand</b>	<b>Preferred Generic or OTC</b>	<b>Non-Preferred Brand or PA Generic</b>
<b>Antibacterials</b>	none		Altabax
		mupirocin	Bactroban*
		mupirocin	Centany*
		clindamycin phosphate	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			
<b>Antivirals</b>	Zovirax	none	
			Denavir
			Veregen
<b>Antifungals</b>	none		Bensal HP
			Ertaczo
			Exelderm
			Gynazole-1
		ketoconazole	Kuric*
			Lamisil
		ciclopirox	Loprox*
		clotrimazole and betamethasone	Lotrisone*
			Mentax
		clotrimazole	Mycelex*
			Naftin
			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			
<b>Scabicides and Pediculicides</b>	Eurax		
		permethrin	Acticin*
		permethrin	Elimite*
			lindane (generic)
		malathion	Ovide *
		piperonyl butoxide and pyrethrins	

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status.  
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<b>DRUG CLASS</b>	<b>NO PA REQUIRED</b>	<b>NO PA REQUIRED</b>	<b>PA REQUIRED for NAME</b>
	<b>Preferred Brand</b>	<b>Preferred Generic or OTC</b>	<b>Non-Preferred Brand</b>
<b>Miscellaneous Local Anti-infectives</b>	Phisohex		
			AVC
		acetic acid and oxyquinoline	Relagard*
		silver sulfadiazine	Silvadene*
		silver sulfadiazine	SSD*
			Sulfamylon
		acetic acid, ricinoleic acid and oxyquinoline	
<b>Anti-inflammatory Agents</b>	Capex Shampoo		
	Derma-Smooth/FS		
		alclometasone	Aclovene*
		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*	
<i>Anti-inflammatory Agents 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.  
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<b>DRUG CLASS</b>	<b>NO PA REQUIRED</b>	<b>NO PA REQUIRED</b>	<b>PA REQUIRED for NAME</b>
	<b>Preferred Brand</b>	<b>Preferred Generic or OTC</b>	<b>Non-Preferred Brand</b>
<b>Anti-inflammatory Agents (continued)</b>	<i>Anti-inflammatory Agents continued from previous page</i>		
		hydrocortisone	Proctofoam-HC
			Psorcon E
		clobetasol	Temovate*
			Texacort
		desoximetasone	Topicort*
		desoximetasone	Topicort LP*
		halobetasol	Ultravate*
			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		
<b>Antipruritics and Local Anesthetics</b>	Pramox		
			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		
<b>Astringents</b>	none	aluminum chloride	Drysol*
			Xerac AC
<b>Keratolytic Agents</b>	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
urea	Vanamide*		
	urea, lactic acid and salicylic acid		

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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.

<b>DRUG CLASS</b>	<b>NO PA REQUIRED</b>	<b>NO PA REQUIRED</b>	<b>PA REQUIRED for NAME</b>
	<b>Preferred Brand</b>	<b>Preferred Generic or OTC</b>	<b>Non-Preferred Brand</b>
<b>Keratoplastic Agents</b>	none		Doak Tar Distillate
		coal tar	
<b>Miscellaneous Skin and Mucous Membrane Agents</b>	Elidel		
	Protopic		
			Aldara
			Artiss
			Carac
		podofilox	Condylox*
			Constant-Clens
		calcipotriene	Dovonex*
		fluorouracil	Efudex*
			Fluoroplex
		formaldehyde	Formalaz*
		formaldehyde	Lazerformalyde*
			Panretin
			Podocon-25
			Regranex
			Santyl
			Solaraze
			Soriatane CK
			Taclonex
			Targetrin
		Tazorac	
		Vectical**	
		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	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
<b>Estrogens</b>	Cenestin		
	Menest		
	Premarin (tablets only)		
			Activella
			Alora
			Angelig
		estradiol	Climara*
			Climara Pro
			Combipatch
			Delestrogen
			Depo-Estradiol
			Divigel
			Elestrin
			Enjuvia
			Esclim
		estradiol	Estrace*
			Estrace Cream
			Estraderm
			Estrasorb
			Estring
			Estrogel
			Evamist
			Femhrt
			Femring
			Femtrace
		estradiol	Gynodiol*
			Menostar
		estropiate	Ogen*
	estropiate	Ortho-Est*	
		Ortho-Prefest	
		Prefest	
		Premarin Cream	
		Premphase	
		Prempro	
		Vagifem	
		Vivelle	
		Vivelle-Dot	
<b>Prenatal Vitamins</b>	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, DHA, docusate	Citranatal DHA*
		prenatal vitamins, iron, folic acid, docusate	Citranatal Rx*
			Concept DHA
			Concept OB
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	Duet DHA*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	Duet DHA EC*
			Duet DHA with Ferrazone
		prenatal vitamins, iron, folic acid	Duet StuartNatal*
		prenatal vitamins, iron, folic acid	Gesticare*
prenatal vitamins, iron, folic acid, DHA	Gesticare DHA*		
<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
<b>Prenatal Vitamins (continued)</b>	<i>Prenatal Vitamins continued from previous page</i>		
	none	prenatal vitamins, iron, folic acid	HIP Prenatal*
		iron, ascorbic acid, cyanocobalamin, folic acid	Icar-C Plus*
		iron, ascorbic acid, cyanocobalamin, folic acid	Icar-C Plus SR*
			Maxinate
		prenatal vitamins, iron, folic acid	NataChew*
			NataFort
			Natalvit
			Natelle
		prenatal vitamins, iron, folic acid	Natelle C*
			Natelle One
		prenatal vitamins, iron, folic acid, DHA	Natelle Plus*
			Natelle Prefer
		prenatal vitamins, iron, folic acid	Natelle-ez*
			Neevo
			Neevo DHA
		prenatal vitamins, iron, folic acid	Novanatal*
		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*
			Optinate
		prenatal vitamins, iron, folic acid	Precare*
		prenatal vitamins, iron, folic acid	Precare Conceive*
		prenatal vitamins, iron, folic acid, docusate	Precare Premier*
		prenatal vitamins, iron, folic acid	Prefera-OB*
			Prefera-OB Plus DHA
		calcium, cyanocobalamin, folic acid, pyridoxine	Premesis Rx*
		prenatal vitamins, iron, folic acid, DHA	Prenate DHA*
		prenatal vitamins, iron, folic acid	Prenate Elite*
			Prenexa
		prenatal vitamins, iron, folic acid, docusate, fatty acid combination	Primacare*
		prenatal vitamins, iron, folic acid, docusate, fatty acid combination	Primacare Advantage*
		prenatal vitamins, iron, folic acid, docusate, omega-3 fatty acids	Primacare One*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	Pruet DHA*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	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		
	Vinate AZ		
	Vinate AZ Extra		
prenatal vitamins, iron, folic acid	Vinate C*		
	Vinate Calcium		
prenatal vitamins, iron, folic acid	Vinate Care*		
prenatal vitamins, iron, folic acid, docusate	Vinate GT*		
prenatal vitamins, iron, folic acid	Vinate IC*		
<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.  
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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
Prenatal Vitamins (continued)	<i>Prenatal Vitamins continued from previous page</i>		
	none		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*
			Vitafof-OB
			Vitafof-OB+DHA
			Vitafof-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