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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Effective 10/1/2010

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

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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**
		isoniazid	
		pyrazinamide	
Cephalosporins	none		Cedax
		cefuroxime	Ceftin*
		cefotaxime	Claforan*
		ceftazidime	Fortaz*
		cephalexin	Keflex*
		cefepime	Maxipime*
		cefdinir	Omnicef*
			Raniclor
		ceftriaxone	Rocephin*
		cefditoren	Spectracef*
			Suprax
		ceftazidime	Tazicef*
		cefpodoxime	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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DRUG CLASS	NO PA REQUIRED Preferred Brand	NO PA REQUIRED Preferred Generic or OTC	PA REQUIRED for NAME Non-Preferred Brand
Miscellaneous Antibacterials	Cleocin*	clindamycin	
		bacitracin	Baciim*
		colistimethate	Coly-Mycin M*
			Cubicin
			Helidac
			Lincocin
			Pylera
			Synercid
		vancomycin	Vancocin*
			Vibativ**
			Xifaxan
			Zyvox
		polymyxin B sulfate	
Miscellaneous Antimycobacterials	none	dapsone	none
Miscellaneous Antiprotozoals	none		Alinia
		metronidazole	Flagyl*
			Flagyl ER
			Mepron
			Nebupent
		pentamidine	Pentam 300*
		tinidazole	Tindamax*
Miscellaneous Antivirals	none	foscarnet	Foscavir*
Miscellaneous B-Lactams	none		Azactam
			Cayston**
			Doribax
			Invanz
		cefoxitin	Mefoxin*
			Merrem
			Primaxin
		cefotetan	
Neuraminidase Inhibitors †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.	Relenza†	none	
	Tamiflu†		
Nucleosides and Nucleotides	none		Baraclude
		ribavirin	Copegus*
		ganciclovir	Cytovene*
		famciclovir	Famvir*
			Hepsera
		ribavirin	Rebetol*
			Tyzeka
			Valcyte
		valacyclovir	Valtrex*
			Virazole
			Vistide
		acyclovir	Zovirax*

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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	
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	

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	Preferred Brand	**Preferred Generic or OTC**	**Non-Preferred Brand**
Urinary Anti-infectives	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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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		
			Cognex
		rivastigmine	Exelon*
			Namenda
		galantamine	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	

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DRUG CLASS	NO PA REQUIRED Preferred Brand	NO PA REQUIRED Preferred Generic	PA REQUIRED for NAME Non-Preferred Brand
		trazodone	
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
Anxiolytics, Sedatives, and Hypnotics: Barbiturates	none		Amytal Sodium
			Butisol Sodium
			Luminal Sodium
		mephobarbital	Mebaral*
			Nembutal Sodium
			Seconal Sodium
		phenobarbital	
Anxiolytics, Sedatives, and Hypnotics: Benzodiazepines ‡Brand named benzodiazepines (excluding Diastat) are non-covered by Alabama Medicaid	Diastat		N/A‡
		alprazolam	
		alprazolam ER	
		chlordiazepoxide	
		clonazepam	
		clorazepate	
		diazepam	
		flurazepam	
		lorazepam	
		midazolam	
		oxazepam	
		temazepam	
		triazolam	
Anxiolytics, Sedatives, and Hypnotics: Miscellaneous Agents	none	zolpidem	Ambien*
			Ambien CR
		buspirone	BuSpar*
			Edluar
		droperidol	Inapsine*
			Lunesta
			Precedex
			Rozerem
		zaleplon	Sonata*
		hydroxyzine	Vistaril*
		chloral hydrate	

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	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand**
		meprobamate	

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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 Single Entity	Aceon*	perindopril	
		quinapril	Accupril*
		ramipril	Altace*
		captopril	Capoten*
		benazepril	Lotensin*
		trandolapril	Mavik*
		fosinopril	Monopril*
		lisinopril	Prinivil*
		moexipril	Univasc*
		enalapril	Vasotec*
		lisinopril	Zestril*
ACE Inhibitors Combinations	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*
		trandolapril and verapamil	Tarka*
		moexipril and HCTZ	Uniretic*
		enalapril and HCTZ	Vaseretic*
		lisinopril and HCTZ	Zestoretic*
Angiotensin II Receptor Antagonists Single Entity	Avapro		
	Benicar		
	Diovan		
	Micardis		
	Teveten		
			Atacand
		losartan	Cozaar*
Angiotensin II Receptor Antagonists Combinations	Avalide		
	Benicar HCT		
	Micardis HCT		
	Teveten HCT		
			Atacand HCT
			Diovan HCT
		losartan and HCTZ	Hyzaar*
Alpha-Adrenergic Blocking Agents	none	doxazosin mesylate	Cardura*
			Cardura XL
		terazosin HCl	Hytrin*
		prazosin HCl	Minipress*
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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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand
Beta-Adrenergic Blockers Single Entity	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	
Beta-Adrenergic Blocker Combinations	none	nadolol and bendroflumethiazide	Corzide*
		propranolol and HCTZ	Inderide*
		metoprolol tartrate and HCTZ	Lopressor HCT*
		atenolol and chlorthalidone	Tenoretic*
			Timolide
		bisoprolol and HCTZ	Ziac*
Calcium-Channel Blockers Single Entity	none	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*
			DynaCirc CR
		verapamil	Isoptin SR*
		nimodipine	Nimotop*
		amlodipine	Norvasc*
		felodipine	Plendil*
		nifedipine	Procardia*
		nifedipine	Procardia XL*
		nisoldipine	Sular*
		diltiazem	Tiazac*
		verapamil	Verelan*
		verapamil	Verelan PM*
		isradipine	
Calcium-Channel Blockers Combinations	none	none	Azor
			Exforge
			Exforge HCT**
			Tribenzor**
			Twynsta**
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 Single Entity	none	clonidine	Catapres*
		clonidine	Catapres-TTS*
		guanfacine	Tenex*
		guanabenz	
		methyldopa	
Central Alpha-Agonists Combinations	none	methyldopa and HCTZ	none
		clonidine and chlorthalidone	
Direct Renin Inhibitors Single Entity	none	none	Tekturna
Direct Renin Inhibitors Combinations	none	none	Tekturna HCT
			Valturna**
Direct Vasodilators Single Entity	none		Proglycem
		hydralazine	
		minoxidil	
Direct Vasodilators Combinations	none		BiDil
		hydralazine and HCTZ	
Diuretics Single Entity	none	spironolactone	Aldactone*
		bumetanide	Bumex*
		torsemide	Demadex*
		chlorothiazide	Diuril*
			Diuril Sodium
			Edecrin
		eplerenone	Inspra*
		indapamide	
		furosemide	Lasix*
		hydrochlorothiazide (HCTZ)	Microzide*
			Samsca
		chlorthalidone	Thalitone*
		metolazone	Zaroxolyn*
		amiloride	
		hydrochlorothiazide (HCTZ)	
		methyclothiazide	
Diuretics Combinations	none	spironolactone and HCTZ	Aldactazide*
		triamterene and HCTZ	Dyazide*
		triamterene and HCTZ	Maxzide*
		amiloride and HCTZ	
Cardiac Drugs, Miscellaneous	none	none	Ranexa
Miscellaneous Hypotensive Agents	none	none	Inversine
Nitrates and Nitrites	Nitro-Bid		
			Dilatrate-SR
		isosorbide mononitrate	Imdur*
		isosorbide mononitrate	Ismo*
		isosorbide dinitrate	Isordil*
		nitroglycerin	Minitran*
		isosorbide mononitrate	Monoket*
		nitroglycerin	Nitro-Dur*
			Nitrolingual
			NitroMist
		nitroglycerin	Nitrostat*
		amyl nitrite	

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DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED for NAME**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand**
Peripheral Adrenergic Inhibitors	none	reserpine	none
Platelet-Aggregation Inhibitors	none		Aggrenox
			Effient
		dipyridamole	Persantine*
			Plavix
		cilostazol	Pletal*
			Zorprin CR
		ticlopidine	
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
		simvastatin	Zocor*
Miscellaneous Antilipemic Agents	Niacor	none	
			Lovaza
			Niaspan

*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 – Diabetic 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
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
			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

*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.

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	
	Vigamox		
			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
			Zymaxid**
		bacitracin	
		bacitracin and polymyxin B	
		erythromycin base	
		gentamicin	
		neomycin, bacitracin and polymyxin B	

*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**
		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	Mydfrin*

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

*Denotes a generic available in at least one dosage form or strength
**Will be reviewed at a future time when eligible

Effective 10/1/2010

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)	*Opiate Agonists continued from previous page*		
	none		Ultiva
		tramadol/acetaminophen	Ultracet*
		tramadol	Ultram*
		tramadol	Ultram ER*
		hydrocodone/acetaminophen	Vicodin*
		hydrocodone/ibuprofen	Vicoprofen*
			Vopac
			Xodol
			Xolox
		hydrocodone/acetaminophen	Zamicet*
			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	

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**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		
	Azmacort		
	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	Uniphyl*
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*

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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.

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		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	
Antivirals	Zovirax	none	
			Denavir
			Veregen
			Xerese**
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	
Scabicides and Pediculicides	Eurax		
		permethrin	Acticin*
		permethrin	Elimite*
			lindane (generic)
		malathion	Ovide *
		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 Preferred Brand	NO PA REQUIRED Preferred Generic or OTC	PA REQUIRED for NAME 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	
		silver nitrate	
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*

Anti-inflammatory Agents 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 Preferred Brand	NO PA REQUIRED Preferred Generic or OTC	PA REQUIRED for NAME Non-Preferred Brand
Anti-inflammatory Agents (continued)	*Anti-inflammatory Agents continued from previous page*		
		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	
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
		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.

DRUG CLASS	NO PA REQUIRED Preferred Brand	NO PA REQUIRED Preferred Generic or OTC	PA REQUIRED for NAME Non-Preferred Brand
Keratoplastic Agents	none		Doak Tar Distillate
		coal tar	
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
			Targretin
			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	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic or OTC	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	Estrace*
			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*
			Citranatal B-Calm
		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*
			Duet DHA Complete
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	Duet DHA EC*
			Duet DHA with Ferrazone
		prenatal vitamins, iron, folic acid	Duet StuartNatal*
		folic acid, calcium, b vitamins	Folbecal*
		prenatal vitamins, iron, folic acid	Gesticare*
		prenatal vitamins, iron, folic acid, DHA	Gesticare DHA*
		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*

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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
	Prenatal Vitamins continued on next page		
Prenatal Vitamins (continued)	*Prenatal Vitamins continued from previous page*		
	none		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*
		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
		prenatal vitamins, iron, folic acid, DHA	Prenate DHA*
		prenatal vitamins, iron, folic acid	Prenate Elite*
			Prenexa
			Preque 10
		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*
			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*
		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
		prenatal vitamins, iron, folic acid, docusate	Vinacal*
			Vinate AZ
			Vinate AZ Extra
		prenatal vitamins, iron, folic acid	Vinate C*
			Vinate Calcium

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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 on next page		
Prenatal Vitamins (continued)	*Prenatal Vitamins continued from previous page*		
	none	prenatal vitamins, iron, folic acid	Vinate Care*
		prenatal vitamins, iron, folic acid, docusate	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*
			Vitafol-OB
			Vitafol-OB+DHA
			Vitafol-PN
			Viva DHA
		iron, docusate, folic acid	
		prenatal vitamins, iron, folic acid, DHA, EPA, omega-3 fatty acids	

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