

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

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
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
	primaquine		

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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
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*
		cefditoren	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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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	Relenza [†]	none	
[†] The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.	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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	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand
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	Septra*
		sulfamethoxazole and trimethoprim	Septra DS*
	sulfadiazine		
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		
			Cognex
			Exelon
			Namenda
		galantamine	Razadyne*
	galantamine	Razadyne ER*	
Antidepressants	Lexapro		
	Luvox CR		
		clomipramine	Anafranil*
			Aplenzin
		citalopram	Celexa*
			Cymbalta
		venlafaxine	Effexor*
			Effexor XR
			Emsam
		amitriptyline and chlordiazepoxide	Limbitrol*
			Marplan
			Nardil
		desipramine	Norpramin*
		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 Preferred Brand	NO PA REQUIRED Preferred Generic	PA REQUIRED for NAME Non-Preferred Brand
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*
		methylphenidate	Procentra 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
		bupirone	Buspar*
			Edluar
		droperidol	Inapsine*
			Lunesta
			Precedex
			Rozerem
		zaleplon	Sonata*
		hydroxyzine	Vistaril*
		chloral hydrate 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*
			Tarka
		moexipril and HCTZ	Uniretic*
	enalapril and HCTZ	Vaseretic*	
	lisinopril and HCTZ	Zestoretic*	
Angiotensin II Receptor Antagonists Single Entity	Avapro		
	Benicar		
	Cozaar*	losartan	
	Diovan		
	Micardis		
			Atacand
		Teveten	
Angiotensin II Receptor Antagonists Combinations	Avalide		
	Benicar HCT		
	Diovan HCT		
	Hyzaar*	losartan and HCTZ	
	Micardis HCT		
			Atacand HCT
		Teveten HCT	
Alpha-Adrenergic Blocking Agents	none	doxazosin mesylate	Cardura*
			Cardura XL
		terazosin HCl	Hytrin*
		prazosin HCl	Minipress*
Antiarrhythmic Agents	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
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	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		
Calcium-Channel Blockers Combinations	Azor	none	
	Exforge		
			Exforge HCT**
		Twynsta**	
Cardiotonics	Lanoxicaps		
		digoxin	Lanoxin*
			Lanoxin Pediatric

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	Preferred Brand	Preferred Generic	Non-Preferred Brand
Central Alpha-Agonists Single Entity	none	clonidine	Catapres*
		clonidine	Catapres-TTS*
		guanafacine	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	Inspira*
		indapamide	
		furosemide	Lasix*
		hydrochlorothiazide (HCTZ)	Microzide*
			Samsca
		chlorthalidone	Thalitone*
		metolazone	Zaroxolyn*
		amiloride	
hydrochlorothiazide (HCTZ)			
methylothiazide			
Diuretics Combinations	none	spironolactone and HCTZ	Aldactazide*
		triamterene and HCTZ	Dyazide*
		triamterene and HCTZ	Maxzide*
		amiloride and HCTZ	
Miscellaneous Cardiac Drugs	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*
		nitroglycerin	Nitroglyn*
			Nitrolingual
	nitroglycerin	Nitrostat*	
	amyl nitrite		
Peripheral Adrenergic Inhibitors	none	reserpine	none

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	Preferred Brand	Preferred Generic	Non-Preferred Brand
Platelet-Aggregation Inhibitors/Combos	none		Aggrenox
			Effient**
		dipyridamole	Persantine*
			Plavix
		cilostazol	Pletal*
		ticlopidine	Ticlid*
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 Single Entity	Lescol		
	Lescol XL		
			Altoprev
			Crestor
			Lipitor
			Livalo**
		lovastatin	Mevacor*
		pravastatin	Pravachol*
	simvastatin	Zocor*	
HMG-CoA Reductase Inhibitors Combinations	none	none	Advicor
			Caduet
			Simcor
			Vytorin
Miscellaneous Antilipemic Agents	Niacor	none	
	Niaspan		
			Lovaza

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**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.
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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
			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	
		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	Nasal crom 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
		bacitracin	
	bacitracin and polymyxin B		
	erythromycin base		
	gentamicin		
	neomycin, bacitracin and polymyxin B		
	neomycin, bacitracin, polymyxin B and hydrocortisone		

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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
Intranasal Corticosteroids	Beconase AQ		
	Nasacort AQ		
	Nasonex		
	Veramyst		
		fluticasone	Flonase*
		flunisolide	Nasarel*
			Omnaris
Vasoconstrictors			Rhinocort Aqua
	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*
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)**
			Nexium
			pantoprazole (generic)
		lansoprazole	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 – 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
			Panlor SS*
		dihydrocodeine/acetaminophen/caffeine	Percocet*
		oxycodone/acetaminophen	Percodan* Perloxx
		oxycodone/aspirin	Phrenilin-Caffeine-Codeine*
		codeine/APAP/butalbital/caffeine	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

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	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		
	Maxalt MLT		
	Treximet		
			Amerge
			Axert
			Frova
		sumatriptan	Imitrex*
			Relpax
			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		
	Azmacort		
	Flovent Diskus		
	Flovent HFA		
	Qvar		
			Alvesco**
	Pulmicort		
Inhaled Corticosteroids Combinations	Advair Diskus	none	none
	Advair HFA		
	Symbicort		
Inhaled Antimuscarinics/ Antispasmodics	Atrovent HFA	ipratropium bromide	none
	Spiriva		
Leukotriene Modifiers	Accolate	none	
	Singularir		
			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*

*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	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic or OTC	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
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.
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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 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	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>			

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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
Anti-inflammatory Agents (continued)	<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	
		flucinolone	
		flucinonide	
	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.
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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
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**
			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*		

Prenatal Vitamins 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 or OTC	Non-Preferred Brand
Prenatal Vitamins (continued)	<i>Prenatal Vitamins continued from previous page</i>		
	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		
<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	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*
			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