

# ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL

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

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>First Generation Antihistamine Agents</b>	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*

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

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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
<b>First Generation Antihistamine Agents (continued)</b>	<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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<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		
			Abelcet
			Ambisome
			Amphotec
			Ancobon
			Cancidas
		fluconazole	Diflucan*
			Eraxis
		griseofulvin microsize	Grifulvin V*
		terbinafine	Lamisil*
			Mycamine
		nystatin	Mycostatin*
			Noxafil
		itraconazole	Sporanox*
voriconazole	Vfend*		
amphotericin B			
ketoconazole			
<b>Antimalarials</b>	Daraprim		
		chloroquine	Aralen Phosphate*
			Coartem
			Fansidar
		mefloquine	Lariam*
			Malarone
		hydroxychloroquine	Plaquenil*
	Qualaquin		
<b>Antituberculosis Agents</b>	none		Capastat Sulfate
		ethambutol	Myambutol*
			Mycobutin
			Paser
			Priftin
		rifampin	Rifadin*
		rifampin and isoniazid	Rifamate*
			Rifater
		cycloserine	Seromycin*
			Trecator
<i>Antituberculosis Agents continued on next page</i>			

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	Preferred Brand	Preferred Generic or OTC	Non-Preferred Brand			
<b>Antituberculosis Agents (continued)</b>	<i>Antituberculosis Agents continued from previous page</i>					
	none	isoniazid pyrazinamide				
	<b>Cephalosporins</b>	none	cefuroxime cefotaxime ceftazidime cephalexin cefepime cefdinir ceftriaxone cefditoren ceftazidime cefepime cefuroxime cefaclor cefadroxil cefazolin cefprozil	Cedax Ceftin* Claforan* Fortaz* Keflex* Maxipime* Omnicef* Raniclor Rocephin* Spectracef* Suprax Tazicef* Teflaro** Vantin* Zinacef *		
<b>Chloramphenicol</b>		none	chloramphenicol	none		
<b>Interferons</b>		Infergen Pegasys	none	Alferon N Intron A PegIntron		
		<b>Macrolides</b>	none	clarithromycin clarithromycin ER erythromycin ethylsuccinate azithromycin erythromycin base erythromycin ethylsuccinate and sulfisoxazole	Biaxin* Biaxin XL* E.E.S.* EryPed Erythrocin Lactobionate Erythrocin Stearate Ketek PCE Zithromax* Zmax	
			<b>Miscellaneous Antibacterials</b>	Cleocin*	clindamycin bacitracin colistimethate vancomycin	Baciim* Coly-Mycin M* Cubicin Helidac Lincocin Pylera Synercid Vancocin* Vibativ** Xifaxan Zyvox
					polymyxin B sulfate	

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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
<b>Miscellaneous Antimycobacterials</b>	none	dapsone	none
<b>Miscellaneous Antiprotozoals</b>	none		Alinia
		metronidazole	Flagyl*
			Flagyl ER
			Mepron
			Nebupent
		pentamidine tinidazole	Pentam 300* Tindamax*
<b>Miscellaneous Antivirals</b>	none	foscarnet	Foscavir*
<b>Miscellaneous <math>\beta</math>-Lactams</b>	none		Azactam
			Cayston**
			Doribax
			Invanz
		cefoxitin	Mefoxin*
			Merrem
			Primaxin
	cefotetan		
<b>Neuraminidase Inhibitors</b>	Relenza <sup>†</sup> Tamiflu <sup>†</sup>	none	none
<sup>†</sup> The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.			
<b>Nucleosides and Nucleotides</b>	none		Baraclude
		ribavirin	Copegus*
		ganciclovir	Cytovene*
		famciclovir	Famvir*
			Hepsera
		ribavirin	Rebetol*
			Tyzeka
			Valcyte
		valacyclovir	Valtrex*
			Virazole
	Vistide		
	acyclovir	Zovirax*	
<b>Penicillins</b>	Amoxil*	amoxicillin	
		amoxicillin and clavulanate	Augmentin*
		amoxicillin and clavulanate	Augmentin ES*
		amoxicillin and clavulanate	Augmentin XR*
			Bicillin C-R
			Bicillin L-A
			Moxatag
		nafcillin	Nallpen*
		penicillin G	Pfizerpen*
			Ticar
			Timentin
		ampicillin and sulbactam	Unasyn*
		piperacillin and tazobactam	Zosyn*
		ampicillin	
		dicloxacillin	
		oxacillin	
	penicillin V		
	piperacillin		

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	<b>Preferred Brand</b>	<b>Preferred Generic or OTC</b>	<b>Non-Preferred Brand</b>
<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 sulfamethoxazole and trimethoprim sulfadiazine	Septra* Septra DS*
<b>Tetracyclines</b>	none	doxycycline	Adoxa*
			Doryx
		minocycline	Dynacin*
		minocycline	Minocin*
			Morgidox**
		minocycline	Myrac*
			Terramycin
			Tygacil
		doxycycline	Vibramycin*
		doxycycline	Vibra-tabs*
<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*	donepezil	
	Aricept ODT*	donepezil	
		rivastigmine	Cognex Exelon*
		galantamine	Namenda Razadyne*
		galantamine	Razadyne ER*
<b>Antidepressants</b>	Lexapro		
		clomipramine	Anafranil*
			Aplenzin
		citalopram	Celexa*
			Cymbalta
		venlafaxine	Effexor*
		venlafaxine	Effexor XR *
			Emsam
		amitriptyline and chlordiazepoxide	Limbitrol*
			Luvox CR
			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*
			Silenor**
		trimipramine	Surmontil*
			Symbyax
		imipramine	Tofranil*
		imipramine	Tofranil-PM*
			Viibryd**
		protriptyline	Vivactil*
		bupropion	Wellbutrin*
	bupropion	Wellbutrin SR*	
	bupropion	Wellbutrin XL*	
	sertraline	Zoloft*	
	amitriptyline		
	amoxapine		
	doxepin		
	fluvoxamine		
	maprotiline		
	nefazodone		
	perphenazine and amitriptyline		
	<i>Antidepressants continued on next page</i>		

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

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	Preferred Brand	Preferred Generic	Non-Preferred Brand
<b>Cerebral Stimulants/            Agents Used for ADHD            (Long-Acting)            (continued)</b>	<i>Cerebral Stimulants/Agents Used for ADHD (Long-Acting) continued from previous page</i>		
			Provigil
			Ritalin LA
			Strattera

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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</b>	none	perindopril	Aceon*
		quinapril	Accupril*
		quinapril and HCTZ	Accuretic*
		ramipril	Altace*
		benazepril	Lotensin*
		benazepril and HCTZ	Lotensin HCT*
		trandolapril	Mavik*
		lisinopril	Prinivil*
		lisinopril and HCTZ	Prinzide*
		trandolapril and verapamil	Tarka*
		moexipril and HCTZ	Uniretic*
		moexipril	Univasc*
		enalapril and HCTZ	Vaseretic*
		enalapril	Vasotec*
		lisinopril and HCTZ	Zestoretic*
		lisinopril	Zestril*
	captopril		
	captopril and HCTZ		
	fosinopril		
	fosinopril and HCTZ		
<b>Alpha-Adrenergic Blocking Agents</b>	none	doxazosin	Cardura*
			Cardura XL
		prazosin	Minipress*
		terazosin	
<b>Angiotensin II Receptor Antagonists</b>	Avalide		
	Avapro		
	Benicar		
	Benicar HCT		
			Atacand
			Atacand HCT
		losartan	Cozaar*
			Diovan
			Diovan HCT
			Edarbi**
		losartan and HCTZ	Hyzaar*
			Micardis
			Micardis HCT
		Teveten	
		Teveten HCT	
		Twynsta	
<b>Antiarrhythmic Agents</b>	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
<b>Beta-Adrenergic Blocking Agents</b>	none	sotalol	Betapace*
		sotalol	Betapace AF*
			Bystolic
		carvedilol	Coreg*
			Coreg CR
		nadolol	Corgard*
		nadolol and bendroflumethiazide	Corzide*
		propranolol	Inderal LA*
			InnoPran XL
		betaxolol	Kerlone*
			Levatol
		metoprolol	Lopressor*
		metoprolol and HCTZ	Lopressor HCT*
		acebutolol	Sectral*
		atenolol and chlorthalidone	Tenoretic*
		atenolol	Tenormin*
		metoprolol	Toprol XL*
		labetalol	Trandate*
		bisoprolol	Zebeta*
		bisoprolol and HCTZ	Ziac*
	pindolol		
	propranolol and HCTZ		
	timolol		
<b>Calcium-Channel Blocking Agents</b>	none	nifedipine	Adalat CC*
			Azor
		verapamil	Calan*
		verapamil	Calan SR*
			Cardene SR
		diltiazem	Cardizem*
		diltiazem	Cardizem CD*
		diltiazem	Cardizem LA*
			Covera-HS
		diltiazem	Dilacor XR*
			DynaCirc CR
			Exforge
			Exforge HCT
		verapamil	Isoptin SR*
		amlodipine and benazepril	Lotrel*
			Matzim LA**
		nimodipine	Nimotop*
		amlodipine	Norvasc*
		nifedipine	Procardia*
		nifedipine	Procardia XL*
			Sular
		diltiazem	Tiazac*
			Tribenzor**
		verapamil	Verelan*
		verapamil	Verelan PM*
		felodipine	
isradipine			
nicardipine			
nisoldipine			
<b>Cardiotonic Agents</b>	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
<b>Central Alpha-Agonists</b>	none	clonidine	Catapres*
		clonidine	Catapres-TTS*
			Nexiclon**
		guanfacine	Tenex*
		clonidine and chlorthalidone	
		guanabenz	
		methyldopa	
<b>Direct Vasodilators</b>	none		BiDil
			Proglycem
		hydralazine	
<b>Diuretics</b>	none	minoxidil	
		toremide	Demadex*
			Diuril
		chlorothiazide	Diuril Sodium*
		triamterene and HCTZ	Dyazide*
			Edecrin
		furosemide	Lasix*
		triamterene and HCTZ	Maxzide*
		hydrochlorothiazide (HCTZ)	Microzide*
		amiloride	Midamor*
			Samsca
			Thalitone
		metolazone	Zaroxolyn*
		amiloride and HCTZ	
		bumetanide	
<b>Mineralocorticoid (Aldosterone) Receptor Antagonists</b>	none	chlorthalidone	
		indapamide	
		methyclothiazide	
<b>Mineralocorticoid (Aldosterone) Receptor Antagonists</b>	none	spironolactone and HCTZ	Aldactazide*
		spironolactone	Aldactone*
		eplerenone	Inspra*
<b>Miscellaneous Cardiac Drugs</b>	none	none	Ranexa
<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*
			Nitrolingual
			NitroMist
<b>Peripheral Adrenergic Inhibitors</b>	none	nitroglycerin	Nitrostat*
		amyl nitrite	
<b>Peripheral Adrenergic Inhibitors</b>	none	reserpine	none
			Aggrenox
			Effient
		dipyridamole	Persantine*
			Plavix
<b>Platelet-Aggregation Inhibitors</b>	none	cilostazol	Pletal*
			Zorprin CR
		ticlopidine	

\*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</b>	<b>Non-Preferred Brand</b>
<b>Renin Inhibitors</b>	none	none	Amturnide**
			Tekamlo**
			Tekturna
			Tekturna HCT
			Valturna
<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
<b>HMG-CoA Reductase Inhibitors</b>	none		Advicor
			Altoprev
			Caduet
			Crestor
			Lescol
			Lescol XL
			Lipitor
			Livalo**
		lovastatin	Mevacor*
		pravastatin	Pravachol*
			Simcor
		simvastatin	Vytorin
	Zocor*		
<b>Miscellaneous Antilipemic Agents</b>	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.

<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>Alpha-Glucosidase Inhibitors</b>	Glyset		
		acarbose	Precose*
<b>Amylinomimetics</b>	none	none	Symlin
<b>Biguanides</b>	none		Fortamet
		metformin	Glucophage*
		metformin ER	Glucophage XR*
			Glumetza
			Riomet
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>	none	none	Januvia
			Janumet
			Kombiglyze**
			Onglyza
			Tradjenta**
<b>Incretin Mimetics</b>	none	none	Byetta
			Victoza
<b>Insulins</b>	Humalog		
	Lantus		
		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)
		Levemir	
		Novolog	
		Novolog Mix 70/30	
<b>Meglitinides</b>	Prandin		
			PrandiMet
		nateglinide	Starlix*
<b>Sulfonylureas</b>	none	glimepiride	Amaryl*
		glyburide	DiaBeta*
		glipizide	Glucotrol*
		glipizide ER	Glucotrol XL*
		glyburide and metformin	Glucovance*
		glyburide	Glynase*
		glipizide and metformin	Metaglip*
		chlorpropamide	
		tolazamide	
	tolbutamide		
<b>Thiazolidinediones</b>	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.

<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>	Astepro		
		Refresh*	
		Zaditor*	
			Alamast
			Alocril
			Alomide
		azelastine	Astelin*
			Bepreve
		epinastine	Elestat *
			Emadine
			Lastacaft**
		azelastine	Optivar*
			Pataday
		Patanase	
		Patanol	
		cromolyn	
		ketotifen	
<b>Antibacterials</b>	AzaSite		
	Bactroban Nasal		
	Blephamide		
	Blephamide S.O.P.		
	Bleph-10*	sulfacetamide	
	Neosporin*	neomycin, polymyxin B and gramicidin	
	Poly-Pred		
	Tobrex*	tobramycin	
			Besivance
			Cetraxal
		ciprofloxacin	Ciloxan*
			Cipro HC
			Ciprodex
			Coly-Mycin S
		neomycin, polymyxin B and hydrocortisone	Cortisporin*
			Cortisporin-TC
		gentamicin	Garamycin*
		erythromycin base	Ilotycin*
			Iquix
		neomycin, polymyxin B and dexamethasone	Maxitrol*
		ofloxacin	Ocuflox*
		doxycycline	Periostat*
		polymyxin B and trimethoprim	Polytrim*
			Pred-G
		levofloxacin	Quixin*
		tobramycin and dexamethasone	TobraDex*
			TobraDex ST
		Vigamox	
		Zylet	
		Zymar	
		Zymaxid	
	bacitracin		
	bacitracin and polymyxin B		
	neomycin, bacitracin and polymyxin B		
	neomycin, bacitracin, polymyxin B and hydrocortisone		
	sulfacetamide and prednisolone		

\*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>Intranasal Corticosteroids</b>	Beconase AQ		
	Nasacort AQ		
	Nasonex		
		fluticasone propionate	Flonase*
			Omnaris
			Rhinocort Aqua
			Veramyst
<b>Vasoconstrictors</b>		flunisolide	
	Tyzine		
			Adrenalin Chloride
		phenylephrine	Mydrin*
	naphazoline		

\*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</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>5-HT<sub>3</sub> Receptor Antagonists</b>	none		Aloxi
			Anzemet
			Granisol
		granisetron	Kytril*
			Sancuso
		ondansetron	Zofran*
		ondansetron	Zofran ODT*
<b>Antihistamine Antiemetics</b>	none		Zuplenz
			Antivert
		trimethobenzamide	Tigan*
		dimenhydrinate	
<b>Miscellaneous Antiemetics</b>	none		
			Cesamet
			Emend
		dronabinol	Marinol*
			Scopace
<b>Proton-Pump Inhibitors</b>	none		Transderm-Scop
		Prilosec OTC	
		Zegerid OTC	
			Aciphex
			Dexilant
			lansoprazole (generic)
			Nexium
			omeprazole/sodium bicarbonate (generic)
			pantoprazole (generic)
			Prevacid*
			Prevpac
omeprazole	Prilosec*		
	Protonix*		

\*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.

<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>Genitourinary Smooth Muscle Relaxants</b>	Oxytrol		
			Detrol
			Detrol LA
		oxybutynin	Ditropan XL*
			Enablex
			Gelnique
		tropium	Sanctura*
			Sanctura XR
			Toviaz
			Vesicare
	flavoxate		

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

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

**ALABAMA MEDICAID AGENCY  
PDL REFERENCE TOOL – Pain Management & Autonomic Agents**

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

<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 or PA Generic</b>
<b>Centrally Acting Skeletal Muscle Relaxants</b>	none		Amrix
			carisoprodol (generic)
			carisoprodol/aspirin (generic)
			codeine/carisoprodol/aspirin (generic)
			Fexmid
		chlorzoxazone	Parafon Forte DSC*
		methocarbamol	Robaxin*
		metaxalone	Skelaxin*
			Soma*
		tizanidine	Zanaflex*
	cyclobenzaprine		
<b>Direct-Acting Skeletal Muscle Relaxants</b>	none	dantrolene	Dantrium*
<b>GABA-derivative Skeletal Muscle Relaxants</b>	none		Gablofen**
		baclofen	Lioresal Intrathecal
<b>Miscellaneous Skeletal Muscle Relaxants</b>	none	orphenadrine	Norflex*
		orphenadrine/aspirin/caffeine	
<b>Opiate Agonists</b>	none		Abstral**
		fentanyl	Actiq*
		alfentanil	Alfenta*
		morphine	Astramorph-PF*
			Capital w/codeine
		meperidine	Demerol*
			Depodur
		hydromorphone	Dilaudid*
		methadone	Dolophine*
		fentanyl	Duragesic*
		morphine	Duramorph*
			Fentora
		codeine/butalbital/acetaminophen/caffeine	Fioricet w/codeine*
		codeine/butalbital/aspirin/caffeine	Fiorinal w/codeine*
			Hycet
			Ibudone
			Infumorph
		hydrocodone/acetaminophen	Lorcet*
		hydrocodone/acetaminophen	Lortab*
			Magnacet
		hydrocodone/acetaminophen	Maxidone*
		methadone	Methadose*
		hydrocodone/acetaminophen	Norco*
			Nucynta
			Numorphan
			Onsolis
		oxymorphone	Opana*
		dihydrocodeine/acetaminophen/caffeine	Panlor SS*
		oxycodone/acetaminophen	Percocet*
		oxycodone/aspirin	Percodan*
<i>Opiate Agonists 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	Non-Preferred Brand or PA Generic
<b>Opiate Agonists (continued)</b>	<i>Opiate Agonists continued from previous page</i>		
	none		Primlev
			Reprexain
		oxycodone	Roxicodone*
			Rybix ODT
			Ryzolt
		fentanyl	Sublimaze*
		sufentanil	Sufenta*
			Synalgos-DC
			Trezix
		acetaminophen/codeine	Tylenol w/codeine*
		oxycodone/acetaminophen	Tylox*
			Ultiva
		tramadol/acetaminophen	Ultracet*
		tramadol	Ultram*
		tramadol	Ultram ER*
		hydrocodone/acetaminophen	Vicodin*
		hydrocodone/ibuprofen	Vicoprofen*
		hydrocodone/acetaminophen	Xodol*
			Xolox
		Zamicet	
	dihydrocodeine/acetaminophen/caffeine	ZerLor*	
		Zolvit**	
		Zydone	
	codeine		
	ibuprofen/oxycodone		
	levorphanol		
	opium/belladonna		
<b>Opiate Partial Agonists</b>	none		Buprenex
			buprenorphine (generic)
			Butrans**
			Suboxone
			Subutex*
			Talwin
		butorphanol	
		nalbuphine	
		pentazocine/acetaminophen	
	pentazocine/naloxone		
<b>Selective Serotonin Agonists</b>	Maxalt MLT		
		naratriptan	Amerge*
			Axert
			Frova
		sumatriptan	Imitrex*
			Maxalt
			Relpax
			Sumavel DosePro
			Treximet
		Zomig	
		Zomig ZMT	

\*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 Antimuscarinics</b>	Atrovent HFA		none
	Spiriva		
		ipratropium bromide	
<b>Inhaled Mast-Cell Stabilizers</b>	none	cromolyn sodium	none
<b>Leukotriene Modifiers</b>	Accolate*	zafirlukast	
	Singulair		
			Zyflo
			Zyflo CR
<b>Orally Inhaled Corticosteroids</b>	Advair Diskus		
	Advair HFA		
	Aerobid		
	Aerobid-M		
	Asmanex		
	Dulera		
	Flovent Diskus		
	Flovent HFA		
	QVAR		
			Alvesco
		budesonide	Pulmicort*
		Symbicort	
<b>Respiratory Beta-Adrenergic Agonists</b>	Combivent		
	Foradil		
	Maxair Autohaler		
	ProAir HFA		
	Proventil HFA		
	Serevent Diskus		
	Ventolin HFA		
	Xopenex HFA		
		albuterol	Accuneb*
			Brovana
		albuterol/ipratropium	Duoneb*
			Perforomist
		levalbuterol	Xopenex*
		metaproterenol	
	terbutaline		
<b>Respiratory Smooth Muscle Relaxants</b>	none		Broncomar-1
			Difil-G
		guaifenesin/dyphylline	Difil-G Forte*
			Dilex-G
			Elixophyllin
			Lufyllin
		guaifenesin/dyphylline	Lufyllin-GG*
			Theo-24
		aminophylline	
		dyphylline	
	theophylline		

\*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.

<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>Antifungals</b>	none		Bensal HP
			Ertaczo
			Exelderm
			Gynazole-1
		ketoconazole	Kuric*
			Lamisil
		ciclopirox	Loprox*
		clotrimazole and betamethasone	Lotrisone*
			Mentax
		clotrimazole	Mycelex*
			Naftin
			Nuzole**
			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			
<b>Anti-inflammatory Agents</b>	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*	
<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.  
 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
<b>Anti-inflammatory Agents (continued)</b>	<i>Anti-inflammatory Agents continued from previous page</i>		
			Cortifoam
		fluticasone	Cutivate*
		prednicarbate	Dermatop*
			Desonate
		desonide	Desowen*
		betamethasone dipropionate and propylene glycol	Diprolene*
		betamethasone dipropionate and propylene glycol	Diprolene AF*
		mometasone	Elocon*
			Halog
		hydrocortisone	Hytone*
			Kenalog
		hydrocortisone butyrate	Locoid*
			Locoid Lipocream
			Luxiq
			Nucort
		hydrocortisone acetate and aloe vera	Nuzon*
		clobetasol	Olux*
			Olux-E
		triamcinolone	Oralone in Orabase*
			Pandel
		hydrocortisone	Proctocort*
		hydrocortisone	Proctocream-HC*
		hydrocortisone	Proctofoam-HC
			Psorcon E
		clobetasol	Temovate*
			Texacort
		desoximetasone	Topicort*
		desoximetasone	Topicort LP*
		halobetasol	Ultravate*
			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>	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		
<i>Antipruritics and Local Anesthetics 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 or PA Generic	
<b>Antipruritics and Local Anesthetics (continued)</b>	<i>Antipruritics and Local Anesthetics continued from previous page</i>			
	none	hydrocortisone, lidocaine and aloe vera	Rectigel HC*	
			Synera	
			Zonalon	
		ethyl chloride lidocaine		
<b>Antivirals</b>	Zovirax	none		
			Denavir	
			Veregen Xerese**	
<b>Astringents</b>	none	aluminum chloride	Drysol* Xerac AC	
<b>Keratolytic Agents</b>	none		Aluvea** Carmol 40* Kerafoam	
		urea	Keralac* Kerol* Kerol ZX	
		urea	Remeven*	
		urea	Salex* Salitop* Salkera	
		urea	Umecta* Umecta PD	
		salicylic acid	Uramaxin	
		salicylic acid	Vanamide*	
		urea		
		urea		
		urea, lactic acid and salicylic acid		
<b>Keratoplastic Agents</b>	none		Doak Tar Distillate	
		coal tar		
<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		
		silver nitrate		
<b>Miscellaneous Skin and Mucous Membrane Agents</b>	none	imiquimod	Aldara* Artiss Carac	
		podofilox	Condylox* Constant-Clens	
		calcipotriene	Dovonex*	
		fluorouracil	Efudex* Elidel	
			Fluoroplex	
		formaldehyde	Formalaz*	
		formaldehyde	Lazerformalyde* Metvixia**	
			Qutenza	
			Panretin	
			Podocon-25	
			Protopic	
			Regranex	
			Santyl	
		<i>Miscellaneous Skin and Mucous Membrane 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.  
 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
<b>Miscellaneous Skin and Mucous Membrane Agents (continued)</b>	<i>Miscellaneous Skin and Mucous Membrane Agents continued from previous page</i>		
	none		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			
<b>Scabicides and Pediculicides</b>	none	permethrin	Acticin*
		permethrin	Elimite*
			Eurax
			lindane (generic)
			Natroba**
		malathion	Ovide *
			Ulesfia
	piperonyl butoxide and pyrethrins		

\*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.

<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>Estrogens</b>	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
		norethindrone and ethinyl estradiol	FemHRT*
			Femring
			Femtrace
			Menostar
	estropipate	Ogen*	
		Prefest	
		Premarin (Cream)	
		Premphase	
		Prempro	
		Vagifem	
		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	Citranatal B-Calm*
		prenatal vitamins, iron, folic acid, DHA, docusate	Citranatal DHA*
			Citranatal Harmony
		prenatal vitamins, iron, folic acid, docusate	Citranatal Rx*
		prenatal vitamins, iron, folic acid, DHA	Concept DHA*
		prenatal vitamins, iron, folic acid	Concept OB*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	Duet DHA Balanced*
		prenatal vitamins, iron, folic acid, DHA	Duet DHA Complete*
		folic acid, calcium, b vitamins	Folbecal*
		prenatal vitamins, iron, folic acid	Gesticare*
		prenatal vitamins, iron, folic acid, DHA	Gesticare DHA*
		iron, ascorbic acid, cyanocobalamin, folic acid	Icar-C Plus*
			Icar-C Plus SR
			Maxinate
			Natalvit
			Natelle C
		prenatal vitamins, iron, folic acid, DHA	Natelle One*
		prenatal vitamins, iron, folic acid, DHA	Natelle Plus*
prenatal vitamins, iron, folic acid	Natelle-ez*		
prenatal vitamins, iron, folic acid, DHA	Navatab+DHA*		
<i>Prenatal Vitamins continued on next page</i>			

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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
<b>Prenatal Vitamins (continued)</b>	<i>Prenatal Vitamins continued from previous page</i>		
	none	prenatal vitamins, iron, folic acid, l-methylfolate	Neevo*
		prenatal vitamins, iron, folic acid, l-methylfolate, DHA	Neevo DHA*
			Nexa Select
		prenatal vitamins, iron, folic acid	OB Complete*
		prenatal vitamins, iron, folic acid, DHA, omega-3 fatty acids	OB Complete 400*
			OB Complete Premier
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	OB-Natal One*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	OB-Natal One*
		prenatal vitamins, iron, folic acid, DHA	Paire OB Plus DHA*
		prenatal vitamins, iron, folic acid	Prefera-OB*
			Prefera-OB One
		prenatal vitamins, iron, folic acid, DHA	Prefera-OB Plus DHA*
		prenatal vitamins, iron, folic acid, DHA	Prenate DHA*
		prenatal vitamins, iron, folic acid	Prenate Elite*
		prenatal vitamins, iron, folic acid, DHA	Prenate Essential*
		prenatal vitamins, iron, folic acid, docusate, DHA	Prenexa*
			Prenexa Premier
		prenatal vitamins, iron, folic acid, DHA	Preque 10*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	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*
			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
			Tricare Prenatal DHA One
		prenatal vitamins, iron, folic acid, docusate	Vinacal*
			Vinate AZ
			Vinate AZ Extra
		prenatal vitamins, iron, folic acid	Vinate C*
			Vinate Calcium
		prenatal vitamins, iron, folic acid	Vinate Care*
			Vinate GT
		prenatal vitamins, iron, folic acid	Vinate IC*
			Vinate II
		prenatal vitamins, iron, folic acid, selenium	Vinate M*
		prenatal vitamins, iron, folic acid	Vinate One*
		prenatal vitamins, iron, folic acid, docusate	Vinate PN Care*
		prenatal vitamins, iron, folic acid, docusate	Vinate Ultra*
		prenatal vitamins, iron, folic acid	Vitafol-OB*
		prenatal vitamins, iron, folic acid, DHA	Vitafol-OB+DHA*
		Vitafol-PN	
		Viva DHA	
	iron, docusate, folic acid		
	prenatal vitamins, iron, folic acid, DHA, EPA, omega-3 fatty acids		

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