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.			
DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
First Generation Antihistamine Agents	none	carbinoxamine	Arbinoxa*
			J-Tan PD
			Karbinal ER
		clemastine	
		diphenhydramine	
		phenylephrine and chlorpheniramine	

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Effective 10/01/2016

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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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Adamantanes	none	amantadine	
		rimantadine	Flumadine*
Amebicides	none	paromomycin	none
Aminoglycosides	Bethkis		
	Kitabis		
		tobramycin	TOBI*
			TOBI Podhaler
		amikacin	
		gentamicin	
		neomycin	
		paromomycin	
		streptomycin	
		tobramycin	
Anthelmintics	none		Albenza
			Biltricide
			Emverm
		ivermectin	Stromectol*
Antifungals	none		Abelcet
			AmBisome
		flucytosine	Ancobon*
			Cancidas
			Cresemba**
		fluconazole	Diflucan*
			Eraxis
		griseofulvin microsize	Grifulvin V*
		griseofulvin ultramicrosize	Gris-Peg*
		terbinafine	Lamisil*
			Mycamine
			Noxafil
			Onmel
		itraconazole	Sporanox*
		voriconazole	Vfend*
		amphotericin B	
		ketoconazole	
		nystatin	
Antimalarials	none		Coartem
			Daraprim
		atovaquone and proguanil	Malarone*
		hydroxychloroquine	Plaquenil*
		quinine	Qualaquin*
		chloroquine	
		mefloquine	
		primaquine	

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DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Antituberculosis Agents	none		Capastat Sulfate
		ethambutol	Myambutol*
		rifabutin	Mycobutin*
			Paser
			Priftin
		rifampin	Rifadin*
			Rifamate
			Rifater
			Sirturo
			Trecator
		cycloserine	
		Isoniazid	
		pyrazinamide	
Cephalosporins	none		Avycaz**
		ceftibuten	Cedax*
		cefuroxime	Ceftin*
		cefotaxime	Claforan*
		ceftazidime	Fortaz*
		cephalexin	Keflex*
		cefepime	Maxipime*
		cefixime	Suprax*
		ceftazidime	Tazicef*
			Teflaro
			Zerbaxa**
		cefuroxime	Zinacef *
		cefaclor	
		cefadroxil	
		cefazolin	
		cefdinir	
		cefpodoxime	
		cefprozil	
		ceftriaxone	
Chloramphenicol	none	chloramphenicol	
HCV Antivirals	Harvoni[CC]	none	
	Technivie[CC]		
	Viekira Pak[CC]		
	Zepatier[CC]		
			Daklinza
			Epclusa**
			Olysio
			Sovaldi
			Viekira XR**
Interferons	PegIntron	none	
			Intron A
			Pegasys

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DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Macrolides	none	clarithromycin	Biaxin*
			Dificid
		erythromycin ethylsuccinate	E.E.S.*
			EryPed
			Ketek
			PCE
		azithromycin	Zithromax*
			Zmax
		clarithromycin ER	
		erythromycin base	
Miscellaneous Antibacterials	none	bacitracin	Baciim*
		clindamycin	Cleocin*
		colistimethate	Coly-Mycin M*
			Cubicin
			Dalvance**
			Lincocin
			Orbactiv**
			Pylera
			Sivextro**
			Synercid
		vancomycin	Vancocin*
			Vibativ
			Xifaxan
		linezolid	Zyvox*
		polymyxin B sulfate	
Miscellaneous Antimycobacterials	none	dapsone	none
Miscellaneous Antiprotozoals	Mepron*		atovaquone (generic)
			Alinia
		metronidazole	Flagyl*
			Flagyl ER
			NebuPent
			Pentam 300
		tinidazole	Tindamax*
Miscellaneous Antivirals	none	foscarnet	none
Miscellaneous β-Lactams	none	aztreonam	Azactam*
			Cayston
			Doribax
			Invanz
			Mefoxin
		meropenem	Merrem*
		imipenem and cilastatin	Primaxin*
		cefotetan	
		cefoxitin	
Neuraminidase Inhibitors †The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC	Relenza†	none	none
	Tamiflu†		

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	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Nucleosides and Nucleotides	none	entecavir	Baraclude*
		ribavirin	Copegus*
		ganciclovir	Cytovene*
		famciclovir	Famvir*
		adefovir	Hepsera*
		ribavirin	Rebetol*
			Sitavig*
			Tyzeka
		valganciclovir	Valcyte*
		valacyclovir	Valtrex*
			Virazole
		acyclovir	Zovirax*
		cidofovir	
Penicillins	none	amoxicillin and clavulanate	Augmentin*
		amoxicillin and clavulanate	Augmentin XR*
			Bicillin C-R
			Bicillin L-A
			Moxatag
		penicillin G	Pfizerpen*
		ampicillin and sulbactam	Unasyn*
		piperacillin and tazobactam	Zosyn*
		amoxicillin	
		ampicillin	
		dicloxacillin	
		nafcillin	
		oxacillin	
		penicillin V	
Quinolones	none	moxifloxacin	Avelox *
		ciprofloxacin	Cipro*
		ciprofloxacin ER	Cipro XR*
		levofloxacin	Levaquin*
		ofloxacin	
Sulfonamides	none	sulfasalazine	Azulfidine*
		sulfamethoxazole and trimethoprim	Bactrim*
		sulfamethoxazole and trimethoprim	Bactrim DS*
		sulfamethoxazole and trimethoprim	Sulfatrim*
		sulfadiazine	
Tetracyclines	none	doxycycline	Adoxa*
		doxycycline	Doryx*
		doxycycline	Morgidox*
			Tygacil
		doxycycline	Vibramycin*
		demeclocycline	
		minocycline	
		tetracycline	

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	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Urinary Anti-infectives	none	nitrofurantoin	Furadantin*
		methenamine	Hiprex*
		nitrofurantoin and nitrofurantoin macrocrystals	Macrobid*
		nitrofurantoin macrocrystals	Macrodantin*
			Monurol
			Primsol
			Urimar-T
		methenamine, methylene blue, phenyl salicylate, sodium phosphate, and hyoscyamine	Urin D.S.*
		methenamine, methylene blue, phenyl salicylate, sodium phosphate, and hyoscyamine	Utira-C*
		methenamine, sodium phosphate, methylene blue and hyoscyamine	
		trimethoprim	

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DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Alzheimer's Agents	Aricept*	donepezil	
		rivastigmine	Exelon*
		memantine	Namenda*
			Namenda XR
			Namzaric
		galantamine	Razadyne*
		galantamine	Razadyne ER*
Antidepressants	none	clomipramine	Anafranil*
			Aplenzin
			Brisdelle
		citalopram	Celexa*
		duloxetine	Cymbalta*
			Desvenlafaxine ER
		venlafaxine	Effexor XR*
			Emsam
			Fetzima
			Forfivo XL
		duloxetine	Irenka*
		desvenlafaxine	Khedezla*
		escitalopram	Lexapro*
			Marplan
		phenelzine	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*
			Silenor
			Surmontil
		imipramine	Tofranil*
		imipramine	Tofranil-PM*
			Trintellix (formerly Brintellix)
			Viibryd
		bupropion	Wellbutrin*
		bupropion	Wellbutrin SR*
		bupropion	Wellbutrin XL*
		sertraline	Zoloft*
		amitriptyline	
		amitriptyline and chlordiazepoxide	
		amoxapine	
		doxepin	
		protriptyline	
	Antidepressants continued on next page		

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	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Antidepressants (continued)	*Antidepressants continued from previous page*		
		fluvoxamine	
		maprotiline	
		nefazodone	
		trazodone	
		venlafaxine	
Anxiolytics, Sedatives, and Hypnotics: Barbiturates	none		Amytal Sodium
			Butisol Sodium
			Seconal Sodium
		phenobarbital	
Anxiolytics, Sedatives, and Hypnotics: Benzodiazepines	Diastat*		diazepam rectal kit (generic)
	Diastat AcuDial*		diazepam rectal kit (generic)
			Alprazolam Intensol
		lorazepam	Ativan*
		triazolam	Halcion*
		clonazepam	Klonopin*
		lorazepam	Lorazepam Intensol*
		temazepam	Restoril*
		clorazepate	Tranxene*
		alprazolam	Xanax*
		alprazolam ER	Xanax XR*
		chlordiazepoxide	
		diazepam	
		estazolam	
		flurazepam	
		midazolam	
		oxazepam	
Anxiolytics, Sedatives, and Hypnotics: Miscellaneous Agents	none	zolpidem	Ambien*
		zolpidem	Ambien CR*
			Belsomra
			Edluar
			Hetlioz
		zolpidem	Intermezzo*
		eszopiclone	Lunesta*
		dexmedetomidine	Precedex*
			Rozerem
		zaleplon	Sonata*
		hydroxyzine	Vistaril*
		buspirone	
		droperidol	
		meprobamate	

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	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Cerebral Stimulants/ Agents Used for ADHD (Short- and Intermediate-Acting)	Focalin*		dexmethylphenidate IR (generic)
	Ritalin*	methylphenidate	
		amphetamine-dextroamphetamine	Adderall*
		methamphetamine	Desoxyn*
		dextroamphetamine	Dexedrine*
			Evekeo
		methylphenidate	Metadate ER*
		methylphenidate	Methylin*
		dextroamphetamine	ProCentra*
		dextroamphetamine	Zenzedi*
Cerebral Stimulants/ Agents Used for ADHD (Long-Acting)	Adderall XR*		amphetamine-dextroamphetamine (generic)
	Focalin XR*		dexmethylphenidate ER (generic)
	Kapvay*		clonidine ER (generic)
	Strattera		
	Vyvanse		
			Adzenys XR
			Aptensio
		methylphenidate	Concerta*
			Daytrana
			Dyanavel XR
		guanfacine ER	Intuniv*
		methylphenidate	Metadate CD*
			Quillichew ER
			Quillivant
		methylphenidate	Ritalin LA*
Wakefulness Promoting Agents	Provigil*		modafinil (generic)
		armodafonil	Nuvigil*
			Xyrem

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DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
ACE Inhibitors	none	quinapril	Accupril*
		quinapril and HCTZ	Accuretic*
		ramipril	Altace*
			Epaned
		benazepril	Lotensin*
		benazepril and HCTZ	Lotensin HCT*
		trandolapril	Mavik*
		lisinopril	Prinivil*
		lisinopril and HCTZ	Prinzide*
			Qbrelis
		trandolapril and verapamil ER	Tarka*
		enalapril and HCTZ	Vaseretic*
		enalapril	Vasotec*
		lisinopril and HCTZ	Zestoretic*
		lisinopril	Zestril*
		captopril	
		captopril and HCTZ	
		fosinopril	
		fosinopril and HCTZ	
		perindopril	
		moexipril and HCTZ	
		moexipril	
Alpha-Adrenergic Blocking Agents	none	doxazosin	Cardura*
			Cardura XL
		prazosin	Minipress*
		terazosin	
Angiotensin II Receptor Antagonists	none	candesartan	Atacand*
		candesartan and HCTZ	Atacand HCT*
		irbesartan and HCTZ	Avalide*
		irbesartan	Avapro*
			Benicar
			Benicar HCT
			Byvalson**
		losartan	Cozaar*
		valsartan	Diovan*
		valsartan and HCTZ	Diovan HCT*
			Edarbi
			Edarbyclor
			Entresto**
		losartan and HCTZ	Hyzaar*
		telmisartan	Micardis*
		telmisartan and HCTZ	Micardis HCT*
			Teveten HCT
			Tribenzor
		telmisartan and amlodipine	Twynsta*
		eprosartan	

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DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Antiarrhythmic Agents	none	amiodarone	Cordarone*
			Multaq
			Nexterone
		disopyramide	Norpace*
			Norpace CR
		amiodarone	Pacerone*
		propafenone	Rythmol*
		propafenone	Rythmol SR*
			Tikosyn
		flecainide	
		mexiletine	
		quinidine	
Oral Anticoagulants	Coumadin*	warfarin	
			Eliquis
			Pradaxa
			Savaysa
			Xarelto
Beta-Adrenergic Blocking Agents	none	sotalol	Betapace*
		sotalol	Betapace AF*
			Bystolic
		carvedilol	Coreg*
			Coreg CR
		nadolol	Corgard*
		nadolol and bendroflumethiazide	Corzide*
			Dutoprol
			Hemangeol
		propranolol	Inderal LA*
			InnoPran XL
			Levatol
		metoprolol	Lopressor*
		metoprolol and HCTZ	Lopressor HCT*
		acebutolol	Sectral*
			Sotylize
		atenolol and chlorthalidone	Tenoretic*
		atenolol	Tenormin*
		metoprolol	Toprol XL*
		labetalol	Trandate*
		bisoprolol	Zebeta*
		bisoprolol and HCTZ	Ziac*
		betaxolol	
		pindolol	
		propranolol and HCTZ	
		timolol	

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	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Calcium-Channel Blocking Agents	none	nifedipine	Adalat CC*
			Azor
		verapamil	Calan*
		verapamil	Calan SR*
		diltiazem	Cardizem*
		diltiazem	Cardizem CD*
		diltiazem	Cardizem LA*
		amlodipine and valsartan	Exforge*
		amlodipine, valsartan and HCTZ	Exforge HCT*
		amlodipine and benazepril	Lotrel*
		diltiazem	Matzim LA*
		amlodipine	Norvasc*
			Nymalize
			Prestalia**
		nifedipine	Procardia*
		nifedipine	Procardia XL*
		nisoldipine	Sular ER*
		diltiazem	Tiazac*
		verapamil	Verelan*
		verapamil	Verelan PM*
		felodipine	
		isradipine	
		nicardipine	
		nimodipine	
		nisoldipine	
Cardiotonic Agents	none	digoxin	Digitek*
		digoxin	Lanoxin*
			Lanoxin Pediatric
Central Alpha-Agonists	Catapres-TTS*		clonidine patches (generic)
		clonidine	Catapres*
		guanfacine	Tenex*
		methyldopa	
		methyldopa and HCTZ	
Direct Vasodilators	none		BiDil
			Proglycem
		hydralazine	
		minoxidil	

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DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED
	Preferred Brand	Preferred Generic	Non-Preferred Brand or PA Generic
Diuretics	none	torsemide	Demadex*
			Diuril
		triamterene and HCTZ	Dyazide*
			Dyrenium
			Edecrin
		furosemide	Lasix*
		triamterene and HCTZ	Maxzide*
		hydrochlorothiazide (HCTZ)	Microzide*
			Samsca
		amiloride	
		amiloride and HCTZ	
		bumetanide	
		chlorthalidone	
		chlorothiazide	
		indapamide	
		methyclothiazide	
		metolazone	
Mineralocorticoid (Aldosterone) Receptor Antagonists	none	spironolactone and HCTZ	Aldactazide*
		spironolactone	Aldactone*
		eplerenone	Inspra*
Miscellaneous Cardiac Drugs	none		Corlanor**
			Ranexa
Miscellaneous Hypotensive Agents	none	none	Vecamyl
Nitrates and Nitrites	Nitro-Bid		
	Nitrostat		
			Dilatrate-SR
		isosorbide dinitrate	Isordil*
		isosorbide dinitrate	Isordil Titradose*
		nitroglycerin	Minitran*
		nitroglycerin	Nitro-Dur*
		nitroglycerin	Nitrolingual*
		nitroglycerin	NitroMist*
		isosorbide mononitrate	
Peripheral Adrenergic Inhibitors	none	reserpine	none
Platelet-aggregation Inhibitors	none	aspirin and dipyridamole	Aggrenox*
			Brilinta
			Durlaza ER
			Effient
		dipyridamole	Persantine*
		clopidogrel	Plavix*
		cilostazol	Pletal*
			Zontivity
		ticlopidine	
Renin Inhibitors	none	none	Amturnide
			Tekamlo
			Tekturna
			Tekturna HCT
Bile Acid Sequestrants	none	colestipol	Colestid*
		cholestyramine	Questran*
		cholestyramine	Questran Light*
			Welchol
Cholesterol Absorption Inhibitors	none	none	Zetia

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	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Fibric Acid Derivatives	none		Antara
		fenofibrate	Fenoglide*
		fenofibric acid	Fibricor*
		fenofibrate	Lipofen*
		fenofibrate	Lofibra*
		gemfibrozil	Lopid*
		fenofibrate, nanocrystallized	TriCor*
			Triglide
		fenofibric acid	Trilipix*
HMG-CoA Reductase Inhibitors	none		Altoprev
		amlodipine/atorvastatin	Caduet*
		rosuvastatin	Crestor*
		fluvastatin	Lescol*
		fluvastatin	Lescol XL*
		atorvastatin	Lipitor*
			Liptruzet
			Livalo
		pravastatin	Pravachol*
			Vytorin
		simvastatin	Zocor*
		lovastatin	
Miscellaneous Antilipemic Agents	Niacor		
			Juxtapid
			Kynamro
		omega-3 ethyl ester	Lovaza*
		niacin	Niaspan*
			Praluent**
			Repatha**
			Vascepa

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

Effective 10/01/2016

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

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**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Alpha-Glucosidase Inhibitors	none	miglitol	Glyset*
		acarbose	Precose*
Amylinomimetics	none	none	SymlinPen
Antidiabetic Agents, Miscellaneous	none	none	Korlym
Biguanides	none		Fortamet*
		metformin	Glucophage*
		metformin	Glucophage XR*
			Glumetza*
			metformin ER (generic Fortamet ER and Glumetza ER)
			Riomet
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Janumet	none	
	Janumet XR		
	Januvia		
			alogliptin (generic)
			alogliptin-metformin (generic)
			alogliptin-pioglitazone (generic)
			Jentadueto
			Jentadueto XR
			Kazano
			Kombiglyze XR
			Nesina
			Onglyza
			Oseni
			Tradjenta
Incretin Mimetics	none	none	Bydureon
			Byetta
			Tanzeum
			Trulicity**
			Victoza
Insulins	Lantus		
	Levemir		
	Novolog		
	Novolog Mix 70/30		
			Afrezza
			Apidra
			Humalog
			Humalog Mix 50/50
			Humalog Mix 75/25
			Humulin R (U-500)
			Toujeo
			Tresiba**
		Humulin N	
		Humulin R	
		Humulin 70/30	
		Novolin N	
		Novolin R	
		Novolin 70/30	

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

Effective 10/01/2016

**Will be reviewed at a future time when eligible

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status. A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.			
DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Meglitinides	Prandin*	repaglinide	
		repaglinide and metformin	PrandiMet*
		nateglinide	Starlix*
Sodium-glucose Co-transporter 2 Inhibitor	none		Farxiga
			Glyxambi**
			Invokamet
			Invokana
			Jardiance
			Synjardy**
			Xigduo**
Sulfonylureas	none	glimepiride	Amaryl*
		glyburide	DiaBeta*
		glipizide	Glucotrol*
		glipizide	Glucotrol XL*
		glyburide and metformin	Glucovance*
		glyburide	Glynase*
		chlorpropamide	
		glipizide and metformin	
		tolazamide	
		tolbutamide	
Thiazolidinediones	Actos*	pioglitazone	
		pioglitazone and metformin	Actoplus Met*
			Actoplus Met XR
			Avandamet
			Avandia
		pioglitazone and glimepiride	Duetact*

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Effective 10/01/2016

**Will be reviewed at a future time when eligible

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ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL – Disease-Modifying Antirheumatic 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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Disease-Modifying Antirheumatic Agents	Cimzia[CC]		
	Enbrel[CC]		
	Humira[CC]		
			Actemra
		leflunomide	Arava*
			Kineret
			Orencia
			Otezla
			Remicade
			Simponi
			Simponi Aria
			Xeljanz
			Xeljanz XR**

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

Effective 10/01/2016

**Will be reviewed at a future time when eligible

[CC]Denotes agent is preferred with clinical criteria in place.

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**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Antiallergic Agents	Bepreve		
	Patanase*		olopatadine nasal spray (generic)
	Pazeo		
		azelastine	Astepro*
			Alocril
			Alomide
		epinastine	Elestat*
			Emadine
			Lastacaft
			Pataday
		olopatadine	Patanol*
		cromolyn	
Antibacterials	Bactroban Nasal		
	Besivance		
	Blephamide		
	Cipro HC		
	Ciprodex		
	Cortisporin-TC		
	Moxeza		
	Vigamox		
	Zylet		
			ofloxacin otic drops (generic)
			AzaSite
		sulfacetamide	Bleph-10*
			Blephamide SOP
		ciprofloxacin	Ciloxan*
			Coly-Mycin S
		gentamicin	Garamycin*
		erythromycin base	Ilotycin*
		neomycin, polymyxin B and dexamethasone	Maxitrol*
		neomycin, polymyxin B and gramicidin	Neosporin*
		ofloxacin	Ocuflox*
			Otiprio
			Otovel**
		polymyxin B and trimethoprim	Polytrim*
			Pred-G
		tobramycin and dexamethasone	TobraDex*
			TobraDex ST
		tobramycin	Tobrex*
		gatifloxacin	Zymaxid*
		bacitracin	
		bacitracin and polymyxin B	
		levofloxacin	
		neomycin, bacitracin and polymyxin B	
		neomycin, bacitracin, polymyxin B and hydrocortisone	
		neomycin, polymyxin B and hydrocortisone	
		sulfacetamide	
		sulfacetamide and prednisolone	

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

Effective 10/01/2016

**Will be reviewed at a future time when eligible

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status. A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.			
DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Intranasal Corticosteroids	Nasonex*	mometasone	
	QNASL		
	QNASL Children		
			Beconase AQ
			Dymista
		fluticasone	Flonase*
			Omnaris
		budesonide	Rhinocort Aqua*
			Veramyst
			Zetonna
		flunisolide	
		triamcinolone	
Vasoconstrictors	none		Tyzine Pediatric
		naphazoline	
		phenylephrine	

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

Effective 10/01/2016

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
5-HT$_3$ Receptor Antagonists	none		Aloxi
			Anzemet
		granisetron	Kytril*
			Sancuso
		ondansetron	Zofran*
		ondansetron	Zofran ODT*
			Zuplenz
Antiemetic Antihistamines	none		Diclegis
		trimethobenzamide	Tigan*
		dimenhydrinate	
		meclizine	
		prochlorperazine	
Miscellaneous Antiemetics	none		Akynzeo
			Cesamet
			Emend
		dronabinol	Marinol*
			Transderm-Scop
			Varubi**
Proton-Pump Inhibitors	Nexium*		esomeprazole magnesium (generic)
		rabeprazole	Aciphex*
			Aciphex Sprinkle
			Dexilant
			Esomeprazole strontium
			omeprazole/sodium bicarbonate (generic)
		lansoprazole	Prevacid*
		lansoprazole/amoxicillin/ clarithromycin	Prevpac*
		omeprazole	Prilosec*
		pantoprazole	Protonix*

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

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Genitourinary Smooth Muscle Relaxants	Oxytrol		
	Toviaz		
		tolterodine	Detrol*
		tolterodine	Detrol LA*
		oxybutynin	Ditropan XL*
		darifenacin	Enablex*
			Gelnique
			Myrbetriq
			Vesicare
		flavoxate	
		trospium	

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

Effective 10/01/2016

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

ALABAMA MEDICAID AGENCY PDL REFERENCE TOOL – Hormones and Synthetic Substitutes			
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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Androgens	none		Anadrol
			Androderm
		testosterone	AndroGel*
		methyltestosterone	Android*
			Aveed
			Axiron
		testosterone cypionate	Depo-Testosterone*
		testosterone	Fortesta*
			Natesto
			Striant
		testosterone	Testim*
			Testopel
		methyltestosterone	Testred*
		testosterone	Vogelxo*
		danazol	
		oxandrolone	
		testosterone enanthate	

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

Effective 10/01/2016

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Centrally Acting Skeletal Muscle Relaxants	none		Amrix
			carisoprodol (generic)
			carisoprodol/aspirin (generic)
			codeine/carisoprodol/aspirin (generic)
		cyclobenzaprine	Fexmid*
			Lorzone
		chlorzoxazone	Parafon Forte DSC*
		methocarbamol	Robaxin*
		metaxalone	Skelaxin*
			Soma*
		tizanidine	Zanaflex*
		cyclobenzaprine	
Direct-Acting Skeletal Muscle Relaxants	none	dantrolene	Dantrium*
			Revonto
			Ryanodex
GABA-derivative Skeletal Muscle Relaxants	none		Gablofen
			Lioresal Intrathecal
		baclofen	
Miscellaneous Skeletal Muscle Relaxants	none	orphenadrine	none
Opiate Agonists	none		Abstral
		fentanyl	Actiq*
		alfentanil	Alfenta*
		morphine	Astramorph-PF*
			Capital w/codeine
		tramadol	ConZip*
		meperidine	Demerol*
		hydromorphone	Dilaudid*
		methadone	Dolophine*
		fentanyl	Duragesic*
			Duramorph
			Fentora
		codeine/butalbital/acetaminophen/ caffeine	Fioricet w/codeine*
		codeine/butalbital/aspirin/caffeine	Fiorinal w/codeine*
		hydrocodone/acetaminophen	Hycet*
		hydrocodone/ibuprofen	Ibudone*
			Infumorph
			Lazanda
		hydrocodone/acetaminophen	Lorcet*
		hydrocodone/acetaminophen	Lortab*
			methadone (generic)
			Methadose*
		hydrocodone/acetaminophen	Norco*
			Nucynta
			Nucynta ER
		oxymorphone	Opana*
	Opiate Agonists continued on next page		

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status. A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.			
DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Opiate Agonists (continued)	*Opiate Agonists continued from previous page*		
	none		Oxecta
		oxycodone/acetaminophen	Percocet*
		oxycodone/aspirin	Percodan*
			Primlev
		oxycodone	Roxicodone*
		fentanyl	Sublimaze*
			Subsys
		sufentanil	Sufenta*
		dihydrocodeine/apap/ caffeine	Synalgos-DC*
		acetaminophen/codeine	Tylenol w/codeine*
			Ultiva
		tramadol/acetaminophen	Ultracet*
		tramadol	Ultram*
		tramadol	Ultram ER*
		hydrocodone/acetaminophen	Verdrocet*
		hydrocodone/acetaminophen	Vicodin*
		hydrocodone/ibuprofen	Vicoprofen*
			Xartemis XR
		hydrocodone/acetaminophen	Xodol*
		hydrocodone/ibuprofen	Xylon*
			Zamicet
		codeine	
		ibuprofen/oxycodone	
		levorphanol	
		opium/belladonna	
Opiate Partial Agonists	none		Belbuca
			Bunavail
			Buprenex*
			buprenorphine (generic)
			buprenorphine/naloxone (generic)
			Butrans
			Probuphine
			Suboxone*
			Talwin
			Zubsolv
		butorphanol	
		nalbuphine	
		pentazocine/naloxone	
Selective Serotonin Agonists	Relpax		
		sumatriptan	Alsuma*
		naratriptan	Amerge*
		almotriptan	Axert*
		frovatriptan	Frova*
		sumatriptan	Imitrex*
		rizatriptan	Maxalt*
		rizatriptan	Maxalt MLT*
			Onzetra Xsail
			Sumavel DosePro
			Treximet
			Zecuity**
			Zembrace
		zolmitriptan	Zomig*
		zolmitriptan	Zomig ZMT*

*Denotes a generic available in at least one dosage form or strength
**Will be reviewed at a future time when eligible
ccDenotes agent is preferred with clinical criteria in place.

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**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Inhaled Antimuscarinics	Atrovent HFA		
	Spiriva		
			Bevespi Aerosphere**
			Incruse Ellipta
			Seebri Neohaler**
			Tudorza Pressair
		ipratropium bromide	
Inhaled Mast-Cell Stabilizers	none	cromolyn sodium	none
Leukotriene Modifiers	none	zafirlukast	Accolate*
		montelukast	Singulair*
			Zyflo
			Zyflo CR
Respiratory Corticosteroids	Aerospan		
	Asmanex Twisthaler		
	Dulera		
	Pulmicort Respules*		budesonide (generic)
	QVAR		
			Advair Diskus
			Advair HFA
			Alvesco
			Arnuity Ellipta
			Asmanex HFA
			Breo Ellipta
			Flovent Diskus
			Flovent HFA
			Pulmicort Flexhaler
			Symbicort
Respiratory Beta-Adrenergic Agonists	Anoro Ellipta		
	ProAir HFA		
	Proventil HFA		
	Serevent Diskus		
			Arcapta
			Brovana
			Combivent Respimat
			Foradil
			Perforomist
			ProAir Respiclick
			Stiolto Respimat**
			Striverdi Respimat
			Utibron Neohaler**
			Ventolin HFA
			Xopenex HFA
		levalbuterol inhalation solution	Xopenex Inhalation Solution*
		albuterol	
		albuterol/ipratropium	
		metaproterenol	
		terbutaline	
Respiratory Smooth Muscle Relaxants	none		Elixophyllin
			Lufyllin
			Theo-24
		aminophylline	
		theophylline	

*Denotes a generic available in at least one dosage form or strength
**Will be reviewed at a future time when eligible
ccDenotes agent is preferred with clinical criteria in place.

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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Antibacterials	none		Altabax
		mupirocin	Bactroban*
		mupirocin	Centany*
			Centany AT
		clindamycin (vaginal only)	Cleocin*
			Clindesse
			Cortisporin
		metronidazole	MetroGel-Vaginal*
		neomycin and polymyxin B	Neosporin G.U. Irrigant*
			Nuvessa
		metronidazole	Vandazole*
		gentamicin	
		ciclopirox	Ciclodan*
			Ertaczo
			Exelderm
		ketoconazole	Extina*
			Gynazole-1
			Jublia
			Kerydin
			Lamisil
		ciclopirox	Loprox*
		clotrimazole and betamethasone	Lotrisone*
			Luzu
			Mentax
		naftifine	Naftin*
		ketoconazole	Nizoral*
		oxiconazole	Oxistat*
		ciclopirox	Penlac*
		terconazole	Terazol 3*
		terconazole	Terazol 7*
			Vusion
		clotrimazole	
		econazole	
		miconazole	
		nystatin	
		nystatin and triamcinolone	

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

Effective 10/01/2016

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Anti-inflammatory Agents	Capex Shampoo		
		hydrocortisone	Anusol-HC*
			ApexiCon E
		clobetasol	Clobex*
		clobetasol	Clodan*
		clocortolone	Cloderm
			Cordran
		hydrocortisone	Cortenema*
			Cortifoam
		fluticasone	Cutivate*
		Fluocinolone	Derma-Smooth/FS*
		prednicarbate	Dermatop*
			Desonate
		betamethasone dipropionate and propylene glycol	Diprolene*
		betamethasone dipropionate and propylene glycol	Diprolene AF*
		mometasone	Elocon*
			Halog
		triamcinalone	Kenalog*
		betamethasone valerate	Luxiq*
		clobetasol	Olux*
		clobetasol	Olux-E*
		triamcinolone	Oralone*
			Pandel
			PramCort
			ProctoFoam-HC
		diflorasone	Psorcon*
			Sernivo
		fluocinolone	Synalar*
		clobetasol	Temovate*
		clobetasol and emollient	Temovate Emollient*
			Texacort
		desoximetasone	Topicort*
			Trianex
		halobetasol	Ultravate*
		fluocinonode	Vanos*
		alclometasone	
		amcinonide	
		betamethasone dipropionate	
		betamethasone valerate	
		desonide	
		fluranderenolide	
		hydrocortisone and aloe vera	
		hydrocortisone, mineral oil and white petrolatum	
		hydrocortisone acetate	
		hydrocortisone acetate and urea	
		hydrocortisone butyrate	
		hydrocortisone valerate	

*Denotes a generic available in at least one dosage form or strength
**Will be reviewed at a future time when eligible
ccDenotes agent is preferred with clinical criteria in place.

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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Antipruritics and Local Anesthetics	none	lidocaine topical patch	Lidoderm*
			Lidotral
		doxepin	Prudoxin*
			Synera
		doxepin	Zonalon*
		hydrocortisone and lidocaine	
		hydrocortisone, lidocaine and aloe vera	
		lidocaine	
		lidocaine and prilocaine	
Antivirals	Zovirax (cream)		
			Denavir
			Xerese
		acyclovir	Zovirax (ointment)*
Astringents	none		Xerac AC
Keratolytic Agents	none		Aluvea
			Bensal HP
		salicylic acid	Salex*
			Umecta
			Umecta PD
			Uramaxin
		urea	Uramaxin GT*
Miscellaneous Local Anti-infectives	none		AVC
		silver sulfadiazine	Silvadene*
		silver sulfadiazine	SSD*
			Sulfamylon

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Effective 10/01/2016

**Will be reviewed at a future time when eligible

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This PDL reference tool is to aid a prescribing physician with generic availability and preferred product status. A "substitution allowed" physician signature on a prescription should not require a PA to be obtained if a generic agent is available.			
DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Miscellaneous Skin and Mucous Membrane Agents	Elidel		
		imiquimod	Aldara*
			Artiss
		fluorouracil	Carac*
		podofilox	Condylox*
		calcipotriene	Dovonex*
		fluorouracil	Efudex*
			Enstilar
			Levulan
			Panretin
			Picato
			Podocon-25
		tacrolimus	Protopic*
			Qutenza
			Rectiv
			Regranex
			Santyl
			Solaraze
		diclofenac	Soriatane*
			Sorilux
		calcipotriene	Taclonex*
			Targretin
			Tazorac
			Tolak
			Valchlor
		calcitriol	Vectical*
			Veregen
			Zyclara
Scabicides and Pediculicides	Sklice		
	Ulesfia		
		permethrin	Elimite*
			Eurax
			lindane (generic)
		spinosad	Natroba*
		malathion	Ovide*

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

Effective 10/01/2016

**Will be reviewed at a future time when eligible

ccDenotes agent is preferred with clinical criteria in place.

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**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand or PA Generic**
Estrogens	Menest		
	Premarin (tablets only)		
		estradiol and norethindrone	Activella*
		estradiol	Alora*
			Angeliq
		estradiol	Climara*
			Climara Pro
			Combipatch
		estradiol valerate	Delestrogen*
			Depo-Estradiol
			Divigel
			Duavee
			Elestrin
			Enjuvia
		estradiol	Estrace*
			Estring
			Evamist
		ethinyl estradiol and norethindrone	FemHRT*
			Femring
		ethinyl estradiol and norethindrone	Jevantique*
		ethinyl estradiol and norethindrone	Jinteli*
			Menostar
		estradiol and norethindrone	Mimvey*
		estradiol and norethindrone	Mimvey Lo*
		estradiol	Minivelle*
			Prefest
			Premarin (cream and injection)
			Premphase
			Prempro
			Vagifem
		estradiol	Vivelle-Dot*
		estropipate	

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

DRUG CLASS	NO PA REQUIRED	NO PA REQUIRED	PA REQUIRED for NAME
	Preferred Brand	Preferred Generic	Non-Preferred Brand
Prenatal Vitamins	Provida DHA		
			Active OB*
			Bal-Care DHA Essential
		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, DHA, docusate	Citranatal Harmony*
			Citranatal Rx
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	Concept DHA*
		prenatal vitamins, iron, folic acid	Concept OB*
			Natalvit
		prenatal vitamins, iron, folic acid	Nestabs*
			Nestabs ABC
		prenatal vitamins, iron, folic acid, DHA	Nestabs DHA*
			Nexa Plus
			OB Complete
			OB Complete One
			OB Complete Petite
			OB-Complete Premier
			OB Complete with DHA
			Paire OB Plus DHA
		prenatal vitamins, iron, folic acid, omega-3 fatty acids	PR Natal 400*
			PR Natal 430
			PR Natal 400 EC
			PR Natal 430 EC
		prenatal vitamins, iron, folic acid, omega-3 fatty acids, DHA	Prefera OB*
		prenatal vitamins, iron, folic acid, DHA	Prefera-OB One*
		prenatal vitamins, iron, folic acid, omega-3 fatty acids, DHA	Prefera-OB Plus DHA*
			Prenata
			Prenate AM
			Prenate Chewable
			Prenate DHA
			Prenate Elite
			Prenate Enhance
			Prenate Essential
			Prenate Mini
			Prenate Pixie
			Prenate Restore
			Prenate Star
			Preque 10
			Provida OB
		prenatal vitamins, iron, folic acid, omega 3 fatty acids	Relnate DHA*
			Select-OB

Prenatal Vitamins continued on next page

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DRUG CLASS	**NO PA REQUIRED**	**NO PA REQUIRED**	**PA REQUIRED for NAME**
	Preferred Brand	**Preferred Generic**	**Non-Preferred Brand**
Prenatal Vitamins (continued)	*Prenatal Vitamins continued from previous page*		
		prenatal vitamins, iron, folic acid, DHA	Select-OB+DHA*
			Tricare
			Tricare Prenatal DHA One
			Vinate II
			Vinate DHA RF
		prenatal vitamins, iron, folic acid, selenium	Vinate-M*
			Vitafol-OB
		prenatal vitamins, iron, folic acid, DHA	Vitafol-OB+DHA*
		prenatal vitamins, iron, folic acid, DHA	Vitafol-One *
			Vitafol Nano
			Vitafol Ultra
			VP CH Ultra

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