

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday November 11, 2014  
Preferred Drug List Final**

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIFUNGAL AGENTS**

**Subclasses Reviewed**

- Antifungal: Allylamines
- Antifungal: Azoles
- Antifungal: Echinocandins
- Antifungal: Polyenes
- Antifungal: Pyrimidines
- Antifungal: Antifungals, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIMYCOBACTERIAL AGENTS**

**Subclasses Reviewed**

- Antimycobacterial: Antituberculosis Agents
- Antimycobacterial: Antimycobacterials, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIVIRAL AGENTS**

**Subclasses Reviewed**

- Antiviral: Adamantanes
- Antiviral: Interferons
- Antiviral: Neuraminidase Inhibitors
- Antiviral: Nucleosides and Nucleotides
- Antiviral: HCV Antivirals
- Antiviral: Antivirals, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIPROTOZOAL AGENTS**

**Subclasses Reviewed**

- Antiprotozoal: Amebicides
- Antiprotozoal: Antimalarials
- Antiprotozoal: Antiprotozoals, Miscellaneous

**AHFS Drug Class Re-reviewed: ANTI-INFECTIVE URINARY ANTI-INFECTIVE AGENTS**

## Allylamines

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

LAMISIL\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Azoles

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

DIFLUCAN\*  
NOXAFIL  
ONMEL  
SPORANOX\*  
VFEND\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Echinocandins

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

CANCIDAS  
ERAXIS  
MYCAMINE

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Polyenes

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ABELCET  
AMBISOME

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Pyrimidines

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ANCOBON\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antifungals, Miscellaneous

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

GRIFULVIN V\*  
GRIS-PEG\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antituberculosis Agents

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

CAPASTAT SULFATE  
MYAMBUTOL\*  
MYCOBUTIN\*  
PASER  
PRIFTIN  
RIFADIN\*  
RIFAMATE  
RIFATER  
SIRTURO  
TRECATOR

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antimycobacterials, Miscellaneous

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

NONE

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Adamantanes

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

FLUMADINE\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Interferons

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

PEGINTRON

### NON-PREFERRED BRAND or PA GENERIC

INFERGEN  
INTRON A  
PEGASYS

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Neuraminidase Inhibitors

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

RELENZA<sup>†</sup>  
TAMIFLU<sup>†</sup>

### NON-PREFERRED BRAND or PA GENERIC

NONE

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

<sup>†</sup>The preferred status is contingent upon statewide influenza epidemiology status as reported by the CDC  
Drug name denotes all dosage forms and strengths unless noted

## Nucleosides and Nucleotides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

BARACLUDE\*  
COPEGUS\*  
CYTOVENE\*  
FAMVIR\*  
HEPSERA\*  
REBETOL\*  
SITAVIG  
TYZEKA  
VALCYTE  
VALTREX\*  
VIRAZOLE  
VISTIDE\*  
ZOVIRAX\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## HCV Antivirals

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

OLYSIO  
SOVALDI  
VICTRELIS

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antivirals, Miscellaneous

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

NONE

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Amebicides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

NONE

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antimalarials

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

DARAPRIM

### NON-PREFERRED BRAND or PA GENERIC

COARTEM  
MALARONE\*  
PLAQUENIL\*  
QUALAQUIN\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Antiprotozoals, Miscellaneous

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

MEPRON\*

### NON-PREFERRED BRAND or PA GENERIC

ALINIA  
ATOVAQUONE (generic only)  
FLAGYL\*  
FLAGYL ER  
NEBUPENT  
PENTAM 300  
TINDAMAX\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted

## Urinary Anti-infectives

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

FURADANTIN\*  
HIPREX\*  
MACROBID\*  
MACRODANTIN\*  
MONUROL  
PRIMSOL  
URIMAR T  
URIN D.S.\*  
UTIRA-C\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted