

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, February 6, 2019  
Preferred Drug List Final**

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

**Subclasses Reviewed**

**Anthelmintics**

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

**Subclasses Reviewed**

**Antibacterial: Aminoglycosides**

**Antibacterial: Cephalosporins**

**Antibacterial: Miscellaneous  $\beta$ -Lactam Antibiotics**

**Antibacterial: Chloramphenicol**

**Antibacterial: Macrolides**

**Antibacterial: Penicillins**

**Antibacterial: Quinolones**

**Antibacterial: Sulfonamides**

**Antibacterial: Tetracyclines**

**Antibacterial: Antibacterials, Miscellaneous**

**AHFS Drug Class Reviewed: GROWTH HORMONE AGENTS**

## Anthelmintics

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ALBENZA  
BILTRICIDE\*  
EMVERM  
STROMEKTOL\*

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

## Aminoglycosides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

BETHKIS  
KITABIS\*

### NON-PREFERRED BRAND or PA GENERIC

ARIKAYCE  
TOBI\*  
TOBI PODHALER  
tobramycin inhalation solution  
(generic)

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

## Cephalosporins

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AVYCAZ  
CLAFORAN\*  
DAXBIA  
FORTAZ\*  
KEFLEX\*  
MAXIPIME\*  
SUPRAX\*  
TAZICEF\*  
TEFLARO  
ZERBAXA  
ZINACEF\*

\*Denotes generic available in at least one dosage form or strength  
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## Miscellaneous $\beta$ -Lactam Antibiotics

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AZACTAM\*  
CAYSTON  
CEFOTAN\*  
INVANZ\*  
MEFOXIN\*  
MERREM\*  
PRIMAXIN\*  
VABOMERE

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

## Chloramphenicol

### 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

## Macrolides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

DIFICID  
E.E.S.\*  
ERYPED\*  
ERYTHROCIN LACTOBIONATE  
ERYTHROCIN STEARATE  
PCE  
ZITHROMAX\*

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

<sup>CC</sup> This agent will be preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

## Penicillins

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AUGMENTIN\*  
AUGMENTIN XR\*  
BICILLIN C-R  
BICILLIN L-A  
PFIZERPEN\*  
UNASYN\*  
ZOSYN\*

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

<sup>CC</sup> This agent will be preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted



## Quinolones

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AVELOX\*  
BAXDELA  
CIPRO\*  
CIPRO XR\*  
LEVAQUIN\*

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

<sup>CC</sup> This agent will be preferred with clinical criteria in place

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## Sulfonamides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AZULFIDINE\*  
BACTRIM\*  
BACTRIM DS\*

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

<sup>CC</sup> This agent will be preferred with clinical criteria in place

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## Tetracyclines

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ADOXA\*  
DORYX\*  
MINOCIN  
MORGIDOX\*  
TYGACIL\*  
VIBRAMYCIN\*

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

<sup>CC</sup> This agent will be preferred with clinical criteria in place

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## Antibacterials, Miscellaneous

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

XIFAXAN

### NON-PREFERRED BRAND or PA GENERIC

BACIIM\*  
CLEOCIN\*  
COLY-MYCIN M\*  
CUBICIN\*  
DALVANCE  
LINCOCIN\*  
ORBACTIV  
PYLERA  
SIVEXTRO  
SYNERCID  
VANCOCIN\*  
VIBATIV  
ZYVOX\*

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

<sup>CC</sup> This agent will be preferred with clinical criteria in place

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## Growth Hormone Agents

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

OMNITROPE<sup>CC</sup>  
ZOMACTON<sup>CC</sup>

### NON-PREFERRED BRAND or PA GENERIC

GENOTROPIN  
HUMATROPE  
NORDITROPIN  
NUTROPIN  
SAIZEN  
SEROSTIM  
ZORBTIVE

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

<sup>CC</sup> This agent will be preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted