

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, August 10, 2016
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ANTI-INFECTIVES

Subclasses Reviewed

- Skin and Mucous Membrane Antibacterials**
- Skin and Mucous Membrane Antivirals**
- Skin and Mucous Membrane Antifungals**
- Skin and Mucous Membrane Scabicides and Pediculicides**
- Skin and Mucous Membrane Local Anti-infectives, Miscellaneous**

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ANTI-INFLAMMATORY AGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ANTIPRURITICS AND LOCAL ANESTHETICS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE ASTRINGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE KERATOLYTIC AGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE KERATOPLASTIC AGENTS

AHFS Drug Class Re-reviewed: SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS

AHFS New Drugs Reviewed: HCV ANTIVIRALS

Daklinza®

Zepatier®

Skin and Mucous Membrane Antibacterials

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ALTABAX
BACTROBAN*
CENTANY*
CENTANY AT
CLEOCIN*
CLINDESSE
CORTISPORIN
METROGEL-VAGINAL*
NEOSPORIN G.U. IRRIGANT*
NEO-SYNALAR
NUVESSA
VANDAazole*

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

Skin and Mucous Membrane Antivirals

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ZOVIRAX CREAM

NON-PREFERRED BRAND or PA GENERIC

DENAVIR
XERESE
ZOVIRAX OINTMENT*

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

Skin and Mucous Membrane Antifungals

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CICLODAN*
ERTACZO
EXELDERM
EXTINA*
GYNAZOLE-1
JUBLIA
KERYDIN
LOPROX*
LOTRISONE*
LUZU
MENTAX
NAFTIN*
NIZORAL*
ORAVIG
OXISTAT*
PENLAC*
TERAZOL 3*
TERAZOL 7*
VUSION

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Skin and Mucous Membrane Scabicides and Pediculicides

PREFERRED GENERIC

All covered products

PREFERRED BRAND

SKLICE
ULESFIA

NON-PREFERRED BRAND or PA GENERIC

ELMITE*
EURAX
lindane (generic)
NATROBA*
OVIDE*

*Denotes generic available in at least one dosage form or strength
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Skin and Mucous Membrane Local Anti-infectives, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AVC
SILVADENE*
SSD*
SULFAMYLON

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Skin and Mucous Membrane Anti-inflammatory Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

CAPEX SHAMPOO

NON-PREFERRED BRAND or PA GENERIC

ANUSOL-HC
APEXICON E
CLOBEX*
CLODAN*
CLODERM*
CORDRAN
CORTENEMA*
CORTIFOAM
CUTIVATE*
DERMA-SMOOTH/FS*
DERMATOP*
DESONATE
DIPROLENE*
DIPROLENE AF*
ELOCON*
HALOG
KENALOG*
LUXIQ*
OLUX*
OLUX-E*
ORALONE*
PANDEL
PRAMCORT
PROCTOFOAM-HC
PSORCON*
SYNALAR*
TEMOVATE*
TEMOVATE EMOLLIENT*
TEXACORT
TOPICORT*
TRIANEX
ULTRAVATE*
VANOS*

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Skin and Mucous Membrane Antipruritics and Local Anesthetics

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

LIDODERM*
PRUDOXIN*
SYNERA
ZONALON*

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Skin and Mucous Membrane Astringents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

XERAC AC

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Skin and Mucous Membrane Keratolytic Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ALUVEA
BENSAL HP
SALEX
UMECTA*
UMECTA PD
URAMAXIN
URAMAXIN GT*

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Skin and Mucous Membrane Keratoplastic Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

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Skin and Mucous Membrane Agents, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ELIDEL

NON-PREFERRED BRAND or PA GENERIC

ALDARA*
ARTISS
CARAC*
CONDYLOX*
DOVONEX*
EFUDEX*
ENSTILAR
MUCOTROL
PANRETIN
PICATO
PODOCON-25
PROTOPIC*
QUTENZA
RECTIV
REGRANEX
SANTYL
SOLARAZE*
SORIATANE*
SORILUX
TACLONEX*
TARGRETIN
TAZORAC
TOLAK
VALCHLOR
VECTICAL*
VEREGEN
ZYCLARA

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HCV ANTIVIRALS
New Drug Review: Daklinza®

PREFERRED GENERIC

All covered products

**PREFERRED
BRAND**

NONE

**NON-PREFERRED BRAND
or PA GENERIC**

DAKLINZA

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HCV ANTIVIRALS
New Drug Review: Zepatier®

PREFERRED GENERIC

All covered products

PREFERRED BRAND

ZEPATIER^{cc}

**NON-PREFERRED BRAND
or PA GENERIC**

N/A

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