

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday February 8, 2017  
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**

**New Drug Reviewed: AHFS CLASS DISEASE-MODIFYING ANTIRHEUMATIC AGENTS**

Xeljanz XR®

**New Drug Reviewed: AHFS CLASS RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS, MISC**

Entresto®

## 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

CRESEMBA  
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

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

NONE

### NON-PREFERRED BRAND or PA GENERIC

INTRON A  
PEGASYS  
PEGINTRON

\*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†  
TAMIFLU†\*

### NON-PREFERRED BRAND or PA GENERIC

RAPIVAB

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

†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\*  
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

HARVONI<sup>cc</sup>  
TECHNIVIE<sup>cc</sup>  
VIEKIRA PAK<sup>cc</sup>  
VIEKIRA XR<sup>cc</sup>  
ZEPATIER<sup>cc</sup>

### NON-PREFERRED BRAND or PA GENERIC

DAKLINZA  
EPCLUSA  
OLYSIO  
SOVALDI

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted  
<sup>cc</sup>Denotes agent is preferred with clinical criteria in place

## 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  
<sup>c</sup>Denotes agent is preferred with clinical criteria in place

## Amebicides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

NONE

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## Antimalarials

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

COARTEM  
DARAPRIM  
MALARONE\*  
PLAQUENIL\*  
QUALAQUIN\*

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted  
°Denotes agent is preferred with clinical criteria in place

## Antiprotozoals, Miscellaneous

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ALINIA  
FLAGYL\*  
FLAGYL ER  
MEPRON\*  
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  
°Denotes agent is preferred with clinical criteria in place

## 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  
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## Disease-Modifying Antirheumatic Agents New Drug Review: Xeljanz XR<sup>®</sup>

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

XELJANZ XR

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted  
<sup>c</sup>Denotes agent is preferred with clinical criteria in place

# Renin-Angiotensin-Aldosterone System Inhibitors, Misc New Drug Review: Entresto®

## PREFERRED GENERIC

All covered products

## PREFERRED BRAND

NONE

## NON-PREFERRED BRAND or PA GENERIC

ENTRESTO

\*Denotes generic available in at least one dosage form or strength  
Drug name denotes all dosage forms and strengths unless noted  
<sup>c</sup>Denotes agent is preferred with clinical criteria in place