

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee  
Date of Meeting: Wednesday, May 5, 2021  
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 Re-reviewed: CEREBRAL STIMULANTS/AGENTS USED FOR ADHD**

**AHFS Drug Class Re-reviewed: WAKEFULNESS PROMOTING AGENTS**

## Anthelmintics

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	NONE	ALBENZA* BILTRICIDE* EGATEN EMVERM STROMECTOL*

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

## Aminoglycosides

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	BETHKIS* KITABIS*	ARIKAYCE TOBI* TOBI PODHALER tobramycin inhalation solution (generic Bethkis and Kitabis) ZEMDRI

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

## Cephalosporins

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	NONE	AVYCAZ CLAFORAN* FETROJA FORTAZ* KEFLEX* SUPRAX* TAZICEF* TEFLARO ZERBAXA

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

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	AZACTAM* CAYSTON CEFOTAN* INVANZ* MEFOXIN* MERREM* PRIMAXIN* RECARBRIO VABOMERE

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

## Chloramphenicol

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	NONE	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	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	DIFICID E.E.S.* ERYPED* ERYTHROCIN LACTOBIONATE 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

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	NONE	AUGMENTIN* 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	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	AVELOX* BAXDELA CIPRO* CIPRO XR

\*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

## Sulfonamides

<b>Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand or PA Generic</b>
All covered products	NONE	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

Drug name denotes all dosage forms and strengths unless noted

## Tetracyclines

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	ADOXA* DORYX* MINOCIN MORGIDOX* NUZYRA TYGACIL* VIBRAMYCIN* XERAVA

\*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

## Antibacterials, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	NONE	bacitracin for injection (generic) CLEOCIN* COLY-MYCIN M* CUBICIN* DALVANCE FIRVANQ* LINCOCIN* ORBACTIV PYLERA SIVEXTRO SYNERCID VANCOCIN* VIBATIV XENLETA XIFAXAN ZYVOX*

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

CC This agent will be preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

## Cerebral Stimulants/Agents Used for ADHD

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	ADDERALL XR* ADHANSIA XR CONCERTA* FOCALIN XR* RITALIN* VYVANSE CAPSULE	ADDERALL* ADZENYS* amphetamine/dextroamphetamine ER (generic) APTENSIO XR* COTEMPLA XR DAYTRANA DESOXYN* DEXEDRINE* dexmethylphenidate ER (generic) DYANAVEL XR EVEKEO* FOCALIN* INTUNIV* JORNAY PM KAPVAY* METHYLIN* methylphenidate ER (generic) MYDAYIS PROCENTRA* QUILLICHEW ER QUILLIVANT XR RELEXXII ER* RITALIN LA* STRATTERA* VYVANSE CHEWABLE ZENZEDI*

\*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

## Wakefulness Promoting Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	NUVIGIL* PROVIGIL* SUNOSI WAKIX XYREM XYWAV

\*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