

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: August 2, 2023
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	Preferred Brand	Non-Preferred Brand or PA Generic
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

Azoles

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	CRESEMBA DIFLUCAN* NOXAFIL* SPORANOX* TOLSURA VFEND* VIVJOA

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Echinocandins

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	CANCIDAS* ERAXIS MYCAMINE*

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Polyenes

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ABELCET AMBISOME*

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Pyrimidines

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	ANCOBON*

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Antifungals, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	BREXAFEMME

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Drug name denotes all dosage forms and strengths unless noted

Antituberculosis Agents

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	MYAMBUTOL* MYCOBUTIN* PASER PRIFTIN RIFADIN* SIRTURO TRECATOR

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Antimycobacterials, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	None

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Drug name denotes all dosage forms and strengths unless noted

Adamantanes

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	FLUMADINE*

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Drug name denotes all dosage forms and strengths unless noted

Interferons

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	INTRON A PEGASYS

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Neuraminidase Inhibitors

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	RELENZA [†] TAMIFLU ^{†*}	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	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	BARACLUDE* HEPSERA* LAGEVRIO SITAVIG VALCYTE* VALTREX* VEKLURY VEMLIDY VIRAZOLE* ZOVIRAX*

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 Drug name denotes all dosage forms and strengths unless noted

HCV Antivirals

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
Generic formulations must meet clinical criteria	EPCLUSA* ^{CC} HARVONI* ^{CC} MAVYRET ^{CC} ZEPATIER ^{CC}	SOVALDI VIEKIRA PAK VOSEVI

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 Drug name denotes all dosage forms and strengths unless noted
^{CC}Denotes agent is preferred with clinical criteria in place

Antivirals, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	XOFLUZA [†]	FOSCAVIR* LIVTENCITY PREVYMIS

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Drug name denotes all dosage forms and strengths unless noted

[†]The preferred status is contingent upon statewide influenza epidemiology status as reported by the CDC

Amebicides

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	None

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Drug name denotes all dosage forms and strengths unless noted

Antimalarials

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	COARTEM DARAPRIM* KRINTAFEL MALARONE* QUALAQUIN*

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Antiprotozoals, Miscellaneous

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	FLAGYL* LAMPIT MEPRON* NEBUPENT* PENTAM 300* SOLOSEC

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Urinary Anti-infectives

Preferred Generic	Preferred Brand	Non-Preferred Brand or PA Generic
All covered products	None	HIPREX* HYOPHEN MACROBID* MACRODANTIN* MONUROL* PHOSPHASAL URIBEL USTELL UTIRA-C

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