

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, August 13, 2014  
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**

## Anthelmintics

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

ALBENZA  
BILTRICIDE  
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

All covered products

### PREFERRED BRAND

BETHKIS  
TOBI\*

### NON-PREFERRED BRAND or PA GENERIC

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

CEDAX\*  
CEFTIN\*  
CLAFORAN\*  
FORTAZ\*  
KEFLEX\*  
MAXIPIME\*  
ROCEPHIN\*  
SPECTRACEF\*  
SUPRAX  
TAZICEF\*  
TEFLARO  
ZINACEF\*

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

## Miscellaneous $\beta$ -Lactam Antibiotics

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AZACTAM\*  
CAYSTON  
DORIBAX  
INVANZ  
MEFOXIN\*  
MERREM\*  
PRIMAXIN\*

\*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

BIAXIN\*  
BIAXIN XL\*  
DIFICID  
E.E.S.\*  
ERYPED  
ERYTHROCIN LACTOBIONATE  
KETEK  
PCE  
ZITHROMAX\*  
ZMAX

\*Denotes generic available in at least one dosage form or strength  
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  
MOXATAG  
PFIZERPEN\*  
TIMENTIN  
UNASYN\*  
ZOSYN\*

\*Denotes generic available in at least one dosage form or strength  
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\*  
CIPRO\*  
CIPRO XR\*  
LEVAQUIN\*  
NOROXIN

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

## Sulfonamides

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

AZULFIDINE\*  
BACTRIM\*  
BACTRIM DS\*  
SULFATRIM\*

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

## Tetracyclines

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

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

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

## Antibacterials, Miscellaneous

### PREFERRED GENERIC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND or PA GENERIC

BACIIM\*  
CLEOCIN\*  
COLY-MYCIN M\*  
CUBICIN  
HELIDAC  
LINCOCIN  
PYLERA  
SYNERCID  
VANCOCIN\*  
VIBATIV  
XIFAXAN  
ZYVOX

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