

Antibiotics - Oral Cephalosporins

First Generation

| <i>Product Name</i> | <i>Preferred Drug List</i> | <i>Medicaid</i> | <i>Health Choice</i> | <i>ABW: Wayne, Macomb</i> | <i>Plan B: Wayne, Macomb</i> |
|---------------------|----------------------------|-----------------|----------------------|---------------------------|------------------------------|
| Cefadroxil | | FA | FA | PA | PA |
| Cephalexin | √ | FA | FA | FA | FA |

Second Generation

| <i>Product Name</i> | <i>Preferred Drug List</i> | <i>Medicaid</i> | <i>Health Choice</i> | <i>ABW: Wayne, Macomb</i> | <i>Plan B: Wayne, Macomb</i> |
|--------------------------|----------------------------|-----------------|----------------------|---------------------------|------------------------------|
| Cefaclor | | ST | ST | ST | ST |
| Cefprozil | | ST | ST | ST | ST |
| Cefuroxime axetil | | ST | ST | ST | ST |
| Ceftin suspension | | PA | PA | NF | NF |

Third Generation

| <i>Product Name</i> | <i>Preferred Drug List</i> | <i>Medicaid</i> | <i>Health Choice</i> | <i>ABW: Wayne, Macomb</i> | <i>Plan B: Wayne, Macomb</i> |
|----------------------------|----------------------------|-----------------|----------------------|---------------------------|------------------------------|
| <u>All Drugs PA</u> | | | | | |

*Generics are **bolded**

*√ = Preferred Drug

*FA = Formulary

*QL = Quantity Limit (Maximum 1 per day)

* PA = Prior Authorization

*NF = Non-Formulary