

Antibiotics - Oral Antifungals

<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>
Fluconazole	√	FA	FA	FA	FA
Ketoconazole		FA	FA	FA	NF
Terbinafine (Lamisil)	√	FA	FA	PA	NF
Griseofulvin		FA	FA	FA	NF
Nystatin tablets	√	FA	FA	FA	NF
Nystatin suspension	√	FA	FA	FA	NF
Clotrimazole oral tablet		FA	FA	PA	NF

Generics are **bolded**

*√ = Preferred Drug

*FA = Formulary

*PA = Prior Authorization required

*NF = Not on Formulary

*ST = Step Therapy

*QL = Quantity Limits