

## Topical Antimicrobials

<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>
<b>Bacitracin</b>	✓	FA	FA	FA	FA
<b>Gentamicin</b>	✓	FA	FA	FA	FA
<b>Tolnaftate</b>	✓	FA	FA	FA	FA
<b>Terbinafine</b>		FA	FA	PA	NF
<b>Ciclopirox</b>		FA	FA	PA	NF
<b>Nystatin (cream, ointment)</b>	✓	FA	FA	FA	FA
<b>Nystatin Powder</b>		PA	PA	PA	NF
<b>Clotrimazole (cream)</b>		FA	FA	FA	NF
<b>Clorimazole (solution)</b>		PA	PA	PA	NF
<b>Miconazole (cream)</b>	✓	FA	FA	FA	FA
<b>Miconazole (solution)</b>		PA	PA	PA	NF
<b>Neomycin/Bacitracin/ Polymixin B</b>	✓	FA	FA	FA	NF
<b>Erythromycin (for acne), solution</b>	✓	FA	FA	FA	FA
<b>Erythromycin (for acne), pads, ointment, gel</b>		PA	PA	PA	NF
<b>Clindamycin (for acne), solution</b>	✓	FA	FA	FA	NF
<b>Clindamycin (for acne), lotion, gel</b>		PA	PA	PA	NF

Generics are **bolded**

\*✓ = Preferred Drug

\*FA = Formulary

\*PA = Prior Authorization required

\*NF = Not on Formulary

\*ST = Step Therapy

\*QL = Quantity Limits