

Michigan Preferred Drug List (PDL)/Single PDL

Effective 01/01/2023

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANALGESICS		
Drug Class	Preferred Agents	Non-Preferred Agents
Narcotics – Long Acting	morphine sulfate ER tablets tramadol ER tablets ¹⁰	Belbuca® ^{♦2} buprenorphine films ^{♦2} Conzip ER® Diskets® hydrocodone ER (generic Hysingla®, Zohydro ER) hydromorphone ER® Hysingla ER® methadone morphine sulfate ER caps (generic Avinza®) morphine sulfate ER caps (generic Kadian®) MS Contin® Nucynta ER® Oxycontin® ² oxycodone ER ² oxymorphone ER tramadol ER capsules Xtampza ER® ^{♦2}
Narcotics – Short and Intermediate Acting	codeine ^{10,2} codeine/acetaminophen ¹⁰ hydrocodone/acetaminophen hydromorphone oral tablets ² morphine sulfate tablets, solution ² morphine sulfate supp oxycodone tabs (5mg, 10mg, 15mg) ² oxycodone oral solution ² oxycodone /acetaminophen tramadol ¹⁰ tramadol/acetaminophen ¹⁰	Actiq® ^{♦2} Apadaz® benzhydrocodone/acetaminophen butorphanol ² codeine / acetaminophen/caffeine /butalbital ¹⁰ codeine / aspirin /caffeine /butalbital ¹⁰ Dilaudid® all forms ² fentanyl citrate buccal ² Fentora® ^{♦2} Fioricet w/ Codeine® ¹⁰ hydrocodone/ ibuprofen hydromorphone suppository levorphanol Lortab® meperidine tablets, solution ²

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

13 Prior Authorization Required if Beneficiary is Over the Age of 75

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

16 Prior Authorization Required for Beneficiaries Under 6 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

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		Nucynta® oxycodone caps ² oxycodone tabs (20mg, 30mg) ² oxycodone oral conc soln ² oxycodone oral syr ² oxymorphone ² pentazocine/naloxone Percocet® Roxicodone® ² Seglentis® ^{10,2} tramadol oral solution (generic for Qdolo®) ¹⁰ Ultram® ¹⁰ / Ultracet® ¹⁰
Narcotics – Transdermal	Butrans® ² fentanyl patches (generic only) ²	buprenorphine patches ² fentanyl patches 37.5mg, 62.5mg and 87.5mg only
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	diclofenac diclofenac topical gel 1% (generic for Voltaren) diclofenac topical gel 1% OTC diclofenac topical solution 1.5% ibuprofen indomethacin ketoprofen immediate release ketorolac tablets meloxicam tablets nabumetone naproxen OTC naproxen (generic for Naprosyn®) sulindac	Arthrotec® Daypro® diclofenac ER diclofenac epolamine 1.3% patch diclofenac-misoprostol diclofenac potassium diclofenac 2% pump (generic for Pennsaid) diflunisal Duexis® EC-naproxen etodolac / etodolac ER Feldene® fenoprofen Flector Patch® ² flurbiprofen indomethacin ext release ketoprofen ext release ketorolac nasal spray♦ Licart® ² Lofena® meclufenamate sodium

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		<i>mefenamic acid</i> <i>meloxicam capsules</i> <i>Mobic®</i> <i>Nalfon®</i> <i>Naprelan CR®</i> <i>naproxen (generic for Anaprox)</i> <i>naproxen delayed release</i> <i>naproxen/esomeprazole (generic for Vimovo)</i> <i>naproxen suspension</i> <i>oxaprozin</i> <i>Pennsaid®</i> <i>piroxicam</i> <i>Relafen DS®</i> <i>tolmetin sodium</i> <i>Vimovo®♦</i>
Non-Steroidal Anti-Inflammatory – Cox II Inhibitors	celecoxib ^{2,9}	<i>Celebrex®</i> ^{2, 9}
Opioid Use Disorder Treatments	buprenorphine SL tabs ² buprenorphine/naloxone SL <u>tabs</u> ² naltrexone tablets Sublocade® SC injection Suboxone® SL films ² Vivitrol® IM injection Zubsolv® SL tabs ²	<i>buprenorphine/naloxone SL film (generic Suboxone films)</i> ²
Opioid Withdrawal Symptom Management	clonidine tabs guanfacine/guanfacine ER Lucemyra®	

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ANTIBIOTICS / ANTI-INFECTIVES		
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Antibiotics – Inhaled	Bethkis® Cayston ® Kitabis® Tobi-Podhaler®	<i>tobramycin solution (inhalation)</i> <i>TOBI inhalation</i>
Antifungals – Oral	clotrimazole troches fluconazole ² griseofulvin oral suspension ketoconazole tablets nystatin oral susp, tablets terbinafine ²	<i>Ancobon</i> <i>Brexafemme</i> ² ♦ <i>Cresemba</i> ® ♦ <i>Diflucan</i> ® ² <i>flucytosine</i> <i>griseofulvin tablets</i> <i>griseofulvin microsize tablets</i> <i>griseofulvin ultramicrosize</i> <i>itraconazole</i> ² ♦ <i>Noxafil</i> ®, <i>Noxafil DR</i> ® <i>posaconazole</i> <i>Sporanox</i> ® ² ♦ <i>Tolsura</i> ® <i>Vfend</i> ® ♦ <i>voriconazole</i> ♦
Antifungals – Topical	ciclopirox cream (generic for Loprox, Ciclodan) ciclopirox 8% solution (generic for Ciclodan) clotrimazole OTC cream, solution clotrimazole Rx cream clotrimazole/betamethasone cream ketoconazole miconazole nitrate nystatin nystatin/triamcinolone cream, ointment tolnaftate cream, powder	<i>butenafine</i> <i>Ciclodan</i> ® ♦ <i>ciclopirox shampoo</i> <i>ciclopirox suspension (generic for Loprox®)</i> <i>clotrimazole / betamethasone lotion</i> <i>clotrimazole Rx solution</i> <i>econazole nitrate</i> <i>Ertaczo</i> ® <i>Exelderm</i> ® <i>Extina</i> ® <i>Fungoid-D</i> ® <i>Jublia</i> ® ♦ <i>Kerydin</i> ® ♦ <i>ketoconazole foam</i> <i>Ketodan</i> ®

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		<i>Loprox®</i> <i>Lotrimin AF®</i> <i>I luliconazole</i> <i>Luzu®</i> <i>Mentax®</i> <i>miconazole/zinc oxide/petrolatum</i> <i>Naftin®</i> <i>naftifine</i> <i>oxiconazole</i> <i>Oxistat®</i> <i>tavaborole</i> <i>Vusion®</i>
Antivirals – Herpes	acyclovir tablets, capsules, suspension famciclovir valacyclovir	<i>Sitavig®</i> <i>Valtrex®</i> <i>Zovirax®</i>
Antivirals – Influenza ⁵	oseltamivir ² Relenza® ² rimantadine Xofluza®	<i>Flumadine®</i> <i>Tamiflu®</i> ²
Antivirals – Topical	acyclovir ointment Denavir® Zovirax® cream	<i>acyclovir cream</i> <i>penciclovir</i> <i>Xerese®</i> <i>Zovirax® ointment</i>
Cephalosporins - 1st Generation	cefadroxil capsules ² cefadroxil suspension cephalexin	<i>cefadroxil tablets</i> ²
Cephalosporins - 2nd Generation	cefuroxime ² cefprozil tablets ² cefprozil suspension	<i>cefaclor</i> ² <i>cefaclor ER</i> ²
Cephalosporins - 3rd Generation	cefdinir capsules, suspension ² cefixime capsules Suprax® capsules	<i>cefixime suspension</i> <i>cefpodoxime tablets</i> ² <i>cefpodoxime suspension</i> <i>Suprax® chew tabs, suspension</i>

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Hepatitis C	Pegasys® ² ribavirin	
Hepatitis C – Direct-Acting Antivirals	Mavyret®	<i>Epclusa® Harvoni® ledipasvir/sofosbuvir (generic for Harvoni) sofosbuvir/velpatasvir (generic for Epclusa) Sovaldi® Viekira Pak® Vosevi® Zepatier®</i>
Macrolides	azithromycin ² clarithromycin ² erythromycin ethylsuccinate tablets erythromycin ethylsuccinate 200mg susp Erythrocin®	<i>clarithromycin ER E.E.S.® tablets and 400mg suspension E.E.S.® 200mg suspension EryPed® Ery-Tab® erythromycin base erythromycin ethylsuccinate 400mg suspension Zithromax® tablets², suspension</i>
Oxazolidinones	linezolid tablets ²	<i>linezolid suspension Sivextro®² ♦ Zyvox®²</i>
Quinolones	Cipro® suspension ciprofloxacin suspension, tablets ² levofloxacin ²	<i>Baxdela® Cipro® tablets² moxifloxacin² ofloxacin</i>

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Ophthalmic Fluoroquinolones	ciprofloxacin ofloxacin Vigamox®	<i>Besivance®</i> <i>Ciloxan®</i> <i>gatifloxacin</i> <i>levofloxacin</i> <i>Moxeza®</i> <i>moxifloxacin (generic for Moxeza®)</i> <i>moxifloxacin (generic for Vigamox®)</i> <i>Ocuflox®</i> <i>Zymaxid®</i>
Ophthalmic Macrolides	erythromycin ointment	<i>Azasite®</i>
Otic Quinolones	Ciprodex® ofloxacin otic	<i>ciprofloxacin otic</i> <i>ciprofloxacin/dexamethasone (generic for Ciprodex®)</i> <i>ciprofloxacin/fluocinolone (generic for Otovel®)</i> <i>Cipro HC®</i> <i>Otovel®</i>
Topical Antibiotics	mupirocin ointment	<i>Centany®</i> <i>mupirocin cream</i> <i>Xepi®²</i>
Gastrointestinal Antibiotics	Firvanq® metronidazole tablets neomycin tablets tinidazole tablets vancomycin capsules	<i>Aemcolo®²♦</i> <i>Difcid®♦</i> <i>Flagyl® capsules</i> <i>metronidazole capsules</i> <i>nitazoxanide tablets</i> <i>Vancocin®</i> <i>vancomycin solution</i> <i>Xifaxan® 200mg^{2,10}♦</i> <i>Xifaxan® 550mg⁷♦</i>
Vaginal Antibiotics	Cleocin® Ovules clindamycin (generic for Cleocin) 2% cream metronidazole (generic for Metro-Gel and Vandazole) gel Nuversa® 1.3% gel	<i>Cleocin® 2% cream</i> <i>Clindesse® 2% cream</i> <i>Metro-Gel® 0.75% gel</i> <i>Vandazole® (0.75% gel)</i>

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ASTHMA / COPD		
<i>DPI = dry powder inhaler; MDI = metered dose inhaler; ISI = inhalation spray inhaler</i>		
Drug Class	Preferred Agents	Non-Preferred Agents
Anticholinergic Agents - Short Acting	Atrovent HFA® ² (MDI) ipratropium nebulizer solution	
Anticholinergic Agents - Long Acting	Incruse Ellipta® (DPI) Spiriva® ² (DPI) Spiriva Respimat® ² (ISI)	Lonhala Magnair nebulizer solution Tudorza Pressair® (DPI) Yupelri® nebulizer solution
Beta Adrenergic and Anticholinergic Combinations	Anoro Ellipta® (DPI) Bevespi Aerosphere® (MDI) Combivent RESPIMAT® (ISI) ipratropium/albuterol nebulizer solution Stiolto Respimat® (ISI)	Duaklir Pressair® (DPI)
Beta Adrenergic/ Anticholinergic/ Corticosteroid Combinations	Trelegy Ellipta® (DPI)	Breztri Aerosphere® (MDI)
Beta Adrenergics – Short Acting	albuterol sulfate nebulizer solution ProAir HFA® ² (MDI) Proventil HFA® ² (MDI) Ventolin HFA® ² (MDI)	albuterol HFA ² (MDI) levalbuterol HFA ² (MDI) levalbuterol nebulizer solution ProAir Digihaler® (DPI) ProAir Respiclick® ² (DPI) Xopenex HFA® ² (MDI) Xopenex® nebulizer solution

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Drug Class	Preferred Agents	Non-Preferred Agents
Beta Adrenergics – Long Acting	Serevent® ² (DPI)	arformoterol nebulizer solution ♦ formoterol nebulizer solution ♦ Brovana® nebulizer solution ♦ Perforomist® nebulizer solution ♦ Striverdi Respimat® (ISI) ♦
Beta Adrenergic and Corticosteroid Inhaler Combinations	Advair Diskus® ² (DPI) Advair HFA® ² (MDI) Dulera® ² (MDI) Symbicort® ² (MDI)	AirDuo Digihaler® ² (DPI) AirDuo Respiclick® ² (DPI) Breo Ellipta® ² (DPI) budesonide/formoterol ² (generic for Symbicort) fluticasone/salmeterol ² (generic for Advair Diskus) fluticasone/salmeterol ² (generic for AirDuo) Wixela® ² (DPI) (fluticasone/salmeterol)
Phosphodiesterase-4 (PDE-4) Inhibitors		Daliresp®♦ roflumilast♦
Inhaled Glucocorticoids	Asmanex® Twisthaler 110 mcg (DPI) ^{1,2} Asmanex® Twisthaler 220 mcg (DPI) ² budesonide 0.25, 0.5mg, 1mg nebulizer solution Flovent HFA® ² (MDI)	Alvesco® (MDI)♦ ArmonAir Digihaler® (DPI) Arnuity Ellipta®♦ (DPI) Asmanex HFA® ² ♦ (DPI) Flovent Diskus® (DPI) fluticasone propionate HFA (MDI) Pulmicort Flexihaler® ² ♦ (DPI) Pulmicort® 0.25mg, 0.5mg, 1mg Respules QVAR Redihaler® (MDI)
Immunomodulators – Asthma ♦ ‡	Dupixent® Xolair® syringes	Nucala® syringe, auto-injector Fasenra® pen

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ALLERGY		
Drug Class	Preferred Agents	Non-Preferred Agents
Antihistamines – 2nd Generation	cetirizine tabs cetirizine 1mg/ml solution fexofenadine tablets, suspension levocetirizine tablets loratadine / loratadine ODT	<i>cetirizine chewable tabs, soft gels</i> <i>cetirizine 5mg/5ml solution (cups)</i> <i>Clarinet®</i> <i>desloratadine</i> <i>levocetirizine solution</i>
Leukotriene Inhibitors	montelukast tablets, 4mg chew tabs ¹¹ , 5mg chew tabs ¹²	<i>Accolate®</i> <i>montelukast granules</i> <i>Singulair® tablets, 4mg chew tabs¹¹, 5mg chew tabs¹²</i> <i>Singulair granules¹¹</i> <i>Zyflo®</i> <i>zafirlukast</i> <i>Zileuton ER®</i>
Nasal Anticholinergics	ipratropium nasal	
Nasal Antihistamines	azelastine (generic for Astepro and Astelin)	<i>azelastine/fluticasone</i> <i>Dymista®</i> <i>olopatadine</i> <i>Patanase Nasal®</i>
Nasal Corticosteroids	fluticasone (Rx)	<i>Beconase AQ®</i> <i>budesonide</i> <i>flunisolide</i> <i>fluticasone (OTC)</i> <i>mometasone</i> <i>Omnaris®</i> <i>Qnasl®</i> <i>triamcinolone</i> <i>Xhance®♦</i> <i>Zetonna®</i>

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CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
ACE Inhibitors	benazepril/ benazepril HCT enalapril/ enalapril HCT lisinopril/ lisinopril HCT	Accupril® Accuretic® Altace® captopril/ captopril HCT Epaned®♦ fosinopril/ fosinopril HCT Lotensin® / Lotensin HCT® moexipril / moexipril HCT perindopril Prinivil® Qbrelis®♦ quinapril / quinapril HCT ramipril trandolapril Vasotec® / Vaseretic® Zestril® / Zestoretic®
Alpha Adrenergic Agents	Catapres TTS® ² clonidine transdermal ² clonidine guanfacine methyldopa	methyldopa / HCTZ
Antihypertensive Combinations: ACEI-CCB	amlodipine / benazepril	Lotrel® Prestalia® Tarka® trandolapril / verapamil
Antihypertensive Combinations: ARB-CCB	amlodipine/olmesartan amlodipine/valsartan amlodipine/valsartan/HCTZ	amlodipine/olmesartan/HCTZ Azor® Exforge® / Exforge HCT® telmisartan/amlodipine Tribenzor

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Angiotensin Receptor Antagonists	losartan/ losartan HCT olmesartan/ olmesartan HCT valsartan/ valsartan HCT	Atacand® / Atacand HCT® Avapro®/ Avalide® Benicar®/ Benicar HCT® candesartan/ candesartan HCT Cozaar® Diovan®/ Diovan HCT® Edarbi® Edarbyclor® eprosartan Hyzaar® irbesartan/ irbesartan HCT Micardis® / Micardis HCT® telmisartan/ telmisartan HCT Teveten® / Teveten HCT®
Angiotensin II-Receptor Neprilysin Inhibitors (ARNIs)	Entresto® ²	
Direct Renin Inhibitors♦		aliskiren Tekturna® / Tekturna HCT®
Beta Blockers	atenolol atenolol / chlorthalidone bisoprolol fumarate HCT Bystolic® carvedilol labetalol metoprolol / metoprolol XL metoprolol succinate metoprolol tartrate propranolol / propranolol LA Sorine® sotalol / sotalol AF	acebutolol Betapace® / Betapace AF® betaxolol bisoprolol fumarate carvedilol ER Coreg® / Coreg CR® Corgard® Corzide® Hemangeol oral solution® Inderal LA®/ Inderal XL® Innopran XL® Kapsargo® Lopressor®

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		metoprolol HCT nadolol nadolol/bendromethiazide nebivolol pindolol propranolol HCT Sotylize® Tenormin®/ Tenoretic® timolol maleate Toprol XL® Ziac®
Calcium Channel Blockers – Dihydropyridine	amlodipine besylate nifedipine / nifedipine SA	Adalat CC® felodipine ER isradipine Katerzia® levamlodipine nicardipine nisoldipine Norliqva® ¹⁶ Norvasc® Procardia / Procardia XL® Sular®
Calcium Channel Blockers – Non- Dihydropyridine	diltiazem / diltiazem XR / diltiazem ER Taztia XT® verapamil / verapamil ER tablets	Calan®/ Calan SR® Cardizem® / Cardizem LA® / Cardizem CD® diltiazem LA Matzim LA® Tiadylt ER® Tiazac® verapamil ER capsules Verelan® / Verelan PM® verapamil cap 24-hr pellet capsules

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Lipotropics: Fibric Acid Derivatives	fenofibrate, nanocrystallized (generic for Tricor®) fenofibrate <u>capsules</u> (generic for Lofibra® caps) fenofibrate <u>tablets</u> (generic for Lofibra® tablets) gemfibrozil	Antara® fenofibrate, micronized (generic for Antara®) fenofibrate, nanocrystallized (generic for Triglide®) fenofibric acid (generic for Fibracor®) fenofibric acid (generic for Trilipix®) Fenoglide® Lopid® Lipofen® Tricor® Trilipix®
Lipotropics: Bile Acid Sequestrants	cholestyramine/ cholestyramine light colestipol tablets Prevalite packet, powder	Colestid® colestipol <u>granules</u> colesevelam Questran®/ Questran Light® Welchol® powder and tablets
Lipotropics: Statins²	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	Altoprev® amlodipine / atorvastatin Caduet® Crestor® Ezallor® Sprinkle◆ ezetimibe/simvastatin fluvastatin/ fluvastatin ER Lescol XL® Lipitor® Livalo® Vytorin® Zocor® Zypitamag®

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Drug Class	Preferred Agents	Non-Preferred Agents
Lipotropics: Niacin Derivatives	Niaspan® niacin tablets (OTC) niacin ER tablets (OTC) niacin ER capsules (OTC)	<i>niacin ER (generic for Niaspan)</i>
Lipotropics: Other	ezetimibe	<i>icosapent ethyl</i> ◆ <i>Lovaza</i> ®◆ <i>Nexletol</i> ®◆ <i>Nexlizet</i> ®◆ <i>omega-3 acid ethyl esters (generic for Lovaza)</i> ◆ <i>Vascepa</i> ®◆ <i>Zetia</i> ®
Lipotropics: PCSK9 Inhibitors ◆	Praluent® ² Repatha® ²	
Anticoagulants	Eliquis® Enoxaparin Jantoven® Pradaxa® warfarin Xarelto®/ Xarelto® Dose Pack/ Xarelto® suspension	<i>Arixtra</i> ® <i>Coumadin</i> ® <i>dabigatran</i> <i>fondaparinux</i> <i>Fragmin</i> ® syringes and vials <i>Lovenox</i> ® <i>Savaysa</i> ®◆
Platelet Aggregation Inhibitors	Brilinta® clopidogrel ¹² prasugrel ¹³	<i>aspirin/dipyridamole</i> <i>aspirin/omeprazole</i> <i>dipyridamole</i> <i>Effient</i> ® ¹³ ◆ <i>Plavix</i> ®

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Pulmonary Arterial Hypertension (PAH) Agents ♦	Alyq® ambrisentan (generic for Letairis®) Opsumit® Revatio® <u>suspension</u> sildenafil tablets (generic for Revatio®) tadalafil (generic for Adcirca®) Tracleer® <u>tablets</u> Tyvaso® Upravi® Ventavis®	Adcirca® Adempas® <i>bosentan tablets (generic for Tracleer®)</i> Letairis® Orenitram ER® Revatio® <u>tablets</u> <i>sildenafil suspension (generic for Revatio®)</i> Tracleer® <u>suspension</u>

CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
Alzheimer's Dementia	donepezil tabs, ODT Exelon® patch galantamine immediate release memantine immediate release rivastigmine capsules	Aricept® <i>donepezil 23 mg®</i> <i>galantamine ER, solution</i> <i>memantine ER</i> Namenda® Namenda XR® Namzaric® Razadyne ER® <i>rivastigmine patch</i>
Anti-Anxiety – General	alprazolam buspirone chlordiazepoxide ³ clorazepate diazepam ³ lorazepam	<i>alprazolam ER, ODT</i> ♦ <i>alprazolam intensol</i> ♦ Ativan® <i>diazepam intensol</i> ♦ <i>lorazepam intensol</i> ♦ Loreev XR® <i>meprobamate</i> <i>oxazepam</i> Tranxene® <i>Xanax / Xanax XR®</i>

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Drug Class	Preferred Agents	Non-Preferred Agents
Drugs for ADHD♦ – Amphetamines	IMMEDIATE-RELEASE amphetamine IR salts (generic Adderall®) dextroamphetamine IR tabs (generic Dexedrine tabs)	IMMEDIATE-RELEASE Adderall (amphetamine IR salts) amphetamine (generic Evekeo) Dexedrine® tabs (dextroamphetamine IR) dextroamphetamine IR solution (generic Procentra) dextroamphetamine IR tab (generic Zenzedi) Evekeo® / Evekeo ODT (amphetamine) Procentra® (dextroamphetamine IR solution) Zenzedi® (dextroamphetamine IR)
	EXTENDED-RELEASE Adderall XR® (amphetamine salts XR) ² dextroamphetamine ER caps (generic Dexedrine caps) Vyvanse® cap/chew tabs (lisdexamfetamine) ²	EXTENDED-RELEASE Adzenys XR ODT® (amphetamine ER) amphetamine salts XR (generic Adderall XR) ² Dexedrine® caps (dextroamphetamine ER) Dyanavel® tablets, suspension (amphetamine ER) Mydayis ER® (amphetamine salts ER)
Drugs for ADHD♦ – Pseudoamphetamines	IMMEDIATE-RELEASE dexmethylphenidate IR (generic Focalin®) methylphenidate IR (generic Ritalin)	IMMEDIATE-RELEASE Methylin® solution (methylphenidate IR) methylphenidate chewable (generic Methylin) methylphenidate IR solution (generic Methylin) Focalin® (dexmethylphenidate IR) Ritalin® (methylphenidate IR)
	EXTENDED-RELEASE Concerta® (methylphenidate ER – OROS) Daytrana® (methylphenidate ER transdermal) dexmethylphenidate XR (generic Focalin XR) methylphenidate SR (generic Ritalin SR®) Quillichew ER® (methylphenidate ER) Quillivant XR® (methylphenidate XR)	EXTENDED-RELEASE Adhansia XR® (methylphenidate ER) Aptensio XR® (methylphenidate ER) Azstarys® (serdexmethylphenidate/dexmethylphenidate) Cotempla XR-ODT® (methylphenidate ER) Focalin XR® (dexmethylphenidate XR) Jornay PM® (methylphenidate ER) Metadate ER® (methylphenidate ER) methylphenidate CD (generic Metadate CD®) methylphenidate ER caps (generic Aptensio XR) methylphenidate ER (generic Metadate ER) methylphenidate ER -OSM (generic Relexxi) methylphenidate ER - OROS (generic Concerta) methylphenidate ER transdermal (generic Daytrana)

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Drugs for ADHD♦ - Pseudoamphetamines, continued		<i>methylphenidate LA (generic Ritalin LA)-all strengths</i> <i>Relexxii® (methylphenidate ER -OSM)</i> <i>Ritalin LA® (methylphenidate LA) -all strengths</i>
Drugs for ADHD – Non-Stimulants	atomoxetine clonidine ER (generic Kapvay®) guanfacine ER Intuniv® Strattera® Qelbree®	
Neuropathic Pain	Cymbalta® Drizalma Sprinkles® duloxetine (generic for Cymbalta) duloxetine (generic for Irenka) gabapentin ² Lyrica®, Lyrica CR® ^{2,7} Neurontin® ² pregabalin, pregabalin ER ^{2,7} Savella® ²	<i>Gralise®</i> ² ♦ <i>Horizant®</i> ² ♦

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents	Avonex® ² Betaseron®/ Betaseron® Kit Copaxone 20 mg dimethyl fumarate (generic for Tecfidera) Gilenya®	Aubagio® Bafiertam® ² ♦ Copaxone® 40 mg syringe Extavia® fingolimod glatiramer 20 mg/ml and 40 mg/ml Glatopa® Kesimpta® ♦ Mavenclad® ♦ Mayzent® ♦ Plegridy® ♦ Ponvory® ♦ Rebif® ² / Rebif Rebidose® Tecfidera® Vumerity® ♦ Zeposia® ♦
AntiParkinson's Agents – Dopamine Agonists	pramipexole ropinirole	bromocriptine ♦ Kynmobi® ♦ Mirapex ER® Neupro® ² Parlodel® ♦ pramipexole ER Requip® ropinirole ER
AntiParkinson's Agents – Other	amantadine capsule, syrup benztropine carbidopa/levodopa IR tablets carbidopa / levodopa ER trihexyphenidyl tablet	amantadine tablet Azilect® ⁷ carbidopa carbidopa / levodopa ODT carbidopa/levodopa/entacapone Comtan® Dhivy® Duopa® entacapone Gocovri® ♦

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3 Prior Authorization Required if Beneficiary is Over the Age of 65

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12 Prior Authorization Required for Beneficiaries over 14 years of age

13 Prior Authorization Required if Beneficiary is Over the Age of 75

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

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APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

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Michigan Preferred Drug List (PDL)/Single PDL

Effective 01/01/2023

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
		Inbrija®♦ Lodosyn® Nourianz® Ongentys®♦ Osmolex ER® rasagiline ⁷ Rytary®♦ selegiline capsule, tablet Sinemet® Stalevo® Tasmar® tolcapone trihexyphenidyl elixir Xadago®♦ Zelapar®
Sedative Hypnotic Non-Barbiturates	eszopiclone ⁷ temazepam (excluding 7.5mg and 22.5mg) ³ triazolam ^{2,3} zaleplon zolpidem ⁷	Ambien® / Ambien CR® ⁷ Belsomra® Dayvigo® doxepin ⁷ (generic for Silenor) Edluar® ⁷ ♦ estazolam flurazepam ^{3,6} Halcion® ^{2,3} Hettioz® ⁷ ♦ Lunesta® ⁷ Quviviq® ramelteon♦ Restoril® ³ Rozerem® ⁴ ♦ Silenor® ⁷ ♦ temazepam 7.5mg and 22.5mg ^{2,3} zolpidem ER, sublingual ⁷

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Drug Class	Preferred Agents	Non-Preferred Agents
Antimigraine Agents, Acute Treatment - Triptans	Imitrex® nasal spray rizatriptan tab and ODT ² sumatriptan tablets, injection ²	almotriptan ² Amerge® ² eletriptan ² Frova® ² frovatriptan ² Imitrex® ² Maxalt®/ Maxalt MLT® ² naratriptan ² Onzetra Xsail® Relpax® ² sumatriptan/naproxen sumatriptan nasal spray Tosymra® ² Treximet® Zembrace Symtouch® zolmitriptan / zolmitriptan ODT ² / zolmitriptan nasal spray Zomig® nasal spray / Zomig® tablet/ Zomig ZMT® ²
Antimigraine Agents, Acute Treatment - Other	Nurtec ODT® ² ♦	Elyxyb Reyvow ² Ubrelvy® ²
Antimigraine Agents, Preventive Treatment ♦	Aimovig® ² Emgality® ² Nurtec ODT® ²	Ajovy® ² Qulipta® ²
Skeletal Muscle Relaxants	baclofen tablets chlorzoxazone cyclobenzaprine methocarbamol orphenadrine citrate tizanidine tablets	Amrix® baclofen oral solution ♦ cyclobenzaprine ER Dantrium® dantrolene sodium Fexmid® Fleqsuvy® ♦ Lorzone® metaxalone Norgesic Forte® Skelaxin® tizanidine capsules

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
		Zanaflex® capsules and tablets

DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
Acne Agents: Combination Benzoyl Peroxide and Clindamycin	clindamycin / benzoyl peroxide	Acanya® gel and pump Neuac 1.25% kit® Onexton®
Immunomodulators: Atopic Dermatitis ↕	Dupixent® Elidel® ^{2, 14} Eucrisa® ²	Adbry® ^{2,7} Cibinqo® ⁷ Opzelura® ^{2, 10} pimecrolimus (generic for Elidel) ^{2, 14} Protopic® ^{2, 15} Rinvoq ER® tacrolimus ^{2, 15}
Topical Steroids – Low Potency	hydrocortisone acetate cream hydrocortisone acetate ointment hydrocortisone cream hydrocortisone lotion hydrocortisone ointment	aclometasone dipropionate ointment and cream Aqua Glycolic HC® Capex® shampoo Derma-smooth – FS ® desonide ointment, cream, lotion fluocinolone 0.01% oil hydrocortisone/aloe Proctocort® Texacort ®

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Drug Class	Preferred Agents	Non-Preferred Agents
Topical Steroids – Medium Potency	fluticasone propionate cream fluticasone propionate ointment mometasone furoate ointment mometasone furoate cream mometasone furoate solution	<i>Beser Kit</i> <i>Beser Lotion</i> <i>betamethasone valerate foam</i> <i>clocortolone cream</i> <i>Cloderm®</i> <i>fluocinolone acetonide cream, solution</i> <i>flurandrenolide cream, lotion, ointment</i> <i>fluticasone propionate lotion</i> <i>hydrocortisone butyrate cream, lotion, ointment, solution</i> <i>hydrocortisone valerate cream and ointment</i> <i>Locoid® cream, lotion, solution</i> <i>Locoid Lipocream®</i> <i>Luxiq®</i> <i>Pandel®</i> <i>prednicarbate cream and ointment</i> <i>Synalar® solution, cream and ointment</i> <i>Synalar TS® kit</i>
Topical Steroids – High Potency	betamethasone dipropionate cream, lotion, oint. betamethasone valerate cream, lotion, oint. triamcinolone acetonide cream, lotion, oint	<i>amcinonide cream</i> <i>betamethasone dipropionate augmented cream, gel</i> <i>betamethasone dipropionate augmented lotion, oint</i> <i>desoximetasone cream, ointment, gel and spray</i> <i>diflorasone diacetate cream and ointment</i> <i>Diprolene® ointment</i> <i>fluocinonide cream, ointment and gel</i> <i>fluocinonide emollient and solution</i> <i>halcinonide</i> <i>Halog® cream and ointment</i> <i>Kenalog® aerosol</i> <i>SanadermRx solution</i> <i>Topicort® cream, gel, ointment and spray</i> <i>triamcinolone spray</i> <i>Vanos®</i>

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Drug Class	Preferred Agents	Non-Preferred Agents
Topical Steroids – Very High Potency	clobetasol propionate solution clobetasol propionate cream clobetasol propionate ointment clobetasol propionate gel halobetasol propionate cream halobetasol propionate ointment	<i>Bryhali®</i> <i>clobetasol emollient and lotion</i> <i>clobetasol propionate foam, spray and shampoo</i> <i>Clobex® spray and shampoo</i> <i>Clodan® shampoo and kit</i> <i>halobetasol propionate (generic for Lexette®)</i> <i>Impeklo®</i> <i>Lexette®</i> <i>Olux®</i> <i>Olux-E®</i> <i>Temovate® ointment</i> <i>Tovet Foam Kit</i> <i>Tovet Emollient Foam</i> <i>Ultravate® lotion</i>

DIABETES		
Drug Class	Preferred Agents	Non-Preferred Agents
Amylin Analogs	Symlin®	
Incretin Mimetics	Byetta® Trulicity® Victoza®	<i>Adlyxin®</i> <i>Bydureon Bcise®</i> <i>Ozempic®</i> ♦ <i>Rybelsus®</i>
Incretin Mimetics - Combinations		<i>Soliqua®</i> ♦ <i>Xultophy®</i> ♦

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Drug Class	Preferred Agents	Non-Preferred Agents
Insulins, Basal²	Lantus® pens, vials Levemir® pens, vials	Basaglar® pens insulin degludec insulin glargine, human rec.analog insulin glargine-yfgn Semglee® pens, vials Toujeo Solostar® pens ♦ Tresiba Flextouch® pens and vials
Insulins, Rapid Acting²	Apidra® pens, vials Humalog® U-100 cartridges, Kwikpens, vials insulin lispro U-100 Kwikpens, vials (gen for Humalog) Novolog® cartridges, pens, vials	Admelog® vials; Admelog Solostar® pens Afrezza® inhalation cartridges Fiasp® pens, vials Humalog® U-200 Kwikpens insulin aspart cartridges, pens, vials Lyumjev®
Insulin, Mixes²	Humulin® 70/30 Kwikpens Humalog® 50/50 pens, vials Humalog® 75/25 pens, vials Humulin® 70/30 vials insulin aspart 70/30 vials Novolog® 70/30 pens	insulin aspart 70/30 pens insulin lispro mix 75-25 Kwikpen Novolin® 70/30 pens and vials Novolog® 70/30 vials
Insulins, Traditional²	Humulin® R U-500 pens, vials Humulin® N vials Humulin® R vials Novolin® N vials Novolin® R vials	Humulin® N Kwikpens
Oral Hypoglycemics – Alpha-Glucosidase Inhibitors	acarbose miglitol	Precose®
Oral Hypoglycemics – Biguanides	metformin / metformin XR	Glumetza® Metformin ER osmotic (generic for Fortamet®) metformin (generic for Glumetza) metformin solution (generic for Riomet) Riomet® / Riomet ER®

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Oral Hypoglycemics – Combinations	glyburide / metformin Invokamet® Janumet® ² /Janumet XR® Jentadueto® Synjardy® Xigduo®	Actoplus Met® alogliptin/metformin alogliptin/pioglitazone Duetact® glipizide / metformin Glyxambi® Invokamet XR® Jentadueto XR® Kazano® Kombiglyze XR® Oseni® pioglitazone/glimepiride pioglitazone/metformin Qtern® repaglinide/metformin Segluromet® Steglujan® Synjardy XR® Trijardy XR®
Oral Hypoglycemics – DPP4 Inhibitors	Januvia® ² Tadajenta®	alogliptin Nesina® Onglyza®
Oral Hypoglycemics – Meglitinides	nateglinide repaglinide	
Oral Hypoglycemics – 2nd Generation Sulfonylureas	glimepiride glipizide / glipizide ER glyburide glyburide micronized	Amaryl® Glucotrol XL® Glynase®
Oral Hypoglycemics – SGLT2 Inhibitors	Farxiga® Invokana® Jardiance®	Steglatro®
Oral Hypoglycemics – Thiazolidinediones	pioglitazone	Actos®

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DIABETES		
Drug Class	Preferred Agents	Non-Preferred Agents
Glucagon Agents	Baqsimi® ² Glucagen Hypokit Glucagon Emergency Kit (Lilly) Gvoke Hypopen® ²	Glucagon Emergency Kit (Fresenius) Gvoke® ² syringes Zegalogue®
Insulin Suppressants – <i>new class</i>	Proglycem®	diazoxide (generic for Proglycem)

GASTROINTESTINAL		
Drug Class	Preferred Agents	Non-Preferred Agents
Antiemetics	Emend® 80mg ^{2, 11} granisetron ² ondansetron ²	aprepitant ² Akynzeo® ² ♦ Emend Pack® ^{2, 11} Sancuso® ²
Bile Salts	ursodiol capsules and tablets	Reltone® Urso®/Urso Forte®
GI Motility, Chronic Irritable bowel syndrome with constipation (IBS-C)	Amitiza® Linzess®	lbsrela® ² ♦ lubiprostone Trulance® ♦
GI Motility, Chronic Chronic idiopathic constipation (CIC)	Amitiza® Linzess®	lubiprostone Motegrity® ♦ Trulance® ♦
GI Motility, Chronic Opioid-induced constipation (OIC)	Amitiza® Movantik®	lubiprostone Relistor® ♦ Symproic® ♦
GI Motility, Chronic Irritable bowel syndrome with diarrhea (IBS-D)	diphenoxylate/atropine (generic Lomotil®) loperamide (generic Imodium®)	alosecron ♦ Lotronex® ♦ Viberzi® ² ♦
H. pylori Treatment	Pylera®	lansoprazole/amoxicillin/clarithromycin Omeclamox-PAK® Talicia®

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Pancreatic Enzymes[†]	Creon® Zenpep®	Pancreaze® Pertzye® Viokace®
Progestins for Cachexia	megestrol oral suspension (generic for Megace®)	<i>megestrol oral suspension (generic Megace ES®)</i>
Proton Pump Inhibitors	Nexium® susp pkts omeprazole (Rx) capsules pantoprazole tablets Protonix® tablets, suspension	Aciphex® tabs Dexilant® caps dexlansoprazole esomeprazole magnesium capsules, susp pkts esomeprazole magnesium OTC caps lansoprazole caps, ODT lansoprazole OTC caps Nexium® capsules omeprazole OTC caps, tabs, ODT omeprazole/sodium bicarbonate caps, susp pkt pantoprazole suspension Prevacid caps, solutabs Prilosec® susp rabeprazole tabs Zegerid® caps, susp pkts
Ulcerative Colitis – Oral	Apriso® Lialda® sulfasalazine/ sulfasalazine DR	Asacol HD® Azulfidine DR® balsalazide budesonide ER Colazal® Delzicol® Dipentum® mesalamine (generic for Apriso) mesalamine (generic for Delzicol) mesalamine (generic for Lialda) mesalamine ER (generic for Pentasa) Pentasa® Uceris®

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Michigan Preferred Drug List (PDL)/Single PDL

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OPHTHALMICS		
Drug Class	Preferred Agents	Non-Preferred Agents
Glaucoma – Alpha-2 Adrenergics	apraclonidine brimonidine tartrate 0.2%	<i>Alphagan P</i> ® <i>brimonidine tartrate 0.15%</i> <i>lopidine</i> ®
Glaucoma – Beta Blockers	Betoptic S® carteolol timolol maleate (generic for Timoptic®, Timoptic-XE®)	<i>betaxolol</i> <i>Betimol</i> ® <i>Istalol</i> ® <i>levobunolol</i> <i>timolol maleate (generic for Istalol®)</i> <i>timolol maleate (generic for Timoptic Occudose®)</i> <i>Timoptic®/ Timoptic Occudose®</i> <i>Timoptic XE®</i>
Glaucoma – Prostaglandin Analogues	latanoprost	<i>bimatoprost (generic for Lumigan)</i> <i>Lumigan</i> ® <i>tafluprost (generic for Zioptan®)</i> <i>Travatan Z</i> ® <i>travoprost (generic for Travatan Z®)</i> <i>Vyzulta</i> ® <i>Xalatan</i> ® <i>Xelpros</i> ® <i>Zioptan</i> ®
Glaucoma – Carbonic Anhydrase Inhibitors	Azopt® dorzolamide dorzolamide/timolol Simbrinza®	<i>brinzolamide</i> <i>dorzolamide/timolol PF (generic for Cosopt PF®)</i> <i>Cosopt®/ Cosopt PF®</i> <i>Trusopt</i> ®
Glaucoma – Combination Alpha-2 Adrenergic-Beta Blocker	Combigan®	<i>brimonidine/timolol (generic for Combigan®)</i>
Glaucoma – Rho Kinase Inhibitors	Rhopressa® Rocklatan®	

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Drug Class	Preferred Agents	Non-Preferred Agents
Ophthalmic Antihistamines	azelastine ketotifen fumarate (OTC Only) olopatadine Zaditor®	Alrex® bepotastine Bepreve® epinastine Lastacaft® Pataday® Pazeo® Zerviate®
Ophthalmic Anti-Inflammatory/Immunomodulators	Restasis® ² emulsion single-use and multidose vials Xiidra® ²	Cequa® ² cyclosporine 0.5% emulsion ² (generic for Restasis) Eysuvis® ² Tyrvaya® ²
Ophthalmic Mast Cell Stabilizers	cromolyn sodium	Alocril® Alomide®
Ophthalmic NSAIDs	diclofenac flurbiprofen ketorolac	Acular® / Acular LS® Acuvail® bromfenac Bromsite® Ilevro® ketorolac LS (generic for Acular LS®) Nevanac® Prolensa®

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Drug Class	Preferred Agents	Non-Preferred Agents
Biologics: Agents to Treat Rheumatoid Arthritis	Enbrel® Humira®	Actemra® SC Cimzia®, Cimzia Kit® Kevzara®♦ Kineret® Olumiant® Orencia® SC Rinvoq ER®♦ Simponi®, Simponi ARIA® Xeljanz®, Xeljanz XR®♦
Biologics: Agents to Treat Ankylosing Spondylitis	Cosentyx® Enbrel® Humira®	Cimzia®, Cimzia Kit® Rinvoq ER®♦ Simponi®, Simponi ARIA® Taltz®♦ Xeljanz®, Xeljanz XR®♦
Biologics: Agents to Treat Juvenile Idiopathic Arthritis	Enbrel® Humira®	Actemra® SC Orencia® SC Simponi ARIA® Xeljanz®♦ tabs, solution
Biologics: Agents to Treat Plaque Psoriasis	Cosentyx® Enbrel® Humira®	Cimzia®, Cimzia Kit® Ilumya®♦ Otezla®♦ Siliq®♦ Skyrizi®♦ Stelara® Taltz®♦ Tremfya®♦
Biologics: Agents to Treat Psoriatic Arthritis	Cosentyx® Enbrel® Humira®	Cimzia®, Cimzia Kit® Orencia® SC Otezla®♦ Rinvoq ER®♦ Simponi®, Simponi ARIA® Stelara® Skyrizi®♦ Taltz®♦

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		<i>Tremfya</i> ®♦ <i>Xeljanz</i> ®, <i>Xeljanz XR</i> ®♦
Biologics: Agents to Treat Crohn's Disease	Humira®	<i>Cimzia</i> ®, <i>Cimzia Kit</i> ® <i>Entyvio</i> ®♦ <i>Skyrizi</i> ®♦ <i>Stelara</i> ®
Biologics: Agents to Treat Ulcerative Colitis	Humira®	<i>Simponi</i> ® <i>Stelara</i> ® <i>Entyvio</i> ®♦ <i>Rinvoq ER</i> ®♦ <i>Xeljanz</i> ®, <i>Xeljanz XR</i> ®♦
Biologics: Agents to Non-radiographic Axial Spondyloarthritis	Cosentyx®	<i>Cimzia</i> ®, <i>Cimzia Kit</i> ® <i>Rinvoq ER</i> ®♦ <i>Taltz</i> ®♦
Androgenic Agents (topical)♦	testosterone pump (generic for Androgel®)	<i>Androderm</i> ® <i>Androgel</i> ® packet and gel pump <i>Fortesta</i> ® <i>Natesto</i> ® <i>Testim</i> ® testosterone <i>Vogelxo</i> ®
Antihyperuricemic Agents	allopurinol colchicine tablets (generic for Colcrys) probenecid/colchicine probenecid	<i>colchicine capsules (generic for Mitigare)</i> <i>Colcrys</i> ® (colchicine) <i>febuxostat</i> <i>Gloperba</i> ® (colchicine) <i>Mitigare</i> ® (colchicine capsules) <i>Uloric</i> (febuxostat) <i>Zyloprim</i> (allopurinol)

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Anti-Obesity Agents ♦	Adipex-P® (phentermine) benzphetamine Contrave® (bupropion/naltrexone) diethylpropion Lomaira® (phentermine) phendimetrazine phentermine Saxenda® (liraglutide) Wegovy® (semaglutide) Xenical® (orlistat)	
BPH Agents – Alpha Blockers	alfuzosin doxazosin prazosin tamsulosin ♦ terazosin	Cardura® Cardura XR® Flomax® ♦ Minipress® Rapaflo® silodosin (generic for Rapaflo)
BPH Agents – 5-Alpha Reductase (5AR) Inhibitors	dutasteride finasteride 5mg (generic for Proscar®)	Avodart® dutasteride/tamsulosin Jalyn® Proscar®
Colony Stimulating Factors	Neupogen® Nyvepria® ²	Fulphila® Granix® Leukine® Neulasta® syringe ² ; Neulasta® Onpro Kit ² Nivestym® Releuko® Udenyca® ² Zarxio® ² Ziextenzo® ²

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Electrolyte Depleters ♦	calcium acetate capsules and tablets sevelamer carbonate tablets	<i>Auryxia</i> ® <i>Fosrenol</i> ® / <i>Fosrenol</i> ® powder pak <i>lanthanum</i> <i>Phoslyra</i> ® <i>Renagel</i> ® <i>Renvela powder pkts and tablets</i> <i>sevelamer carbonate powder pkts</i> <i>sevelamer HCL tablets</i> <i>Velphoro</i> ®
Epinephrine Injectable ²	EpiPen ®, EpiPen Jr ®	<i>epinephrine (generic for Adrenaclick</i> ®) <i>epinephrine (generic for EpiPen</i>®/<i>EpiPen Jr</i>®) <i>Symjepi</i> ®
Growth Hormones ♦	Genotropin® Norditropin Flexpro®	<i>Humatrope</i> ® <i>Nutropin AQ</i> ® <i>Omnitrope</i> ® <i>Saizen</i> ® <i>Serostim</i> ®♦ <i>Skytrofa</i> ® <i>Zomacton</i> ® <i>Zorbtive</i> ®
Hematopoietic Agents ♦	Aranesp® Epogen® Retacrit®	<i>Procrit</i> ®

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Osteoporosis Agents: Bisphosphonates	alendronate sodium	<i>Actonel</i> ® ² <i>alendronate sodium oral solution</i> <i>Atelvia</i> ® ² <i>Boniva</i> ® ² <i>Fosamax</i> ® <i>Fosamax Plus D</i> ® <i>Ibandronate</i> <i>risedronate (Actonel)</i> ² <i>risedronate (Atelvia)</i> ²
Osteoporosis Agents: Other	calcitonin	<i>Forteo</i> ®♦ <i>teriparatide</i> ♦ <i>Tymlos</i> ®♦
Osteoporosis Agents: SERMs	raloxifene	<i>Evista</i> ®
Progestational Agents	medroxyprogesterone (oral) progesterone (oral) norethindrone (oral)	<i>Aygestin</i> ® (oral) <i>Crinone</i> ® (vaginal)♦ <i>progesterone (intramuscular)</i> <i>Prometrium</i> ® (oral) <i>Provera</i> ® (oral)
	hydroxyprogesterone caproate (IM) (generic Delalutin) hydroxyprogesterone caproate (IM) (generic Makena) ♦	<i>Makena Auto-Injector</i> ® (subcutaneous)♦

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Urinary Tract Antispasmodics	oxybutynin / oxybutynin ER solifenacin Toviaz®	darifenacin ER Detrol®/ Detrol LA® Ditropan XL® fesoterodine flavoxate HCL Gelnique®◆ Gemtesa® Myrbetriq® Oxytrol® tolterodine/ tolterodine ER trospium/ trospium ER Vesicare®/ Vesicare LS
Uterine Disorder Treatments	Myfembree ◆ Orilissa ◆ OriaHnn ◆	

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Anticonvulsants	Aptiom® Banzel® Briviact® carbamazepine, carbamazepine ER Carbatrol® Celontin® clobazam clonazepam Depakote®, Depakote ER® Depakote Sprinkle® Diacomit® Diastat®, Diastat Acudial® diazepam Dilantin® divalproex sodium, divalproex sodium ER Epidiolex® Epitol® Eprontia® Equetro® ethosuximide Felbamate® felbatol Fintepla® Fycompa® gabapentin Gabitril® Keppra®, Keppra XR® Klonopin® lacosamide Lamictal®, Lamictal ODT®, Lamictal XR® lamotrigine, lamotrigine ER, lamotrigine ODT levetiracetam, levetiracetam ER Lyrica®, Lyrica CR® Mysoline® Nayzilam®	

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	Neurontin® Onfi® oxcarbazepine Oxtellar XR® Peganone® Phenytek® phenytoin, phenytoin sodium extended pregabalin primidone Qudexy XR® Roweepra®, Roweepra XR® rufinamide Sabril® Spritam® Subvenite® Sympazan® Tegretol®, Tegretol XR® tiagabine Topamax® topiramate, topiramate ER Trileptal® Trokendi XR® valproic acid Valtoco® vigabatrin Vigadrone® Vimpat® Zarontin® Zonisade® zonisamide Ztalmly®	
Atypical Antipsychotics	Abilify®, Abilify MyCite® Abilify Maintena® aripiprazole Aristada®, Aristada Initio®	

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

13 Prior Authorization Required if Beneficiary is Over the Age of 75

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

16 Prior Authorization Required for Beneficiaries Under 6 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

‡Only products that can be self-administered will be included in the PDL class as other products are typically billed as a medical benefit

Michigan Preferred Drug List (PDL)/Single PDL

Effective 01/01/2023

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

LEGISLATIVELY PROTECTED CLASSES		
Drug Class	Preferred Agents	Non-Preferred Agents
	Caplyta® clozapine Clozaril® Fanapt® Geodon® Invega® Invega Sustenna®, Invega Trinza® Invega Hafyera® Latuda® molindone Nuplazid® olanzapine, olanzapine ODT paliperidone Perseris® quetiapine Rexulti® risperidone Risperdal®, Risperdal Consta® ² Saphris® Secuado® Seroquel®, Seroquel XR® Versacloz® Vraylar® ziprasidone Zyprexa®, Zyprexa Relprevv®, Zyprexa Zydys®	
Antipsychotic-Antidepressant Comb.	olanzapine/fluoxetine Symbyax®	

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Note: Not all medications listed are covered by all MDHHS Programs. Check individual program coverage. For program drug coverage information, go to <https://michigan.magellanrx.com/provider/>, open “Documents” and click on “Fee for Service Drug Coverage” then open “MPPL Including Coverage Information” for all programs.

Michigan Department of Health and Human Services, in conjunction with Magellan Medicaid Administration, is pleased to offer an alternative means to submit pharmacy prior authorization (PA) requests for prescription drugs. This web-based process is designed to save prescribers time by providing a real-time pharmacy prior authorization. This process will supplement the more traditional means of requesting PAs by phone or fax, which will still be available to providers. In order to use Web PA, provider designees will need to register to receive a logon and password for the Web PA system. Detailed information on user registration and Web PA, including a web-based tutorial, and a complete instruction is available at <https://michigan.magellanrx.com/provider/>. For questions or assistance with registration, call the Magellan Medicaid Administration Web Support Call Center at 800-241-8726.

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