Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2024

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**
Opioids – Long Acting	morphine sulfate ER tablets tramadol ER tablets[10]	*Belbuca®♦[2]* *buprenorphine films♦[2]* *Conzip ER®[10]* *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[10]* *Xtampza ER®♦[2]*
Opioids – 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]* *butorphanol[2]* *codeine / acetaminophen/caffeine /butalbital [10]* *codeine / aspirin /caffeine /butalbital [10]* *dihydrocodeine/acetaminophen/caffeine* *Dilaudid® all forms[2]* *fentanyl citrate buccal[2]* *Fentora®♦[2]* *Fioricet w/ Codeine®[10]* *hydrocodone/ ibuprofen* *hydromorphone suppository* *levorphanol* *meperidine tablets, solution[2]* *Nalocet®*

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.
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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®* *Prolate®* *Qdolo®* [10] *Roxybond®* [2] *Roxicodone®* [2] *Seglentis®* [10,2] *tramadol oral solution (generic for Qdolo®)* [10]
Opioids – 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 capsules 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* *Dual Action Pain (ibuprofen/acetaminophen)* *Duexis®* *EC-naproxen* *etodolac / etodolac ER* *Feldene®* *fenoprofen* *Flector Patch®* [2] *flurbiprofen* *indomethacin ext release capsules* *indomethacin oral suspension*

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		ketoprofen ext release *ketoprofen immediate release* *ketorolac nasal spray♦* *Licart®[2]* *Lofena®* *meclofenamate sodium* *mefenamic acid* *meloxicam capsules* *Nalfon®* *Naprelan CR®* *Naprosyn® suspension* *naproxen (generic for Anaprox)* *naproxen delayed release* *naproxen/esomeprazole (generic for Vimovo)* *naproxen suspension* *oxaprozin* *Pennsaid®* *piroxicam* *Relafen DS®* *tolmetin sodium* *Vimovo®♦*
Non-Steroidal Anti-Inflammatory – Cox II Inhibitors	celecoxib[2]	*Celebrex®[2]*
Opioid Use Disorder Treatments	Brixadi® buprenorphine SL tabs[2] buprenorphine/naloxone SL tabs[2] naltrexone tablets Sublocade® SC injection Suboxone® SL films[2] Vivitrol® IM injection Zubsolv® SL tabs [2]	*buprenorphine/naloxone SL film (generic Suboxone films)[2]*
Opioid Withdrawal Symptom Management	clonidine tabs guanfacine/guanfacine ER Lucemyra®	

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ANTIBIOTICS / ANTI-INFECTIVES		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Antibiotics – Inhaled	Bethkis® Cayston ® Kitabis® Tobi-Podhaler® tobramycin inhalation solution (generic for Tobi)	*TOBI® inhalation* *tobramycin inhalation solution (generic for Bethkis)* *tobramycin inhalation solution (generic for Katabis)*
Antifungals – Oral	clotrimazole troches fluconazole[2] griseofulvin oral suspension ketoconazole tablets nystatin oral susp, tablets terbinafine[2]	*Ancobon* *Brexafemme*[2]♦ *Cresemba®*♦ *Diflucan®*[2] *flucytosine* *griseofulvin tablets* *griseofulvin microsize tablets* *griseofulvin ultramicrosize* *itraconazole*[2]♦ *Noxafil®, Noxafil DR®* *posaconazole* *Sporanox®* [2]♦ *Tolsura®* *Vfend®*♦ *Vivjoa*[2]♦ *voriconazole*♦
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	*butenafine* *Ciclodan®*♦ *ciclopirox shampoo* *ciclopirox suspension (generic for Loprox®)* *clotrimazole / betamethasone lotion* *clotrimazole Rx solution* econazole nitrate *Ertaczo®* *Extina®* *Jublia®*♦ *Kerydin®*♦

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		ketoconazole foam *Ketodan®* *Loprox®* *Lotrimin AF®* *luliconazole* *Luzu®* *Mentax®* *miconazole/zinc oxide/petrolatum* *Mycozyl AC®* *Naftin®* *naftifine* *oxiconazole* *Oxistat®* *tavaborole* *Vusion®*
Antivirals – Herpes	acyclovir tablets, capsules, suspension famciclovir valacyclovir	*Sitavig®* *Valtrex®* *Zovirax®*
Antivirals – Influenza[5]	oseltamivir[2] Relenza®[2] rimantadine Xofluza®	*Flumadine®* *Tamiflu®*[2]
Antivirals – Topical	acyclovir ointment Denavir® Zovirax® cream	*acyclovir cream* *penciclovir* *Xerese®* *Zovirax® ointment*

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ANTIBIOTICS / ANTI-INFECTIVES

Drug Class	Preferred Agents	Non-Preferred Agents
Cephalosporins - 1st Generation	cefadroxil capsules[2] cefadroxil suspension cephalexin	*cefadroxil tablets[2]*
Cephalosporins - 2nd Generation	cefuroxime[2] cefprozil tablets[2] cefprozil suspension	*cefaclor[2]* *cefaclor ER[2]*
Cephalosporins - 3rd Generation	cefdinir capsules, suspension[2] cefixime capsules	*cefixime suspension* *cefpodoxime tablets[2]* *cefpodoxime suspension*
Hepatitis C	Pegasys® ribavirin	
Hepatitis C – Direct-Acting Antivirals	Mavyret®	*Epclusa®* *Harvoni®* *ledipasvir/sofosbuvir (generic for Harvoni)* *sofosbuvir/velpatasvir (generic for Epclusa)* *Sovaldi®* *Vosevi®* *Zepatier®*
Macrolides	azithromycin[2] clarithromycin[2] erythromycin ethylsuccinate tablets erythromycin ethylsuccinate 200mg susp Erythrocin®	*clarithromycin ER* *E.E.S.® tablets and 400mg suspension* *E.E.S.® 200mg suspension* *EryPed®* *Ery-Tab®* *erythromycin base* *erythromycin ethylsuccinate 400mg suspension* *Zithromax® tablets[2], suspension*
Oxazolidinones	linezolid tablets[2]	*linezolid suspension* *Sivextro®[2]♦* *Zyvox®[2]*

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Quinolones	Cipro® suspension ciprofloxacin suspension, tablets[2] levofloxacin[2]	*Baxdela®* *Cipro® tablets[2]* *moxifloxacin[2]♦* *ofloxacin*
Otic Quinolones	Ciprodex® ciprofloxacin/dexamethasone (generic for Ciprodex®) ofloxacin otic	*ciprofloxacin otic* *ciprofloxacin/fluocinolone (generic for Otovel®)* *Cipro HC®*
Topical Antibiotics	mupirocin ointment	*Centany®* *mupirocin cream* *Xepi®[2]*
Gastrointestinal Antibiotics	Dificid® Firvanq® metronidazole tablets neomycin tablets tinidazole tablets vancomycin capsules	*Aemcolo®[2]♦* *Flagyl® capsules* *metronidazole capsules* *nitazoxanide tablets* *Vancocin®* *vancomycin solution* *Xifaxan® 200mg[2,10]♦* *Xifaxan® 550mg[7]♦*
Vaginal Antibiotics	Cleocin® Ovules clindamycin (generic for Cleocin) 2% cream Clindesse® 2% cream metronidazole (generic for Metro-Gel and Vandazole) gel Nuvessa® 1.3% gel	*Cleocin® 2% cream* *Vandazole® 0.75% gel* *Xaciato® gel*

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ASTHMA / COPD

DPI = dry powder inhaler; MDI = metered dose inhaler; ISI = inhalation spray inhaler

Drug Class	Preferred Agents	Non-Preferred Agents
Anticholinergic Agents - Short Acting	Atrovent HFA®[2] (MDI) ipratropium nebulizer solution	
Anticholinergic Agents - Long Acting	Incruse Ellipta®[2] (DPI) Spiriva®[2] (DPI) Spiriva Respimat®[2] *(ISI)*	*Lonhala Magnair nebulizer solution* *tiotropium[2] (DPI)* *Tudorza Pressair® (DPI)* *Yupelri® nebulizer solution*
Beta Adrenergic and Anticholinergic Combinations	Anoro Ellipta®[2] (DPI) Bevespi Aerosphere®[2] (MDI) Combivent RESPIMAT® (ISI)[2] ipratropium/albuterol nebulizer solution Stiolto Respimat®[2] (ISI)	*Duaklir Pressair® (DPI)*
Beta Adrenergic/ Anticholinergic/ Corticosteroid Combinations	Trelegy Ellipta®[2] (DPI)	*Breztri Aerosphere®[2] (MDI)*
Beta Adrenergics – Short Acting	albuterol sulfate nebulizer solution Proventil HFA®[2] (MDI) Ventolin HFA®[2] (MDI) Xopenex HFA®[2] (MDI)	*albuterol HFA[2] (MDI)* *levalbuterol HFA[2] (MDI)* *levalbuterol nebulizer solution* *ProAir Digihaler® (DPI)* *ProAir Respiclick®[2] (DPI)*
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)* fluticasone/salmeterol[2] (generic for Advair Diskus) fluticasone/salmeterol[2] (generic for Advair HFA) Symbicort®[2] *(MDI)* Wixela®[2] (DPI) (fluticasone/salmeterol)	*AirDuo Digihaler®[2] (DPI)* *AirDuo Respiclick®[2] (DPI)* *Breo Ellipta®[2] (DPI)* *budesonide/formoterol[2] (generic for Symbicort)* *fluticasone/salmeterol[2] (generic for AirDuo)* *fluticasone/vilanterol[2] (generic for Breo Ellipta)*

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Phosphodiesterase-4 (PDE-4) Inhibitors♦	roflumilast	*Daliresp®*
Inhaled Glucocorticoids	Alvesco® (MDI) Asmanex® Twisthaler 110 mcg *(DPI)*[1,2] Asmanex® Twisthaler 220 mcg *(DPI)*[2] budesonide 0.25, 0.5mg, 1mg nebulizer solution[2] Flovent HFA®[2] (MDI) fluticasone propionate HFA[2] (MDI)	*ArmonAir Digihaler® (DPI)* *Arnuity Ellipta®♦ (DPI)* *Asmanex HFA®[2]♦ (DPI)* *Flovent Diskus® (DPI)* *fluticasone propionate diskus (DPI)* *Pulmicort Flexihaler®[2]♦ (DPI)* *Pulmicort® 0.25mg, 0.5mg, 1mg Respules* *QVAR Redihaler® (MDI)*

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ALLERGY		
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Antihistamines – 2nd Generation	cetirizine tabs cetirizine 1mg/ml solution fexofenadine tablets, suspension levocetirizine tablets loratadine / loratadine ODT	*cetirizine chewable tabs, soft gels* *cetirizine 5mg/5ml solution (cups)* *Clarinex®* *desloratadine/ desloratadine ODT* *levocetirizine solution*
Leukotriene Inhibitors	montelukast tablets, 4mg chew tabs[11], 5mg chew tabs[12]	*Accolate®* *montelukast granules*[11] *Singulair® tablets, 4mg chew tabs*[11]*, 5mg chew tabs*[12] *Singulair granules*[11] *Zyflo®* *zafirlukast* *Zileuton ER®*
Nasal Anticholinergics	ipratropium nasal	
Nasal Antihistamines	azelastine	*olopatadine* *Patanase Nasal®*
Nasal Corticosteroids	fluticasone (Rx)	*Beconase AQ®* *budesonide* *flunisolide* *fluticasone (OTC)* *mometasone* *Nasonex 24H (OTC)* *Omnaris®* *Qnasl®* *triamcinolone* *Xhance®♦* *Zetonna®*
Combination Nasal Sprays – *new class*		*azelastine/fluticasone* *Dymista®* *Ryaltris®*

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Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2024

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

CARDIAC MEDICATIONS

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

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		Edarbi® *Edarbyclor®* *eprosartan* *Hyzaar®* *irbesartan/ irbesartan HCT* *Micardis® / Micardis HCT®* *telmisartan/ telmisartan 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 Coreg CR® 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®* *Corgard®* *Hemangeol oral solution®* *Inderal LA®/ Inderal XL®* *Innopran XL®* *Kapspargo®* *Lopressor®* *metoprolol HCT* *nadolol* *nebivolol* *pindolol* *propranolol HCT* *Sotylize®* *Tenormin®/ Tenoretic®* *timolol maleate* *Toprol XL®* *Ziac®*

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CARDIAC MEDICATIONS

Drug Class	Preferred Agents	Non-Preferred Agents
Calcium Channel Blockers – Dihydropyridine	amlodipine besylate nifedipine / nifedipine SA	*felodipine ER* *isradipine* *Katerzia®* *levamlodipine* *nicardipine* *nisoldipine* *Norliqva®♦* [16] *Norvasc®* *Procardia XL®* *Sular®*
Calcium Channel Blockers – Non- Dihydropyridine	diltiazem / diltiazem XR / diltiazem ER Taztia XT® verapamil / verapamil ER tablets	*Cardizem® / Cardizem LA® / Cardizem CD®* *diltiazem LA* *Matzim LA®* *Tiadylt ER®* *Tiazac®* *verapamil ER capsules* *Verelan PM®* *verapamil cap 24-hr pellet capsules*
Lipotropics: Fibric Acid Derivatives	fenofibrate, nanocrystallized (generic for Tricor®) fenofibrate capsules (generic for Lofibra® caps) fenofibrate tablets (generic for Lofibra® tablets) gemfibrozil	*Antara®* *fenofibrate(generic for Lipofen)* *fenofibrate, micronized (generic for Antara®)* *fenofibrate, nanocrystallized (generic for Triglide®)* *fenofibric acid (generic for Fibricor®)* *fenofibric acid (generic for Trilipix®)* *Fenoglide®* Fibricor® *Lopid®* *Lipofen®* *Tricor®* Trilipix®
Lipotropics: Bile Acid Sequestrants	cholestyramine/ cholestyramine light colestipol tablets Prevalite packet, powder	*Colestid®* *colestipol granules* *colesevelam* *Questran®/ Questran Light®*

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Drug Class	Preferred Agents	Non-Preferred Agents
		Welchol® powder and tablets
Lipotropics: Statins[2]	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	*Altoprev®* *amlodipine / atorvastatin* *Atorvaliq®♦* *Caduet®* *Crestor®* *Ezallor® Sprinkle♦* *ezetimibe/simvastatin* *fluvastatin/ fluvastatin ER* *Lescol XL®* *Lipitor®* *Livalo®* *pitavastatin* *Vytorin®* *Zocor®* *Zypitamag®*
Lipotropics: Niacin Derivatives	niacin tablets (OTC) niacin ER tablets (OTC) niacin ER capsules (OTC)	*niacin ER (generic for Niaspan)*
Lipotropics: Other	ezetimibe	*icosapent ethyl♦* *Lovaza®♦* *Nexletol®♦* *Nexlizet®♦* *omega-3 acid ethyl esters (generic for Lovaza)♦* *Vascepa®♦* *Zetia®*
Lipotropics: PCSK9 Inhibitors♦	Praluent®[2] Repatha®[2]	

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CARDIAC MEDICATIONS

Drug Class	Preferred Agents	Non-Preferred Agents
Anticoagulants	Eliquis®[2] Enoxaparin Jantoven® Pradaxa®[2] warfarin Xarelto®[2]/ Xarelto® Dose Pack[2] Xarelto® suspension[2]	*Arixtra®* *dabigatran* *fondaparinux* *Fragmin® syringes and vials* *Lovenox®* *Pradaxa Oral Pellets®♦* *Savaysa®♦*
Platelet Aggregation Inhibitors	Brilinta® clopidogrel[2] prasugrel[13]	*aspirin/dipyridamole* *dipyridamole* *Effient®[13]♦* *Plavix®*
Pulmonary Arterial Hypertension (PAH) Agents♦	*Adempas®* Alyq® ambrisentan (generic for Letairis®) Opsumit® *sildenafil suspension (generic for Revatio®)* sildenafil tablets (generic for Revatio®) tadalafil (generic for Adcirca®) Tracleer® *tablets* Tyvaso® *solution* Uptravi® Ventavis®	*Adcirca®* *bosentan tablets (generic for Tracleer®)* *Letairis®* *Liqrev®* *Orenitram ER®* *Revatio® tablets and suspension* *Tadliq®[7]* *Tracleer® suspension* *Tyvaso® DPI*

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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	*Adlarity®* *Aricept®* *donepezil 23 mg®* *galantamine ER, solution* *memantine ER* *Namenda®/ Namenda XR®* *Namzaric®* *rivastigmine patch*
Anti-Anxiety – General	alprazolam buspirone chlordiazepoxide [3] clorazepate diazepam [3] lorazepam	*alprazolam ER, ODT♦* *alprazolam intensol♦* *Ativan®* *diazepam intensol♦* *lorazepam intensol♦* *Loreev XR®* *meprobamate* *oxazepam* *Xanax / Xanax XR®*
Drugs for ADHD♦ – Amphetamines	**IMMEDIATE-RELEASE** amphetamine IR salts (generic Adderall®)[2] dextroamphetamine IR tabs (generic Dexedrine tabs)	***IMMEDIATE-RELEASE*** *Adderall (amphetamine IR salts) [2]* *amphetamine (generic Evekeo)* *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 cap) Vyvanse® cap/chew tabs (lisdexamfetamine) [2]	***EXTENDED-RELEASE*** *Adzenys XR ODT® (amphetamine ER)* *amphetamine salts ER (generic for Mydayis ER)* *amphetamine salts XR (generic Adderall XR)[2]* *Dexedrine® caps (dextroamphetamine ER)* *Dyanavel® tablets, suspension (amphetamine ER)* *lisdexamfetamine caps/chew tabs (generic Vyvanse)* *Mydayis ER® (amphetamine salts ER)*

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	**Preferred Agents**	***Non-Preferred Agents***
		Xelstrym (dextroamphetamine transdermal)
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®)	***EXTENDED-RELEASE*** *Aptensio XR® (methylphenidate ER)* *Azstarys® (serdexmethylphenidate/dexmethylphenidate)* *Cotempla XR-ODT® (methylphenidate ER)* *Focalin XR® (dexmethylphenidate XR)* *Jornay PM® (methylphenidate ER)* *methylphenidate CD (generic Metadate CD®)* *methylphenidate ER caps (generic for Aptensio XR)* *methylphenidate ER (generic Metadate ER)* *methylphenidate ER -OSM (generic Relexxi)* *methylphenidate ER - OROS (generic Concerta)* *methylphenidate ER transdermal (generic Daytrana)* *methylphenidate LA (generic Ritalin LA)-all strengths* *Quillichew ER® (methylphenidate ER)* *Quillivant XR® (methylphenidate XR)* *Relexxii® (methylphenidate ER -OSM)* *Ritalin LA® (methylphenidate LA) -all strengths*
Drugs for ADHD – Non-Stimulants	atomoxetine clonidine ER (generic Kapvay®) guanfacine ER Intuniv® Strattera® Qelbree®	

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CENTRAL NERVOUS SYSTEM DRUGS

Drug Class	Preferred Agents	*Non-Preferred Agents*
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]	*Gralise®* [2] ♦ *Horizant®* [2] ♦
Multiple Sclerosis Agents	Avonex®[2] Betaseron®/ Betaseron® Kit Copaxone 20 mg dimethyl fumarate (generic for Tecfidera) fingolimod teriflunomide	*Aubagio®* *Bafiertam®*[2] ♦ *Copaxone® 40 mg syringe* *Extavia®* *Gilenya®* *glatiramer 20 mg/ml and 40 mg/ml* *Glatopa®* *Kesimpta®*♦ *Mavenclad®*♦ *Mayzent®*♦ *Plegridy®*♦ *Ponvory®*♦ *Rebif®*[2]*/ Rebif Rebidose®* *Tascenso®*♦ *Tecfidera®* *Vumerity®*♦ *Zeposia®*♦
AntiParkinson's Agents – Dopamine Agonists	pramipexole ropinirole	*bromocriptine*♦ *Mirapex ER®* *Neupro®*[2] *Parlodel®*♦ *pramiprexole ER* *ropinirole ER*

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AntiParkinson's Agents – Other	amantadine capsule, syrup benztropine carbidopa/levodopa IR tablets carbidopa / levodopa ER entacapone rasagiline[7] trihexyphenidyl tablet	*amantadine tablet* *Azilect®[7]* *carbidopa* *carbidopa / levodopa ODT* *carbidopa/levodopa/entacapone* *Comtan®* *Dhivy®* *Duopa®* *entacapone* *Gocovri®♦* *Inbrija®♦* *Lodosyn®* *Nourianz®* *Ongentys®♦* *Osmolex ER®* *Rytary®♦* *selegiline capsule, tablet* *Sinemet®* *Stalevo®* *Tasmar®* *tolcapone* *trihexyphenidyl solution* *Xadago®♦* *Zelapar®*
Sedative Hypnotic Non-Barbiturates	doxepin (generic for Silenor®) eszopiclone[7] Hetlioz®/ Hetlioz LQ® ramelteon Rozerem® tasimelteon temazepam (excluding 7.5mg and 22.5mg) [3] triazolam [2,3] zaleplon zolpidem tablets[2,7]	*Ambien® / Ambien CR® [2,7]* *Belsomra®* *Dayvigo®* *Edluar®[2,7]♦* *estazolam* *flurazepam[3]* *Halcion®[2,3]* *Lunesta® [7]* *quazepam* *Quviviq®*

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	**Preferred Agents**	***Non-Preferred Agents***
		Restoril® [3] *temazepam 7.5mg and 22.5mg* [2, 3] *zolpidem capsules*[2,7] *zolpidem ER, sublingual* [2,7]
Antimigraine Agents, Acute Treatment - Triptans	Imitrex® nasal spray rizatriptan tab and ODT[2] sumatriptan tablets, injection[2]	*almotriptan*[2] *eletriptan*[2] *Frova®*[2] *frovatriptan*[2] *Imitrex®*[2] *Maxalt®/ Maxalt MLT®*[2] *naratriptan*[2] *Relpax®*[2] *sumatriptan/naproxen* *sumatriptan nasal spray* *Tosymra®*[2] *Zembrace Symtouch®* *zolmitriptan / zolmitriptan ODT*[2] */zolmitriptan nasal* *Zomig® nasal spray / Zomig® tablet*
Antimigraine Agents, Acute Treatment - Other	Nurtec ODT®[2]♦	*Elyxyb®*[2] *Reyvow*[2] *Ubrelvy®*[2] *Zavzpret®*[2]
Antimigraine Agents, Preventive Treatment♦	Aimovig®[2] Ajovy®[2] Emgality®[2] Nurtec ODT®[2]	*Qulipta®*[2]
Skeletal Muscle Relaxants	baclofen tablets baclofen oral solution♦ cyclobenzaprine methocarbamol orphenadrine citrate tizanidine tablets	*Amrix®* *baclofen oral suspension (generic for Fleqsuvy)♦* *chlorzoxazone* *cyclobenzaprine ER* *Dantrium®* *dantrolene sodium*

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	**Preferred Agents**	***Non-Preferred Agents***
		Fexmid® *Fleqsuvy®♦* *Lorzone®* *Lyvispah®♦* *metaxalone* *Norgesic Forte®* *orphenadrine/aspirin/caffeine* *tizanidine capsules* *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* *clindamycin/benzoyl peroxide (generic for Onexton)* *Neuac 1.25% kit®* *Onexton®*
Topical Steroids – Low Potency	hydrocortisone acetate cream hydrocortisone acetate ointment hydrocortisone cream hydrocortisone lotion hydrocortisone ointment hydrocortisone/aloe	*aclometasone dipropionate ointment and cream* *Derma-smooth – FS ®* *desonide ointment, cream, lotion* *fluocinolone 0.01% oil* *Proctocort®* *Texacort ®*

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DERMATOLOGICAL AGENTS

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	*Beser Kit* *Beser Lotion* *betamethasone valerate foam* *clocortolone cream* *Cloderm®* *fluocinolone acetonide cream, solution* *flurandrenolide cream, lotion, ointment* *fluticasone propionate lotion* *hydrocortisone butyrate cream, lotion, ointment, soln* *hydrocortisone valerate cream and ointment* *Locoid® cream, lotion, solution* *Locoid Lipocream®* *Pandel®* *prednicarbate cream and ointment* *Synalar® solution, cream and ointment* *Synalar TS® kit*
Topical Steroids – High Potency	betamethasone dipropionate cream, lotion, oint. betamethasone valerate cream, lotion, oint. triamcinolone acetonide cream, lotion, oint	*betamethasone diproprionate augmented cream, gel* *betamethasone diproprionate augmented lotion, oint* *desoximetasone cream, ointment, gel and spray* *diflorasone diacetate cream and ointment* *Diprolene® ointment* *fluocinonide cream, ointment and gel* *fluocinonide emollient and solution* *halcinonide* *Halog® cream, ointment and solution* *Kenalog® aerosol* *Topicort® cream, gel, ointment and spray* *triamcinolone spray* *Vanos®*
Topical Steroids – Very High Potency	clobetasol propionate solution clobetasol propionate cream clobetasol propionate ointment halobetasol propionate cream halobetasol propionate ointment	*Apexicon-E* *Bryhali®* *clobetasol emollient and lotion* *clobetasol propionate foam, gel, spray and shampoo* *Clobex® spray and shampoo*

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DERMATOLOGICAL AGENTS

Drug Class	Preferred Agents	Non-Preferred Agents
		Clodan® shampoo and kit *halobetasol propionate (generic for Lexette®)* *Impeklo®* *Lexette®* *Olux®* *Temovate® ointment* *Tovet Foam Kit* *Tovet Emollient Foam* *Ultravate® lotion*

DIABETES

Drug Class	Preferred Agents	Non-Preferred Agents
Amylin Analogs	Symlin®	
Incretin Mimetics	Byetta® Trulicity® Victoza®	*Bydureon Bcise®* *Mounjaro®* *Ozempic®♦* *Rybelsus®*
Incretin Mimetics - Combinations		*Soliqua®♦* *Xultophy®♦*
Insulins, Basal[2]	Lantus® pens, vials Levemir® pens, vials	*Basaglar® pens* *insulin degludec* *insulin glargine, hum.rec.analog (biosim for Lantus)* *insulin glargine, hum.rec.analog (biosim for Toujeo)* *insulin glargine-yfgn* *Rezvoglar®* *Semglee® pens, vials* *Toujeo Solostar® /Toujeo Max Solostar® pens♦* *Tresiba Flextouch® pens and vials*

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DIABETES

Drug Class	Preferred Agents	Non-Preferred Agents
Insulins, Rapid Acting[2]	Apidra® pens, vials Humalog® U-100 cartridges, Kwikpens, vials *insulin aspart pens, vials* insulin lispro U-100 Kwikpens, vials (gen for Humalog) Novolog® cartridges	*Admelog® vials; Admelog Solostar® pens* *Afrezza® inhalation cartridges* *Fiasp® pens, vials* *Humalog® U-200 Kwikpens* *insulin aspart cartridges* *Lyumjev®* *Novolog® pens, vials*
Insulin, Mixes[2]	Humulin® 70/30 Kwikpens Humalog® 50/50 pens, vials Humalog® 75/25 pens, vials Humulin® 70/30 vials insulin aspart 70/30 pens, vials	*insulin lispro mix 75-25 Kwikpen* *Novolin® 70/30 pens and vials* *Novolog® 70/30 pens and vials*
Insulins, Traditional[2]	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®*
Oral Hypoglycemics – Combinations	glyburide / metformin Invokamet® Janumet®[2]/Janumet XR® Jentadueto® Synjardy® Xigduo XR ®	*Actoplus Met®* *alogliptin/metformin* *alogliptin/pioglitazone* *dapagliflozin/metformin* *Duetact®* *glipizide / metformin* *Glyxambi®* *Invokamet XR®*

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DIABETES		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
		Jentadueto XR® *Kazano®* *Kombiglyze XR®* *Oseni®* *pioglitazone/glimepride* *pioglitazone/metformin* *Qtern®* *saxagliptin/metformin* *Segluromet®* *Steglujan®* *Synjardy XR®* *Trijardy XR®*
Oral Hypoglycemics – DPP4 Inhibitors	Januvia®[2] Tradjenta®	*alogliptin* *Nesina®* *Onglyza®* *saxagliptin*
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®	*dapaglifozin* *Inpefa®* *Steglatro®*
Oral Hypoglycemics – Thiazolidinediones	pioglitazone	*Actos®*
Glucagon Agents	Baqsimi®[2] Glucagen Hypokit Glucagon Emergency Kit (Lilly) Gvoke Hypopen®[2] Zegalogue®	*Glucagon Emergency Kit (Fresenius)* *Gvoke®*[2] syringes*, vials*

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Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2024

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

DIABETES		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Insulin Suppressants	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®	*Ibsrela®*♦[2] *lubiprostone* *Trulance®*♦
GI Motility, Chronic **Chronic idiopathic constipation (CIC)**	Amitiza® Linzess®	*lubiprostone* *Motegrity®*♦ *Trulance®*♦
GI Motility, Chronic **Opioid-induced constipation (OIC)**	Amitiza®	*lubiprostone* *Movantik®* *Relistor®*♦ *Symproic®*♦
GI Motility, Chronic **Irritable bowel syndrome with diarrhea (IBS-D)**	diphenoxylate/atropine (generic Lomotil®) loperamide (generic Imodium®)	*alosetron*♦ *Lotronex®*♦ *Viberzi®*[2]♦
H. pylori Treatment	Pylera®	*bismuth/metronidazole/tetracycline* *lansoprazole/amoxicillin/clarithromycin* *Omeclamox-PAK®* *Talicia®*
Pancreatic Enzymes♦	Creon® Zenpep®	*Pertzye®* *Viokace®*
Progestins for Cachexia	megestrol oral suspension (generic for Megace®)	*megestrol oral suspension (generic Megace ES®)*

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GASTROINTESTINAL		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Proton Pump Inhibitors	Nexium® susp pkts[2] omeprazole (Rx) capsules[2] pantoprazole tablets[2] Protonix® tablets[2], suspension[2]	*Aciphex® tabs* *Dexilant® caps* *dexlansoprazole* *esomeprazole magnesium capsules, susp pkts*[2] *esomeprazole magnesium OTC caps and tabs* *Konvomep®* *lansoprazole caps, ODT* *lansoprazole OTC caps* *Nexium® capsules* *omeprazole OTC caps, tabs, ODT* *omeprazole/sodium bicarbonate caps, susp pkt* *pantoprazole suspension*[2] *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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OPHTHALMICS		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Glaucoma – Alpha-2 Adrenergics	apraclonidine brimonidine tartrate 0.2%	*Alphagan P®* *brimonidine tartrate 0.1%* *brimonidine tartrate 0.15%* *Iopidine®*
Glaucoma – Beta Blockers	Betoptic S® carteolol timolol maleate (generic for Timoptic®, Timoptic-XE®)	*betaxolol* *Betimol®* *Istalol®* *levobunolol* *timolol maleate (generic for Istalol®)* *timolol maleate (generic for Timoptic Occudose®)* *Timoptic®/ Timoptic Occudose®* *Timoptic XE®*
Glaucoma – Prostaglandin Analogues	latanoprost	*bimatoprost (generic for Lumigan)* *Lumigan®* *tafluprost (generic for Zioptan®)* *Travatan Z®* *travoprost (generic for Travatan Z®)* *Vyzulta®* *Xalatan®* *Xelpros®* *Zioptan®*
Glaucoma – Carbonic Anhydrase Inhibitors	Azopt® dorzolamide dorzolamide/timolol Simbrinza®	*brinzolamide* *dorzolamide/timolol PF (generic for Cosopt PF®)* *Cosopt®/ Cosopt PF®*
Glaucoma – Combination Alpha-2 Adrenergic-Beta Blocker	Combigan®	*brimonidine/timolol (generic for Combigan®)*
Glaucoma – Rho Kinase Inhibitors	Rhopressa® Rocklatan®	

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OPHTHALMICS		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Ophthalmic Antibiotics - Fluoroquinolones	ciprofloxacin ofloxacin Vigamox®	*Besivance®* *Ciloxan®* *gatifloxacin* *moxifloxacin (generic for Moxeza®)* *moxifloxacin (generic for Vigamox®)* *Ocuflox®* *Zymaxid®*
Ophthalmic Antibiotics - Macrolides	erythromycin ointment	*Azasite®*
Ophthalmic Antihistamines	azelastine ketotifen fumarate (OTC Only) olopatadine (OTC) olopatadine (Rx) Zaditor®	*Alrex®* *bepotastine* *Bepreve®* *epinastine* *Lastacaft®* *loteprednol (generic for Alrex®)* *Pataday®* *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] *Miebo®*[2,7] *Tyrvaya®*[2] *Verkazia®*[2] ♦
Ophthalmic Mast Cell Stabilizers	cromolyn sodium	*Alocril®* *Alomide®*
Ophthalmic NSAIDs	diclofenac flurbiprofen ketorolac	*Acular® / Acular LS®* *Acuvail®* *bromfenac 0.07% (generic for Prolensa®)* *bromfenac 0.075% (generic for Bromsite®)* *bromfenac 0.09%* *Bromsite®* *Ilevro®* *ketorolac LS (generic for Acular LS®)* *Nevanac®* *Prolensa®*

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MISCELLANEOUS		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Immunomodulators: Asthma♦‡	Dupixent® Fasenra® pen Xolair® autoinjectors, syringes	*Nucala® syringe, auto-injector* *Tezspire® pen*
Immunomodulators: Atopic Dermatitis♦	*Adbry®* [2,7] Dupixent® Elidel®[2, 14] Eucrisa®[2] pimecrolimus (generic for Elidel)[2, 14]	*Cibinqo®*[7] *Opzelura®* [2, 10] *Protopic®* [2, 15] *Rinvoq ER®* *tacrolimus* [2, 15]
Biologics: Agents to Treat Ankylosing Spondylitis	Cosentyx® Enbrel® Humira®	*adalimumab-adaz (unbranded Hyrimoz)♦* *adalimumab-fkjp (unbranded Hulio)♦* *Amjevita®♦* *Cimzia®, Cimzia Kit®* *Cyltezo®♦* *Hadlima®♦* *Hulio®♦* *Hyrimoz®♦* *Idacio®♦* *Rinvoq ER®♦* *Simponi®, Simponi ARIA®* *Taltz®♦* *Xeljanz®, Xeljanz XR®♦* *Yuflyma®♦* *Yusimry®♦*
Biologics: Agents to Treat Hidradenitis Suppurativa	Cosentyx® Humira®	*adalimumab-adaz (unbranded Hyrimoz)♦* *adalimumab-fkjp (unbranded Hulio)♦* *Amjevita®♦* *Cyltezo®♦* *Hadlima®♦* *Hulio®♦* *Hyrimoz®♦* *Idacio®♦* *Yuflyma®♦*

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MISCELLANEOUS		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
		Yusimry®♦
Biologics: Agents to Treat Juvenile Idiopathic Arthritis	Enbrel® Humira®	*Actemra® SC* *adalimumab-adaz (unbranded Hyrimoz)♦* *adalimumab-fkjp (unbranded Hulio)♦* *Amjevita®♦* *Cyltezo®♦* *Hadlima®♦* *Hulio®♦* *Hyrimoz®♦* *Idacio®♦* *Orencia® SC* *Simponi ARIA®* *Xeljanz®♦ tabs, solution* *Yuflyma®♦* *Yusimry®♦*
Biologics: Agents to Treat Non-radiographic Axial Spondyloarthritis	Cosentyx®	*Cimzia®, Cimzia Kit®* *Rinvoq ER®♦* *Taltz®♦*
Biologics: Agents to Treat Plaque Psoriasis	Cosentyx® Enbrel® Humira®	*adalimumab-adaz (unbranded Hyrimoz)♦* *adalimumab-fkjp (unbranded Hulio)♦* *Amjevita®♦* *Cimzia®, Cimzia Kit®* *Cyltezo®♦* *Hadlima®♦* *Hulio®♦* *Hyrimoz®♦* *Idacio®♦* *Ilumya®♦* *Otezla®♦* *Siliq®♦* *Skyrizi®♦* *Sotyktu®♦*[2]

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MISCELLANEOUS

Drug Class	Preferred Agents	Non-Preferred Agents
		Stelara® *Taltz®♦* *Tremfya®♦* *Yuflyma®♦* *Yusimry®♦*
Biologics: Agents to Treat Psoriatic Arthritis	Cosentyx® Enbrel® Humira®	*adalimumab-adaz (unbranded Hyrimoz)♦* *adalimumab-fkjp (unbranded Hulio)♦* *Amjevita®♦* *Cimzia®, Cimzia Kit®* *Cyltezo®♦* *Hadlima®♦* *Hulio®♦* *Hyrimoz®♦* *Idacio®♦* *Orencia® SC* *Otezla®♦* *Rinvoq ER®♦* *Simponi®, Simponi ARIA®* *Skyrizi®♦* *Stelara®* *Taltz®♦* *Tremfya®♦* *Xeljanz®, Xeljanz XR®♦* *Yuflyma®♦* *Yusimry®♦*
Biologics: Agents to Treat Rheumatoid Arthritis	Enbrel® Humira®	*Actemra® SC* *adalimumab-adaz (unbranded Hyrimoz)♦* *adalimumab-fkjp (unbranded Hulio)♦* *Amjevita®♦* *Cimzia®, Cimzia Kit®* *Cyltezo®♦* *Hadlima®♦* *Hulio®♦*

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MISCELLANEOUS		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
		Hyrimoz®♦ *Idacio®♦* *Kevzara®♦* *Kineret®* *Olumiant®♦* *Orencia® SC* *Rinvoq ER®♦* *Simponi®, Simponi ARIA®* *Xeljanz®, Xeljanz XR®♦* *Yuflyma®♦* *Yusimry®♦*
Biologics: Agents to Treat Uveitis	Humira®	*adalimumab-adaz (unbranded Hyrimoz)♦* *adalimumab-fkjp (unbranded Hulio)♦* *Amjevita®♦* *Cyltezo®♦* *Hadlima®♦* *Hulio®♦* *Hyrimoz®♦* *Idacio®♦* *Yusimry®♦*
Biologics: Agents to Treat Crohn's Disease	Humira®	*adalimumab-adaz (unbranded Hyrimoz)♦* *adalimumab-fkjp (unbranded Hulio)♦* *Amjevita®♦* *Cimzia®, Cimzia Kit®* *Cyltezo®♦* *Entyvio®♦* *Hadlima®♦* *Hulio®♦* *Hyrimoz®♦* *Idacio®♦* *Rinvoq ER®♦* *Skyrizi®♦*

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MISCELLANEOUS		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
		Stelara® *Yuflyma®♦* *Yusimry®♦*
Biologics: Agents to Treat Ulcerative Colitis	Humira®	*adalimumab-adaz (unbranded Hyrimoz)♦* *adalimumab-fkjp (unbranded Hulio)♦* *Amjevita®♦* *Cyltezo®♦* *Entyvio®♦* *Hadlima®♦* *Hulio®♦* *Hyrimoz®♦* *Idacio®♦* *Rinvoq ER®♦* *Simponi®* *Stelara®* *Xeljanz®, Xeljanz XR®♦* *Yuflyma®♦* *Yusimry®♦*
Androgenic Agents (topical)♦	testosterone pump (generic for Androgel®)	*Androderm®* *Androgel® packet and gel pump* *Fortesta®* *Natesto®* *Testim®* *testosterone* *Vogelxo®*
Antihyperuricemic Agents	allopurinol colchicine tablets (generic for Colcrys) probenecid/colchicine probenecid	*colchicine capsules (generic for Mitigare)* *Colcrys® (colchicine)* *febuxostat* *Gloperba® (colchicine)* *Mitigare® (colchicine capsules)* *Uloric (febuxostat)* *Zyloprim (allopurinol)*

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Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Anti-Obesity Agents♦	Adipex-P® (phentermine) benzphetamine 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* *Entadfi®♦* *Proscar®*
Colony Stimulating Factors	Neupogen® Nyvepria®[2]	*Fulphila®*[2] *Fylnetra®*[2] *Granix®* *Leukine®* *Neulasta® syringe*[2]*; Neulasta® Onpro Kit*[2] *Nivestym®* *Releuko®* *Stimufend®*[2] *Udenyca®*[2] *Zarxio®*[2] *Ziextenzo®*[2]

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Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Electrolyte Depleters♦	calcium acetate capsules and tablets sevelamer carbonate tablets	*Auryxia®* *Fosrenol® / Fosrenol® powder pak* *lanthanum* *Renvela powder pkts and tablets* *sevelamer carbonate powder pkts* *sevelamer HCL tablets* *Velphoro®*
Epinephrine Injectable[2]	epinephrine (generic EpiPen®/EpiPen Jr® by Mylan) EpiPen®, EpiPen Jr®	*Auvi-Q®* *epinephrine (generic for Adrenaclick®)* *epinephrine (generic for EpiPen®/EpiPen Jr®)* *Symjepi®*
Growth Hormones♦	Genotropin® Norditropin Flexpro®	*Humatrope®* *Nutropin AQ®* *Omnitrope®* *Serostim®♦* *Skytrofa®* *Sogroya®* *Zomacton®*
Hematopoietic Agents♦	Aranesp® Epogen® Retacrit®	*Procrit®*

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Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Osteoporosis Agents: Bisphosphonates	alendronate sodium	*Actonel®*[2] *alendronate sodium oral solution* *Atelvia®*[2] *Boniva®*[2] *Fosamax®* *Fosamax Plus D®* *Ibandronate* *risedronate (Actonel)*[2] *risedronate (Atelvia)*[2]
Osteoporosis Agents: Other	calcitonin nasal spray	*Forteo®*♦ *teriparatide*♦ *Tymlos®*♦
Osteoporosis Agents: SERMs	raloxifene	*Evista®*
Progestational Agents	medroxyprogesterone (oral) progesterone (oral) norethindrone (oral)	*Aygestin® (oral)* *Crinone® (vaginal)*♦ *progesterone (intramuscular)* *Prometrium® (oral)* *Provera® (oral)*
Urea Cycle Disorder Agents	Buphenyl® tablets and powder Carbaglu® tablets	*carglumic acid tablets* *Olpruva® pellets* *Pheburane® pellets* *Ravicti® liquid* *sodium phenylbutyrate tablets and powder*

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Drug Class	**Preferred Agents**	**Non-Preferred Agents**
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♦[2] Orilissa♦[2] Oriahnn♦[2]	

LEGISLATIVELY PROTECTED CLASSES		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
Anticonvulsants	Aptiom® Banzel® Briviact® carbamazepine, carbamazepine ER Carbatrol® Celontin® clobazam clonazepam Depakote®, Depakote ER® Depakote Sprinkle® Diacomit® Diastat®, Diastat Acudial®	

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LEGISLATIVELY PROTECTED CLASSES		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
	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® methsuximide Motpoly XR® Mysoline® Nayzilam® Neurontin® Onfi® oxcarbazepine Oxtellar XR® Peganone® Phenytek® phenytoin, phenytoin sodium extended pregabalin primidone	

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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
17 Prior Authorization Required for Beneficiaries Under 60 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 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

LEGISLATIVELY PROTECTED CLASSES		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
	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® Xcopri® Zarontin® Zonisade® zonisamide Ztalmy®	
Atypical Antipsychotics	Abilify®, Abilify MyCite® Abilify Asimtufii®, Abilify Maintena® aripiprazole Aristada®, Aristada Initio® Caplyta® clozapine Clozaril® Fanapt® Geodon® Invega® Invega Sustenna®, Invega Trinza®	

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LEGISLATIVELY PROTECTED CLASSES		
Drug Class	**Preferred Agents**	**Non-Preferred Agents**
	Invega Hafyera® Latuda® lurasidone molindone Nuplazid® olanzapine, olanzapine ODT paliperidone Perseris® quetiapine Rexulti® risperidone Risperdal®, Risperdal Consta®[2] Saphris® Secuado® Seroquel®, Seroquel XR® Uzedy ER® Versacloz® Vraylar® ziprasidone Zyprexa®, Zyprexa Relprevv®, Zyprexa Zydis®	
Antipsychotic-Antidepressant Comb.	olanzapine/fluoxetine Symbyax®	

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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