

Michigan Department of Health and Human Services Preferred Drug List

Effective 7/17/2018

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 Embeda®	<i>Arymo ER®</i> <i>Belbuca®</i> <i>Conzip ER®</i> <i>Exalgo®</i> <i>hydromorphone ER®</i> <i>Hysingla ER®</i> <i>Kadian®</i> <i>methadone</i> <i>Morphabond ER®</i> <i>morphine sulfate ER caps (generic Avinza®)</i> <i>morphine sulfate ER caps (generic Kadian®)</i> <i>MS Contin®</i> <i>Nucynta ER®</i> <i>Oramorph SR®</i> <i>Oxycontin®</i> <i>oxycodone ER</i> <i>oxymorphone ER</i> <i>tramadol ER</i> <i>Ultram ER®</i> <i>Xtampza ER®</i> <i>Zohydro ER®</i>
Narcotics – Short and Intermediate Acting	Actiq®♦ codeine codeine / APAP Codeine / APAP/caffeine codeine / ASA codeine phosphate hydrocodone / APAP hydrocodone/ ibuprofen hydromorphone oral tablets	<i>Abstral®♦</i> <i>butorphanol</i> <i>Capital w/ Codeine®</i> <i>codeine oral solution</i> <i>codeine / APAP/caffeine /butalbital</i> <i>codeine / ASA /caffeine /butalbital</i> <i>Demerol® all forms</i> <i>dihydrocodeine/APAP/caffeine</i> <i>Dilaudid® all forms</i> <i>Fentora®♦</i> <i>Fioricet w/ Codeine®</i>

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

2 Quantity limits apply – See MPPL on website for details

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

4 Prior Authorization Required for Beneficiaries Under Age of 6.

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

7 Providers should consult yearly CDC guidelines for Influenza

8 Electronic Step edit: at least 1 component of the product must be in beneficiary drug history

9 PA required if no history of oral anti-nausea drugs in beneficiary drug history

10 Prior Authorization Required for Beneficiaries Under Age of 15.

11 Prior Authorization Required for Beneficiaries Under Age of 18.

12 Components of product must be in drug history

13 Concurrent use or trial of metformin required

14 Trial of OTC benzoyl peroxide must be in beneficiary drug history

15 Electronic Step edit: a statin must be in beneficiary drug history

16 Prior Authorization Required for Beneficiaries Over Age of 15

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

APAP = Acetaminophen ASA = Aspirin

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

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	morphine sulfate tabs / soln / supp oxycodone (immediate release) oxycodone / APAP tramadol	<i>Fiorinal w/ Codeine®</i> <i>Hycet®</i> <i>hydromorphone suppository</i> <i>Ibudone®</i> <i>Lazanda®</i> <i>Lorcet®</i> <i>Lortab®</i> <i>meperidine</i> <i>Norco®</i> <i>Nucynta®</i> <i>Onsolis®</i> <i>Opana®</i> <i>opium</i> <i>Oxaydo®</i> <i>Oxecta®</i> oxycodone / ASA oxycodone capsules (20mg, 30mg), oral conc soln, oral syr oxycodone/ibuprofen <i>Oxydose®</i> <i>Oxyfast®</i> <i>OxylR®</i> <i>oxymorphone</i> <i>pentazocine/naloxone</i> <i>Percocet®</i> <i>Percodan®</i> <i>Primlev®</i> <i>Reprexain®</i> <i>Roxanol®</i> <i>Roxicodone®</i> <i>Rybix ODT®</i> <i>Stadol®, Stadol NS®</i> <i>Subsys®♦</i> <i>Talwin®, Talwin NX®</i> tramadol/APAP <i>Tylenol #2®</i> <i>Tylenol #3®</i>

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		Tylenol #4® Tylenol w/ Codeine Elixir® Tylox® Ultracet® Ultram® Vicodin® Vicoprofen® Vopac® Wygesic® Xartemis XR® Xodol® Zolvit® Zydone®
Narcotics – Transdermal	fentanyl patches (generic only)	buprenorphine patches Butrans® Duragesic® fentanyl generic patches 37.5 mg, 62.5 mg and 87.5 mg strengths only
Non-Steroidal Anti-Inflammatory – Cox II Inhibitors		Celebrex® celecoxib ^{2, 17}

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Antibiotics – Inhaled	Bethkis® Cayston® Kitabis® Tobi-Podhaler® (after a trial of inhaled tobramycin or clinical justification)	<i>tobramycin solution (inhalation)</i> <i>TOBI inhalation</i>
Antifungals – Oral	clotrimazole troches fluconazole griseofulvin oral suspension nystatin oral susp terbinifine♦	<i>Cresemba®</i> <i>Diflucan®</i> <i>flucytosine</i> <i>griseofulvin tablet</i> <i>griseofulvin microsize tablets</i> <i>griseofulvin ultramicrosize</i> <i>Gris-Peg®</i> <i>itraconazole</i> <i>ketoconazole</i> <i>Lamisil®♦</i> <i>Mycelex®</i> <i>Mycostatin®</i> <i>Nizoral®</i> <i>Noxafil®</i> <i>Noxafil DR®</i> <i>nystatin tablets</i> <i>Onmel®</i> <i>Oravig®</i> <i>Sporanox®</i> <i>Vfend®</i> <i>voriconazole</i>

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Antifungals – Topical	ciclopirox suspension (generic for Loprox®) clotrimazole OTC cream clotrimazole/betamethasone cream ketoconazole miconazole nitrate nystatin tolnaftate	Ciclodan® ciclopirox clotrimazole / betamethasone lotion clotrimazole Rx cream, solution DermacinRx Therazole Pak® econazole nitrate Ertaczo® Exelderm® Extina® Jublia® Kerydin® ketoconazole foam Ketodan® Loprox® Lotrimin AF® Lotrisone® Luzu® Mentax® Naftin® Nizoral® nystatin / triamcinolone cream, ointment Oxistat® Pedipirox-4® Penlac® Vusion® Xolegel®
Antivirals – Herpes	acyclovir tablets, capsules, suspension famciclovir valacyclovir	Famvir® Sitavig® Valtrex® Zovirax®

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Antivirals – Influenza⁷	oseltamivir Relenza® rimantadine Tamiflu®	Flumadine®
Antivirals – Topical	Denavir® Zovirax® Cream	acyclovir ointment Xerese® Zovirax® Ointment
Cephalosporins - 1st Generation	cefadroxil capsules, suspension cephalexin	cefadroxil tablets cephradine Daxbia® Duricef® Keflex® Velosef®
Cephalosporins - 2nd Generation	cefuroxime cefprozil tabs, suspension Ceftin® suspension	Ceclor® / Ceclor CD® cefaclor / cefaclor ER Ceftin® tabs Cefzil® Lorabid®
Cephalosporins - 3rd Generation	cefdinir Suprax® suspension, capsules, chew tabs	Cedax® cefixime suspension cefpodoxime tablets, suspension ceftibuten Suprax® tablets
Hepatitis C	Pegasys® Peg-Intron® ribavirin	Copegus® Infergen® Intron A® Rebetol® Rebetron® Ribapak®

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		<i>Ribasphere®</i> <i>ribavirin dose pack</i> <i>Roferon-A®</i>
Hepatitis C – Direct-Acting Antivirals♦	Daklinza® Epclusa® Harvoni® Mavyret® Sovaldi® Technivie® Viekira Pak®, Viekira XR® Vosevi® Zepatier®	Olysio®
Macrolides	azithromycin clarithromycin E.E.S.® 200mg suspension erythromycin estolate erythromycin ethylsuccinate erythromycin stearate erythromycin w/ sulfisoxazole	<i>Biaxin® / Biaxin XL® / Biaxin Susp®</i> <i>clarithromycin ER</i> <i>Dynabac®</i> <i>E.E.S.® tablets and 400mg suspension</i> <i>EryPed®</i> <i>Ery-Tab®</i> <i>Erythrocin®</i> <i>erythromycin base</i> <i>erythromycin ethylsuccinate 200mg suspension</i> <i>PCE®</i> <i>Zithromax® tablets, suspension</i> <i>Zmax®</i>
Oxazolidinones	linezolid	<i>Sivextro®</i> <i>Zyvox®</i>
Quinolones	ciprofloxacin tablets levofloxacin	<i>Avelox®</i> <i>Baxdela®</i> <i>ciprofloxacin suspension</i> <i>ciprofloxacin ER</i> <i>Cipro® / Cipro XR®</i>

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		<i>Factive®</i> <i>Floxin®</i> <i>Levaquin®</i> <i>moxifloxacin</i> <i>Noroxin®</i> <i>ofloxacin</i>
Ophthalmic Fluoroquinolones	ciprofloxacin Moxeza® ofloxacin Vigamox®	<i>Besivance®</i> <i>Ciloxan®</i> <i>gatifloxacin</i> <i>levofloxacin</i> <i>moxifloxacin (generic for Vigamox®)</i> <i>Ocuflox®</i> <i>Zymaxid®</i>
Ophthalmic Macrolides	Azasite®	
Otic Quinolones	Ciprodex®	<i>Cetraxal®</i> <i>ciprofloxacin otic</i> <i>Cipro HC®</i> <i>ofloxacin otic</i> <i>Otovel®</i>
Topical Antibiotics	mupiricin ointment	<i>Altabax®</i> <i>Bactroban®</i> <i>Centany®</i>
Gastrointestinal Antibiotics	metronidazole tablets vancomycin capsules	<i>Alinia®</i> <i>Difcid®</i> ♦ <i>Flagyl® tablets and capsules</i> <i>Flagyl ER®</i> <i>metronidazole capsules</i> <i>neomycin tablets</i> <i>Tindamax®</i> <i>tinidazole</i>

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Drug Class	Preferred Agents	Non-Preferred Agents
		Xifaxan® Vancocin®

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 nebulizer solution Atrovent HFA® (MDI) ipratropium nebulizer solution	
Anticholinergic Agents - Long Acting	Spiriva® (DPI)	Incruse Ellipta® (DPI) Seebri Neohaler® (DPI) Spiriva Respimat® (ISI) Tudorza Pressair® (DPI)
Beta Adrenergic and Anticholinergic Combinations	Bevespi Aerosphere® (MDI) Combivent RESPIMAT® (ISI) Stiolto Respimat® (ISI)	Anoro Ellipta® (DPI) Utibron Neohaler® (DPI)
Beta Adrenergics – Short Acting MDI	ProAir HFA® (MDI) Proventil HFA® (MDI)	ProAir Respiclick® (DPI) Xopenex HFA® (MDI) Ventolin HFA® (MDI)
Beta Adrenergics – Long Acting	Serevent® (DPI)	Arcapta® (DPI) Brovana® nebulizer solution Perforomist® nebulizer solution Striverdi Respimat® (ISI)
Beta Adrenergics, Anticholinergics and Corticosteroids for Nebulizers	albuterol sulfate nebulizer solution Atrovent nebulizer solution ipratropium nebulizer solution Pulmicort® Respules nebulizer solution	Brovana® nebulizer solution budesonide nebulizer solution levalbuterol nebulizer solution Perforomist® nebulizer solution Xopenex® nebulizer solution

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Beta Adrenergic and Corticosteroid Inhaler Combinations	Advair Diskus® (DPI) Dulera® (MDI) Symbicort® (MDI)	Advair HFA® (MDI) AirDuo Resplick® (DPI) Breo Ellipta® (DPI) Trelegy Ellipta® (DPI)
Phosphodiesterase-4 (PDE-4) Inhibitors		Daliresp®♦
Inhaled Glucocorticoids	Asmanex® Twisthaler (DPI) Flovent HFA® (MDI) Pulmicort® Respules nebulizer solution	Aerospan® (MDI) Alvesco® (MDI) Armonair Resplick® (DPI) Arnuity Ellipta® (DPI) Asmanex HFA® (DPI) budesonide nebulizer solution Flovent Diskus® (DPI) Pulmicort Flexihaler® (DPI) QVAR Redihaler® (MDI)
Leukotriene Inhibitors	montelukast tablets, chew tabs	Accolate® montelukast granules Singulair® tablets, chew tabs, granules Zyflo® / Zyflo CR® zafirlukast

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Nasal Anticholinergics	ipratropium nasal	Atrovent Nasal ®
Nasal Antihistamines	azelastine (generic for Astepro and Astelin)	Astepro® Dymista® olopatadine Patanase Nasal®
Nasal Corticosteroids	fluticasone (Rx)	Beconase AQ® budesonide Dymista® Flonase® / Flonase OTC® Flonase Sensimist® flunisolide fluticasone (OTC) mometasone Nasacort® Nasacort AQ® Nasonex® Nasarel® Omnaris® Qnasl® Rhinocort® / Rhinocort Aqua® Ticanase® triamcinolone Tri-Nasal® Veramyst® Xhance® Zetonna®

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BEHAVIORAL HEALTH		
Drug Class	Preferred Agents	Non-Preferred Agents
Atypical Antipsychotics	Abilify® Abilify Maintena® aripiprazole Aristada®, Aristada Initio® clozapine Clozaril® Fanapt® Fazaclor® Geodon® Invega® Invega Sustenna®, Invega Trinza® Latuda® Nuplazid® olanzapine quetiapine Rexulti® risperidone Risperdal®, Risperdal Consta® Saphris® Seroquel®, Seroquel XR® Versacloz® Vraylar® ziprasidone Zyprexa®, Zyprexa Relprevv®	
Antipsychotic-Antidepressant Comb.	olanzapine/fluoxetine Symbyax®	

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

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

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Antidepressants – Newer Generations	Aplenzin® Brisdelle® bupropion bupropion hydrobromide ER Celexa® citalopram Cymbalta® Emsam® escitalopram Fetzima® fluoxetine fluvoxamine Forfivo XL® Khedezla® Lexapro® Luvox CR® mirtazapine nefazodone Oleptro® paroxetine Paxil® Pexeva® Pristiq® Prozac®, Prozac Weekly® Remeron® sertraline trazodone Trintellix (formerly Brintellix) venlafaxine, venlafaxine ER Viibryd® Welbutrin®, SR, XL Zoloft®	

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ACE Inhibitors	benazepril/ benazepril HCT enalapril lisinopril/ lisinopril HCT	<i>Accupril®</i> <i>Accuretic®</i> <i>Aceon®</i> <i>Altace®</i> <i>Capoten® / Capozide®</i> <i>captopril/ captopril HCT</i> <i>enalapril HCT</i> <i>Epaned®</i> <i>fosinopril/ fosinopril HCT</i> <i>Lotensin® / Lotensin HCT®</i> <i>Mavik®</i> <i>moexipril / moexipril HCT</i> <i>Monopril® / Monopril HCT®</i> <i>perindopril</i> <i>Prinivil® / Prinzide®</i> <i>Qbrelis®</i> <i>quinapril / quinapril HCT</i> <i>ramipril</i> <i>trandolapril</i> <i>Univasc® / Uniretic ®</i> <i>Vasotec® / Vaseretic®</i> <i>Zestril® / Zestoretic®</i>
Alpha Adrenergic Agents	Catapres TTS® ³ clonidine ³ guanfacine methyldopa	<i>Catapres®³</i> <i>clonidine transdermal³</i> <i>Clorpres®³</i> <i>methyldopa / HCTZ</i> <i>Nexiclon XR®³</i> <i>Tenex®</i>

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Antihypertensive Combinations: ACEI	amlodipine / benazepril	<i>Lotrel®</i> <i>Prestalia®</i> <i>Tarka®</i> <i>trandolapril / verapamil</i>
Antihypertensive Combinations: ARB	Azor® Exforge® / Exforge HCT® Tribenzor®	<i>amlodipine/valsartan</i> <i>amlodipine/valsartan/HCTZ</i> <i>amlodipine/olmesartan</i> <i>amlodipine/olmesartan/HCTZ</i> <i>Byvalson®</i> <i>telmisartan/amlodipine</i> <i>Twynsta®</i>
Angiotensin Receptor Antagonists	losartan/ losartan HCT Micardis® / Micardis HCT® valsartan/ valsartan HCT	<i>Atacand® / Atacand HCT®</i> <i>Avapro®/ Avalide®</i> <i>Benicar®/ Benicar HCT®</i> <i>candesartan/ candesartan HCT</i> <i>Cozaar®</i> <i>Diovan®/ Diovan HCT®</i> <i>Edarbi®</i> <i>Edarbyclor®</i> <i>eprosartan</i> <i>Hyzaar®</i> <i>irbesartan/ irbesartan HCT</i> <i>olmesartan, olmesartan HCT</i> <i>telmisartan/ telmisartan HCT</i> <i>Teveten® / Teveten HCT®</i>
Angiotensin II-Receptor Neprilysin Inhibitors (ANRIs)	Entresto®	
Direct Renin Inhibitors♦		<i>Tekturma®</i> <i>Tekturma HCT®</i>

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Beta Blockers	atenolol atenolol / chlorthalidone bisoprolol fumarate HCT Bystolic® carvedilol labetalol metoprolol / metoprolol XL metoprolol succinate metoprolol tartrate propranolol / propranolol LA sotalol / sotalol AF	acebutolol Betapace® / Betapace AF® betaxolol bisoprolol fumarate Coreg® / Coreg CR® Corgard® Corzide® Dutoprol® Hemangeol oral solution® Inderal LA®/ Inderal XL® Innopran XL® Kerlone® Levatol® Lopressor®/Lopressor HCT® metoprolol HCT nadolol nadolol/bendromethiazide pindolol propranolol HCT Sectral® Sotylize® Tenormin®/ Tenoretic® timolol maleate Toprol XL® Trandate® Zebeta® Ziac®

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Calcium Channel Blockers – Dihydropyridine	Afeditab CR® amlodipine besylate Nifediac CC® nifedipine / nifedipine SA	<i>Adalat CC®</i> <i>Cardene® / Cardene SR®</i> <i>felodipine ER</i> <i>isradipine</i> <i>nicardipine</i> <i>nisoldipine</i> <i>Norvasc®</i> <i>Plendil®</i> <i>Procardia / Procardia XL®</i> <i>Sular®</i>
Calcium Channel Blockers – Non-Dihydropyridine	diltiazem / diltiazem XR / diltiazem ER Taztia XT® verapamil / verapamil ER tablets	<i>Calan®/ Calan SR®</i> <i>Cardizem® / Cardizem LA® / Cardizem CD®</i> <i>Covera-HS®</i> <i>Dilacor XR®</i> <i>diltiazem LA</i> <i>Isoptin®/ Isoptin SR®</i> <i>Matzim LA®</i> <i>Tiazac®</i> <i>verapamil ER capsules</i> <i>Verelan® / Verelan PM®</i> <i>verapamil cap 24-hr pellet capsules</i>
Lipotropic-Antihypertensive Combination		<i>amlodipine / atorvastatin</i> <i>Caduet®</i>

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Lipotropics: Fibric Acid Derivatives	fenofibrate, nanocrystallized (generic for Tricor®) fenofibrate <u>tablets</u> (generic for Lofibra tablets) gemfibrozil Trilipix®	Antara® fenofibric acid (generic for Fibracor) fenofibric acid <u>capsules</u> (generic for Lofibra® caps) fenofibric acid (generic for Trilipix®) Fenoglide® Fibracor® Lofibra Lopid® Lipofen® Tricor® Triglide®
Lipotropics: Non-Statins	cholestyramine/ cholestyramine light colestipol tablets, packets	Colestid® colestipol <u>granules</u> Questran®/ Questran Light® Welchol® powder and tablets
Lipotropics: Statins	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	Advicor® Altoprev® Crestor® ezetimibe/simvastatin fluvastatin/ fluvastatin ER Lescol®/ Lescol XL® Lipitor® Liptruzet® Livalo® Mevacor® Pravachol® Simcor® Vytorin® Zocor®

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Lipotropics: Niacin Derivatives	Niaspan®	<i>niacin and niacin ER</i> Niacor®
Lipotropics: Other	Zetia®	<i>ezetimibe</i> Lovaza® <i>omega-3 acid ethyl esters (generic for Lovaza)</i> Vascepa®
Lipotropics: PCSK9 Inhibitors♦		<i>Praluent®</i> <i>Repatha®</i>
Anticoagulants	Eliquis® enoxaparin Fragmin® syringes Pradaxa® warfarin Xarelto®/ Xarelto® Dose Pack	<i>Arixtra®</i> <i>Coumadin®</i> <i>fondaparinux</i> <i>Fragmin® vials</i> <i>Innohep®</i> <i>Lovenox®</i> <i>Savaysa®</i>
Platelet Aggregation Inhibitors	Brilinta® clopidogrel	<i>Aggrenox®</i> <i>aspirin/dipyridamole</i> <i>dipyridamole</i> <i>Durlaza®</i> <i>Effient®</i> <i>Persantine®</i> <i>Plavix®</i> <i>Ticlid®</i> <i>Ticlopidine</i> <i>Yosprala DR®</i> <i>Zontivity®</i>

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Pulmonary Arterial Hypertension (PAH) Agents ♦	Tyvaso® Ventavis® Tracleer® Letairis® Opsumit® Adcirca® sildenafil (generic for Revatio®) Uptravi®	Revatio® Adempas® Orenitram ER®

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® donepezil 23 mg® Exelon® capsule, solution galantamine ER, solution Namenda® Namenda XR® Namzaric® Razadyne®, Razadyne ER® rivastigmine patch
Anti-Anxiety – General	alprazolam buspirone chlordiazepoxide ³ clorazepate diazepam ³ hydroxyzine HCL hydroxyzine pamoate lorazepam	alprazolam extended release alprazolam intensol alprazolam ODT Atarax® Ativan® Buspar® diazepam intensol lorazepam intensol meprobamate Miltown® ³

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Drugs For ADHD – Stimulants ♦	Adderall XR® amphetamine salts Aptensio XR® Daytrana® dexamethylphenidate dextroamphetamine tabs dextroamphetamine ER caps Focalin XR® Metadate ER® Methylin® / Methylin® ER methylphenidate methylphenidate CD (generic Metadate CD®) methylphenidate LA (generic Ritalin LA®) – all strengths <u>except</u> 10mg methylphenidate SR (generic Ritalin SR®) Quillichew ER® Quillivant XR® Ritalin LA® 10mg Vyvanse® / Vyvanse Chew Tabs	Adderall Adzenys XR ODT® amphetamine salts XR (generic Adderall XR) Concerta® Cotempla XR-ODT® Dexedrine® dextroamphetamine solution (generic Procentra) dexamethylphenidate ER (generic Focalin XR) Dyanavel® Evekeo® Focalin® Methylin® chewable / soln. methylphenidate chewable methylphenidate ER (generic Concerta®) methylphenidate LA (generic Ritalin LA®) 10mg Mydayis ER® Procentra® Ritalin® Ritalin LA® - all strengths except 10mg Ritalin SR® Zenedi®
Drugs For ADHD – Non-Stimulants	atomoxetine clondine ER (generic Kapvay®) ³ Kapvay® ³ guanfacine ER	Intuniv® Kapvay® DosePack ²

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	Strattera®	
Fibromyalgia Agents	Cymbalta® duloxetine (generic for Cymbalta) duloxetine (generic for Irenka) gabapentin Irenka® Lyrica®, Lyrica CR® Neurontin® Savella®	Gralise® Horizant®
Multiple Sclerosis Agents	Avonex® Betaseron®/ Betaseron® Kit Copaxone 20 mg Gilenya® Rebif®/ Rebif Rebidose®	Aubagio® Copaxone® 40 mg syringe Extavia® glatiramer 20 mg/ml Lemtrada® Plegridy® Tecfidera® Zinbryta®
AntiParkinson's Agents – Dopamine Agonists	pramipexole ropinirole	bromocriptine Mirapex® Mirapex ER® Neupro® Parlodel® capsule pramipexole ER Requip® Requip XL® ropinirole ER

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AntiParkinson's Agents – Other	amantadine syrup benzotropine carbidopa/levodopa IR tablets trihexyphenidyl tablet	<i>amantadine capsule, tablet</i> Azilect carbidopa carbidopa / levodopa ER, ODT carbidopa/levodopa/entacapone Comtan® Duopa® entacapone Gocovri® Lodosyn® rasagiline Rytary® selegiline capsule, tablet Sinemet® Sinemet CR® Stalevo® Tasmar® tolcapone trihexyphenidyl elixir Xadago® Zelapar®

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13 Concurrent use or trial of metformin required

14 Trial of OTC benzoyl peroxide must be in beneficiary drug history

15 Electronic Step edit: a statin must be in beneficiary drug history

16 Prior Authorization Required for Beneficiaries Over Age of 15

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

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Michigan Department of Health and Human Services Preferred Drug List

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
Sedative Hypnotic Non-Barbiturates	temazepam (excluding 7.5mg and 22.5mg) ³ triazolam ³ zolpidem ¹¹	Ambien® / Ambien CR® Belsomra® Doral® Edluar® estazolam eszopiclone flurazepam ¹⁰ Halcion® Heltioz® Intermezzo® Lunesta® ProSom® Restoril® ³ Rozerem® ⁵ Silenor® Somnote® Sonata® ² temazepam 7.5mg and 22.5mg ^{2, 3} zalaplon zolpidem ER Zolpimist®
Serotonin Receptor Agonists	Relpax® rizatriptan tab and ODT sumatriptan tablets, injection Zomig® nasal spray	almotriptan Alsuma® Amerge® Axert® Frova® frovatriptan Imitrex® naratriptan Maxalt®/ Maxalt ML T® Migranow® Onzetra Xsail® sumatriptan nasal spray Sumavel® /Sumavel® Dose Pack Treximet® Zecuity®

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Drug Class	Preferred Agents	Non-Preferred Agents
		<i>Zembrace Symtouch® zolmitriptan, zolmitriptan ODT Zomig® tablet/ Zomig ZMT®</i>
Skeletal Muscle Relaxants	baclofen chlorzoxazone cyclobenzaprine orphenadrine citrate tizanidine tablets	<i>Amrix® cyclobenzaprine ER Dantrium® dantrolene sodium Fexmid® Lorzone® metaxolone methocarbamol Norflex® orphenadrine compound Parafon Forte DSC® Robaxin® Skelaxin® tizanidine capsules Zanaflex® capsules and tablets</i>

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DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
Combination Benzoyl Peroxide and Clindamycin¹⁴	Acanya® gel Benzaclin®	<i>clindamycin / benzoyl peroxide</i> Duac® Neuac 1.25% kit® Onexton w/ pump®
Immunomodulators: Atopic Dermatitis♦	Elidel®	<i>Dupixent®</i> <i>Eucria®</i> <i>tacrolimus</i> <i>Protopic®</i>
Topical Steroids – Low Potency	hydrocortisone acetate cream hydrocortisone acetate ointment hydrocortisone cream hydrocortisone gel hydrocortisone lotion hydrocortisone solution hydrocortisone ointment	<i>aclometasone dipropionate ointment and cream</i> <i>Aqua Glycolic HC®</i> <i>Capex® shampoo</i> <i>Derma-smooth – FS ®</i> <i>Desonate® gel</i> <i>Desonide® ointment, cream, lotion</i> <i>Desowen® ointment, cream, lotion</i> <i>fluocinolone 0.01% oil</i> <i>hydrocortisone acetate/urea</i> <i>hydrocortisone/aloe - ointment and gel</i> <i>Micort-HC®</i> <i>Pediaderm TA®, Pediaderm HC®</i> <i>Scalpicin®</i> <i>Texacort ®</i> <i>Verdeso®</i>

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Topical Steroids – Medium Potency	fluticasone propionate cream fluticasone propionate ointment mometasone furoate ointment mometasone furoate cream mometasone furoate solution	<i>betamethasone valerate foam</i> Cloderm® Cordran® tape clocortolone cream Cutivate® cream and lotion Dermatop® cream and ointment Elocon ® cream and solution fluandrenolide cream and lotion flucinolone acetonide cream, lotion, solution fluticasone propionate lotion hydrocortisone butyrate cream, ointment, solution hydrocortisone valerate cream and ointment Pandel® prednicarbate cream and ointment Synalar® solution, cream and ointment Synalar TS® kit
Topical Steroids – High Potency	betamethasone valerate cream betamethasone valerate ointment betamethasone valerate lotion triamcinolone acetonide cream triamcinolone acetonide ointment triamcinolone acetonide lotion	<i>amcinonide cream, ointment and lotion</i> betamethasone dipropionate cream, gel and ointment betamethasone dipropionate/propylene glycol cream, lotion and ointment DermacinRx Silapak® DermacinRx Silazone® desoximetasone cream, ointment and gel diflorasone diacetate cream and ointment Diprolene AF® cream and ointment Diprolene® ointment Ellzia PAK® fluocinonide cream, ointment and gel fluocinonide emollient and solution Halog® cream and ointment

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		<i>Kenalog® aerosol</i> <i>Luxiq®</i> <i>Sernivo®</i> <i>Silaczone-II®</i> <i>Topicort® cream, ointment and spray</i> <i>Trianex® ointment</i> <i>Vanos®</i>
Topical Steroids – Very High Potency	clobetasol propionate solution clobetasol propionate cream clobetasol propionate ointment clobetasol propionate gel	<i>Apexicon E®</i> <i>clobetasol emollient and lotion</i> <i>clobetasol propionate foam, spray and shampoo</i> <i>Clobex® lotion, spray and shampoo</i> <i>Clodan® shampoo and kit</i> <i>halobetasol propionate ointment and cream</i> <i>Olux®</i> <i>Olux-E®</i> <i>Temovate® cream, emollient, gel, ointment, solution</i> <i>Ultravate® cream, lotion and ointment</i> <i>Ultravate PAC® cream and ointment</i> <i>Ultravate X PAC® cream and ointment</i>

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Drug Class	Preferred Agents	Non-Preferred Agents
Amylin Analogs	Symlin®	
Incretin Mimetics	Bydureon® Byetta® Victoza®	Adlyxin® Ozempic® Trulicity®
Incretin Mimetics - Combinations		Soliqua® Xultophy®
Insulins, Basal	Lantus® Levemir®	Basaglar® Toujeo Solostar® Tresiba Flextouch®
Insulins, Rapid Acting	Apidra® Humalog® Novolog®	Admelog® Afrezza® Fiasp®
Insulin, Mixes	Humalog 50/50® Humalog 75/25® Humulin 50/50® Humulin 70/30® Novolin 70/30® Novolog 70/30®	
Insulins, Traditional	Humulin R 500-U® Humulin N® Humulin R® Novolin N® Novolin R®	
Oral Hypoglycemics – Alpha-Glucosidase Inhibitors	Acarbose Glyset®	miglitol Precose®

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Drug Class	Preferred Agents	Non-Preferred Agents
Oral Hypoglycemics – Biguanides	metformin / metformin XR	Fortamet® and generic Glucophage® Glucophage XR® Glumetza® metformin (generic for Glumetza)
Oral Hypoglycemics – Combinations	glyburide / metformin Invokamet® Janumet®/Janumet XR® Jentadueto® Xigduo®	Actoplus Met® / Actoplus Met XR® alogliptin/metformin alogliptin/pioglitazone Avandamet® Avandaryl® Duetact® Glucovance® glipizide / metformin Invokamet XR® Jentadueto XR® Juvisync® ¹² Kazano® Kombiglyze XR® Metaglip® Oseni® pioglitazone/glimepride pioglitazone/metformin Prandimet® Qtern® Segluromet® Steglujan® Synjardy XR® repaglinide/metformin
Oral Hypoglycemics – Dopamine Receptor Agonists		Cycloset®

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Oral Hypoglycemics – DPP4 Inhibitors	Januvia® Tadjenta®	<i>alogliptin</i> <i>Glyxambi®</i> <i>Nesina®</i> <i>Onglyza®</i>
Oral Hypoglycemics – Meglitinides	nateglinide repaglinide	<i>Prandin®</i> <i>Starlix®</i>
Oral Hypoglycemics – 2nd Generation Sulfonylureas	glimepiride glipizide / glipizide ER glyburide glyburide micronized	<i>Amaryl®</i> <i>Diabeta®</i> <i>Glucotrol® / Glucotrol XL®</i> <i>Glynase®</i>
Oral Hypoglycemics – SGLT2 Inhibitors	Farxiga® Invokana® Jardiance®	<i>Glyxambi®</i> <i>Steglatro®</i> <i>Synjardy®</i>
Oral Hypoglycemics – Thiazolidineiones	pioglitazone	<i>Actos®</i> <i>Avandia®</i>

GASTROINTESTINAL		
Drug Class	Preferred Agents	Non-Preferred Agents
Antiemetics (combined anti nausea and substance P receptor agonists into Antiemetic class)	Emend® granisetron ondansetron	<i>aprepitant</i> <i>Akynzeo®</i> <i>Anzemet®</i> <i>Emend Pack®</i> <i>Kytril® Brand</i> <i>Sancuso®</i> <i>Varubi®</i> <i>Zofran® / Zofran ODT® Brand</i> <i>Zuplenz®</i>

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Drug Class	Preferred Agents	Non-Preferred Agents
Bile Salts	ursodiol tablets	<i>Actigall®</i> <i>Urso®/Urso Forte®</i> <i>ursodiol capsules</i>
GI Motility, Chronic[†]	Amitiza® Linzess® Movantik®	<i>alosetron</i> <i>Lotronex®</i> <i>Relistor®</i> <i>Symproic®</i> <i>Trulance®</i> <i>Viberzi®</i>
H. pylori Treatment	Pylera®	<i>lansoprazole/amoxicillin/clarithromycin</i> <i>Omeclamox-PAK®</i> <i>Prevpac®</i>
Pancreatic Enzymes[†]	Creon® Zenpep®	<i>Pancreaze®</i> <i>Pertzye®</i> <i>Viokace®</i>
Progestins for Cachexia	megestrol oral suspension	<i>Megace®oral suspension</i> <i>Megace ES® oral suspension</i>
Proton Pump Inhibitors[†]	omeprazole (Rx) pantoprazole	<i>Aciphex®</i> <i>rabeprazole</i> <i>Dexilant® (formerly Kapidex®)</i> <i>esomeprazole magnesium</i> <i>esomeprazole strontium</i> <i>lansoprazole</i> <i>Nexium® capsules, susp pkts / Nexium OTC®</i> <i>omeprazole OTC</i> <i>Prevacid / Prevacid 24HR®</i> <i>Prilosec® / Prilosec OTC®</i> <i>Protonix®</i> <i>Zegerid® / Zegerid OTC®</i>

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GASTROINTESTINAL		
Drug Class	Preferred Agents	Non-Preferred Agents
Ulcerative Colitis – Oral	Apriso® Lialda® sulfasalazine/ sulfasalazine DR	Asacol HD® Azulfidine DR® balsalazide Colazal® Delzicol® Dipentum® Giazo® mesalamine (generic for Lialda) Pentasa® Uceris®

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Glaucoma – Alpha-2 Adrenergics	apraclonidine brimonidine tartrate 0.1%	<i>Alphagan P®</i> <i>brimonidine tartrate 0.15%</i> <i>lopidine®</i>
Glaucoma – Beta Blockers	Betoptic S® carteolol metipranolol timolol maleate	<i>Betagan®</i> <i>betaxolol</i> <i>Betimol®</i> <i>Istalol®</i> <i>levobunolol</i> <i>Optipranolol®</i> <i>Timoptic®</i> <i>Timoptic XE®</i>
Glaucoma – Prostaglandin Analogues	latanoprost Travatan Z®	<i>bimatoprost (generic for Lumigan)</i> <i>Lumigan®</i> <i>Rescula®</i> <i>travoprost (generic for Travatan®)</i> <i>Xalatan®</i> Vyzulta® <i>Zioptan®</i>
Glaucoma – Carbonic Anhydrase Inhibitors	Azopt® dorzolamide dorzolamide / timolol Simbrinza®	<i>Cosopt®/ Cosopt PF®</i> <i>Trusopt®</i>
Glaucoma – Combination Alpha-2 Adrenergic-Beta Blocker	Combigan®	

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Ophthalmic Antihistamines	ketotifen fumarate (OTC Only) Pataday® Zaditor®	Alrex® azelastine Bepreve® Elestat® Emadine® epinastine ketotifen fumarate (RX Only) Lastacaft® olopatadine (generic for Patanol) Optivar® Patanol® Pazeo®
Ophthalmic Mast Cell Stabilizers	cromolyn sodium	Alocril® Alomide®
Ophthalmic NSAIDs	Acular® diclofenac flurbiprofen ketorolac	Acular LS® Acuvail® Bromday® bromfenac Bromsite® Ilevro® Nevanac® Ocufen® Prolensa® Voltaren®

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

4 Prior Authorization Required for Beneficiaries Under Age of 6.

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7 Providers should consult yearly CDC guidelines for Influenza

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9 PA required if no history of oral antinausea drugs in beneficiary drug history

10 Prior Authorization Required for Beneficiaries Under Age of 15.

11 Prior Authorization Required for Beneficiaries Under Age of 18.

12 Components of product must be in drug history

13 Concurrent use or trial of metformin required

14 Trial of OTC benzoyl peroxide must be in beneficiary drug history

15 Electronic Step edit: a statin must be in beneficiary drug history

16 Prior Authorization Required for Beneficiaries Over Age of 15

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

APAP = Acetaminophen ASA = Aspirin

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

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Michigan Department of Health and Human Services Preferred Drug List

Effective 7/17/2018

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

MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
Biologics: Agents to Treat Rheumatoid Arthritis	Enbrel® Humira®	Actemra® SC Cimzia®, Cimzia Kit® Kevzara® Kineret® Orencia® SC Xeljanz®, Xeljanz XR® Simponi®
Biologics: Agents to Treat Ankylosing Spondylitis	Enbrel® Humira®	Cimzia®, Cimzia Kit® Cosentyx® Simponi®
Biologics: Agents to Treat Juvenile Idiopathic Arthritis	Enbrel® Humira®	Orencia® SC
Biologics: Agents to Treat Plaque Psoriasis	Enbrel® Humira®	Cosentyx® Otezla® Siliq® Stelara® Taltz® Tremfya®
Biologics: Agents to Treat Psoriatic Arthritis	Enbrel® Humira®	Cimzia®, Cimzia Kit® Cosentyx® Orencia® SC Otezla® Simponi® Stelara® Xeljanz®, Xeljanz XR®
Biologics: Agents to Treat Crohn's Disease	Humira®	Cimzia®, Cimzia Kit® Entyvio® Stelara®
Biologics: Agents to Treat Ulcerative Colitis	Humira®	Simponi® Entyvio® Xeljanz®, Xeljanz XR®

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Androgenic Agents (topical)	Androgel® packet and gel pump	Androderm® Axiron® Fortesta® Natesto® Testim® testosterone Vogelxo®
BPH Agents – Alpha Blockers	alfuzosin doxazosin prazosin tamsulosin terazosin	Cardura® Cardura XR® Flomax® Rapaflo® Uroxatral®
BPH Agents – 5-Alpha Reductase (5AR) Inhibitors	dutasteride finasteride 5mg (generic for Proscar®)	Avodart® dutasteride/tamsulosin Jalyn® Proscar®
Electrolyte Depletors	calcium acetate <u>capsules</u> Renagel® Renvela® tablets	Auryxia® calcium acetate <u>tablets</u> Eliphos® Fosrenol® / Fosrenol® powder pak lanthanum Phoslo® Phoslyra® Renvela powder sevelamer capsules and (AG) tablet Velphoro®
Epinephrine Injectable	epinephrine (generic for Epi Pen®)	epinephrine (generic for Adrenaclick®) Epi Pen®, Epi Pen Jr®

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Growth Hormones♦	Norditropin® Norditropin Flexpro® Norditropin Nordiflex® Nutropin® Nutropin AQ®	<i>Genotropin®</i> <i>Humatrope®</i> <i>Omnitrope®</i> <i>Saizen®</i> <i>Serostim®</i> <i>Zomacton ®</i> <i>Zorbtive®</i>
Hematopoietic Agents♦	Aranesp® Epogen® Procrit®	
Osteoporosis Agents: Bisphosphonates	alendronate sodium	<i>Actonel®</i> <i>alendronate sodium oral solution</i> <i>Atelvia®</i> <i>Binosto®</i> <i>Boniva®</i> <i>Didronel®</i> <i>etidronate</i> <i>Fosamax®</i> <i>Fosamax Plus D®</i> <i>Ibandronate</i> <i>risedronate (Actonel)</i> <i>risedronate (Atelvia)</i>
Osteoporosis Agents: Other	calcitonin	<i>Forteo®</i> <i>Miacalcin®</i> <i>Tymlos®</i>
Osteoporosis Agents: SERMs	raloxifene	<i>Evista®</i>

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Urinary Tract Antispasmodics	oxybutynin / oxybutynin ER Toviaz® Vesicare®	darifenacin ER Detrol®/ Detrol LA® Ditropan / Ditropan XL® Enablex® flavoxate HCL Gelnique® Myrbetriq® Oxytrol® Sanctura® / Sanctura XR® tolterodine/ tolterodine ER trospium/ trospium ER

Note: Not all medications listed are covered by all MDHHS Programs. Check individual program coverage. For program drug coverage information, go to michigan.fhsc.com, open “Drug Coverage” and click on “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 michigan.fhsc.com. For questions or assistance with registration, call the Magellan Medicaid Administration Web Support Call Center at 800-241-8726.

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