

# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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
<b>Opioids – Long Acting</b>	morphine sulfate ER tablets Oxycontin® <sup>2</sup> tramadol ER <u>tablets</u> <sup>10</sup>	Belbuca® <sup>2</sup> Conzip ER® <sup>10</sup> 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® oxycodone ER <sup>2</sup> oxymorphone ER tramadol ER capsules <sup>10</sup>
<b>Opioids – Short and Intermediate Acting</b>	codeine <sup>10,2</sup> codeine/acetaminophen <sup>10</sup> hydrocodone/acetaminophen hydromorphone oral tablets <sup>2</sup> morphine sulfate tablets, solution, oral syringe <sup>2</sup> morphine sulfate supp oxycodone tabs (5mg,10mg,15mg) <sup>2</sup> oxycodone oral solution <sup>2</sup> oxycodone /acetaminophen tramadol <sup>10</sup> tramadol/acetaminophen <sup>10</sup>	butorphanol <sup>2</sup> codeine / acetaminophen/caffeine /butalbital <sup>10</sup> codeine / aspirin /caffeine /butalbital <sup>10</sup> dihydrocodeine/acetaminophen/caffeine Dilaudid® all forms <sup>2</sup> fentanyl citrate buccal <sup>2</sup> Fentora® <sup>2</sup> Fioricet w/ Codeine® <sup>10</sup> hydrocodone/ ibuprofen hydromorphone suppository levorphanol meperidine tablets, solution <sup>2</sup> Nalocet® oxycodone caps <sup>2</sup> oxycodone tabs (20mg, 30mg) <sup>2</sup> oxycodone oral conc soln <sup>2</sup> oxymorphone <sup>2</sup> pentazocine/naloxone Percocet® Prolate®

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

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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

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8 Components of product must be in drug history

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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

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APAP = Acetaminophen ASA = Aspirin

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

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		Roxybond® <sup>2</sup> ♦ Roxicodone® <sup>2</sup> Seglentis® <sup>10,2</sup> tramadol oral solution (generic for Qdolo®) <sup>10</sup>
Opioids – Transdermal	Butrans® <sup>2</sup> fentanyl patches (generic only) <sup>2</sup>	buprenorphine patches <sup>2</sup> 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) EC-naproxen etodolac / etodolac ER Feldene® fenoprofen flurbiprofen ibuprofen/famotidine (generic for Duexis) ♦ indomethacin ext release capsules indomethacin oral suspension ketoprofen ext release ketoprofen immediate release Lofena® meclofenamate sodium mefenamic acid meloxicam capsules Nalfon® Naprelan CR® Naprosyn® suspension naproxen (generic for Anaprox)

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		<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>Tolectin®</i> <i>tolmetin sodium</i> <i>Vimovo® ♦</i>
<b>Non-Steroidal Anti-Inflammatory – Cox II Inhibitors</b>	celecoxib <sup>2</sup>	Celebrex® <sup>2</sup>
<b>Opioid Use Disorder Treatments</b>	Brixadi® buprenorphine SL tabs <sup>2</sup> buprenorphine/naloxone SL <u>tabs</u> <sup>2</sup> naltrexone tablets Sublocade® SC injection Suboxone® SL films <sup>2</sup> Vivitrol® IM injection Zubsolv® SL tabs <sup>2</sup>	<i>buprenorphine/naloxone SL film (generic Suboxone films)<sup>2</sup></i>
<b>Opioid Withdrawal Symptom Management</b>	clonidine tabs guanfacine/guanfacine ER lofexidine Lucemyra®	

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<b>Antibiotics – Inhaled</b>	Bethkis® Cayston® Kitabis® Tobi-Podhaler® tobramycin inhalation solution (generic for Tobi)	<i>TOBI® inhalation tobramycin inhalation solution (generic for Bethkis) tobramycin inhalation solution (generic for Katabis)</i>
<b>Antifungals – Oral</b>	clotrimazole troches fluconazole <sup>2</sup> griseofulvin oral suspension ketoconazole tablets nystatin oral susp, tablets terbinafine <sup>2</sup>	<i>Ancobon Brexafemme<sup>2</sup>◆ Cresemba®◆ Diflucan®<sup>2</sup> flucytosine griseofulvin tablets griseofulvin microsize tablets griseofulvin ultramicrosie itraconazole<sup>2</sup>◆ Noxafil®, Noxafil DR® posaconazole Sporanox®<sup>2</sup>◆ Tolsura® Vfend®◆ Vivjoa<sup>2</sup>◆ voriconazole◆</i>
<b>Antifungals – Topical</b>	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 Ciclodan® ciclopirox shampoo ciclopirox suspension (generic for Loprox®) clotrimazole / betamethasone lotion clotrimazole Rx solution econazole nitrate Ertaczo® Extina® Jublia®◆ ketoconazole foam Ketodan®</i>

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		Loprox® Lotrimin AF® luliconazole Luzu® Mentax® miconazole/zinc oxide/petrolatum <sup>19</sup> Micotrin AC® Mycozyl AC® Naftin® naftifine oxiconazole Oxistat® tavaborole Vusion® <sup>19</sup>
<b>Antivirals – Herpes</b>	acyclovir tablets, capsules, suspension famciclovir valacyclovir	Valtrex® Zovirax®
<b>Antivirals – Influenza</b> <sup>5</sup>	oseltamivir <sup>2</sup> Relenza® <sup>2</sup> rimantadine Xofluza®	Flumadine® Tamiflu® <sup>2</sup>
<b>Antivirals – Topical</b>	acyclovir cream, ointment Denavir®	penciclovir Xerese® Zovirax® cream Zovirax® ointment
<b>Cephalosporins - 1st Generation</b>	cefadroxil capsules <sup>2</sup> cefadroxil suspension cephalexin	cefadroxil tablets <sup>2</sup>
<b>Cephalosporins - 2nd Generation</b>	cefuroxime <sup>2</sup> cefprozil tablets <sup>2</sup> , suspension	cefaclor <sup>2</sup> cefaclor ER <sup>2</sup>
<b>Cephalosporins - 3rd Generation</b>	cefdinir capsules, suspension <sup>2</sup> cefixime capsules	cefixime suspension cefpodoxime tablets <sup>2</sup> cefpodoxime suspension

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<b>Hepatitis C</b>	Pegasys® ribavirin	
<b>Hepatitis C – Direct-Acting Antivirals</b>	Mavyret®	<i>Epclusa®</i> <i>Harvoni®</i> <i>ledipasvir/sofosbuvir (generic for Harvoni)</i> <i>sofosbuvir/velpatasvir (generic for Epclusa)</i> <i>Sovaldi®</i> <i>Vosevi®</i> <i>Zepatier®</i>
<b>Macrolides</b>	azithromycin <sup>2</sup> clarithromycin <sup>2</sup> erythromycin ethylsuccinate tablets erythromycin ethylsuccinate 200mg susp Erythrocin®	<i>clarithromycin ER</i> <i>E.E.S.® tablets and 400mg suspension</i> <i>E.E.S.® 200mg suspension</i> <i>EryPed®</i> <i>Ery-Tab®</i> <i>erythromycin base</i> <i>erythromycin ethylsuccinate 400mg suspension</i> <i>Zithromax® tablets<sup>2</sup>, suspension</i>
<b>Oxazolidinones</b>	linezolid tablets <sup>2</sup>	<i>linezolid suspension</i> <i>Sivextro®<sup>2</sup> ♦</i> <i>Zyvox®<sup>2</sup></i>
<b>Quinolones</b>	Cipro® suspension ciprofloxacin suspension, tablets <sup>2</sup> levofloxacin <sup>2</sup>	<i>Baxdela®</i> <i>Cipro® tablets<sup>2</sup></i> <i>moxifloxacin<sup>2</sup> ♦</i> <i>ofloxacin</i>
<b>Otic Antibiotics</b>	ciprofloxacin/dexamethasone (generic for Ciprodex®) neomycin/polymyxin/hydrocortisone solution, suspension ofloxacin otic	<i>ciprofloxacin otic</i> <i>ciprofloxacin/fluocinolone (generic for Otovel®)</i> <i>Cipro HC®</i>
<b>Topical Antibiotics</b>	mupirocin ointment	<i>Centany®</i> <i>mupirocin cream</i> <i>Xepi®<sup>2</sup></i>

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<b>Gastrointestinal Antibiotics</b>	Difucid® metronidazole 250mg, 500mg tablets neomycin tablets tinidazole tablets vancomycin capsules vancomycin solution	Aemcolo® <sup>2,†</sup> Firvanq® Flagyl® capsules Likmez® <sup>2,†</sup> metronidazole capsules metronidazole 125mg tablets nitazoxanide tablets <sup>†</sup> Vancocin® Xifaxan® 200mg <sup>2,10,†</sup> , Xifaxan® 550mg <sup>7,†</sup>
<b>Vaginal Antibiotics</b>	Cleocin® Ovules clindamycin (generic for Cleocin) 2% cream Clindesse® 2% cream metronidazole (generic for Metro-Gel and Vandazole) gel Nuversa® 1.3% gel	Cleocin® 2% cream metronidazole (generic for Nuversa) Vandazole® 0.75% gel Xaciato® gel

ASTHMA / COPD		
<i>DPI = dry powder inhaler; MDI = metered dose inhaler; ISI = inhalation spray inhaler</i>		
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Anticholinergic Agents - Short Acting</b>	Atrovent HFA® <sup>2</sup> (MDI) ipratropium nebulizer solution	
<b>Anticholinergic Agents - Long Acting</b>	Incruse Ellipta® <sup>2</sup> (DPI) Spiriva® <sup>2</sup> (DPI) Spiriva Respimat® <sup>2</sup> (ISI)	Lonhala Magnair nebulizer solution tiotropium <sup>2</sup> (DPI) Tudorza Pressair® (DPI) Yupelri® nebulizer solution
<b>Beta Adrenergic and Anticholinergic Combinations</b>	Anoro Ellipta® <sup>2</sup> (DPI) Bevespi Aerosphere® <sup>2</sup> (MDI) Combivent RESPIMAT® (ISI) <sup>2</sup> ipratropium/albuterol nebulizer solution Stiolto Respimat® <sup>2</sup> (ISI)	Duaklir Pressair® (DPI)

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<b>Drug Class</b>	<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
<b>Beta Adrenergic/ Anticholinergic/ Corticosteroid Combinations</b>	Trelegy Ellipta® <sup>2</sup> (DPI)	Breztri Aerosphere® <sup>2</sup> (MDI)
<b>Beta Adrenergics – Short Acting</b>	albuterol sulfate nebulizer solution Ventolin HFA® <sup>2</sup> (MDI) Xopenex HFA® <sup>2</sup> (MDI)	albuterol HFA <sup>2</sup> (MDI) levalbuterol HFA <sup>2</sup> (MDI) levalbuterol nebulizer solution ProAir Digihaler® (DPI) ProAir Respiclick® <sup>2</sup> (DPI)
<b>Beta Adrenergics – Long Acting</b>	Serevent® <sup>2</sup> (DPI)	arformoterol nebulizer solution ♦ formoterol nebulizer solution ♦ Brovana® nebulizer solution ♦ Perforomist® nebulizer solution ♦ Striverdi Respimat® (ISI) ♦
<b>Beta Adrenergic and Corticosteroid Inhaler Combinations</b>	Advair Diskus® <sup>2</sup> (DPI) Advair HFA® <sup>2</sup> (MDI) Dulera® <sup>2</sup> (MDI) Symbicort® <sup>2</sup> (MDI)	AirDuo Digihaler® <sup>2</sup> (DPI) AirDuo Respiclick® <sup>2</sup> (DPI) Airsupra® <sup>2</sup> (MDI) Breo Ellipta® <sup>2</sup> (DPI) Breynda® <sup>2</sup> (MDI) budesonide/formoterol <sup>2</sup> (generic for Symbicort) fluticasone/salmeterol <sup>2</sup> (generic for AirDuo) fluticasone/salmeterol <sup>2</sup> (generic for Advair Diskus) fluticasone/salmeterol <sup>2</sup> (generic for Advair HFA) fluticasone/vilanterol <sup>2</sup> (generic for Breo Ellipta) Wixela® <sup>2</sup> (DPI) (fluticas/salmeter- gen for Advair Diskus)
<b>Phosphodiesterase-4 (PDE-4) Inhibitors♦</b>	roflumilast	Daliresp®

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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 04/01/2025

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

ASTHMA / COPD		
<i>DPI = dry powder inhaler; MDI = metered dose inhaler; ISI = inhalation spray inhaler</i>		
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Inhaled Glucocorticoids</b>	Alvesco® (MDI) Arnuity Ellipta® (DPI) Asmanex® Twisthaler 110 mcg (DPI) <sup>1,2</sup> Asmanex® Twisthaler 220 mcg (DPI) <sup>2</sup> budesonide 0.25, 0.5mg, 1mg nebulizer solution <sup>2</sup> Flovent HFA® <sup>2</sup> (MDI) fluticasone propionate HFA <sup>2</sup> (MDI) Pulmicort Flexihaler® <sup>2</sup> (DPI) QVAR Redihaler® (MDI)	ArmonAir Digihaler® (DPI) Asmanex HFA® <sup>2</sup> ◆ (DPI) Flovent Diskus® (DPI) fluticasone propionate diskus (DPI) Pulmicort® 0.25mg, 0.5mg, 1mg Respules <sup>2</sup>

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

2 Quantity limits apply – Refer to document at [https://mi.primetherapeutics.com/provider/external/medicaid/mi/doc/en-us/MIRx\\_quantity\\_limits.pdf](https://mi.primetherapeutics.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf)

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	ALLERGY	
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Antihistamines – 2nd Generation</b>	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/ desloratadine ODT</i> <i>levocetirizine solution</i>
<b>Leukotriene Inhibitors</b>	montelukast tablets, 4mg chew tabs <sup>11</sup> , 5mg chew tabs <sup>12</sup>	<i>Accolate®</i> <i>montelukast granules<sup>11</sup></i> <i>Singulair® tablets, 4mg chew tabs<sup>11</sup>, 5mg chew tabs<sup>12</sup></i> <i>Singulair granules<sup>11</sup></i> <i>Zyflo®</i> <i>zafirlukast</i> <i>Zileuton ER®</i>
<b>Nasal Anticholinergics</b>	ipratropium nasal	
<b>Nasal Antihistamines</b>	azelastine	<i>olopatadine</i> <i>Patanase Nasal®</i>
<b>Nasal Corticosteroids</b>	fluticasone (Rx)	<i>budesonide</i> <i>flunisolide</i> <i>fluticasone (OTC)</i> <i>mometasone</i> <i>Nasonex 24H (OTC)</i> <i>Omnaris®</i> <i>Qnasl®</i> <i>triamcinolone</i> <i>Xhance®♦</i> <i>Zetonna®</i>
<b>Combination Nasal Sprays</b>		<i>azelastine/fluticasone</i> <i>Dymista®</i> <i>Ryaltris®</i>

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	<b>CARDIAC MEDICATIONS</b>	
<b>Drug Class</b>	<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
<b>ACE Inhibitors</b>	benazepril/ benazepril HCT enalapril/ enalapril HCT lisinopril/ lisinopril HCT ramipril	<i>Accupril®</i> <i>Accuretic®</i> <i>Altace®</i> <i>captopril/ captopril HCT</i> <i>enalapril oral solution</i> <i>Epaned®♦</i> <i>fosinopril/ fosinopril HCT</i> <i>Lotensin® / Lotensin HCT®</i> <i>moexipril</i> <i>perindopril</i> <i>Qbrelis®♦</i> <i>quinapril / quinapril HCT</i> <i>trandolapril</i> <i>Vasotec® / Vaseretic®</i> <i>Zestril® / Zestoretic®</i>
<b>Alpha Adrenergic Agents</b>	clonidine transdermal <sup>2</sup> clonidine clonidine ER guanfacine methyldopa Nexiclon XR®	<i>methyldopa / HCTZ</i>
<b>Antihypertensive Combinations: ACEI-CCB</b>	amlodipine / benazepril	<i>Lotrel®</i> <i>trandolapril / verapamil</i>
<b>Antihypertensive Combinations: ARB-CCB</b>	amlodipine/olmesartan amlodipine/valsartan amlodipine/valsartan/HCTZ	<i>amlodipine/olmesartan/HCTZ</i> <i>Azor®</i> <i>Exforge® / Exforge HCT®</i> <i>telmisartan/amlodipine</i> <i>Tribenzor</i>
<b>Angiotensin Receptor Antagonists</b>	losartan/ losartan HCT olmesartan/ olmesartan HCT valsartan/ valsartan HCT	<i>Atacand® / Atacand HCT®</i> <i>Avapro®/ Avalide®</i> <i>Benicar®/ Benicar HCT®</i> <i>candesartan/ candesartan HCT</i>

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CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
		Cozaar® Diovan®/ Diovan HCT® Edarbi® Edarbyclor® eprosartan Hyzaar® irbesartan/ irbesartan HCT Micardis® / Micardis HCT® telmisartan/ telmisartan HCT
<b>Angiotensin II-Receptor Neprilysin Inhibitors (ARNIs)</b>	Entresto® <sup>2</sup> / Entresto Sprinkle® <sup>2</sup>	sacubitril/valsartan
<b>Direct Renin Inhibitors♦</b>		aliskiren Tektuma®
<b>Beta Blockers</b>	atenolol atenolol / chlorthalidone bisoprolol fumarate HCT Bystolic® carvedilol carvedilol ER labetalol metoprolol / metoprolol XL metoprolol succinate metoprolol tartrate nebivolol propranolol / propranolol LA sotalol / sotalol AF	acebutolol Betapace® / Betapace AF® betaxolol bisoprolol fumarate Hемangeol oral solution® Inderal LA®/ Inderal XL® Innopran XL® Kaspargo® Lopressor® metoprolol HCT nadolol pindolol propranolol HCT Sotylize® Tenormin®/ Tenoretic® timolol maleate Toprol XL®

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	<b>CARDIAC MEDICATIONS</b>	
<b>Drug Class</b>	<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
<b>Calcium Channel Blockers – Dihydropyridine</b>	amlodipine besylate nifedipine / nifedipine ER	<i>felodipine ER</i> <i>isradipine</i> <i>Katerzia</i> ® <i>levamlodipine</i> <i>nicardipine</i> <i>nisoldipine</i> <i>Norliqva</i> ®◆ <sup>16</sup> <i>Norvasc</i> ® <i>Procardia XL</i> ® <i>Sular</i> ®
<b>Calcium Channel Blockers – Non- Dihydropyridine</b>	diltiazem / diltiazem XR / diltiazem ER Taztia XT® verapamil / verapamil ER tablets	<i>Cardizem</i> ® / <i>Cardizem LA</i> ® / <i>Cardizem CD</i> ® <i>diltiazem LA</i> <i>Matzim LA</i> ® <i>Tiadyt ER</i> ® <i>Tiazac</i> ® <i>verapamil ER capsules</i> <i>Verelan PM</i> ® <i>verapamil cap 24-hr pellet capsules</i>

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CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Lipotropics: Fibric Acid Derivatives</b>	fenofibrate, nanocrystallized (generic for Tricor®) fenofibrate <u>capsules</u> (generic for Lofibra® caps) fenofibrate <u>tablets</u> (generic for Lofibra® tablets) gemfibrozil	<i>fenofibrate(generic for Lipofen)</i> <i>fenofibrate, micronized (generic for Antara®)</i> <i>fenofibrate, nanocrystallized (generic for Triglide®)</i> <i>fenofibric acid (generic for Fibracor®)</i> <i>fenofibric acid (generic for Trilipix®)</i> <i>Fenoglide®</i> <i>Fibracor®</i> <i>Lopid®</i> <i>Lipofen®</i> <i>Tricor®</i> <i>Trilipix®</i>
<b>Lipotropics: Bile Acid Sequestrants</b>	cholestyramine/ cholestyramine light colestipol tablets Prevalite packet, powder	<i>Colestid®</i> <i>colestipol granules</i> <i>colesevelam</i> <i>Questran®/ Questran Light®</i> <i>Welchol® powder and tablets</i>
<b>Lipotropics: Statins<sup>2</sup></b>	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	<i>Altoprev®</i> <i>amlodipine / atorvastatin</i> <i>Atorvaliq®♦</i> <i>Caduet®</i> <i>Crestor®</i> <i>Ezallor® Sprinkle♦</i> <i>ezetimibe/simvastatin</i> <i>fluvastatin/ fluvastatin ER</i> <i>Lescol XL®</i> <i>Lipitor®</i> <i>Livalo®</i> <i>pitavastatin</i> <i>Vytorin®</i> <i>Zocor®</i> <i>Zypitamag®</i>

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<b>Lipotropics: Niacin Derivatives</b>	niacin tablets (OTC) niacin ER tablets (OTC) niacin ER capsules (OTC) Slo-Niacin® tablets (OTC)	<i>niacin ER (generic for Niaspan)</i>
<b>Lipotropics: Other</b>	ezetimibe	<i>icosapent ethyl</i> ◆ <i>Nexleto</i> ®◆ <i>Nexlizet</i> ®◆ <i>omega-3 acid ethyl esters (generic for Lovaza)</i> ◆ <i>Zetia</i> ®
<b>Lipotropics: PCSK9 Inhibitors</b> ◆	Praluent® <sup>2</sup> Repatha® <sup>2</sup>	
<b>Anticoagulants</b>	Eliquis® <sup>2</sup> Enoxaparin Jantoven® Pradaxa® <sup>2</sup> warfarin Xarelto® <sup>2</sup> / Xarelto® Dose Pack <sup>2</sup> Xarelto® suspension <sup>2</sup>	<i>Arixtra</i> ® <i>dabigatran</i> <i>fondaparinux</i> <i>Fragmin</i> ® syringes and vials <i>Lovenox</i> ® <i>Pradaxa Oral Pellets</i> ®◆ <sup>18</sup> <i>rivaroxaban 2.5mg</i> <sup>2</sup> <i>Savaysa</i> ®◆
<b>Platelet Aggregation Inhibitors</b>	Brilinta® clopidogrel <sup>2</sup> prasugrel <sup>13</sup>	<i>aspirin/dipyridamole</i> <i>dipyridamole</i> <i>Effient</i> ® <sup>13</sup> ◆ <i>Plavix</i> ®
<b>Pulmonary Arterial Hypertension (PAH) Agents</b> ◆	<i>Adempas</i> ® <i>Alyq</i> ® ambrisentan (generic for Letairis®) Opsumit® <i>sildenafil suspension (generic for Revatio®)</i> sildenafil tablets (generic for Revatio®) tadalafil (generic for Adcirca®) <i>Tracleer</i> ® tablets <i>Tyvaso</i> ® solution	<i>Adcirca</i> ® <i>bosentan tablets (generic for Tracleer®)</i> <i>Letairis</i> ® <i>Liqrev</i> ® <i>Opsynvi</i> ® <sup>2</sup> <i>Orenitram ER</i> ® <i>Revatio</i> ® tablets and suspension <i>Tadliq</i> ® <sup>7</sup> <i>Tracleer</i> ® suspension

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Drug Class	Preferred Agents	Non-Preferred Agents
	Uptravi® Ventavis®	Tyvaso® DPI Winrevair®

CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Alzheimer's Dementia</b>	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
<b>Anti-Anxiety – General</b>	alprazolam buspirone chlordiazepoxide <sup>3</sup> clorazepate diazepam <sup>3</sup> lorazepam	alprazolam ER, ODT ♦ alprazolam intensol ♦ Ativan® diazepam intensol ♦ lorazepam intensol ♦ Loreev XR® meprobamate oxazepam Xanax / Xanax XR®
<b>Drugs for ADHD♦ – Amphetamines</b>	<b>IMMEDIATE-RELEASE</b> Adderall (amphetamine IR salts) <sup>2</sup> amphetamine IR salts (generic Adderall®) <sup>2</sup> dextroamphetamine IR tabs (generic Dexedrine tabs)	<b>IMMEDIATE-RELEASE</b> amphetamine (generic Evekeo) dextroamphetamine IR solution (generic Procentra) dextroamphetamine IR tab (generic Zenzedi) Evekeo® / Evekeo ODT (amphetamine) Procentra® (dextroamphetamine IR solution) Zenzedi® (dextroamphetamine IR)

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

2 Quantity limits apply – Refer to document at [https://mi.primetherapeutics.com/provider/external/medicaid/mi/doc/en-us/MIRx\\_quantity\\_limits.pdf](https://mi.primetherapeutics.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

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7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

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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

18 Prior Authorization Required for Beneficiaries Over 11 years of age

19 Prior Authorization Required for Beneficiaries Over 16 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://mi.primetherapeutics.com/provider) at <https://mi.primetherapeutics.com/provider>

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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

Drug Class	CENTRAL NERVOUS SYSTEM DRUGS	Non-Preferred Agents
	Preferred Agents	Non-Preferred Agents
	<p><b><u>EXTENDED-RELEASE</u></b>                      amphetamine salts XR (generic Adderall XR)<sup>2</sup>                      dextroamphetamine ER caps (generic Dexedrine cap)                      lisdexamfetamine chew tabs (generic Vyvanse)                      Vyvanse® caps (lisdexamfetamine)<sup>2</sup></p>	<p><b><u>EXTENDED-RELEASE</u></b>                      Adderall XR® (amphetamine salts XR)<sup>2</sup>                      Adzenys XR ODT® (amphetamine ER)                      amphetamine salts ER (generic for Mydayis ER)                      Dexedrine® caps (dextroamphetamine ER)                      Dyanavel® tablets, suspension (amphetamine ER)                      lisdexamfetamine caps (generic Vyvanse)                      Mydayis ER® (amphetamine salts ER)                      Vyvanse® chew tabs (lisdexamfetamine)<sup>2</sup>                      Xelstrym (dextroamphetamine transdermal)</p>
Drugs for ADHD♦ – Pseudoamphetamines	<p><b><u>IMMEDIATE-RELEASE</u></b>                      dexmethylphenidate IR (generic Focalin®)                      methylphenidate IR (generic Ritalin)</p>	<p><b><u>IMMEDIATE-RELEASE</u></b>                      Methylin® solution (methylphenidate IR)                      methylphenidate chewable (generic Methylin)                      methylphenidate IR solution (generic Methylin)                      Focalin® (dexmethylphenidate IR)                      Ritalin® (methylphenidate IR)</p>
	<p><b><u>EXTENDED-RELEASE</u></b>                      Daytrana® (methylphenidate ER transdermal)                      dexmethylphenidate XR (generic Focalin XR)                      methylphenidate ER - OROS (generic Concerta)                      methylphenidate SR 20mg (generic Ritalin SR®)</p>	<p><b><u>EXTENDED-RELEASE</u></b>                      Aptensio XR® (methylphenidate ER)                      Azstarys® (serdexmethylphenidate/dexmethylphenidate)                      Concerta® (methylphenidate ER – OROS)                      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 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</p>

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

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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  
 18 Prior Authorization Required for Beneficiaries Over 11 years of age  
 19 Prior Authorization Required for Beneficiaries Over 16 years of age

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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

CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Drugs for ADHD – Non-Stimulants</b>	atomoxetine clonidine ER (generic Kapvay®) guanfacine ER Intuniv® Onyda XR® Strattera® Qelbree®	
<b>Neuropathic Pain</b>	Cymbalta® Drizalma Sprinkles® duloxetine (generic for Cymbalta) duloxetine (generic for Irenka) gabapentin Gabarone® Gralise® Horizant® Lyrica®, Lyrica CR® <sup>2,7</sup> Neurontin® pregabalin, pregabalin ER <sup>2,7</sup> Savella®	

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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

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

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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Drug Class	CENTRAL NERVOUS SYSTEM DRUGS Preferred Agents	Non-Preferred Agents
		<i>selegiline capsule, tablet</i> Sinemet® Tasmar® tolcapone trihexyphenidyl solution Xadago®♦ Zelapar®
<b>Sedative Hypnotic Non-Barbiturates</b>	doxepin (generic for Silenor®) eszopiclone <sup>7</sup> Hetlioz®/ Hetlioz LQ® ramelteon Rozerem® tasimelteon temazepam (excluding 7.5mg and 22.5mg) <sup>3</sup> triazolam <sup>2,3</sup> zaleplon zolpidem tablets <sup>2,7</sup>	Ambien® / Ambien CR® <sup>2,7</sup> Belsomra® Dayvigo® Doral® Edluar® <sup>2,7</sup> ♦ estazolam flurazepam <sup>3</sup> Halcion® <sup>2,3</sup> Lunesta® <sup>7</sup> quazepam Quviviq® Restoril® <sup>3</sup> temazepam 7.5mg and 22.5mg <sup>2,3</sup> zolpidem capsules <sup>2,7</sup> zolpidem ER, sublingual <sup>2,7</sup>
<b>Antimigraine Agents, Acute Treatment - Triptans</b>	rizatriptan tab and ODT <sup>2</sup> sumatriptan tablets, injection, nasal spray <sup>2</sup>	almotriptan <sup>2</sup> eletriptan <sup>2</sup> Frova® <sup>2</sup> frovatriptan <sup>2</sup> Imitrex® <sup>2</sup> Maxalt®/ Maxalt MLT® <sup>2</sup> naratriptan <sup>2</sup> Relpax® <sup>2</sup> sumatriptan/naproxen Tosymra® <sup>2</sup> Zembrace Symtouch®

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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Drug Class	Preferred Agents	Non-Preferred Agents
		zolmitriptan / zolmitriptan ODT <sup>2</sup> / zolmitriptan nasal Zomig® nasal spray / Zomig® tablet
<b>Antimigraine Agents, Acute Treatment - Other</b>	Nurtec ODT® <sup>2</sup> ♦	Elyxyb® <sup>2</sup> Reyvow <sup>2</sup> Ubrelvy® <sup>2</sup> Zavzpret® <sup>2</sup>
<b>Antimigraine Agents, Preventive Treatment ♦</b>	Aimovig® <sup>2</sup> Ajovy® <sup>2</sup> Emgality® <sup>2</sup> Nurtec ODT® <sup>2</sup>	Qulipta® <sup>2</sup>
<b>Skeletal Muscle Relaxants</b>	baclofen tablets baclofen oral solution ♦ cyclobenzaprine methocarbamol orphenadrine citrate tizanidine tablets	Amrix® baclofen oral suspension (generic for Fleqsuvy) ♦ chlorzoxazone cyclobenzaprine ER Dantrium® dantrolene sodium Fexmid® Fleqsuvy® ♦ Lorzone® Lyvispah® ♦ metaxalone Norgesic® / Norgesic Forte® orphenadrine/aspirin/caffeine Tanlor® tizanidine capsules Zanaflex® capsules and tablets

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<b>DERMATOLOGICAL AGENTS</b>		
<b>Drug Class</b>	<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
<b>Acne Agents: Combination Benzoyl Peroxide and Clindamycin</b>	clindamycin / benzoyl peroxide	Acanya® gel and pump Cabtreo® clindamycin/benzoyl peroxide (generic for Onexton) Neuac® Onexton®
<b>Topical Steroids – Low Potency</b>	hydrocortisone acetate cream hydrocortisone acetate ointment hydrocortisone cream hydrocortisone lotion hydrocortisone ointment hydrocortisone/aloë	aclometasone dipropionate ointment and cream Capex® shampoo Derma-smooth – FS ® desonide ointment, cream, lotion fluocinolone 0.01% oil Proctocort® Texacort ®
<b>Topical Steroids – Medium Potency</b>	fluticasone propionate cream fluticasone propionate ointment mometasone furoate ointment mometasone furoate cream mometasone furoate solution	Beser Kit Beser Lotion betamethasone valerate foam clocortolone cream fluocinolone acetonide cream, solution flurandrenolide lotion, ointment fluticasone propionate lotion hydrocortisone butyrate cream, lotion, ointment, soln hydrocortisone valerate cream and ointment Locoid® lotion Locoid Lipocream® Pandel® prednicarbate cream and ointment Synalar® solution, cream and ointment Synalar TS® kit
<b>Topical Steroids – High Potency</b>	betamethasone dipropionate cream, lotion, oint. betamethasone valerate cream, lotion, oint. fluocinonide cream, ointment, gel and solution triamcinolone acetonide cream, lotion, oint	amcinonide cream betamethasone dipropionate augmented cream, gel betamethasone dipropionate augmented lotion, oint <b>clobetasol propionate 0.025% cream</b> desoximetasone cream, ointment, gel and spray diflorasone diacetate cream and ointment

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DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>Diprolene® ointment</i> <i>fluocinonide emollient</i> <i>halcinonide</i> <i>Halog® cream, ointment and solution</i> <i>Kenalog® aerosol</i> <i>Topicort® cream, gel, ointment and spray</i> <i>triamcinolone spray</i> <i>Vanos®</i>
<b>Topical Steroids – Very High Potency</b>	clobetasol propionate solution clobetasol propionate 0.05% cream clobetasol propionate ointment halobetasol propionate cream halobetasol propionate ointment	<i>Apexicon-E</i> <i>Bryhali®</i> <i>clobetasol emollient and lotion</i> <i>clobetasol propionate foam, gel, spray and shampoo</i> <i>Clobex® spray and shampoo</i> <i>Clodan® shampoo and kit</i> <i>halobetasol propionate (generic for Lexette®)</i> <i>Olux®</i> <i>Tovet Foam Kit</i> <i>Tovet Emollient Foam</i> <i>Ultravate® lotion</i>

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	DIABETES	
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Amylin Analogs</b>	Symlin®	
<b>Incretin Mimetics ♦</b>	Byetta® Ozempic® Trulicity® Victoza®	Bydureon Bcise® liraglutide Mounjaro® Rybelsus®
<b>Incretin Mimetics - Combinations</b>		Soliqua®♦ Xultophy®♦
<b>Insulins, Basal<sup>2</sup></b>	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
<b>Insulins, Rapid Acting<sup>2</sup></b>	Apidra® pens, vials Humalog® U-100 cartridges, Kwikpens, Tempo Pens, 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
<b>Insulin, Mixes<sup>2</sup></b>	Humulin® 70/30 Kwikpens Humalog® 50/50 pens 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

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2 Quantity limits apply – Refer to document at

[https://mi.primetherapeutics.com/provider/external/medicaid/mi/doc/en-us/MiRx\\_quantity\\_limits.pdf](https://mi.primetherapeutics.com/provider/external/medicaid/mi/doc/en-us/MiRx_quantity_limits.pdf)

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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://mi.primetherapeutics.com/provider) at <https://mi.primetherapeutics.com/provider>

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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	DIABETES	
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Insulins, Traditional<sup>2</sup></b>	Humulin® R U-500 pens, vials Humulin® N vials Humulin® R vials Novolin® N flexpens, vials Novolin® R flexpens, vials	Humulin® N Kwikpens
<b>Oral Hypoglycemics – Alpha-Glucosidase Inhibitors</b>	acarbose miglitol	Precose®
<b>Oral Hypoglycemics – Biguanides</b>	metformin 500mg, 850mg, 1000mg metformin XR	Glumetza® Metformin ER osmotic (generic for Fortamet®) metformin (generic for Glumetza) metformin solution (generic for Riomet) metformin 625mg tablets metformin 750mg tablets Riomet® / Riomet ER®
<b>Oral Hypoglycemics – Combinations</b>	glyburide/metformin Janumet® <sup>2</sup> ♦ Janumet XR® ♦ Jentadueto® ♦ Synjardy® Synjardy XR® Xigduo XR®	Actoplus Met® alogliptin/metformin ♦ alogliptin/pioglitazone ♦ dapagliflozin/metformin Duetact® glipizide / metformin Glyxambi® Invokamet® Invokamet XR® Jentadueto XR® Kazano® ♦ Oseni® ♦ pioglitazone/glimepride pioglitazone/metformin Qtern® saxagliptin/metformin ♦ sitagliptin/metformin ♦ Segluromet®

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# Michigan Preferred Drug List (PDL)/Single PDL

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	<b>DIABETES</b>	
Drug Class	Preferred Agents	Non-Preferred Agents
		Steglujan® Trijardy XR® Zituvimet® / Zitiuvimet XR®♦
<b>Oral Hypoglycemics – DPP-4 Inhibitors ♦</b>	Januvia® <sup>2</sup> Tadjenta®	alogliptin Nesina® sitagliptin (generic for Zituvio) saxagliptin Zituvio®
<b>Oral Hypoglycemics – Meglitinides</b>	nateglinide repaglinide	
<b>Oral Hypoglycemics – 2nd Generation Sulfonylureas</b>	glimepiride glipizide / glipizide ER glyburide glyburide micronized	Glucotrol XL®
<b>Oral Hypoglycemics – SGLT2 Inhibitors</b>	Farxiga® Jardiance®	dapagliflozin Inpefa® Invokana® Steglatro®
<b>Oral Hypoglycemics – Thiazolidinediones</b>	pioglitazone	Actos®
<b>Glucagon Agents</b>	Baqsimi® <sup>2</sup> Glucagen Hypokit Gvoke Hypopen® <sup>2</sup> Zegalogue®	Glucagon Emergency Kit (Fresenius) Glucagon Emergency Kit (Amphastar) Gvoke® <sup>2</sup> syringes, vials
<b>Insulin Suppressants</b>	Proglycem®	diazoxide (generic for Proglycem)

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# Michigan Preferred Drug List (PDL)/Single PDL

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<b>GASTROINTESTINAL</b>		
<b>Drug Class</b>	<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
<b>Antiemetics</b>	aprepitant capsules <sup>2, 10</sup> granisetron <sup>2</sup> ondansetron 4mg, 8mg tablets, solution <sup>2</sup> ondansetron ODT 4mg, 8mg <sup>2</sup>	Akynzeo® <sup>2</sup> ♦ Anzemet® <sup>2</sup> tablets aprepitant 125-80-80 mg pack <sup>2, 10</sup> Emend® 80mg capsules <sup>2, 10</sup> Emend Pack® <sup>2, 10</sup> ondansetron ODT 16mg <sup>2</sup> Sancuso® <sup>2</sup>
<b>Bile Salts</b>	ursodiol capsules and tablets	Reltone® Urso Forte®
<b>GI Motility, Chronic Irritable bowel syndrome with constipation (IBS-C)</b>	Linzess® <sup>2, 16</sup> lubiprostone <sup>2, 7</sup>	Amitiza® <sup>2, 7</sup> Ibsrela® <sup>2</sup> ♦ Trulance® ♦
<b>GI Motility, Chronic Chronic idiopathic constipation (CIC)</b>	Linzess® <sup>2, 16</sup> lubiprostone <sup>2, 7</sup>	Amitiza® <sup>2, 7</sup> Motegrity® ♦ prucalopride ♦ Trulance® ♦
<b>GI Motility, Chronic Opioid-induced constipation (OIC)</b>	lubiprostone <sup>2, 7</sup>	Amitiza® <sup>2, 7</sup> Movantik® Relistor® ♦ Symproic® ♦
<b>GI Motility, Chronic Irritable bowel syndrome with diarrhea (IBS-D)</b>	diphenoxylate/atropine (generic Lomotil®) loperamide (generic Imodium®)	alosetron ♦ Lotronex® ♦ Viberzi® <sup>2</sup> ♦
<b>H. pylori Treatment</b>	Pylera®	bismuth/metronidazole/tetracycline lansoprazole/amoxicillin/clarithromycin Omeclamox-PAK® Talia® Voquezna Dual Pak® Voquezna Triple Pak®
<b>Pancreatic Enzymes ♦</b>	Creon® Zenpep®	Pertzye® Viokace®

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	<b>GASTROINTESTINAL</b>	
<b>Drug Class</b>	<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
<b>Progestins for Cachexia</b>	megestrol oral suspension (generic for Megace®)	<i>megestrol oral suspension (generic Megace ES®)</i>
<b>Proton Pump Inhibitors</b>	Nexium® susp pkts <sup>2</sup> omeprazole (Rx) capsules <sup>2</sup> pantoprazole tablets <sup>2</sup> Protonix® suspension <sup>2</sup>	<i>Dexilant® caps dexlansoprazole esomeprazole magnesium capsules, susp pkts<sup>2</sup> 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<sup>2</sup> Prevacid caps, solutabs Prilosec® susp Protonix® tablets<sup>2</sup> rabeprazole tabs Zegerid® caps, susp pkts</i>
<b>Ulcerative Colitis – Oral</b>	Apriso® mesalamine (generic for Lialda) Pentasa® sulfasalazine/ sulfasalazine DR	<i>Azulfidine DR® balsalazide budesonide ER Colazal® Delzicol® Dipentum® Lialda® mesalamine (generic for Apriso) mesalamine (generic for Asacol HD) mesalamine (generic for Delzicol) mesalamine ER (generic for Pentasa) Uceris®</i>

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# Michigan Preferred Drug List (PDL)/Single PDL

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	OPHTHALMICS	
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Glaucoma – Alpha-2 Adrenergics</b>	apraclonidine brimonidine tartrate 0.2%	<i>Alphagan P</i> ® <i>brimonidine tartrate 0.1%</i> <i>brimonidine tartrate 0.15%</i> <i>lopidine</i> ®
<b>Glaucoma – Beta Blockers</b>	Betoptic S® carteolol timolol maleate (generic for Timoptic®, Timoptic-XE®)	<i>betaxolol</i> <i>Betimol</i> ® <i>Istalol</i> ® <i>Levobunolol</i> <i>timolol (generic for Betimol®)</i> <i>timolol maleate (generic for Istalol®)</i> <i>timolol maleate (generic for Timoptic <u>Occudose</u>®)</i> <i>Timoptic Occudose</i> ®
<b>Glaucoma – Prostaglandin Analogues</b>	latanoprost	<i>bimatoprost (generic for Lumigan)</i> <i>lyuzeh</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> ®
<b>Glaucoma – Carbonic Anhydrase Inhibitors</b>	Azopt® dorzolamide dorzolamide/timolol Simbrinza®	<i>brinzolamide</i> <i>dorzolamide/timolol PF (generic for Cosopt PF®)</i> <i>Cosopt®/ Cosopt PF®</i>
<b>Glaucoma – Combination Alpha-2 Adrenergic-Beta Blocker</b>	Combigan®	<i>brimonidine/timolol (generic for Combigan®)</i>
<b>Glaucoma – Rho Kinase Inhibitors</b>	Rhopressa® Rocklatan®	

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Version 02012025v3

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<b>Ophthalmic Antibiotics - Fluoroquinolones</b>	ciprofloxacin moxifloxacin (generic for Vigamox®) ofloxacin	Besivance® Ciloxan® gatifloxacin moxifloxacin (generic for Moxeza®) Ocuflax® Vigamox®
<b>Ophthalmic Antibiotics - Macrolides</b>	erythromycin ointment	Azasite®
<b>Ophthalmic Antihistamines</b>	azelastine ketotifen fumarate (OTC Only) olopatadine (OTC)	Alrex® bepotastine Bepreve® epinastine Lastacaft® loteprednol (generic for Alrex®) olopatadine (Rx) Pataday® Zaditor® Zerviate®
<b>Ophthalmic Anti-Inflammatory/Immunomodulators</b>	Restasis® <sup>2</sup> emulsion single-use and multidose vials Xiidra® <sup>2</sup>	Cequa® <sup>2</sup> cyclosporine 0.5% emulsion <sup>2</sup> (generic for Restasis) Eysuvis® <sup>2</sup> Miebo® <sup>2,7</sup> Tyrvaya® <sup>2</sup> Verkazia® <sup>2,♦</sup> Vevye® <sup>2,7</sup>
<b>Ophthalmic Mast Cell Stabilizers</b>	cromolyn sodium	Alomide®
<b>Ophthalmic NSAIDs</b>	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®)

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	<b>OPHTHALMICS</b>	
Drug Class	Preferred Agents	Non-Preferred Agents
		Nevanac® Prolensa®

	<b>MISCELLANEOUS</b>	
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Immunomodulators: Asthma</b> † ‡	Dupixent® Fasenra® pen Xolair® autoinjectors, syringes	Nucala® syringe, auto-injector Tezspire® pen
<b>Immunomodulators: Atopic Dermatitis</b> †	Adbry® autoinjectors, syringes <sup>2,7</sup> Dupixent® Elidel® <sup>2, 14</sup> Eucrisa® <sup>2</sup> pimecrolimus (generic for Elidel) <sup>2, 14</sup> tacrolimus <sup>2, 15</sup>	Cibinqo® <sup>7</sup> Opzelura® <sup>2, 10</sup> Rinvoq ER®
<b>Immunomodulators: Agents to Treat Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)</b> †	Dupixent® Xolair® autoinjectors, syringes	Nucala® syringe, auto-injector
<b>Immunomodulators: Agents to Treat Eosinophilic Granulomatosis with Polyangiitis (EGPA)</b> †	Fasenra® pen	Nucala® syringe, auto-injector
<b>Biologics: Agents to Treat Ankylosing Spondylitis</b>	Cosentyx® Enbrel® Humira®	Abrilada® † adalimumab-aacf (unbranded Idacio) † adalimumab-aaty (unbranded Yuflyma) † adalimumab-adaz (unbranded Hyrimoz) † adalimumab-adbm (unbranded Cyltezo) † adalimumab-fkjp (unbranded Hulio) † adalimumab-ryvk (unbranded Simlandi) † Amjevita® † Bimzelx® †

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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

Drug Class	MISCELLANEOUS Preferred Agents	Non-Preferred Agents
		Cimzia®, Cimzia Kit® Cyltezo®♦ Hadlima®♦ Hulio®♦ Hyrimoz®♦ Idacio®♦ Rinvoq®♦ Simlandi®♦ Simponi®, Simponi ARIA® Taltz®♦ Xeljanz®, Xeljanz XR®♦ Yuflyma®♦ Yusimry®♦
<b>Biologics: Agents to Treat Hidradenitis Suppurativa</b>	Cosentyx® Humira®	Abrilada®♦ adalimumab-aacf (unbranded Idacio)♦ adalimumab-aaty (unbranded Yuflyma)♦ adalimumab-adaz (unbranded Hyrimoz)♦ adalimumab-adbm (unbranded Cyltezo)♦ adalimumab-fkjp (unbranded Hulio)♦ adalimumab-ryvk (unbranded Simlandi)♦ Amjevita®♦ Bimzelz®♦ Cyltezo®♦ Hadlima®♦ Hulio®♦ Hyrimoz®♦ Idacio®♦ Simlandi®♦ Yuflyma®♦ Yusimry®♦

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

2 Quantity limits apply – Refer to document at [https://mi.primetherapeutics.com/provider/external/medicaid/mi/doc/en-us/MIRx\\_quantity\\_limits.pdf](https://mi.primetherapeutics.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

18 Prior Authorization Required for Beneficiaries Over 11 years of age

19 Prior Authorization Required for Beneficiaries Over 16 years of age

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 04/01/2025

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Drug Class	MISCELLANEOUS Preferred Agents	Non-Preferred Agents
<b>Biologics: Agents to Treat Juvenile Idiopathic Arthritis</b>	Enbrel® Humira®	Abrilada®♦ Actemra® SC♦ adalimumab-aacf (unbranded Idacio)♦ adalimumab-aaty (unbranded Yuflyma)♦ adalimumab-adaz (unbranded Hyrimoz)♦ adalimumab-adbm (unbranded Cyltezo)♦ adalimumab-fkjp (unbranded Hulio)♦ adalimumab-ryvk (unbranded Simlandi)♦ Amjevita®♦ Cimzia®, Cimzia Kit® Cyltezo®♦ Hadlima®♦ Hulio®♦ Hyrimoz®♦ Idacio®♦ Orencia® SC Rinvoq®/ Rinvoq LQ®♦ Simlandi®♦ Simponi ARIA® Tyenne®♦ SC Xeljanz®♦ tabs, solution Yuflyma®♦ Yusimry®♦
<b>Biologics: Agents to Treat Non-radiographic Axial Spondyloarthritis</b>	Cosentyx®	Bimzelx®♦ Cimzia®, Cimzia Kit® Rinvoq®♦ Taltz®♦
<b>Biologics: Agents to Treat Plaque Psoriasis</b>	Cosentyx® Enbrel® Humira®	Abrilada®♦ adalimumab-aacf (unbranded Idacio)♦ adalimumab-aaty (unbranded Yuflyma)♦ adalimumab-adaz (unbranded Hyrimoz)♦ adalimumab-adbm (unbranded Cyltezo)♦

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

2 Quantity limits apply – Refer to document at [https://mi.primetherapeutics.com/provider/external/medicaid/mi/doc/en-us/MIRx\\_quantity\\_limits.pdf](https://mi.primetherapeutics.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  
 18 Prior Authorization Required for Beneficiaries Over 11 years of age  
 19 Prior Authorization Required for Beneficiaries Over 16 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://mi.primetherapeutics.com/provider) at <https://mi.primetherapeutics.com/provider>

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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
		adalimumab-fkjp (unbranded Hulio) ♦ adalimumab-ryvk (unbranded Simlandi) ♦ Amjevita® ♦ Bimzelx® ♦ Cimzia®, Cimzia Kit® Cyltezo® ♦ Hadlima® ♦ Hulio® ♦ Hyrimoz® ♦ Idacio® ♦ Ilumya® ♦ Otezla® ♦ Siliq® ♦ Simlandi® ♦ Skyrizi® ♦ Sotyktu® ♦ <sup>2</sup> Stelara® ♦ <sup>2</sup> Taltz® ♦ Tremfya® ♦ Yuflyma® ♦ Yusimry® ♦
<b>Biologics: Agents to Treat Psoriatic Arthritis</b>	Cosentyx® Enbrel® Humira®	Abrilada® ♦ adalimumab-aacf (unbranded Idacio) ♦ adalimumab-aaty (unbranded Yuflyma) ♦ adalimumab-adaz (unbranded Hyrimoz) ♦ adalimumab-adbm (unbranded Cyltezo) ♦ adalimumab-fkjp (unbranded Hulio) ♦ adalimumab-ryvk (unbranded Simlandi) ♦ Amjevita® ♦ Bimzelx® ♦ Cimzia®, Cimzia Kit® Cyltezo® ♦

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

2 Quantity limits apply – Refer to document at [https://mi.primetherapeutics.com/provider/external/medicaid/mi/doc/en-us/MIRx\\_quantity\\_limits.pdf](https://mi.primetherapeutics.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

18 Prior Authorization Required for Beneficiaries Over 11 years of age

19 Prior Authorization Required for Beneficiaries Over 16 years of age

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

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
		Hadlima®♦ Hulio®♦ Hyrimoz®♦ Idacio®♦ Orenzia® SC Otezla®♦ Rinvoq®/ Rinvoq LQ®♦ Simlandi®♦ Simponi®, Simponi ARIA® Skyrizi®♦ Stelara® ♦ <sup>2</sup> Taltz®♦ Tremfya®♦ Xeljanz®, Xeljanz XR®♦ Yuflyma®♦ Yusimry®♦
<b>Biologics: Agents to Treat Rheumatoid Arthritis</b>	Enbrel® Humira®	Abrilada®♦ Actemra® SC♦ adalimumab-aacf (unbranded Idacio) ♦ adalimumab-aaty (unbranded Yuflyma) ♦ adalimumab-adaz (unbranded Hyrimoz) ♦ adalimumab-adbm (unbranded Cyltezo) ♦ adalimumab-fkjp (unbranded Hulio) ♦ adalimumab-ryvk (unbranded Simlandi) ♦ Amjevita®♦ Cimzia®, Cimzia Kit® Cyltezo®♦ Hadlima®♦ Hulio®♦ Hyrimoz®♦ Idacio®♦ Kevzara®♦

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

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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

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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

18 Prior Authorization Required for Beneficiaries Over 11 years of age

19 Prior Authorization Required for Beneficiaries Over 16 years of age

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MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
		Kineret® Olumiant®♦ Orencia® SC Rinvoq®♦ Simlandi®♦ Simponi®, Simponi ARIA® Tyenne®♦ SC Xeljanz®, Xeljanz XR®♦ Yuflyma®♦ Yusimry®♦
<b>Biologics: Agents to Treat Uveitis</b>	Humira®	Abrilada®♦ adalimumab-aacf (unbranded Idacio)♦ adalimumab-aaty (unbranded Yuflyma)♦ adalimumab-adaz (unbranded Hyrimoz)♦ adalimumab-adbm (unbranded Cyltezo)♦ adalimumab-fkjp (unbranded Hulio)♦ adalimumab-ryvk (unbranded Simlandi)♦ Amjevita®♦ Cyltezo®♦ Hadlima®♦ Hulio®♦ Hyrimoz®♦ Idacio®♦ Simlandi®♦ Yuflyma®♦ Yusimry®♦
<b>Biologics: Agents to Treat Crohn's Disease</b>	Humira®	Abrilada®♦ adalimumab-aacf (unbranded Idacio)♦ adalimumab-aaty (unbranded Yuflyma)♦ adalimumab-adaz (unbranded Hyrimoz)♦ adalimumab-adbm (unbranded Cyltezo)♦ adalimumab-fkjp (unbranded Hulio)♦

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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

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16 Prior Authorization Required for Beneficiaries Under 6 years of age

17 Prior Authorization Required for Beneficiaries Under 60 years of age

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MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
		adalimumab-ryvk (unbranded Simlandi) ♦ Amjevita® ♦ Cimzia®, Cimzia Kit® Cyltezo® ♦ Entyvio® ♦ Hadlima® ♦ Hulio® ♦ Hyrimoz® ♦ Idacio® ♦ Rinvoq® ♦ Simlandi® ♦ Skyrizi® ♦ Stelara® ♦ <sup>2</sup> Yuflyma® ♦ Yusimry® ♦ Zymfentra® ♦
<b>Biologics: Agents to Treat Ulcerative Colitis</b>	Humira®	Abrilada® ♦ adalimumab-aacf (unbranded Idacio) ♦ adalimumab-aaty (unbranded Yuflyma) ♦ adalimumab-adaz (unbranded Hyrimoz) ♦ adalimumab-adbm (unbranded Cyltezo) ♦ adalimumab-fkjp (unbranded Hulio) ♦ adalimumab-ryvk (unbranded Simlandi) ♦ Amjevita® ♦ Cyltezo® ♦ Entyvio® ♦ Hadlima® ♦ Hulio® ♦ Hyrimoz® ♦ Idacio® ♦ Omvoh® ♦

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# Michigan Preferred Drug List (PDL)/Single PDL

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MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
		Rinvoq® <sup>◆</sup> Simlandi® <sup>◆</sup> Simponi® Skyrizi® <sup>◆</sup> Stelara® <sup>◆2</sup> Tremfya® <sup>◆</sup> Velsipity® <sup>◆</sup> Xeljanz®, Xeljanz XR® <sup>◆</sup> Yuflyma® <sup>◆</sup> Yusimry® <sup>◆</sup> Zeposia® <sup>◆</sup> Zymfentra® <sup>◆</sup>
<b>Androgenic Agents (topical)◆</b>	testosterone pump (generic for Androgel®)	Androgel® packet and gel pump Fortesta® Natesto® Testim® testosterone Vogelxo®
<b>Antihyperuricemic Agents</b>	allopurinol colchicine tablets (generic for Colcrys) probenecid/colchicine probenecid	colchicine capsules (generic for Mitigare) Colcrys® (colchicine) febuxostat Gloperba® (colchicine) Mitigare® (colchicine capsules) Uloric (febuxostat) Zylprim (allopurinol)
<b>Anti-Obesity Agents◆</b>	Adipex-P® (phentermine) benzphetamine diethylpropion Lomaira® (phentermine) orlistat phendimetrazine phentermine	

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7 Prior Authorization Required for Beneficiaries Under 18 years of age

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# Michigan Preferred Drug List (PDL)/Single PDL

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Drug Class	MISCELLANEOUS Preferred Agents	Non-Preferred Agents
	Saxenda® (liraglutide) Wegovy® (semaglutide) Xenical® (orlistat) Zepbound® (tirzepatide)	
<b>BPH Agents – Alpha Blockers</b>	alfuzosin doxazosin prazosin tamsulosin ♦ terazosin	Cardura® Cardura XR® Flomax® ♦ Minipress® Rapaflo® silodosin (generic for Rapaflo)
<b>BPH Agents – 5-Alpha Reductase (5AR) Inhibitors</b>	dutasteride finasteride 5mg (generic for Proscar®)	Avodart® dutasteride/tamsulosin Proscar®
<b>Colony Stimulating Factors</b>	Neupogen® Nyvepria® <sup>2</sup>	Fulphila® <sup>2</sup> Fylnetra® <sup>2</sup> Granix® Leukine® Neulasta® syringe <sup>2</sup> ; Neulasta® Onpro Kit <sup>2</sup> Nivestym® Releuko® Stimufend® <sup>2</sup> Udenyca® <sup>2</sup> Zarxio® <sup>2</sup> Ziextenzo® <sup>2</sup>
<b>Epinephrine Injectable<sup>2</sup></b>	epinephrine (generic for Adrenaclick®) epinephrine (generic for EpiPen®/EpiPen Jr®) EpiPen®, EpiPen Jr®	Auvi-Q® Symjepi®
<b>Growth Hormones♦</b>	Genotropin® Norditropin Flexpro®	Humatrope® Ngenla® <sup>19</sup> Nutropin AQ® Omnitrope® Serostim® ♦ Skytrofa® <sup>19</sup>

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

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Drug Class	MISCELLANEOUS Preferred Agents	Non-Preferred Agents
		Sogroya® Zomacton®
<b>Hematopoietic Agents♦</b>	Aranesp® Epogen® Retacrit®	Jesduvroq® Procrit® Vafseo®
<b>Osteoporosis Agents: Bisphosphonates</b>	alendronate sodium	Actonel® <sup>2</sup> alendronate sodium oral solution Atelvia® <sup>2</sup> Boniva® <sup>2</sup> Binosto® Fosamax® Fosamax Plus D® Ibandronate risedronate (Actonel) <sup>2</sup> risedronate (Atelvia) <sup>2</sup>
<b>Osteoporosis Agents: Other</b>	calcitonin nasal spray	Forteo®♦ teriparatide♦ Tymlos®♦
<b>Osteoporosis Agents: SERMs</b>	raloxifene	Evista®
<b>Phosphate Depletors♦</b>	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® Xphozah®♦
<b>Potassium Binders</b>	Lokelma® sodium polystyrene sulfonate oral powder/ suspension SPS® suspension	Veltassa®

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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

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# Michigan Preferred Drug List (PDL)/Single PDL

Effective 04/01/2025

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	MISCELLANEOUS	
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Progestational Agents</b>	medroxyprogesterone (oral) progesterone (oral) norethindrone (oral)	<i>Crinone® (vaginal) ♦</i> <i>progesterone (intramuscular)</i> <i>Prometrium® (oral)</i> <i>Provera® (oral)</i>
<b>Urea Cycle Disorder Agents</b>	Buphenyl® tablets and powder Carbaglu® tablets	<i>carglumic acid tablets</i> <i>Olpruva® pellets</i> <i>Pheburane® pellets</i> <i>Ravicti® liquid</i> <i>sodium phenylbutyrate tablets and powder</i>
<b>Urinary Tract Antispasmodics</b>	fesoterodine oxybutynin / oxybutynin ER solifenacin	<i>darifenacin ER</i> <i>Detrol®/ Detrol LA®</i> <i>flavoxate HCL</i> <i>Gemtesa®</i> <i>mirabegron ER</i> <i>Myrbetriq®</i> <i>Oxytrol®</i> <i>tolterodine/ tolterodine ER</i> <i>Toviaz®</i> <i>tropium/ tropium ER</i> <i>Vesicare®/ Vesicare LS</i>
<b>Uterine Disorder Treatments</b>	Myfembree ♦ <sup>2</sup> Orilissa ♦ <sup>2</sup> OriaHnn ♦ <sup>2</sup>	

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	<b>LEGISLATIVELY PROTECTED CLASSES</b>	
Drug Class	Preferred Agents	Non-Preferred Agents
<b>Anticonvulsants</b>	Aptiom® Banzel® Briviact® carbamazepine, carbamazepine ER Carbatrol® Celontin® clobazam clonazepam Depakote®, Depakote ER® Depakote Sprinkle® Diacomit® diazepam Dilantin® divalproex sodium, divalproex sodium ER Epidiolex® Epitol® Eprontia® Equetro® ethosuximide Felbamate® felbatol Fintepla® Fycompa® gabapentin Gabarone® Keppra®, Keppra XR® Klonopin® lacosamide Lamictal®, Lamictal ODT®, Lamictal XR® lamotrigine, lamotrigine ER, lamotrigine ODT levetiracetam, levetiracetam ER Libervant® Lyrica®, Lyrica CR® methsuximide	

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	Motpoly XR® Mysoline® Nayzilam® 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® Xcopri® Zarontin® Zonisade® zonisamide	

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Drug Class	LEGISLATIVELY PROTECTED CLASSES Preferred Agents	Non-Preferred Agents
	Ztalmy®	
<b>Atypical Antipsychotics</b>	Abilify®, Abilify MyCite® Abilify Asimtufii®, Abilify Maintena® aripiprazole, aripiprazole ODT Aristada®, Aristada Initio® Caplyta® clozapine, clozapine ODT Clozaril® Cobenfy® Erzofri® Fanapt® Geodon® Invega®, Invega Sustenna®, Invega Trinza® Invega Hafyera® Latuda® lurasidone Lybalvi® molindone Nuplazid® olanzapine, olanzapine ODT Opipza® paliperidone Perseris® quetiapine, quetiapine ER Rexulti® Risperdal®, Risperdal Consta® <sup>2</sup> risperidone, risperidone ER, risperidone ODT Rykindo® Saphris® Secuado® Seroquel®, Seroquel XR® Uzedy ER® Versacloz®	

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	Vraylar® ziprasidone Zyprexa®, Zyprexa Relprevv®, Zyprexa Zydis®	
Antipsychotic-Antidepressant Comb.	olanzapine/fluoxetine	

Note: Not all medications listed are covered by all MDHHS Programs. Check individual program coverage. For program drug coverage information, go to <https://mi.primetherapeutics.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 Prime Therapeutics State Government Solutions LLC, is pleased to offer an alternative means to submit pharmacy prior authorization (PA) requests for prescription drugs. This electronic PA (ePA) 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 ePA, provider designees will need to register to receive a logon and password for the CoverMyMeds Electronic Prior Authorization (ePA) system. Detailed information on user registration is available at <https://mi.primetherapeutics.com/provider/links>. For questions or assistance with registration, call the Prime Therapeutics State Government Solutions LLC Web Support Call Center at 800-241-8726.

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