

Michigan Preferred Drug List (PDL)/Single PDL

Effective 12/01/2024

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

ANALGESICS		
Drug Class	Preferred Agents	Non-Preferred Agents
Opioids – Long Acting	morphine sulfate ER tablets tramadol ER <u>tablets</u> ¹⁰	Belbuca® ^{◆2} Conzip ER® ¹⁰ Diskets® hydrocodone ER (generic Hysingla®, Zohydro ER) hydromorphone ER® Hysingla ER® methadone morphine sulfate ER caps (generic Avinza®) morphine sulfate ER caps (generic Kadian®) MS Contin® Nucynta ER® Oxycontin® ² oxycodone ER ² oxymorphone ER tramadol ER capsules ¹⁰ Xtampza ER® ^{◆2}
Opioids – Short and Intermediate Acting	codeine ^{10,2} codeine/acetaminophen ¹⁰ hydrocodone/acetaminophen hydromorphone oral tablets ² morphine sulfate tablets, solution ² morphine sulfate supp oxycodone tabs (5mg, 10mg, 15mg) ² oxycodone oral solution ² oxycodone /acetaminophen tramadol ¹⁰ tramadol/acetaminophen ¹⁰	butorphanol ² codeine / acetaminophen/caffeine /butalbital ¹⁰ codeine / aspirin /caffeine /butalbital ¹⁰ dihydrocodeine/acetaminophen/caffeine Dilaudid® all forms ² fentanyl citrate buccal ² Fentora® ^{◆2} Fioricet w/ Codeine® ¹⁰ hydrocodone/ ibuprofen hydromorphone suppository levorphanol meperidine tablets, solution ² Nalocet® Nucynta® oxycodone caps ² oxycodone tabs (20mg, 30mg) ² oxycodone oral conc soln ²

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

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

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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>

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

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		oxycodone oral syr ² oxymorphone ² pentazocine/naloxone Percocet® Prolate® Qdolo® ¹⁰ Roxybond® ² Roxicodone® ² Seglentsis® ^{10,2} tramadol oral solution (generic for Qdolo®) ¹⁰
Opioids – Transdermal	Butrans® ² fentanyl patches (generic only) ²	buprenorphine patches ² fentanyl patches 37.5mg, 62.5mg and 87.5mg only
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	diclofenac diclofenac topical gel 1% (generic for Voltaren) diclofenac topical gel 1% OTC diclofenac topical solution 1.5% ibuprofen indomethacin capsules ketorolac tablets meloxicam tablets nabumetone naproxen OTC naproxen (generic for Naprosyn®) sulindac	Arthrotec® Daypro® diclofenac ER diclofenac epolamine 1.3% patch diclofenac-misoprostol diclofenac potassium diclofenac 2% pump (generic for Pennsaid) diflunisal Dual Action Pain (ibuprofen/acetaminophen) Duexis® EC-naproxen etodolac / etodolac ER Feldene® fenoprofen flurbiprofen indomethacin ext release capsules indomethacin oral suspension ketoprofen ext release ketoprofen immediate release ketorolac nasal spray♦ Lofena®

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

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Antibiotics – Inhaled	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>
Antifungals – Oral	clotrimazole troches fluconazole ² griseofulvin oral suspension ketoconazole tablets nystatin oral susp, tablets terbinafine ²	<i>Ancobon Brexafemme² ♦ Cresemba® ♦ Diflucan®² flucytosine griseofulvin tablets griseofulvin microsize tablets griseofulvin ultramicrosie itraconazole² ♦ Noxafil®, Noxafil DR® posaconazole Sporanox®² ♦ Tolsura® Vfend® ♦ Vivjoa² ♦ voriconazole ♦</i>
Antifungals – Topical	ciclopirox cream (generic for Loprox, Ciclodan) ciclopirox 8% solution (generic for Ciclodan) clotrimazole OTC cream, solution clotrimazole Rx cream clotrimazole/betamethasone cream ketoconazole miconazole nitrate nystatin nystatin/triamcinolone cream, ointment tolnaftate cream, powder	<i>butenafine 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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		<i>Loprox®</i> <i>Lotrimin AF®</i> <i>Iuliconazole</i> <i>Luzu®</i> <i>Mentax®</i> <i>miconazole/zinc oxide/petrolatum¹⁹</i> <i>Micotrin AC®</i> <i>Mycozyl AC®</i> <i>Naftin®</i> <i>naftifine</i> <i>oxiconazole</i> <i>Oxistat®</i> <i>tavaborole</i> <i>Vusion®¹⁹</i>
Antivirals – Herpes	acyclovir tablets, capsules, suspension famciclovir valacyclovir	<i>Valtrex®</i> <i>Zovirax®</i>
Antivirals – Influenza⁵	oseltamivir ² Relenza® ² rimantadine Xofluza®	<i>Flumadine®</i> <i>Tamiflu®²</i>
Antivirals – Topical	acyclovir cream, ointment Denavir®	<i>penciclovir</i> <i>Xerese®</i> <i>Zovirax® cream</i> <i>Zovirax® ointment</i>
Cephalosporins - 1st Generation	cefadroxil capsules ² cefadroxil suspension cephalexin	<i>cefadroxil tablets²</i>
Cephalosporins - 2nd Generation	cefuroxime ² cefprozil tablets ² , suspension	<i>cefaclor²</i> <i>cefaclor ER²</i>
Cephalosporins - 3rd Generation	cefdinir capsules, suspension ² cefixime capsules	<i>cefixime suspension</i> <i>cefpodoxime tablets²</i> <i>cefpodoxime suspension</i>

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Hepatitis C	Pegasys® ribavirin	
Hepatitis C – Direct-Acting Antivirals	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>
Macrolides	azithromycin ² clarithromycin ² 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® tablets², suspension</i>
Oxazolidinones	linezolid tablets ²	<i>linezolid suspension</i> <i>Sivextro®² ♦</i> <i>Zyvox®²</i>
Quinolones	Cipro® suspension ciprofloxacin suspension, tablets ² levofloxacin ²	<i>Baxdela®</i> <i>Cipro® tablets²</i> <i>moxifloxacin² ♦</i> <i>ofloxacin</i>
Otic Antibiotics	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>
Topical Antibiotics	mupirocin ointment	<i>Centany®</i> <i>mupirocin cream</i> <i>Xepi®²</i>

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Gastrointestinal Antibiotics	Difucid® metronidazole tablets neomycin tablets tinidazole tablets vancomycin capsules vancomycin solution	Aemcolo® ^{2,†} Firvanq® Flagyl® capsules Likmez® ^{2,†} metronidazole capsules nitazoxanide tablets [†] Vancocin® Xifaxan® 200mg ^{2,10,†} Xifaxan® 550mg ^{7,†}
Vaginal Antibiotics	Cleocin® Ovules clindamycin (generic for Cleocin) 2% cream Clindesse® 2% cream metronidazole (generic for Metro-Gel and Vandazole) gel 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
Anticholinergic Agents - Short Acting	Atrovent HFA® ² (MDI) ipratropium nebulizer solution	
Anticholinergic Agents - Long Acting	Incruse Ellipta® ² (DPI) Spiriva® ² (DPI) Spiriva Respimat® ² (ISI)	Lonhala Magnair nebulizer solution tiotropium ² (DPI) Tudorza Pressair® (DPI) Yupelri® nebulizer solution
Beta Adrenergic and Anticholinergic Combinations	Anoro Ellipta® ² (DPI) Bevespi Aerosphere® ² (MDI) Combivent RESPIMAT® (ISI) ² ipratropium/albuterol nebulizer solution Stiolto Respimat® ² (ISI)	Duaklir Pressair® (DPI)

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

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Drug Class	Preferred Agents	Non-Preferred Agents
Inhaled Glucocorticoids	Alvesco® (MDI) Arnuity Ellipta® (DPI) Asmanex® Twisthaler 110 mcg (DPI) ^{1,2} Asmanex® Twisthaler 220 mcg (DPI) ² budesonide 0.25, 0.5mg, 1mg nebulizer solution ² Flovent HFA® ² (MDI) fluticasone propionate HFA ² (MDI) Pulmicort Flexihaler® ² (DPI) QVAR Redihaler® (MDI)	ArmonAir Digihaler® (DPI) Asmanex HFA® ² (DPI) Flovent Diskus® (DPI) fluticasone propionate diskus (DPI) Pulmicort® 0.25mg, 0.5mg, 1mg Respules ²

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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

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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 12/01/2024

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ALLERGY		
Drug Class	Preferred Agents	Non-Preferred Agents
Antihistamines – 2nd Generation	cetirizine tabs cetirizine 1mg/ml solution fexofenadine tablets, suspension levocetirizine tablets loratadine / loratadine ODT	<i>cetirizine chewable tabs, soft gels</i> <i>cetirizine 5mg/5ml solution (cups)</i> <i>Clarinet®</i> <i>desloratadine/ desloratadine ODT</i> <i>levocetirizine solution</i>
Leukotriene Inhibitors	montelukast tablets, 4mg chew tabs ¹¹ , 5mg chew tabs ¹²	<i>Accolate®</i> <i>montelukast granules¹¹</i> <i>Singulair® tablets, 4mg chew tabs¹¹, 5mg chew tabs¹²</i> <i>Singulair granules¹¹</i> <i>Zyflo®</i> <i>zafirlukast</i> <i>Zileuton ER®</i>
Nasal Anticholinergics	ipratropium nasal	
Nasal Antihistamines	azelastine	<i>olopatadine</i> <i>Patanase Nasal®</i>
Nasal Corticosteroids	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>
Combination Nasal Sprays		<i>azelastine/fluticasone</i> <i>Dymista®</i> <i>Ryaltris®</i>

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CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
ACE Inhibitors	benazepril/ benazepril HCT enalapril/ enalapril HCT lisinopril/ lisinopril HCT ramipril	<i>Accupril®</i> <i>Accuretic®</i> <i>Altace®</i> <i>captopril/ captopril HCT</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>
Alpha Adrenergic Agents	clonidine transdermal ² clonidine clonidine ER guanfacine methyldopa Nexiclon XR®	<i>methyldopa / HCTZ</i>
Antihypertensive Combinations: ACEI-CCB	amlodipine / benazepril	<i>Lotrel®</i> <i>trandolapril / verapamil</i>
Antihypertensive Combinations: ARB-CCB	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>
Angiotensin Receptor Antagonists	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> <i>Cozaar®</i>

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CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>Diovan®/ Diovan HCT®</i> <i>Edarbi®</i> <i>Edarbyclor®</i> <i>eprosartan</i> <i>Hyzaar®</i> <i>irbesartan/ irbesartan HCT</i> <i>Micardis® / Micardis HCT®</i> <i>telmisartan/ telmisartan HCT</i>
Angiotensin II-Receptor Neprilysin Inhibitors (ARNIs)	Entresto ^{®2}	sacubitril/valsartan
Direct Renin Inhibitors ♦		<i>aliskiren</i> <i>Tektuma® / Tektuma HCT®</i>
Beta Blockers	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	<i>acebutolol</i> <i>Betapace® / Betapace AF®</i> <i>betaxolol</i> <i>bisoprolol fumarate</i> <i>Coreg CR®</i> <i>Hemangeol oral solution®</i> <i>Inderal LA®/ Inderal XL®</i> <i>Innopran XL®</i> <i>Kaspargo®</i> <i>Lopressor®</i> <i>metoprolol HCT</i> <i>nadolol</i> <i>pindolol</i> <i>propranolol HCT</i> <i>Sotylize®</i> <i>Tenormin®/ Tenoretic®</i> <i>timolol maleate</i> <i>Toprol XL®</i>

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CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
Calcium Channel Blockers – Dihydropyridine	amlodipine besylate nifedipine / nifedipine SA	<i>felodipine ER</i> <i>isradipine</i> <i>Katerzia®</i> <i>levamlodipine</i> <i>nicardipine</i> <i>nisoldipine</i> <i>Norliqva®</i> ◆ ¹⁶ <i>Norvasc®</i> <i>Procardia XL®</i> <i>Sular®</i>
Calcium Channel Blockers – Non- Dihydropyridine	diltiazem / diltiazem XR / diltiazem ER Taztia XT® verapamil / verapamil ER tablets	<i>Cardizem® / Cardizem LA® / 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>
Lipotropics: Fibric Acid Derivatives	fenofibrate, nanocrystallized (generic for Tricor®) fenofibrate <u>capsules</u> (generic for Lofibra® caps) fenofibrate <u>tablets</u> (generic for Lofibra® tablets) gemfibrozil	<i>Antara®</i> <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>
Lipotropics: Bile Acid Sequestrants	cholestyramine/ cholestyramine light colestipol tablets Prevalite packet, powder	<i>Colestid®</i> <i>colestipol granules</i> <i>colesevelam</i>

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CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>Questran®/ Questran Light®</i> <i>Welchol® powder and tablets</i>
Lipotropics: Statins²	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	<i>Altoprev®</i> <i>amlodipine / atorvastatin</i> <i>Atorvaliq®♦</i> <i>Caduet®</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>
Lipotropics: Niacin Derivatives	niacin tablets (OTC) niacin ER tablets (OTC) niacin ER capsules (OTC)	<i>niacin ER (generic for Niaspan)</i>
Lipotropics: Other	ezetimibe	<i>icosapent ethyl♦</i> <i>Lovaza®♦</i> <i>Nexletol®♦</i> <i>Nexlizet®♦</i> <i>omega-3 acid ethyl esters (generic for Lovaza)♦</i> <i>Zetia®</i>
Lipotropics: PCSK9 Inhibitors♦	Praluent® ² Repatha® ²	
Anticoagulants	Eliquis® ² Enoxaparin Jantoven® Pradaxa® ² warfarin	<i>Arixtra®</i> <i>dabigatran</i> <i>fondaparinux</i> <i>Fragmin® syringes and vials</i> <i>Lovenox®</i>

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Drug Class	Preferred Agents	Non-Preferred Agents
	Xarelto® ² / Xarelto® Dose Pack ² Xarelto® suspension ²	Pradaxa Oral Pellets® ¹⁸ Savaysa® [◆]
Platelet Aggregation Inhibitors	Brilinta® clopidogrel ² prasugrel ¹³	aspirin/dipyridamole dipyridamole Effient® ¹³ [◆] Plavix®
Pulmonary Arterial Hypertension (PAH) Agents[◆]	Adempas® Alyq® ambrisentan (generic for Letairis®) Opsumit® sildenafil <i>suspension</i> (generic for Revatio®) sildenafil tablets (generic for Revatio®) tadalafil (generic for Adcirca®) Tracleer® <i>tablets</i> Tyvaso® <i>solution</i> Uptravi® Ventavis®	Adcirca® bosentan tablets (generic for Tracleer®) Letairis® Liqrev® Opsynvi® ² Orenitram ER® Revatio® <i>tablets and suspension</i> Tadliq® ⁷ Tracleer® <i>suspension</i> Tyvaso® <i>DPI</i> Winrevair®

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
Alzheimer's Dementia	donepezil tabs, ODT Exelon® patch galantamine immediate release memantine immediate release rivastigmine capsules	Adlarity® Aricept® donepezil 23 mg® galantamine ER, solution memantine ER Namenda®/ Namenda XR® Namzaric® rivastigmine patch
Anti-Anxiety – General	alprazolam buspirone chlordiazepoxide ³ clorazepate diazepam ³ lorazepam	alprazolam ER, ODT♦ alprazolam intensol♦ Ativan® diazepam intensol♦ lorazepam intensol♦ Loreev XR® meprobamate oxazepam Xanax / Xanax XR®
Drugs for ADHD♦ – Amphetamines	<u>IMMEDIATE-RELEASE</u> Adderall (amphetamine IR salts) ² amphetamine IR salts (generic Adderall®) ² dextroamphetamine IR tabs (generic Dexedrine tabs)	<u>IMMEDIATE-RELEASE</u> amphetamine (generic Evekeo) dextroamphetamine IR solution (generic Procentra) dextroamphetamine IR tab (generic Zenzedi) Evekeo® / Evekeo ODT (amphetamine) methamphetamine♦ ² Procentra® (dextroamphetamine IR solution) Zenzedi® (dextroamphetamine IR)
	<u>EXTENDED-RELEASE</u> amphetamine salts XR (generic Adderall XR) ² dextroamphetamine ER caps (generic Dexedrine cap) lisdexamfetamine <u>chew tabs</u> (generic Vyvanse) Vyvanse® caps (lisdexamfetamine) ²	<u>EXTENDED-RELEASE</u> Adderall XR® (amphetamine salts XR) ² 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)

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		Vyvanse® <i>chew tabs</i> (lisdexamfetamine) ² Xelstrym (dextroamphetamine transdermal)
Drugs for ADHD♦ – Pseudoamphetamines	<p><u>IMMEDIATE-RELEASE</u> dexamethylphenidate IR (generic Focalin®) methylphenidate IR (generic Ritalin)</p> <p><u>EXTENDED-RELEASE</u> Daytrana® (methylphenidate ER transdermal) dexamethylphenidate XR (generic Focalin XR) methylphenidate ER - OROS (generic Concerta) methylphenidate SR (generic Ritalin SR®)</p>	<p><u>IMMEDIATE-RELEASE</u> Methylin® <i>solution</i> (methylphenidate IR) methylphenidate <i>chewable</i> (generic Methylin) methylphenidate IR <i>solution</i> (generic Methylin) Focalin® (dexamethylphenidate IR) Ritalin® (methylphenidate IR)</p> <p><u>EXTENDED-RELEASE</u> Aptensio XR® (methylphenidate ER) Azstarys® (serdexmethylphenidate/dexamethylphenidate) Concerta® (methylphenidate ER – OROS) Cotempla XR-ODT® (methylphenidate ER) Focalin XR® (dexamethylphenidate 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>
Drugs for ADHD – Non-Stimulants	atomoxetine clonidine ER (generic Kapvay®) guanfacine ER Intuniv® Onyda XR® Strattera® Qelbree®	

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Michigan Preferred Drug List (PDL)/Single PDL

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
Neuropathic Pain	Cymbalta® Drizalma Sprinkles® duloxetine (generic for Cymbalta) duloxetine (generic for Irenka) gabapentin Gralise® Horizant® Lyrica®, Lyrica CR® ^{2,7} Neurontin® pregabalin, pregabalin ER ^{2,7} Savella®	
Multiple Sclerosis Agents	Avonex® ² Betaseron®/ Betaseron® Kit Copaxone 20 mg dimethyl fumarate (generic for Tecfidera) fingolimod teriflunomide	Aubagio® Bafiertam® ² ♦ Copaxone® 40 mg syringe Gilenya® glatiramer 20 mg/ml and 40 mg/ml Glatopa® Kesimpta® ♦ Mavenclad® ♦ Mayzent® ♦ Plegridy® ♦ Ponvory® ♦ Rebif® ² / Rebif Rebidose® Tascenso® ♦ Tecfidera® Vumerity® ♦ Zeposia® ♦
AntiParkinson's Agents – Dopamine Agonists	pramipexole ropinirole	bromocriptine ♦ Neupro® ² pramipexole ER ropinirole ER

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

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

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CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>Fexmid®</i> <i>Fleqsuvy®</i> ♦ <i>Lorzone®</i> <i>Lyvispah®</i> ♦ <i>metaxalone</i> <i>Norgesic Forte®</i> <i>orphenadrine/aspirin/caffeine</i> <i>Tanlor®</i> <i>tizanidine capsules</i> <i>Zanaflex® capsules and tablets</i>

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DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
Acne Agents: Combination Benzoyl Peroxide and Clindamycin	clindamycin / benzoyl peroxide	<i>Acanya® gel and pump</i> <i>Cabtreo®</i> <i>clindamycin/benzoyl peroxide (generic for Onexton)</i> <i>Neuac 1.25% kit®</i> <i>Onexton®</i>
Topical Steroids – Low Potency	hydrocortisone acetate cream hydrocortisone acetate ointment hydrocortisone cream hydrocortisone lotion hydrocortisone ointment hydrocortisone/aloë	<i>aclometasone dipropionate ointment and cream</i> <i>Derma-smooth – FS®</i> <i>desonide ointment, cream, lotion</i> <i>fluocinolone 0.01% oil</i> <i>Proctocort®</i> <i>Texacort®</i>
Topical Steroids – Medium Potency	fluticasone propionate cream fluticasone propionate ointment mometasone furoate ointment mometasone furoate cream mometasone furoate solution	<i>Beser Kit</i> <i>Beser Lotion</i> <i>betamethasone valerate foam</i> <i>Capex® shampoo</i> <i>clocortolone cream</i> <i>fluocinolone acetonide cream, solution</i> <i>flurandrenolide cream, lotion, ointment</i> <i>fluticasone propionate lotion</i> <i>hydrocortisone butyrate cream, lotion, ointment, soln</i> <i>hydrocortisone valerate cream and ointment</i> <i>Locoid® cream, lotion, solution</i> <i>Locoid Lipocream®</i> <i>Pandel®</i> <i>prednicarbate cream and ointment</i> <i>Synalar® solution, cream and ointment</i> <i>Synalar TS® kit</i>
Topical Steroids – High Potency	betamethasone dipropionate cream, lotion, oint. betamethasone valerate cream, lotion, oint. triamcinolone acetonide cream, lotion, oint	<i>amcinonide cream</i> <i>betamethasone dipropionate augmented cream, gel</i> <i>betamethasone dipropionate augmented lotion, oint</i>

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DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>desoximetasone cream, ointment, gel and spray</i> <i>diflorasone diacetate cream and ointment</i> <i>Diprolene® ointment</i> <i>fluocinonide cream, ointment, gel and solution</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>
Topical Steroids – Very High Potency	clobetasol propionate solution clobetasol propionate 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>Temovate® ointment</i> <i>Tovet Foam Kit</i> <i>Tovet Emollient Foam</i> <i>Ultravate® lotion</i>

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Amylin Analogs	Symlin®	
Incretin Mimetics ♦	Byetta® Ozempic® Trulicity® Victoza®	Bydureon Bcise® liraglutide Mounjaro® Rybelsus®
Incretin Mimetics - Combinations		Soliqua®♦ Xultophy®♦
Insulins, Basal²	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
Insulins, Rapid Acting²	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
Insulin, Mixes²	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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Insulins, Traditional²	Humulin® R U-500 pens, vials Humulin® N vials Humulin® R vials Novolin® N flexpens, vials Novolin® R flexpens, vials	Humulin® N Kwikpens
Oral Hypoglycemics – Alpha-Glucosidase Inhibitors	acarbose miglitol	Precose®
Oral Hypoglycemics – Biguanides	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 Riomet® / Riomet ER®
Oral Hypoglycemics – Combinations	glyburide/metformin Janumet® ² 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® Kombiglyze XR® Oseni® pioglitazone/glimepride pioglitazone/metformin Qtern® saxagliptin/metformin Segluromet® Steglujan® Trijardy XR®

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Oral Hypoglycemics – DPP4 Inhibitors	Januvia® ² Trajenta®	<i>alogliptin</i> <i>Nesina®</i> <i>Onglyza®</i> <i>sitagliptin (generic for Zituvio)</i> <i>saxagliptin</i> <i>Zituvio®</i>
Oral Hypoglycemics – Meglitinides	nateglinide repaglinide	
Oral Hypoglycemics – 2nd Generation Sulfonylureas	glimepiride glipizide / glipizide ER glyburide glyburide micronized	<i>Glucotrol XL®</i>
Oral Hypoglycemics – SGLT2 Inhibitors	Farxiga® Jardiance®	<i>dapaglifozin</i> <i>Inpefa®</i> <i>Invokana®</i> <i>Steglatro®</i>
Oral Hypoglycemics – Thiazolidinediones	pioglitazone	<i>Actos®</i>
Glucagon Agents	Baqsimi® ² Glucagen Hypokit Gvoke Hypopen® ² Zegalogue®	<i>Glucagon Emergency Kit (Fresenius)</i> <i>Glucagon Emergency Kit (Lilly)</i> <i>Gvoke®² syringes, vials</i>
Insulin Suppressants	Proglycem®	<i>diazoxide (generic for Proglycem)</i>

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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 12/01/2024

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

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

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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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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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Drug Class	Preferred Agents	Non-Preferred Agents
Proton Pump Inhibitors	Nexium® susp pkts ² omeprazole (Rx) capsules ² pantoprazole tablets ² Protonix® suspension ²	Aciphex® tabs Dexilant® caps dexlansoprazole esomeprazole magnesium capsules, susp pkts ² esomeprazole magnesium OTC caps and tabs Konvomep® lansoprazole caps, ODT lansoprazole OTC caps Nexium® capsules omeprazole OTC caps, tabs, ODT omeprazole/sodium bicarbonate caps, susp pkt pantoprazole suspension ² Prevacid caps, solutabs Prilosec® susp Protonix® tablets ² rabeprazole tabs Zegerid® caps, susp pkts
Ulcerative Colitis – Oral	Apriso® mesalamine (generic for Lialda) Pentasa® sulfasalazine/ sulfasalazine DR	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®

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

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OPHTHALMICS		
Drug Class	Preferred Agents	Non-Preferred Agents
Ophthalmic Antibiotics - Fluoroquinolones	ciprofloxacin moxifloxacin (generic for Vigamox®) ofloxacin	<i>Besivance®</i> <i>Ciloxan®</i> <i>gatifloxacin</i> <i>moxifloxacin (generic for Moxeza®)</i> <i>Ocuflox®</i> <i>Vigamox®</i>
Ophthalmic Antibiotics - Macrolides	erythromycin ointment	<i>Azasite®</i>
Ophthalmic Antihistamines	azelastine ketotifen fumarate (OTC Only) olopatadine (OTC)	<i>Alrex®</i> <i>bepotastine</i> <i>Bepreve®</i> <i>epinastine</i> <i>Lastacaft®</i> <i>loteprednol (generic for Alrex®)</i> <i>olopatadine (Rx)</i> <i>Pataday®</i> <i>Zaditor®</i> <i>Zerviate®</i>
Ophthalmic Anti-Inflammatory/Immunomodulators	Restasis® ² emulsion single-use and multidose vials Xiidra® ²	<i>Cequa®</i> ² <i>cyclosporine 0.5% emulsion² (generic for Restasis)</i> <i>Eysuvis®</i> ² <i>Miebo®</i> ^{2,7} <i>Tyrvaya®</i> ² <i>Verkazia®</i> ^{2,♦} <i>Vevye®</i> ^{2,7}
Ophthalmic Mast Cell Stabilizers	cromolyn sodium	<i>Alocril®</i> <i>Alomide®</i>
Ophthalmic NSAIDs	diclofenac flurbiprofen ketorolac	<i>Acular® / Acular LS®</i> <i>Acuvail®</i> <i>bromfenac 0.07% (generic for Prolensa®)</i> <i>bromfenac 0.075% (generic for Bromsite®)</i> <i>bromfenac 0.09%</i> <i>Bromsite®</i> <i>Illevro®</i>

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OPHTHALMICS		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>ketorolac LS (generic for Acular LS®) Nevanac® Prolensa®</i>

MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
Immunomodulators: Asthma ♦ ‡	Dupixent® Fasenra® pen Xolair® autoinjectors, syringes	<i>Nucala® syringe, auto-injector Tezspire® pen</i>
Immunomodulators: Atopic Dermatitis ♦	Adbry® autoinjectors, syringes ^{2,7} Dupixent® Elidel® ^{2, 14} Eucrisa® ² pimecrolimus (generic for Elidel) ^{2, 14} tacrolimus ^{2, 15}	<i>Cibinqo®⁷ Opzelura®^{2, 10} Rinvoq ER®</i>
Immunomodulators: Agents to Treat Chronic Rhinosinusitis with Nasal Polyps (CRSwNP) ♦	Dupixent® Xolair® autoinjectors, syringes	<i>Nucala® syringe, auto-injector</i>
Immunomodulators: Agents to Treat Eosinophilic Granulomatosis with Polyangiitis (EGPA) ♦	Fasenra® pen	<i>Nucala® syringe, auto-injector</i>
Biologics: Agents to Treat Ankylosing Spondylitis	Cosentyx® Enbrel® Humira®	<i>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® ♦</i>

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Michigan Preferred Drug List (PDL)/Single PDL

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MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
		Bimzelx®♦ Cimzia®, Cimzia Kit® Cyltezo®♦ Hadlima®♦ Hulio®♦ Hyrimoz®♦ Idacio®♦ Rinvoq®♦ Simlandi®♦ Simponi®, Simponi ARIA® Taltz®♦ Xeljanz®, Xeljanz XR®♦ Yuflyma®♦ Yusimry®♦
Biologics: Agents to Treat Hidradenitis Suppurativa	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®♦ Cyltezo®♦ Hadlima®♦ Hulio®♦ Hyrimoz®♦ Idacio®♦ Simlandi®♦ Yuflyma®♦ Yusimry®♦

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Drug Class	Preferred Agents	Non-Preferred Agents
Biologics: Agents to Treat Juvenile Idiopathic Arthritis	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®♦
Biologics: Agents to Treat Non-radiographic Axial Spondyloarthritis	Cosentyx®	Bimzelx®♦ Cimzia®, Cimzia Kit® Rinvoq®♦ Taltz®♦
Biologics: Agents to Treat Plaque Psoriasis	Cosentyx® Enbrel® Humira®	Abrilada®♦ adalimumab-aacf (unbranded Idacio)♦ adalimumab-aaty (unbranded Yuflyma)♦ adalimumab-adaz (unbranded Hyrimoz)♦ adalimumab-adbm (unbranded Cyltezo)♦

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

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

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5 Providers should consult yearly CDC guidelines for Influenza

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7 Prior Authorization Required for Beneficiaries Under 18 years of age

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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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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 12/01/2024

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Drug Class	Preferred Agents	Non-Preferred Agents
		Kineret® Olumiant®♦ Orencia® SC Rinvoq®♦ Simlandi®♦ Simponi®, Simponi ARIA® Tyenne®♦ SC Xeljanz®, Xeljanz XR®♦ Yuflyma®♦ Yusimry®♦
Biologics: Agents to Treat Uveitis	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®♦
Biologics: Agents to Treat Crohn's Disease	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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		<i>adalimumab-ryvk (unbranded Simlandi) ♦</i> <i>Amjevita® ♦</i> <i>Cimzia®, Cimzia Kit®</i> <i>Cyltezo® ♦</i> <i>Entyvio® ♦</i> <i>Hadlima® ♦</i> <i>Hulio® ♦</i> <i>Hyrimoz® ♦</i> <i>Idacio® ♦</i> <i>Rinvoq® ♦</i> <i>Simlandi® ♦</i> <i>Skyrizi® ♦</i> <i>Stelara® ♦²</i> <i>Yuflyma® ♦</i> <i>Yusimry® ♦</i> <i>Zymfentra® ♦</i>
Biologics: Agents to Treat Ulcerative Colitis	Humira®	<i>Abrilada® ♦</i> <i>adalimumab-aacf (unbranded Idacio) ♦</i> <i>adalimumab-aaty (unbranded Yuflyma) ♦</i> <i>adalimumab-adaz (unbranded Hyrimoz) ♦</i> <i>adalimumab-adbm (unbranded Cyltezo) ♦</i> <i>adalimumab-fkjp (unbranded Hulio) ♦</i> <i>adalimumab-ryvk (unbranded Simlandi) ♦</i> <i>Amjevita® ♦</i> <i>Cyltezo® ♦</i> <i>Entyvio® ♦</i> <i>Hadlima® ♦</i> <i>Hulio® ♦</i> <i>Hyrimoz® ♦</i> <i>Idacio® ♦</i> <i>OmvoH® ♦</i>

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Michigan Preferred Drug List (PDL)/Single PDL

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

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	Saxenda® (liraglutide) Wegovy® (semaglutide) Xenical® (orlistat) Zepbound® (tirzepatide)	
BPH Agents – Alpha Blockers	alfuzosin doxazosin prazosin tamsulosin ♦ terazosin	Cardura® Cardura XR® Flomax® ♦ Minipress® Rapaflo® silodosin (generic for Rapaflo)
BPH Agents – 5-Alpha Reductase (5AR) Inhibitors	dutasteride finasteride 5mg (generic for Proscar®)	Avodart® dutasteride/tamsulosin Proscar®
Colony Stimulating Factors	Neupogen® Nyvepria® ²	Fulphila® ² Fylnetra® ² Granix® Leukine® Neulasta® syringe ² ; Neulasta® Onpro Kit ² Nivestym® Releuko® Stimufend® ² Udenyca® ² Zarxio® ² Ziextenzo® ²
Epinephrine Injectable²	epinephrine (generic for Adrenaclick®) epinephrine (generic for EpiPen®/EpiPen Jr®) EpiPen®, EpiPen Jr®	Auvi-Q® Symjepi®
Growth Hormones♦	Genotropin® Norditropin Flexpro®	Humatrope® Ngenla® ¹⁹ Nutropin AQ® Omnitrope® Serostim® ♦ Skytrofa® ¹⁹

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		Sogroya® Zomacton®
Hematopoietic Agents♦	Aranesp® Epogen® Retacrit®	Jesduvroq® Procrit®
Osteoporosis Agents: Bisphosphonates	alendronate sodium	Actonel® ² alendronate sodium oral solution Atelvia® ² Boniva® ² Binosto® Fosamax® Fosamax Plus D® Ibandronate risedronate (Actonel) ² risedronate (Atelvia) ²
Osteoporosis Agents: Other	calcitonin nasal spray	Forteo®♦ teriparatide♦ Tymlos®♦
Osteoporosis Agents: SERMs	raloxifene	Evista®
Phosphate Depleters♦	calcium acetate capsules and tablets sevelamer carbonate tablets	Auryxia® Fosrenol® / Fosrenol® powder pak lanthanum Renvela powder pkts and tablets sevelamer carbonate powder pkts sevelamer HCL tablets Velphoro® Xphozah®♦
Potassium Binders	Lokelma® sodium polystyrene sulfonate oral powder/ suspension SPS® suspension	Veltassa®

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Drug Class	Preferred Agents	Non-Preferred Agents
Progestational Agents	medroxyprogesterone (oral) progesterone (oral) norethindrone (oral)	<i>Crinone® (vaginal)♦</i> <i>progesterone (intramuscular)</i> <i>Prometrium® (oral)</i> <i>Provera® (oral)</i>
Urea Cycle Disorder Agents	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>
Urinary Tract Antispasmodics	fesoterodine oxybutynin / oxybutynin ER solifenacin	<i>darifenacin ER</i> <i>Detrol®/ Detrol LA®</i> <i>flavoxate HCL</i> <i>Gelnique®♦</i> <i>Gemtesa®</i> <i>mirabegron ER</i> <i>Myrbetriq®</i> <i>Oxytrol®</i> <i>tolterodine/ tolterodine ER</i> <i>Toviaz®</i> <i>tropium/ trospium ER</i> <i>Vesicare®/ Vesicare LS</i>
Uterine Disorder Treatments	Myfembree♦ ² Orilissa♦ ² OriaHnn♦ ²	

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Drug Class	Preferred Agents	Non-Preferred Agents
Anticonvulsants	Aptiom® Banzel® Briviact® carbamazepine, carbamazepine ER Carbatrol® Celontin® clobazam clonazepam Depakote®, Depakote ER® Depakote Sprinkle® Diacomit® Diastat®, Diastat Acudial® diazepam Dilantin® divalproex sodium, divalproex sodium ER Epidiolex® Epitol® Eprontia® Equetro® ethosuximide Felbamate® felbatol Fintepla® Fycompa® gabapentin 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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Atypical Antipsychotics	Ztalmy® 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® ² risperidone, risperidone ER, risperidone ODT Rykindo® Saphris® Secuado® Seroquel®, Seroquel XR® Uzedy ER® Versacloz®	

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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

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>

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

Michigan Preferred Drug List (PDL)/Single PDL

Effective 12/01/2024

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

LEGISLATIVELY PROTECTED CLASSES		
Drug Class	Preferred Agents	Non-Preferred Agents
	Vraylar® ziprasidone Zyprexa®, Zyprexa Relprevv®, Zyprexa Zydis®	
Antipsychotic-Antidepressant Comb.	olanzapine/fluoxetine Symbyax®	

Note: Not all medications listed are covered by all MDHHS Programs. Check individual program coverage. For program drug coverage information, go to <https://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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