Michigan Department of Community Health
Preferred Drug List
Effective 10/1/03

Bolded Drugs do not require prior authorization

ANALGESICS

NARCOTICS–LONG ACTING

Avinzaâ
Duragesic â
Morphine Sulf. Tab SA

Requires Prior Authorization
Kadian®
Oramorph SR®
MS Contin®
Oxycontin®

NARCOTICS – SHORT AND INTERMEDIATE ACTING

Actiq®
Codeine/APAP/Caff./Butalbital
Codeine/ASA/Caff./Butalbital
Codeine/APAP/Caffiene
Codeine
Codeine Phosphate
Codeine/ APAP
Codeine/ASA
Hydrocodone/APAP
Hydromorphone
Meperidine
Methadone
Morphine Sulfate
Morphine Sulfate Solution
Oxycodone
Oxycodone/ APAP
Oxycodone/ ASA
Propoxyphene APAP
Propoxyphene NapsylateAPAP
Tramadol

Requires Prior Authorization
Anexsia®
Bancap HC®
Capital w/Codeine®
Darvocet-N®
Darvocet A500®
Darvon®
Darvon-N®
Demerol®
Dilaudid®
Fiorinal W Codeine®
Fioricet W/Codeine®
Lorcet®
Lortab®
Nalbuphine
Norco®
Opium
Oxydose®
Oxyfast®
OxyIR®
Pentazocine and Naloxone
Percocet®
Percodan®
Roxanol®
Roxicodone®
Stadol®, Stadol NS®
Talwin®, Talwin NX®
Tylenol #2®
Tylenol W/Codeine Elixir®
Tylenol#3®
Tylenol#4®
Tylox®
Ultracet®
Ultram®
Vicodin®
Wygesic®
Zydone®

NON-STERIODAL - ANTI-INFLAMMATORY DRUGS (TRADITIONAL NSAIDS)

Diclofenac Potassium
Diclofenac Sodium
Etodolac
Fenoprofen Calcium
Flurbiprofen
Ibuprofen
Indomethacin
Ketoprofen
Ketorolac
Meclofenamate Sodium
Nambumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

Requires Prior Authorization
Anaprox®
Ansaid®
Arthrotec®
Cataflam®
Clinoril®
Daypro®
Diflunisal
Dolobid®
Feldene®
Indocin®
Lodine®
Mobic®
Motrin®
Nalfon®
Naprelan®
Naprosyn®
Orudis®
Oruvail®
Ponstel®
Relafen®
Tolectin®
Voltaren®

NON-STERIODAL ANTI-INFAMMATORY – COX II INHIBITORS

Celebrex®[2]
Bextra® [2]
Vioxx®[2]

ANTIBIOTICS – ANTI-INFECTIVES

ANTIFUNGALS –ONYCHOMYCOSIS

Lamisil ® ¨
Griseofulvin

Requires Prior Authorization
Sporanox ®

ANTI-FUNGALS - ORAL

Diflucan ® 150 mg tablet
Nystatin Oral Susp
Vfend â
Griseofulvin

Requires Prior Authorization
Diflucan ® other strengths
Ketoconazole
Mycelex ®
Mycostatin ®
Nilstat ®
Nizoral ®
Nystatin ® Tablets

ANTI- FUNGALS - TOPICALS/DERM

Clotrimazole
Clotrimazole/Betamethasone
Econazole nitrate
Ketoconazole
Miconazole Nitrate
Nystatin
Nystatin w/Triamcinolone

Requires Prior Authorization
Baza®
Exelderm®
Lamisil®

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ANTIBIOTICS – ANTI-INFECTIVES – CONT.

ANTI- FUNGALS - TOPICALS/DERM

Requires PA - Continued
Loprox®
Lotrimin®
Lotrisone®
Mentax®
Micatin®
Monistat-Derm®
Mycolog II®
Naftin®
Nilstat®
Nizoral®
Oxistat®
Pedi-Dri®
Penlac®
Spectazole®

ANTIVIRALS - HERPES

Acyclovir
Famvir®
Valtrex®

Requires Prior Authorization
Zovirax ®

ANTIVIRALS - INFLUENZA

Amantadine
Relenza®
Rimantidine

Requires Prior Authorization
Flumadine®
Symmetrel®
Tamiflu®

ANTIVIRALS – PROTEASE INH.

Agenerase®
Crixivan®
Fortovase®
Invirase®
Kaletra®
Norvir®
Reyataz®
Viracept®

CEPHALOSPORIN 1ST GEN

Cefadroxil
Cephalexin

Requires Prior Authorization
Cephradine
Duricef®
Keflex®
Velosef®

CEPHALOSPORIN 2ND GEN

Cefaclor
Cefaclor ER
Cefuroxime Axetil
Cefzil suspension®

Requires Prior Authorization
Ceclor CD®
Ceclor®
Cefotan®
Cefzil®
Ceptaz®
Lorabid®

CEPHALOSPORIN 3RD GEN

Cedax♦
Omnicef♦
Rocephin♦

Requires Prior Authorization
Suprax®
Vantin®

HEPATITIS C

Copegus♦
Pegasys♦

Requires Prior Authorization
Rebetol® [5]
Peg-Intron® [5]
Intron A® [5]
Infergen® [5]
Rebetron ® [5]
Roferon-A® [5]

MACROLIDES

Biaxin®
Biaxin XL®
Erythromycin Stearate
Erythromycin Base
Erythromycin Estolate
Erythromycin Ethylsuccinate
Erythromycin Stearate
Erythromycin w/Sulfisoxazole
Zithromax®

Requires Prior Authorization
Dynabac®
E.E.S.®
EryPed®
Ery-Tab®
PCE®

QUINOLONES 1ST GEN

Cinobac♦
NegGram♦

QUINOLONES 2ND GEN

Maxaquin®
Noroxin®

Requires Prior Authorization
Avelox®
Cipro®
Floxin®

QUINOLONES 3RD GEN

Levaquin®

Requires Prior Authorization
Tequin®
Trovan®
Zagam®

ASTHMA – ALLERGY

ANTIHISTAMINES – 2ND GEN

Loratadine

Requires Prior Authorization
Allegra D®
Allegra®
Clarinex®
Claritin D 12 hour®
Claritin D 24 hour®
Claritin Redi-Tab®
Claritin Syrup®7
Claritin®
Loratadine, disp tab[1]
Zyrtec®
Zyrtec® Liquid

BETA ADRENERGICS- SHORT ACTING

Albuterol
Maxair Autohaler®

Requires Prior Authorization
Alupent®
Combivent®

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ASTHMA – ALLERGY- con't

BETA ADRENERGICS – LONG ACTING
Serevent®

Requires Prior Authorization
Foradil®

BETA ADRENERGICS FOR NEBULIZERS
Albuterol sulfate
Metaproterenol

Requires Prior Authorization
Accuneb®
Duoneb®
Xopenex®

BETA ADRENERGIC /CORTICOSTEROID INHALER COMBINATIONS
Advair Diskus®

INHALED SYSTEMIC GLUCOCORTICOIDS
Flovent®
Pulmicort®
Pulmicort â Nebulizer Soln.
QVAR®

Requires Prior Authorization
AeroBid®
Azmacort®

LEUKOTRIENE INHIBITORS
Accolate®
Singulair®

Requires Prior Authorization
Zyflo®[5]

NASAL STEROIDS
Flunisolide
Nasarel®
Nasonex®

Requires Prior Authorization
Flonase®
Nasacort®
Nasacort AQ®
Nasalide®
Rhinocort ®
Rhinocort Aqua ®
Tri-Nasal®

CARDIAC MEDICATIONS

ACE INHIBITORS
Aceon®
Captopril
Captopril HCT
Enalapril
Enalapril HCT
Lisinopril
Lisinopril HCT
Lotensin ®
Lotensin HCT®
Mavik ®
Unirectic ®
Univasc ®

Requires Prior Authorization
Accupril®
Accuretic®
Altace®
Capoten®
Capozide®
Lexxel®
Lotrel®
Moexipril
Monopril ®
Monopril HCT®
Prinivil®
Prinzide®
Tarka®
Vaseretic®
Vasotec®
Zestoretic®
Zestril®

ANGIOTENSIN RECEPTOR ANTAGONISTS
Atacand ®
Atacand HCT ®
Benicar â
Benicar HCT â
Diovan®
Diovan HCT®
Teveten ®
Teveten HCT â

Requires Prior Authorization
Avalide®
Avapro®
Cozaar®
Hyzaar®
Micardis ®
Micardis HCT®

BETA BLOCKERS
Acebutolol
Atenolol
Atenolol/HCT
Betaxolol
Bisoprolol Fumarate
Bisoprolol Fum./HCTZ
Labetalol
Metoprolol
Nadolol
Pindolol
Propranolol
Propranolol/HCT
Sotalol/ Sotalol AF
Timolol

Requires Prior Authorization
Betapace ®/ Betapace AF®
Blocadren®
Coreg® [5]
Inderal ®
Inderal LA®
Inderide®
Kerlone®
Levatol®
Lopressor®
Normodyne®
Sectral®
Tenormin®
Toprol XL®
Trandate®
Visken®
Zebeta®

CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINE
Nicardipine
Dynacirc â
Dynacirc CR â
Norvasc â
Nifedipine
Nifedipine SA
Sular â

Requires Prior Authorization
Adalat CC®
Plendil®
Procardia®
Procardia XL®

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CARDIAC MEDICATIONS – CONT

CALCIUM CHANNEL BLOCKERS - NON-DIHYDROPYRIDINE

Cardizem LA
Diltiazem
Diltiazem SR
Verapamil
Verapamil SR
Verapamil Cap 24 hr Pellet
Verelan PM â

Requires Prior Authorization
Isoptin®
Calan®
Cardizem®
Covera-HS®
Dilacor XR®
Vascor®
Verelan

CORONARY VASODILATORS - ORAL

Isosorbide Dinitrate
Isosorbide Dinitrate SR
Isosorbide Mononitrate
Nitroglycerin

Requires Prior Authorization
Imdur®
Ismo®
Monoket®

CORONARY VASODILATORS - TOPICAL

Nitroglycerin Patches

Requires Prior Authorization
Minitran®
Nitro-Bid®
Nitro-Dur®

LIPOTROPICS- NON-STATINS: FIBRIC ACID DERIVATIVES

Gemfibrozil

Requires Prior Authorization
Lopid
TriCor®

LIPOTROPICS: NON-STATINS

Colestid â
Cholestyramine
Cholestyramine Light

Requiring Prior Authorization
Questran Light®
Questran®
Welchol®

LIPOTROPICS: STATINS

Altocor â
Lescol ®
Lescol XL â
Lovastatin â

Requires Prior Authorization
Advicor®
Pravachol®
Zocor®

LIPOTROPICS: STATINS FOR HIGH RISK

Lipitor®

LIPOTROPICS: NIACIN DERIV.

Niacin & Niacin ER

LIPOTROPICS: OTHER

Zetia â

PLATELET INHIBITORS

Plavix®
Ticlopidine
Aspirin
Dipyridamole

Requires Prior Authorization
Aggrenox® [5]
Persantine®
Ticlid®

CENTRAL NERVOUS SYSTEM DRUGS

ALZHEIMER'S DEMENTIA

Aricept®
Exelon®
Reminyl®

Requires Prior Authorization
Cognex®

ANTI-ANXIETY - GENERAL

Alprazolam
Buspirone
Chlordiazepoxide [3]
Clorazepate
Diazepam [3]
Doxepin [3]
Hydroxyzine HCL
Hydroxyzine Pamoate
Lorazepam
Oxazepam

Requires Prior Authorization
Atarax®
Ativan®
Buspar®
Meprobamate/ Miltown® [3]
Serax®
Tranxene®
Vistaril®
Vistaril suspension®1
Xanax®

ANTI-DEPRESSANTS – OTHER

Maprotiline
Mirtazapine
Nefazodone
Trazodone
Wellbutrin SR®
Wellbutrin XL â

Requires Prior Authorization
Bupropion
Desyrel®
Effexor®
Effexor XR®
Ludiomil®
Marplan®
Nardil®
Parnate®
Remeron®/ Remeron SolTab®
Serzone®
Wellbutrin®

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CNS DRUGS-CONT.

ANTI-DEPRESSANTS – SSRIS

Celexa®
Fluoxetine 10mg & 20mg
Fluvoxamine Maleate
Lexaproâ
Paroxetine
Zoloft®

ANTI-DEPRESSANTS – TRICYCLICS

Amitriptyline[3]
Amoxapine[3]
Clomipramine
Desipramine
Doxepin[3]
Imipramine[3]
Nortriptyline
Protriptyline

Requires Prior Authorization

Anafranil®
Asendin®
Aventyl®
Elavil® [3]
Norpramin®
Pamelor®
Sinequan® [3]
Tofranil®
Trimipramine/Surmontil ®
Vivactil®

ANTIPSYCHOTICS – ATYPICAL

Abilify â
Clozapine
Geodon®
Risperdal®/ Risperdal M®
Seroquel®
Zyprexa®/ Zyprexa Zydis®

ANTIPSYCHOTICS - TYPICAL

Chlorpromazine
Fluphenazine
Haloperidol
Loxapine
Moban â
Perphenazine
Thiothixene
Trifluoperazine

Requires Prior Authorization

Haldol®
Loxitane®
Mellaril® /Thioridazine
Navane®
Permitil®
Prolixin®
Serentil®
Stelazine®
Thorazine®

BI-POLAR DISORDERS

Lithium Carbonate CR 450
Lithium Carbonate
Lithium Citrate
Lithium Carbonate ER

Requires Prior Authorization

Eskalith ®
Lithobid ®

DRUGS FOR ADD

Amphetamine Salts
Concerta ®
Dextroamphetamine
Focalin â
Metadate CDâ
Methylphenidate
Methylphenidate SR
Ritalin LA
Strattera â [9]

Requires Prior Authorization

Adderall® XR
Cylert®
Dexedrine®
Dextrostat®
Provigil®
Ritalin®
Ritalin SR

SEDATIVE HYPNOTIC NON-BARBITURATES

Chloral Hydrate
Chloral Hydrate Syrup
Diphenhydramine[3]
Estazolam
Flurazepam[3]
Restoril 7.5 mg[3]
Temazepam[3]
Triazolam[3]

Requires Prior Authorization

Ambien® [2]
Benadryl®
Dalmane®
Doral®
Halcion®
ProSom®
Restoril®
Somnote®
Sonata®

DIABETES

INSULINS

Humulin 50/50 â
Humalog 75/25 â
Humulin R 500-Uâ
Humulin Uâ
Humulin L â
Lantus â
Novolin 70/30 â
Novolin L â
Novolin Nâ
Novolin Râ
Novolog â
Novolog 70/30 â
Velosulin BRâ

Requires Prior Authorization

Humalog® [6]
Humulin 70/30®
Humulin N®
Humulin R®
Iletin I Lente®
Iletin I N®
Iletin I R®
Iletin II Pork L®
Iletin II Pork N®
Iletin II Pork R®

ORAL HYPOGLYCEMICS – ALPHA-GLUCONSIDASE INH. **Precose** â

Requires Prior Authorization

Glyset®

ORAL HYPOGLYCEMICS – BIGUANIDES

Metformin

Requires Prior Authorization

Glucophage®
Glucophage XR® [5]

ORAL HYPOGLYCEMICS – BIGUANIDE COMBINATIONS

Requires Prior Authorization

Avandamet®
Metaglip®
Glucovance® [5]

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DIABETES – con't

ORAL HYPOGLYCEMICS – MEGLITINIDES
Prandin â
Starlix®

ORAL HYPOGLYCEMICS – 1ST GENERATION SULFONYLUREAS
Acetohexamide
Chlorpropamide
Tolazamide
Tolbutamide

ORAL HYPOGLYCEMICS – 2ND GENERATION SULFONYLUREAS
Glipizide
Glyburide
Glyburide Micronized

Requires Prior Authorization
Amaryl®
Glucotrol ®
Glucotrol XL®
Glynase®
Micronase®

ORAL HYPOGLYCEMICS – THIAZOLIDINEIONES
Actos®

Requires Prior Authorization
Avandia® [5]

GASTROINTESTINAL

HISTAMINE-2 RECEPTOR ANTAGONISTS (H-2RA)
Cimetidine
Famotidine
Ranitidine

Requires Prior Authorization
Axid®
Nizatadine
Pepcid®
Tagamet®
Zantac®
Zantac Effervescent® [2]
Zantac® Syrup [1]

NAUSEA AGENTS - ORAL
Anzemet
Zofran
Zofran ODT

Requires Prior Authorization
Emend® [5]
Kytril® [5, 8]

PROTON PUMP INHIBITORS
Protonix®

Requires Prior Authorization
Aciphex®
Nexium®
Prevacid®
Prevacid susp® [1]
Omeprazole 1
Prilosec®

MISCELLANEOUS

ANTIHEMOPHILIC FACTOR
Advate â
Autoplex T®
Bioclate®
Feiba VH Immuno®
Helixate®
Hemofil-M®
Humate-P®
Kogenate®
Monoclate-P®
Recombinate®
ReFacto®

GLAUCOMA – ALPHA 2 ADRENERGICS
Iopidine â
Alphagan P â

Requires Prior Authorization
Alphagan®

GLAUCOMA – BETA BLOCKERS
Timolol maleate
Levobunolol HCl
Betaxolol
Betimol
Carteolol NCl
Metipranolol

Requires Prior Authorization
Timoptic-XE®
Optipranolol®
Ocupress®
Betagan®
Betoptic S®
Timoptic®
Timoptic XE®

GLAUCOMA – PROSTAGLANDIN INHIBITORS
Travatan â
Lumigan â

Requires Prior uthorization
Rescula®
Xalatan®

GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS
Azopt â

Requires Prior Authorization
Cosopt® [6]
Trusopt® [6]

GLAUCOMA – MISC.
Dipivefrein
Pilocarpine

Requires Prior Authroization
Propine®
Epifrin®
Pilocar®
Isopto Carpine®
Pilopine HS®
Isopto Carbachol®

GLUCOCORTICOIDS-SYSTEMIC
Cortisone Acetate
Dexamethasone
Hydrocortisone
Methylprednisolone
Prednisolone
Prednisone

Requires Prior Authorization
Cortef 5 mg®
Cortef® 20 mg
Deltasone®
Hydrocortone®
Kenalog®
Medrol®
Meprolone Unipak®
Orapred®

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MISC. – CONT

IMMUNOSUPPRESSIVES
Azathioprine
CellCept®
Cyclosporine
Gengraf®
Prograf®
Rapamune®
Simulect®

OSTEOPOROSIS AGENTS
Actonel®

Requires Prior Authorization
Didronel®
Fosamax®
Miacalcin®[2]

OSTEOPOROSIS AGENTS: OTHER

Requires Prior Authorization
Forteo®

OSTEOPOROSIS AGENTS: SERMS
Evista®

SEROTONIN RECEPTOR AGONISTS
Imitrex®
Imitrex injection®
Imitrex nasal®
Zomig®/ Zomig ZLT®

Requires Prior Authroization
Amerge ®[5]
Axert ®[5]
Frova ®[5]
Maxalt MLT ®[5]
Maxalt ®[5]
Relpax®

STEROIDS - TOPICAL
Aug. Betamethasone Dipropionate
Betamethasone Dipropionate
Betamethasone Valerate
Capex Shampoo â
Clobetasol Propionate
Desonide
Desoximetasone
Diflorasone Diacetate
Fluocinolone Acetonide
Fluocinonide
Fluocinonide-Emollient
FS Shampoo â
Hydrocortisone
Triamcinolone Acetonide

Requires Prior Authorization
Aclovate®
Aristocort®
Aristocort A®
Carmol HC®
Cordran®
Cormax®
Cortaid®
Cutivate®
Cyclocort®
Dermatop®
Desowen®
Diprolene®
Diprosone®
Elocon®
Embeline E®
Halog®
Halog-E®
Hytone®
Lidex®
Locoid®
Luxiq®
Maxiflor®
Maxivate®
Nutracort®
Olux®
Pandel®
Psorcon®
Synalar®
Temovate®
Topicort®
Ultravate®
Westcort®

Note: Not all medications listed are covered by all MDCH Programs. Check individual program coverage.

For program drug coverage information, go to www.michigan.fhsc.com
Open "Drug Coverage" and click on "MPPL Including Coverage Information" for all programs except EPIC. EPIC program coverage excludes injectibles and over the counter products (except insulin and insulin syringes)

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5 Prior Authorization Not Required for therapy begun before 7/1/03
6 Prior Authorization Not Required for Beneficiaries Ages 18 and under
7 Prior Authorization Not Required for Beneficiaries Under Age of 6
8 Prior Authorization Not Required for Beneficiaries Over Age of 11 and Under Age of 18
9 Prior Authorization Required for Beneficiaries Under Age of 6.
CR, ER, SR, XL, XR, SA , LA = Extended Release
APAP = Acetaminophen ASA = Aspirin HCT = Hydrochorothiazide
♦ Clinical PA required; refer to MPPL or Chapter III for other restrictions