

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
ABILIFY ASIMTUFI (INTRAMUSC)*					
ABILIFY MAINTENA ER SYRINGE, VIAL (INTRAMUSC.)					
ABIRATERONE TABLET (ORAL)					
ACARBOSE TABLET (ORAL)					
ACETIC ACID 2% EAR SOLUTION (OTIC)					
ACITRETIN CAPSULE (ORAL)					
ACNE MEDICATION 5% & 10% GEL (OTC BENZOYL PEROXIDE) (TOPICAL)		OTC			STEP THERAPY LISTING
ACNE MEDICATION LOTION (OTC BENZOYL PEROXIDE) (TOPICAL)		OTC			STEP THERAPY LISTING
ACYCLOVIR 5% OINTMENT (not CREAM) (TOPICAL)					
ACYCLOVIR CAPSULE, TABLET (ORAL)					
ACYCLOVIR SUSPENSION (ORAL)					
ADAKVEO VIAL (INTRAVENOUS)					
ADAPALENE 0.1% GEL (OTC) (TOPICAL) (DX CODE REQ.)		OTC		DIAGNOSIS CODE REQ	STEP THERAPY LISTING
ADAPALENE/BENZOYL PEROXIDE 0.1-2.5% (EPIDUO) (DX CODE REQ.)				DIAGNOSIS CODE REQ	STEP THERAPY LISTING
ADASUVE 10 MG INHALATION POWDER (INHALATION)					
ADDERALL TABLET (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
ADDERALL XR CAPSULE (ORAL) (DX CODE REQ.)	BRAND PREF.			DIAGNOSIS CODE REQ	
ADVAIR DISKUS (INHALATION)	BRAND PREF.				
ADVAIR HFA (INHALATION)	BRAND PREF.				
AJOVY AUTOINJECT, SYRINGE (SUBCUTANEOUS)					
AKEEGA TABLET (ORAL)*					
ALBENDAZOLE TABLET (ORAL)					
ALBUTEROL / IPRATROPIUM NEB SOLUTION (INHALATION)					
ALBUTEROL NEB SOLN 0.63, 1.25, 2.5 MG/3 ML (INHALATION)					
ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)					
ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)					
ALBUTEROL SOLUTION, SYRUP (not TABLET) (ORAL)					
ALECENSA CAPSULE (ORAL)					
ALENDRONATE TABLET (ORAL)					
ALFUZOSIN ER TABLET (ORAL)					
ALLOPURINOL TABLET (not 200MG) (ORAL)					
ALPHAGAN P 0.15% EYE DROP (not 0.1%) (OPHTHALMIC)	BRAND PREF.				
ALPHANATE VIAL (not ALPHANATE SD) (INTRAVEN.)					
ALPRAZOLAM IR TABLET (not ER or ODT) (ORAL)					
ALREX 0.2% EYE DROP (OPHTHALMIC)	BRAND PREF.				
ALTAVERA-28 TABLET (ORAL)					
ALUNBRIG TABLET, TABLET PACK (ORAL)					
ALYACEN 1-35 28 TABLET (ORAL)					
ALYQ 20 MG TABLET (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
AMANTADINE CAPSULE, SOLUTION, TABLET (ORAL)					
AMBRISENTAN TABLET (ORAL)					
AMETHIA 0.15-0.03-0.01 MG TAB (ORAL)					
AMITIZA CAPSULE (ORAL)	BRAND PREF.				
AMLODIPINE / BENAZEPRIL CAPSULE (ORAL)					
AMLODIPINE / OLMESARTAN TABLET (ORAL)					
AMLODIPINE / VALSARTAN TABLET (ORAL)					
AMLODIPINE TABLET (ORAL)					
AMMONIUM LACTATE 12% CREAM (TOPICAL)					
AMMONIUM LACTATE 12% LOTION (TOPICAL)					
AMOXICILLIN / CLAV SUSPENSION (ORAL)					
AMOXICILLIN / CLAV TABLET (not CHEW TAB or ER) (ORAL)					
AMPHETAMINE SALT COMBO TABLET (IR) (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
ANASTROZOLE TABLET (ORAL)					
ANDROGEL 1.62% GEL PUMP (TRANSDERMAL)					
ANORO ELLIPTA (INHALATION)					
APAP / CODEINE #2, #3, #4 TABLET (ORAL)					OPIOID PA FORM
APAP / CODEINE 120-12 MG/5 ML SOLUTION (ORAL)					OPIOID PA FORM
APAP / CODEINE 300-30 MG/12.5 ML SOLUTION (ORAL)					OPIOID PA FORM
APIDRA SOLOSTAR PEN (SUBCUTANEOUS)					
APIDRA VIAL (SUBCUTANEOUS)					
APREPITANT CAPSULE (not PACK) (ORAL)					
APRI 28 DAY TABLET (ORAL)					
APRISO ER CAPSULE (ORAL)	BRAND PREF.				
ARANESP DISP SYRIN, VIAL (INJECTION) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
ARIPIPRAZOLE SOLUTION, TABLET (not ODT) (ORAL)					
ARISTADA (INTRAMUSC)					
ARISTADA INITIO (INTRAMUSC)					
ARNUTY ELLIPTA (INHALATION)*					
ASHLYNA 0.15-0.03-0.01 MG (ORAL)*					
ASMANEX TWISTHALER (not HFA) (INHALATION)					
ATENOLOL / CHLORTHALIDONE (ORAL)					
ATENOLOL TABLET (ORAL)					
ATOMOXETINE CAPSULE (ORAL)					
ATORVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
ATROVENT 17 MCG HFA (INHALATION)					
AUBRA-28 (not AUBRA EQ) (ORAL)					
AUGTYRO CAPSULE (ORAL)*					
AUROVELA 1 MG-20 MCG (ORAL)					
AUROVELA 21 1.5-30 TABLET (ORAL)					
AUROVELA FE 1-20 MCG, FE 1.5-30 MCG (ORAL)					
AUSTEDO TABLET (ORAL)					
AUSTEDO XR TABLET (ORAL)*					
AUSTEDO XR TITR PK (ORAL)*					
AVIANE-28 TABLET (ORAL)					
AVONEX PEN, PREFILLED SYRINGE (INTRAMUSC.)					
AYVAKIT TABLET (ORAL)					
AZATHIOPRINE TABLET (ORAL)					
AZELASTINE 0.1% SPRAY 137MCG (not 0.15%) (NASAL)					
AZITHROMYCIN 1 GM POWDER PACKET (ORAL)					
AZITHROMYCIN SUSPENSION, TABLET (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
BACITRACIN-POLYMYXIN B SULFATE OINTMENT (OPHTHALMIC)					
BACLOFEN TABLET (ORAL)					
BALVERSA TABLET (ORAL)					
BAQSIMI SPRAY (NASAL)					
BENAZEPRIL / HCTZ (ORAL)					
BENAZEPRIL TABLET (ORAL)					
BENEFIX KIT (INTRAVEN.)	BRAND PREF.				
BENZOYL PEROXIDE 5%, 10% WASH (OTC) (TOPICAL)		OTC			STEP THERAPY LISTING
BENZOYL PEROXIDE 2.5%, 5%, 10% GEL (OTC) (TOPICAL)		OTC			STEP THERAPY LISTING
BENZTROPINE MES TABLET (ORAL)					
BETAMETHASONE DP AUG 0.05% CREAM (TOPICAL)					
BETAMETHASONE VALERATE 0.1% CREAM (TOPICAL)					
BETAMETHASONE VALERATE 0.1% LOTION (TOPICAL)					
BETAMETHASONE VALERATE 0.1% OINTMENT (TOPICAL)					
BETASERON 0.3 MG KIT (not VIAL) (SUBCUTANEOUS)					
BETHKIS 300 MG/4 ML AMPULE (INHALATION)	BRAND PREF.				
BETOPTIC S 0.25% EYE DROP (OPHTHALMIC)					
BICALUTAMIDE TABLET (ORAL)					
BILTRICIDE TABLET (ORAL)	BRAND PREF.				
BISOPROLOL / HCTZ TABLET (ORAL)					
BISOPROLOL TABLET (ORAL)					
BLISOVI FE 1.5-30, BLISOVI FE 1-20 (ORAL)					
BONJESTA ER TABLET (ORAL)					
BOSULIF TABLET (ORAL)					
BOTOX VIAL (not COSMETIC) (INTRAMUSC)					
BRAFTOVI CAPSULE (ORAL)					
BREO ELLIPTA (INHALATION)	BRAND PREF.				
BRILINTA TABLET (ORAL)					
BRIMONIDINE 0.2% EYE DROP (not 0.15%) (OPHTHALMIC)					
BRUKINSA CAPSULE (ORAL)					
BUDESONIDE 0.25, 0.5, 1 MG RESPULES (INHALATION)					
BUDESONIDE DR & EC CAPSULE (ORAL)					
BUPRENORPHINE / NALOXONE TABLETS (not FILM) (SUBLINGUAL)					
BUPRENORPHINE SL TABLET (SUBLINGUAL)					
BUPROPION HCL SR 150 MG TABLET (ORAL)					
BUPROPION HCL TABLET (ORAL)					
BUPROPION SR TABLET (ORAL)					
BUPROPION XL TABLET (NOT 450MG) (ORAL)					
BUSPIRONE TABLET (ORAL)					
BYETTA DOSE PEN (SUBCUTANEOUS)					
CABOMETYX TABLET (ORAL)					
CALCIPOTRIENE 0.005% CREAM, OINTMENT (TOPICAL)					
CALCIPOTRIENE 0.005% SOLUTION (TOPICAL)					
CALCITONIN-SALMON 200 UNITS SPRAY (NASAL)					
CALCIUM ACETATE CAPSULE, GELCAP (not TAB) (ORAL)		OTC			
CALCIUM ACETATE TABLET OTC (not RX) (ORAL)		OTC			
CALQUENCE CAPSULE (ORAL)					
CAMILA 0.35 MG TABLET (ORAL)					
CAMRESE LO, CAMRESE 0.15-0.03-0.01 MG (ORAL)*					
CAPECITABINE TABLET (ORAL)					
CAPLYTA CAPSULE (ORAL)*					
CAPRELSA TABLET (ORAL)					
CAPSAICIN 0.025%, 0.075%, 0.1% CREAM (OTC) (TOPICAL)		OTC			
CAPSAICIN 0.15% LIQUID (OTC) (TOPICAL)		OTC			
CARBAMAZEPINE TAB CHEW, IR TABLET (not ER) (ORAL)			Chewable		
CARBATROL ER CAPSULE (ORAL)	BRAND PREF.				
CARBIDOPA / LEVODOPA / ENTACAPONE TABLET (ORAL)					
CARBIDOPA / LEVODOPA ER TABLET (ORAL)					
CARBIDOPA / LEVODOPA TABLET (not ODT) (ORAL)					
CARTEOLOL 1% EYE DROP (OPHTHALMIC)					
CARTIA XT CAPSULE (ORAL)					
CARVEDILOL TABLET (not ER) (ORAL)					
CEFAZOLIN CAPSULE (not SUSPENSION) (ORAL)					
CEFADROXIL CAPSULE, SUSPENSION (not TABLET) (ORAL)					
CEFDINIR CAPSULE, SUSPENSION (ORAL)					
CEFPROZIL SUSPENSION, TABLET (ORAL)					
CEFUROXIME TABLET (ORAL)					
CELECOXIB CAPSULES (ORAL)					
CELLCEPT 200 MG/ML SUSPENSION (ORAL)	BRAND PREF.				
CEPHALEXIN CAPSULE, SUSPENSION (not TABLET) (ORAL)					
CETIRIZINE SOLUTION, SYRUP (not CUP) (RX & OTC) (ORAL)		OTC			
CETIRIZINE TABLET (OTC) (NOT CHEWABLE or SOFTGEL)		OTC			
CETIRIZINE-D TABLET (OTC) (ORAL)		OTC			
CHANTIX STARTING MONTH BOX, CONT MONTH BOX (ORAL)					
CHANTIX TABLET (ORAL)					
CHARLOTTE 24 FE CHEWABLE (ORAL)			Chewable		
CHATEAL-28 (not CHATEAL EQ) (ORAL)					
CHILD FERROUS SULFATE 15 MG/ML DROPS OTC (ORAL)		OTC			
CHLORDIAZEPOXIDE CAPSULE (ORAL)					
CHLORPROMAZINE AMPULE (INJECTION)					
CHLORPROMAZINE ORAL CONC, TABLET (ORAL)					
CHOLESTYRAMINE PACKET (with SUCROSE) (not LIGHT) (ORAL)					
CIPRO SUSPENSION (ORAL)	BRAND PREF.				
CIPRODEX OTIC SUSPENSION (OTIC)					
CIPROFLOXACIN 0.3% SOLUTION (OPHTHALMIC)					
CIPROFLOXACIN TABLET (ORAL)					
CIPROFLOX-DEXAMETH OTIC SUSPENSION (OTIC)*					
CITALOPRAM TABLET, SOLUTION (ORAL)					
CLARITHROMYCIN IR TABLET (not ER) (ORAL)					
CLEOCIN OVULES (VAGINAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
CLINDAMYCIN / BENZOYL PEROXIDE 1.2%-5% (DUAC) (TOPICAL)					STEP THERAPY LISTING
CLINDAMYCIN PH 1% PLEGET (TOPICAL)					STEP THERAPY LISTING
CLINDAMYCIN PH 1% SOLUTION (not GEL or LOTION) (TOPICAL)					STEP THERAPY LISTING
CLINDESSE 2% CREAM (VAGINAL)					
CLOBAZAM TABLET (ORAL)					
CLOBETASOL EMOLLIENT 0.05% CREAM (TOPICAL)					
CLOBETASOL PROPIONATE 0.05% CREAM (TOPICAL)					
CLOBETASOL PROPIONATE 0.05% GEL (TOPICAL)					
CLOBETASOL PROPIONATE 0.05% OINTMENT (TOPICAL)					
CLOBETASOL PROPIONATE 0.05% SHAMPOO (TOPICAL)*					
CLOBETASOL PROPIONATE 0.05% SOLUTION (TOPICAL)					
CLONAZEPAM IR TABLET (not ODT or ER) (ORAL)					
CLONIDINE ER TABLET (ORAL)					
CLONIDINE PATCH (TRANSDERM)					
CLONIDINE TABLET (not ER 0.17 MG) (ORAL)					
CLONIDINE TABLET (ORAL)					
CLOPIDOGREL TABLET (ORAL)					
CLOTRIMAZOLE 1% CREAM (RX and OTC) (TOPICAL)		OTC			
CLOTRIMAZOLE 1% SOLUTION (TOPICAL)					
CLOTRIMAZOLE 10 MG TROCHE (MUCOUS MEM)					
CLOTRIMAZOLE-BETAMETHASONE CREAM (not LOTION) (TOPICAL)					
CLOZAPINE TABLET (not ODT) (ORAL)					
COAGADEX VIAL (INTRAVEN)					
COLCHICINE TABLET (not CAPSULE) (ORAL)					
COLESEVELAM TABLET (ORAL)					
COLESTIPOL TABLET (not PACKET) (ORAL)					
COMBIGAN 0.2%-0.5% DROP (OPHTHALMIC)	BRAND PREF.				
COMBIVENT RESPIMAT (INHALATION)					
COMETRIQ DAILY-DOSE PACK (ORAL)					
COMPLETE NATAL DHA (OTC) (ORAL)		OTC			
COMPLETENATE CHEW TABLET (OTC) (ORAL)		OTC	Chewable		
CONCERTA ER TABLET (ORAL) (DX CODE REQ.)	BRAND PREF.			DIAGNOSIS CODE REQ	
COPAXONE 20 MG/ML SYRINGE (not 40 MG/ML) (SUBCUTANEOUS)	BRAND PREF.				
COPIKTRA CAPSULE (ORAL)					
CORIFACT KIT (INTRAVEN)					
COTELLIC TABLET (ORAL)					
CREON CAPSULE (ORAL)					
CROMOLYN SODIUM 4% DROPS (OPHTHALMIC)					
CYCLAFEM 1-35-28, CYCLAFEM 7-7-7-28 (ORAL)					
CYCLOBENZAPRINE TABLET (not ER) (ORAL)					
CYCLOPHOSPHAMIDE CAPSULE, TABLET (ORAL)					
CYCLOSPORINE MODIFIED CAPSULE (not 50MG) (ORAL)					
CYCLOSPORINE MODIFIED SOLUTION (ORAL)					
DALFAMPRIDINE ER TABLET (ORAL)					
DASETTA 1-35-28 TABLET (ORAL)					
DAURISMO TABLET (ORAL)					
DAYSEE 0.15-0.03-0.01 MG (ORAL)*					
DEBLITANE 0.35 MG TABLET (ORAL)					
DEPAKOTE SPRINKLE (not TABLET) (ORAL)	BRAND PREF.				
DERMA-SMOOTH-FS BODY OIL (TOPICAL)	BRAND PREF.				
DERMA-SMOOTH-FS SCALP OIL (TOPICAL)	BRAND PREF.				
DESOGESTREL / ETHINYL ESTRADIOL 0.15-0.03 MG (ORAL)					
DESONIDE 0.05% OINTMENT (not LOTION) (TOPICAL)					
DESONIDE CREAM (TOPICAL)					
DESVENLAFAXINE SUC ER (generic PRISTIQ ER) (ORAL)					
DEXAMETHASONE TABLET (ORAL)					
DEXILANT CAPSULE (ORAL)	BRAND PREF.				STEP THERAPY LISTING
DEXMETHYLPHENIDATE ER CAPSULE (ORAL)(DX CODE REQ.)*					
DEXMETHYLPHENIDATE IR (FOCALIN)(ORAL)(DX CODE REQ.)				DIAGNOSIS CODE REQ	
DEXTROAMPHETAMINE / AMPHETAMINE TABLET (IR) (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
DEXTROAMPHETAMINE TABLET (not ER) (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
DIASTAT 2.5 MG PEDI SYSTEM (RECTAL)					
DIASTAT ACUDIAL KIT (RECTAL)					
DIAZEPAM 2.5 MG RECTAL GEL SYS (RECTAL)					
DIAZEPAM 5 MG/5 ML SOLUTION (not 5 MG/ML CONC) (ORAL)					
DIAZEPAM RECTAL GEL SYSTEM (RECTAL)					
DIAZEPAM TABLET (ORAL)					
DICLEGIS TABLET (ORAL)	BRAND PREF.				
DICLOFENAC 0.1% DROP (OPHTHALMIC)					
DICLOFENAC 1% GEL (TOPICAL)					
DICLOFENAC SODIUM DR & EC TABLET (not ER 100 MG) (ORAL)					
DILTIAZEM 24HR ER CAPSULE (not TABLET) (ORAL)					
DILTIAZEM 12HR ER CAPSULE (ORAL)					
DILTIAZEM TABLET (ORAL)					
DIMETHYL FUMARATE DR CAPSULE (ORAL)					
DIMETHYL FUMARATE DR STARTER PACK (ORAL)					
DIPYRIDAMOLE TABLET (ORAL)					
DIVALPROEX SOD DR TABLET (not SPRINKLE) (ORAL)					
DIVALPROEX SOD ER TABLET (ORAL)					
DONEPEZIL 5MG & 10MG TABLET (not 23MG) (ORAL)					
DONEPEZIL ODT (ORAL)					
DOPTELET TABLET (ORAL)*					
DORZOLAMIDE / TIMOLOL / PF DROPS (OPHTHALMIC)					
DORZOLAMIDE / TIMOLOL EYE DROP (OPHTHALMIC)					
DORZOLAMIDE 2% DROP (OPHTHALMIC)					
DOXAZOSIN MESYLATE TABLET (ORAL)					
DOXYCYCLINE HYCLATE CAPSULE (not DR) (ORAL)					
DOXYCYCLINE HYCLATE TABLET (not DR) (ORAL)					
DOXYCYCLINE MONOHYDRATE 50 MG, 100 MG CAPSULE (ORAL)					
DOXYCYCLINE MONOHYDRATE TABLET (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
DRONABINOL CAPSULE (ORAL)					
DROSPIRENONE-EE 3-0.02 MG TAB (ORAL)					
DROSPIRENONE-EE 3-0.03 MG TAB (ORAL)					
DROXIA CAPSULE (ORAL)					
DULERA INHALER (INHALATION)					
DULOXETINE 20MG, 30MG, 60MG CAPSULES (not 40MG) (ORAL)					
DUPIXENT PEN (SUBCUTANEOUS)*					DUPIXENT PA FORM
DUPIXENT SYRINGE (SUBCUTANEOUS)*					DUPIXENT PA FORM
DUREZOL 0.05% EYE DROPS (OPHTHALMIC)*	BRAND PREF.				
DUTASTERIDE CAPSULE (ORAL)					
DYSPORT VIAL (INTRAMUSC)*					
ELIDEL 1% CREAM (TOPICAL)	BRAND PREF.				
ELIGARD SYRINGE (SUBCUTANEOUS)					
ELINEST-28 TABLET (ORAL)					
ELIQUIS STARTER PACK (ORAL)					
ELIQUIS TABLET (ORAL)					
ELLA 30 MG TABLET (ORAL)					
EMCYT CAPSULE (ORAL)					
EMEND 80 MG CAPSULE (not TRIPACK) (ORAL)					
EMGALITY 120 MG/ML PEN (SUBCUTANEOUS)					
EMGALITY 120MG SYRINGE (not 100 MG) (SUBCUTANEOUS)					
EMOQUETTE 28 (ORAL)					
ENALAPRIL, ENALAPRIL / HCTZ (not SOLUTION) (ORAL)					
ENBREL DISP SYRINGE, KIT, PEN (INJECTION)					STEP THERAPY LISTING
ENBREL MINI CARTRIDGE (SUBCUTANE.)					STEP THERAPY LISTING
ENBREL VIAL (SUBCUTANEOUS)					STEP THERAPY LISTING
ENDARI POWDER PACKET (ORAL)					
ENOXAPARIN SYRINGE (SUBCUTANEOUS)					
ENOXAPARIN VIAL (SUBCUTANEOUS)					
ENSKYCE 28 (ORAL)					
ENTRESTO TABLET (ORAL)					
EPIDIOLEX SOLUTION (ORAL)					
EPINEPHRINE 0.15 MG (49502-0101-02) (INJECTION)					
EPINEPHRINE 0.3 MG (49502-0102-02) (INJECTION)					
EPIPEN AUTO-INJECTOR (INTRAMUSC)					
EPIPEN JR AUTO-INJECTOR (INTRAMUSC)					
EPOGEN VIAL (INJECTION)*					
ERIVEDGE CAPSULE (ORAL)					
ERLEADA TABLET (ORAL)					
ERLOTINIB TABLET (ORAL)					
ERRIN 0.35 MG (ORAL)					
ERYTHROCIN 250 MG FILMTAB (ORAL)					
ERYTHROCIN 250 MG TABLET (ORAL)					
ERYTHROMYCIN 0.5% OINTMENT (OPHTHALMIC)					
ERYTHROMYCIN 2% SOLUTION (not GEL) (TOPICAL)					STEP THERAPY LISTING
ERYTHROMYCIN BASE TABLET DR (ORAL)					
ERYTHROMYCIN DR 250 MG CAPSULE (not FILMTAB) (ORAL)					
ERYTHROMYCIN DR TABLET (not ES 400MG) (ORAL)					
ERYTHROMYCIN ETHYLSUCCINATE 200 SUSPENSION (AG) (ORAL)					
ESCITALOPRAM TABLET, SOLUTION (ORAL)					
ESOMEPRAZOLE 20MG CAPSULE (OTC & RX) (ORAL)		OTC			STEP THERAPY LISTING
ESOMEPRAZOLE 40MG CAPSULE (ORAL)					STEP THERAPY LISTING
ESTARYLLA 0.25-0.035 MG (ORAL)					
ESZOPICLONE TABLET (ORAL)					
ETHOSUXIMIDE CAPSULE, SOLUTION (ORAL)					
ETHYNODIOL/ETHINYL ESTRADIOL 1MG-50MCG (ORAL)					
EUCRISA 2% OINTMENT (TOPICAL)					
EVEROLIMUS TABLET (ORAL)					
EXELON PATCH (TRANSDERMAL)	BRAND PREF.				
EXEMESTANE TABLET (ORAL)					
EXXIVITY CAPSULE (ORAL)					
EZETIMIBE TABLET (ORAL)					
FALMINA-28 (ORAL)					
FAMCICLOVIR TABLET (ORAL)					
FAMOTIDINE SUSPENSION (ORAL)					
FAMOTIDINE TABLET (not CHEW) (Rx and OTC) (ORAL)		OTC			
FARXIGA TABLET (ORAL)	BRAND PREF.				
FASENRA PEN, SYRINGE (SUBCUTANEOUS)					
FEBUXOSTAT TABLET (ORAL)*					
FEIBA NF (INTRAIVEN)					
FELODIPINE ER TABLET (ORAL)					
FENOFIBRATE 48MG, 54MG, 145MG, 160MG TABLET (ORAL)					
FENOFIBRATE 67MG, 134MG, 200MG CAPSULE (ORAL)					
FENSOLVI SYRINGE (SUBCUTANEOUS)					
FERATE 27 MG OTC TABLET (ORAL)		OTC			
FERROUS FUMARATE 324 MG OTC TABLET (ORAL)		OTC			
FERROUS GLUCONATE 324 MG OTC TABLET (ORAL)		OTC			
FERROUS SULF 44 MG IRON/5ML LIQUID OTC (ORAL)		OTC			
FERROUS SULFATE 15 MG/ML DROPS OTC (ORAL)		OTC			
FERROUS SULFATE 220 MG/5 ML ELIXIR OTC (ORAL)		OTC			
FERROUS SULFATE 300 MG/5 ML LIQUID OTC (ORAL)		OTC			
FERROUS SULFATE 300 MG/6.8ML SOLUTION OTC (ORAL)		OTC			
FERROUS SULFATE 325 MG OTC (ORAL)		OTC			
FERROUS SULFATE 65 MG TABLET OTC (ORAL)		OTC			
FERROUS SULFATE EC 324 MG OTC TABLET (ORAL)		OTC			
FERROUS SULFATE EC 325 MG OTC TABLET (ORAL)		OTC			
FEXOFENADINE 30 MG/5 ML SUSP (OTC) (ORAL)		OTC			
FEXOFENADINE-D ER 60-120MG TABLET (OTC) (ORAL)		OTC			
FINASTERIDE 5 MG TABLET (not 1 MG) (ORAL)					
FINGOLIMOD CAPSULE (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
FIRVANQ SOLUTION (ORAL)	BRAND PREF.				
FLECTOR 1.3% PATCH (TOPICAL)*	BRAND PREF.				
FLOVENT DISKUS (INHALATION)					
FLOVENT HFA (INHALATION)					
FLUCONAZOLE SUSPENSION, TABLET (ORAL)					
FLUOROMETHOLONE 0.1% DROP (OPHTHALMIC)					
FLUOXETINE 10 MG TABLET (not 20 MG or 60 MG) (ORAL)					
FLUOXETINE 20 MG/5 ML SOLUTION (ORAL)					
FLUOXETINE CAPSULE (not 90 MG) (ORAL)					
FLUPHENAZINE DECANOATE (INJECTION)					
FLUPHENAZINE ELIXIR/SOLN, TABLET, VIAL (ORAL)					
FLURAZEPAM CAPSULE (ORAL)					
FLUTAMIDE CAPSULE (ORAL)					
FLUTICASONONE DISKUS (INHALATION)*					
FLUTICASONONE HFA (INHALATION)*					
FLUTICASONONE PROP 50 MCG SPRAY (RX & OTC) (NASAL)		OTC			
FLUTICASONONE PROPIONATE 0.005% OINTMENT (TOPICAL)					
FLUTICASONONE PROPIONATE 0.05% CREAM (TOPICAL)					
FLUVOXAMINE TABLET (IR) (ORAL)					
FML FORTE 0.25% DROP (not LIQUIFILM) (OPHTHALMIC)					
FOCALIN XR CAPSULE (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
FOLIVANE-OB CAPSULE (OTC) (ORAL)		OTC			
FORTEO 600 MCG/2.4 ML PEN INJ (SUBCUTANE.)	BRAND PREF.				
FOTIVDA CAPSULE (ORAL)					
FRUZAQLA CAPSULE (ORAL)*					
FULVESTRANT SYRINGE (INTRAMUSC)*					
FYLNETRA SYRINGE (SUBCUTANEOUS)*					
GABAPENTIN CAPSULE (ORAL)					
GABAPENTIN TABLET (ORAL)					
GABITRIL TABLET (ORAL)					
GAVRETO CAPSULE (ORAL)					
GEMFIBROZIL TABLET (ORAL)					
GENGRAF CAPSULE, SOLUTION (ORAL)					
GENOTROPIN CARTRIDGE (INJECTION)					
GENOTROPIN MINIQUICK (INJECTION)					
GENTAMICIN 0.1% CREAM (TOPICAL)					
GENTAMICIN 0.1% OINTMENT (TOPICAL)					
GENTAMICIN 0.3% SOLUTION (OPHTHALMIC)					
GIANVI 3 MG-0.02 MG (ORAL)					
GILOTRIF TABLET (ORAL)					
GLIPIZIDE-METFORMIN TABLET (ORAL)					
GLUCAGON EMERGENCY KIT (ELI LILLY Brand) (INJECTION)					
GLUCAGON VIAL (ELI LILLY Brand) (INJECTION)					
GLUMETZA ER 500MG & 1,000MG (ORAL)	BRAND PREF.				
GLYBURIDE-METFORMIN TABLET (ORAL)					
GRISEOFULVIN SUSPENSION (not TABLET) (ORAL)					
GUANFACINE ER TABLET (ORAL)					
GUANFACINE TABLET (ORAL)					
HALOBETASOL PROPIONATE 0.05% CREAM (TOPICAL)					
HALOBETASOL PROPIONATE OINTMENT (TOPICAL)					
HALOPERIDOL DECANOATE AMPULE, VIAL (INJECTION)					
HALOPERIDOL LACTATE 2 MG/ML CONC (ORAL)					
HALOPERIDOL LACTATE SYRINGE, VIAL (INJECTION)					
HALOPERIDOL TABLET (ORAL)					
HEATHER 0.35 MG (ORAL)					
HEMLIBRA VIAL (SUBCUTANE.)					
HUMALOG 100 UNIT/ML CARTRIDGE (SUBCUTANEOUS)					
HUMALOG 100 UNIT/ML KWIKPEN (not 200 UNIT/ML) (SUBCUTANEOUS)					
HUMALOG 100 UNIT/ML VIAL (not 200 UNIT/ML) (SUBCUTANEOUS)					
HUMALOG JR 100 UNIT/ML KWIKPEN (SUBCUTANEOUS)					
HUMALOG MIX 50-50 KWIKPEN (SUBCUTANEOUS)					
HUMALOG MIX 75-25 KWIKPEN, VIAL (SUBCUTANEOUS)					
HUMATE-P KIT (INTRAVEN.)					
HUMIRA KIT, PEN INJ KIT (INJECTION)					STEP THERAPY LISTING
HUMULIN 70/30 KWIKPEN OTC (SUBCUTANE.)		OTC			
HUMULIN 70/30 VIAL OTC (SUBCUTANEOUS)		OTC			
HUMULIN N 100 UNITS/ML VIAL (not KWIKPEN) (SUBCUTANEOUS)					
HUMULIN R 100 UNITS/ML VIAL (SUBCUTANEOUS)					
HUMULIN R 500 UNITS/ML KWIKPEN, VIAL (SUBCUTANEOUS)					
HYCAMTIN CAPSULE (ORAL)					
HYDROCODONE / APAP SOLUTION (ORAL)				OPIOID PA FORM	
HYDROCODONE / APAP TABLET (ORAL)				OPIOID PA FORM	
HYDROCORTISONE (PROCTO) RECTAL CREAM 2.5% (TOPICAL)					
HYDROCORTISONE 0.5% CREAM (not ACETATE) (OTC) (TOPICAL)		OTC			
HYDROCORTISONE 1% CREAM (not ACETATE) (RX or OTC) (TOPICAL)		OTC			
HYDROCORTISONE 1% OINTMENT (RX or OTC) (TOPICAL)		OTC			
HYDROCORTISONE 2.5% CREAM (TOPICAL)					
HYDROCORTISONE 2.5% LOTION (TOPICAL)					
HYDROCORTISONE 2.5% OINTMENT (TOPICAL)					
HYDROCORTISONE TABLET (ORAL)					
HYDROMORPHONE TABLET (IR) (ORAL)				OPIOID PA FORM	
HYDROXYUREA CAPSULE (ORAL)					
IBANDRONATE TABLETS (ORAL)					
IBRANCE CAPSULE (not TABLET) (ORAL)					
IBUPROFEN INFANT DROPS 50 MG/1.25 ML (ORAL)*					
IBUPROFEN SUSPENSION, TABLET (ORAL)					
ICLUSIG TABLET (ORAL)					
IDHIFA TABLET (ORAL)					
IMATINIB TABLET (ORAL)		OTC			
IMBRUVICA CAPSULE, SUSP, TABLET (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
IMIQUIMOD 5% CREAM PACKET (not 3.75%) (TOPICAL)					
IMITREX NASAL SPRAY (NASAL)	BRAND PREF.				STEP THERAPY LISTING
INCRELEX VIAL (SUBCUTANEOUS)					
INDOMETHACIN CAPSULE (IR) (not ER 75 MG) (ORAL)					
INFLIXIMAB VIAL (INJECTION)*					STEP THERAPY LISTING
INGREZZA CAPSULE (ORAL)					
INGREZZA INITIATION PACK (ORAL)					
INLYTA TABLET (ORAL)					
INQOVI TABLET (ORAL)					
INREBIC CAPSULE (ORAL)					
INSULIN ASPART 100 UNIT/ML CARTRIDGE, PEN, VIAL (SUBCUTANEOUS)					
INSULIN ASPART PROT (MIX 70-30) PEN, VIAL (SUBCUTANEOUS)					
INSULIN GLARGINE SOLOSTAR PEN (SUBCUTANEOUS)					
INSULIN GLARGINE VIAL (SUBCUTANEOUS)					
INSULIN LISPRO 100 UNIT/ML PEN (SUBCUTANEOUS)					
INSULIN LISPRO 100 UNIT/ML VIAL (SUBCUTANEOUS)					
INSULIN LISPRO JR 100 UNIT/ML KWIKPEN (SUBCUTANEOUS)					
INVEGA HAFYERA (INTRAMUSC)					
INVEGA SUSTENNA (INTRAMUSC)					
INVEGA TRINZA (INTRAMUSC)					
INVOKAMET TABLET (not XR) (ORAL)					
INVOKANA TABLET (ORAL)					
IPRATROPIUM 0.03%, 0.06% SPRAY (NASAL)					
IPRATROPIUM BR 0.02% SOLUTION (INHALATION)					
IRBESARTAN, IRBESARTAN / HCTZ (ORAL)					
IRESSA TABLET (ORAL)	BRAND PREF.				
IRON 45 MG TABLET OTC (ORAL)		OTC			
ISIBLOOM 28 (ORAL)					
ISOSORBIDE DINITRATE TABLETS (ORAL)					
ISOSORBIDE MONONITRATE ER / SR TABLET (ORAL)					
ISOSORBIDE MONONITRATE TABLET (ORAL)					
IVERMECTIN TABLET (ORAL)					
JAIMI 0.15-0.03-0.01 MG (ORAL)*					
JAKAFI TABLET (ORAL)					
JANTOVEN TABLET (ORAL)					
JANUMET TABLET (ORAL)					
JANUMET XR TABLET (ORAL)					
JANUVIA TABLET (ORAL)					
JARDIANCE TABLET (ORAL)					
JAYPIRCA TABLET (ORAL)*					
JENCYCLA 0.35 MG (ORAL)					
JENTADUETO TABLET (ORAL)					
JENTADUETO XR (ORAL)					
JULEBER-28 (ORAL)					
JUNEL 1 MG/20 MCG, JUNEL 1.5 MG/30 MCG (ORAL)					
JUNEL FE 1 MG/20 MCG, JUNEL FE 1.5 MG /30 MCG (not 24) (ORAL)					
KESIMPTA PEN (SUBCUTANEOUS)					
KETOCONAZOLE 2% CREAM (not FOAM) (TOPICAL)					
KETOCONAZOLE 2% SHAMPOO (TOPICAL)					
KETOROLAC 0.5% SOLUTION (not 0.4%) (OPHTHALMIC)					
KITABIS PAK 300 MG/5 ML (INHALATION)	BRAND PREF.				
KOSELUGO CAPSULE (ORAL)					
KRAZATI TABLET (ORAL)*					
KURVELO-28 (ORAL)					
LABETALOL TABLET (ORAL)					
LACOSAMIDE TABLET, SOLUTION (not CUP)					
LAMOTRIGINE CHEW DISPERS TAB (not ODT) (ORAL)			Chewable		
LAMOTRIGINE TABLET (not ER) (ORAL)					
LANTUS SOLOSTAR (SUBCUTANEOUS)					
LANTUS VIAL (SUBCUTANEOUS)					
LARIN FE 1/20, LARIN FE 1.5/30 (ORAL) (not 24)					
LATANOPROST 0.005% DROP (OPHTHALMIC)					
LENVIMA CAPSULE, DAILY DOSE (ORAL)					
LESSINA-28 (ORAL)					
LETROZOLE TABLET (ORAL)					
LEUKERAN TABLET (ORAL)					
LEUPROLIDE ACETATE KIT (SUBCUTANEOUS)					
LEUPROLIDE ACETATE VIAL (not DEPOT) (SUBCUTANEOUS)					
LEVEMIR FLEXPEN, FLEXTOUCH (SUBCUTANEOUS)					
LEVEMIR VIAL (SUBCUTANEOUS)					
LEVETIRACETAM SOLUTION, IR TABLET (not ER) (ORAL)					
LEVOBUNOLOL 0.5% EYE DROP (OPHTHALMIC)					
LEVOCETIRIZINE TABLETS (RX & OTC) (ORAL)		OTC			
LEVOFLOXACIN TABLET (ORAL)					
LEVONOR-ETH ESTRADIOL-28 0.1/0.02 (ORAL)					
LEVONOR-ETH ESTRADIOL-28 0.15/0.03 (ORAL)					
LEVONOR-ETH ESTRADIOL-91 0.1/0.02 (ORAL)*					
LEVONOR-ETH ESTRADIOL-91 0.15/0.03 (ORAL)*					
LEVORA-28 (ORAL)					
LIALDA DR TABLET (ORAL)	BRAND PREF.				
LIDOCAINE 5% PATCH (TOPICAL)					
LIDODERM 5% PATCH (TOPICAL)					
LIFEMS NALOXONE 2 MG/2 ML KIT (INJECTION)					
LINZESS CAPSULE (ORAL)					
LISINAPRIL, LISINAPRIL / HCTZ (ORAL)					
LO LOESTRIN FE (ORAL)					
LOESTRIN 21 1/20, LOESTRIN 21 1.5/30 (ORAL)					
LOESTRIN FE 1/20, LOESTRIN FE 1/5.30 (ORAL)					
LOJAIMI 0.1-0.02-0.01 (ORAL)*					
LOKELMA 5 GM POWDER PACKET (00310-1105-30) (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
LOKELMA 10 GM POWDER PACKET (00310-1110-30) (ORAL)					
LONSURF TABLET (ORAL)					
LORATADINE OTC TABLET (not ODT or CHEW) (ORAL)		OTC			
LORATADINE SOLUTION, SYRUP (OTC) (ORAL)		OTC			
LORAZEPAM TABLET, 2MG/ML INTENSOL (ORAL)					
LORBRENA TABLET (ORAL)					
LORYNA 3 MG-0.02 MG (ORAL)					
LOSARTAN, LOSARTAN / HCTZ (ORAL)					
LOSEASONIQUE (ORAL)					
LOTEMAX 0.5% EYE DROP (not GEL) (OPHTHALMIC)	BRAND PREF.				
LOVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
LOW-OGESTREL-28 (ORAL)					
LOXAPINE CAPSULE (ORAL)					
LO-ZUMANDIMINE (ORAL)					
LUMAKRAS TABLET (ORAL)					
LUPRON DEPOT KIT (INJECTION)					
LUPRON DEPOT-PED KIT (INJECTION)					
LURASIDONE TABLET (ORAL)					
LYNPARZA TABLET (ORAL)					
LYRICA CAPSULE (IR) (not CR) (ORAL)					
LYTGOBI DAILY DOSE PACK (ORAL)					
MARLISSA-28 (ORAL)					
MATULANE CAPSULE (ORAL)					
MAVYRET TABLET, PELLET PACKET (ORAL)					
MEDROXYPROGESTERONE TABLET (ORAL)					
MEKINIST TABLET (ORAL)					
MEKTOVI TABLET (ORAL)					
MELOXICAM TABLET (not CAPSULE) (ORAL)					
MELPHALAN TABLET (ORAL)					
MEMANTINE 5-10MG TITRATION PACK (ORAL)					
MEMANTINE IR TABLET (not ER CAPSULES) (ORAL)					
MERCAPTOPYRINE TABLET (ORAL)					
MESALAMINE SUPPOSITORY (CANASA) (RECTAL)					
METFORMIN ER 500MG & 750MG TAB (generic GLUCOPHAGE XR) (ORAL)					
METFORMIN TABLET (not 625MG) (ORAL)					
METHOCARBAMOL TABLET (ORAL)					
METHOTREXATE SODIUM PF VIAL (INJECTION)					
METHOTREXATE TABLET, VIAL (ORAL)					
METHYLDOPA TABLET (ORAL)					
METHYLPHENIDATE ER TABLET (METADATE ER) (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
METHYLPHENIDATE IR TABLET (RITALIN) (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
METHYLPHENIDATE SOLUTION (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
METHYLPREDNISOLONE DOSE PACK (4 MG) (ORAL)					
METOPROLOL SUCCINATE ER TABLET (ORAL)					
METOPROLOL TARTRATE TABLET (ORAL)					
METRONIDAZOLE TABLET (not CAPSULE) (ORAL)					
METRONIDAZOLE VAGINAL 0.75% GEL (VAGINAL)					
MICONAZOLE 2% CREAM (OTC) (TOPICAL)		OTC			
MICONAZOLE 2% POWDER (OTC) (TOPICAL)		OTC			
MICROGESTIN FE 1.5-30 TABLET (ORAL)					
MICROGESTIN FE 1-20 TABLET (ORAL)					
MILI 0.25-0.035 MG(ORAL)					
MINOCYCLINE CAPSULE (not TABLET) (not ER) (ORAL)					
MIRCETTE 28 (ORAL)					
MIRTAZAPINE TABLET, ODT (ORAL)					
M-NATAL PLUS TABLET (OTC) (ORAL)					
MODAFINIL TABLET (ORAL) (DX CODE REQ.)		OTC		DIAGNOSIS CODE REQ	
MOLINDONE TABLET (ORAL)					
MOMETASONE FUROATE 0.1% CREAM (TOPICAL)					
MOMETASONE FUROATE 0.1% OINTMENT (TOPICAL)					
MOMETASONE FUROATE 0.1% SOLUTION (TOPICAL)					
MONO-LINYAH-28 (ORAL)					
MONTELUKAST CHEW TABLET (not GRANULES) (ORAL)			Chewable		
MONTELUKAST TABLET (ORAL)					
MORGIDOX CAPSULE (not KIT) (ORAL)					
MORPHINE CONC, SOLUTION, SYRUP (ORAL)					OPIOID PA FORM
MORPHINE IR TABLET (ORAL)					OPIOID PA FORM
MOXIFLOXACIN 0.5% DROPS (VIGAMOX) (OPHTHALMIC)					
MUPIROCI 2% OINTMENT (not CREAM) (TOPICAL)					
MYCOPHENOLATE MOFETIL CAPSULE, TABLET (ORAL)					
MYFEMBREE TABLET (ORAL)					
MYLERAN TABLET (ORAL)					
NABUMETONE TABLET (ORAL)					
NALOXONE CARPUJECT, SYRINGE, VIAL (INJECTION)					
NALTREXONE TABLET (ORAL)					
NAPROXEN 250MG, 375MG, 500MG TABLET (not DR or ER) (ORAL)					
NAPROXEN SUSPENSION (ORAL)					
NARCAN NASAL SPRAY (NASAL)	BRAND PREF.				
NATAZIA-28 (ORAL)					
NATEGLINIDE TABLET (ORAL)					
NATROBA 0.9% SUSPENSION (TOPICAL)	BRAND PREF.				
NAYZILAM NASAL SPRAY (NASAL)					
NEOMYCIN / POLY / DEXAMETHASONE DROP (OPHTHALMIC)					
NEOMYCIN / POLY / DEXAMETHASONE OINTMENT (OPHTHALMIC)					
NEOMYCIN / POLYMYXIN / HC EAR SOLUTION, SUSPENSION (OTIC)					
NEUPOGEN DISP SYRINGE, VIAL (INJECTION)					
NEVANAC 0.1% DROPTAINER (OPHTHALMIC)					
NEXAVAR TABLET (ORAL)	BRAND PREF.				
NEXIUM PACKET SUSPENSION (not CAPSULE) (ORAL)	BRAND PREF.				STEP THERAPY LISTING
NIACIN CAPLET, CAPSULE, TABLET (RX & OTC) (ORAL)		OTC			

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
NIACIN ER, SLO-NIACIN TABLET (ORAL)					
NICOTINE GUM OTC (not BRAND) (BUCCAL)		OTC			
NICOTINE LOZENGE OTC (not BRAND) (MUCOUS MEM)		OTC			
NICOTINE PATCH OTC (not BRAND) (TRANSDERMAL)		OTC			
NICOTINE TRANSDERMAL SYSTEM OTC (TRANSDERMAL)		OTC			
NIFEDIPINE ER TABLET (ORAL)					
NIKKI 3 MG-0.02 MG (ORAL)					
NILUTAMIDE TABLET (ORAL)					
NINLARO CAPSULE (ORAL)					
NITRO-BID 2% OINTMENT (TRANSDERM)					
NITROGLYCERIN ER CAPSULE (ORAL)					
NITROGLYCERIN PATCH (TRANSDERM)					
NITROGLYCERIN SL TABLET (SUBLINGUAL)					
NIVA-PLUS TABLET (OTC) (ORAL)		OTC			
NORDITROPIN FLEXPEN (INJECTION)					
NORETHINDRONE 0.35 (ORAL)					
NORETHINDRONE TABLET (ORAL)					
NORETHINDRONE/ETHINYL ESTRADIOL 1.5-0.03 MG(21) (ORAL)					
NORETHINDRONE/ETHINYL ESTRADIOL 1-0.02 MG (ORAL)					
NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (LOESTRIN 24 FE) (ORAL)					
NORGESTIMATE/ETHINYL ESTRADIOL MONOPHASIC 0.25-0.035 MG (ORAL)					
NORGESTIMATE/ETHINYL ESTRADIOL TRIPHASIC (ORAL)					
NORLYDA 0.35 MG (ORAL)					
NOVOEIGHT VIAL (INTRAVEN)					
NOVOLOG 100 UNIT/ML CARTRIDGE, FLEXPEN, VIAL (SUBCUTANEOUS)					
NOVOLOG MIX 70-30 FLEXPEN (SUBCUTANEOUS)					
NOXAFIL DR 100 MG TABLET (ORAL)	BRAND PREF.				
NUBEQA TABLET (ORAL)					
NURTEC ODT (ORAL)					
NUVARING (VAGINAL)	BRAND PREF.				
NUVESSA VAGINAL 1.3% GEL (VAGINAL)					
NUWIQ VIAL (INTRAVEN)					
NYSTATIN CREAM, OINTMENT, POWDER (TOPICAL)					
NYSTATIN SUSPENSION (not TABLET) (ORAL)					
NYSTATIN-TRIAMCINOLONE CREAM, OINTMENT (TOPICAL)					
ODOMZO CAPSULE (ORAL)					
OFEV CAPSULE (ORAL)					
OFLOXACIN 0.3% EAR DROP (OTIC)					
OFLOXACIN 0.3% SOLUTION (OPHTHALMIC)					
OJJAARA TABLET (ORAL)*					
OLANZAPINE / FLUOXETINE CAPSULE (ORAL)					
OLANZAPINE TABLET, ODT (ORAL)					
OLMESARTAN, OLMESARTAN / HCTZ (ORAL)					
OLOPATADINE OTC 0.1% EYE DROP (OPHTHALMIC)		OTC			
OLOPATADINE OTC 0.2% EYE DROP (OPHTHALMIC)		OTC			
OMEGA-3 ACID ETHYL ESTERS 1GM CAPSULE (ORAL)					
OMEPRAZOLE 10MG, 20MG, 40MG CAPSULE (Rx ONLY) (ORAL)					STEP THERAPY LISTING
ONDANSETRON ODT, SOLUTION, TABLET (ORAL)					
ONGLYZA TABLET (ORAL)	BRAND PREF.				
ONUREG TABLET (ORAL)					
OPCICON ONE-STEP 1.5 MG TABLET (ORAL)					
ORGOVYX TABLET (ORAL)					
ORLISSA TABLET (ORAL)					
OSELTAMIVIR CAPSULE (ORAL)					
OSELTAMIVIR SUSPENSION (ORAL)					
OTEZLA STARTER PACK, TABLET (ORAL)					STEP THERAPY LISTING
OXBRYTA TABLET (ORAL)					
OXCARBAZEPINE TABLET (ORAL)					
OXYBUTYNIN ER TABLET (ORAL)					
OXYBUTYNIN SYRUP, TABLET (not 2.5MG) (ORAL)					
OXYCODONE / APAP CAPSULE, TABLET (ORAL)					OPIOID PA FORM
OXYCODONE 5 MG/5 ML SOLUTION (ORAL)					OPIOID PA FORM
OXYCODONE TABLET (not CAPSULE) (ORAL)					OPIOID PA FORM
OZEMPIC DOSE PEN, SYRINGE (SUBCUTANE.)					
PALIPERIDONE ER TABLET (ORAL)					
PANOXYL 10% ACNE FOAMING WASH (OTC) (TOPICAL)		OTC			STEP THERAPY LISTING
PANTOPRAZOLE TABLET (ORAL)					STEP THERAPY LISTING
PAROXETINE TABLET (IR only) (ORAL)					
PATADAY ONCE DAILY 0.7% DROPS (OTC) (OPHTHALMIC)		OTC			
PEGASYS SYRINGE, VIAL (SUBCUTANEOUS)					
PEMAZYRE TABLET (ORAL)					
PENNSAID 2% PUMP (not SOLUTION PACKET) (TOPICAL)*	BRAND PREF.				
PENTASA 250MG CAPSULE (ORAL)					
PENTASA 500MG CAPSULE (ORAL)	BRAND PREF.				
PERMETHRIN 1% CREAM RINSE (OTC) (TOPICAL)		OTC			
PERMETHRIN 5% CREAM (TOPICAL)					
PERPHENAZINE / AMITRIPTYLINE TABLET (ORAL)					
PERPHENAZINE TABLET (ORAL)					
PERSERIS ER SYRINGE (SUBCUTANEOUS)					
PHENOBARBITAL ELIXIR, SOLUTION, TABLET (ORAL)					
PHENYTOIN CHEW TABLET, SUSPENSION (ORAL)			Chewable		
PHENYTOIN SOD EXT 100 MG CAPS (not 200MG, 300MG) (ORAL)					
PHILITH 0.4-0.035 MG (ORAL)					
PILOCARPINE 1%, 2%, 4% EYE DROPS (OPHTHALMIC)					
PIMOZIDE TABLET (ORAL)					
PIMTREA-28 (ORAL)					
PIOGLITAZONE TABLET (ORAL)					
PIPERONYL BUTOXIDE / PYRETHRINS SHAMPOO (OTC) (TOPICAL)		OTC			
PIRFENIDONE CAPSULE (ORAL)*					
PIRFENIDONE TABLET (not 534MG) (ORAL)*					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
PIRMELLA 1-35 28, PIRMELLA 7-7-7-28 (ORAL)					
PNV 29-1 TABLET (OTC) (ORAL)		OTC			
PNV-DHA SOFTGEL (42192-0321-30) (OTC) (ORAL)		OTC			
PODOFILOX 0.5% SOLUTION (TOPICAL)					
POLYMYXIN B-TMP DROP (OPHTHALMIC)					
POLYSACCHARIDE IRON 150 MG CAPSULE OTC (ORAL)		OTC			
POMALYST CAPSULE (ORAL)					
PORTIA-28 (ORAL)					
PRADAXA CAPSULE (not PELLETT PACK) (ORAL)	BRAND PREF.				
PRAMIPEXOLE IR TABLET (not ER) (ORAL)					
PRASUGREL TABLET (ORAL)					
PRAVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
PRED MILD 0.12% EYE DROP (not FORTE) (OPHTHALMIC)					
PREDNISOLONE 15 MG/5 ML SOLUTION (ORAL)					
PREDNISOLONE 5 MG/5 ML SOLUTION (ORAL)					
PREDNISOLONE AC 1% EYE DROP (OPHTHALMIC)					
PREDNISOLONE SOD PH 25MG/5 ML SOLUTION (ORAL)					
PREDNISON TABLET (not DOSE PACK) (ORAL)					
PREGABALIN CAPSULE (IR) (ORAL)					
PRENATAL VITAMIN PLUS LOW IRON (OTC) (ORAL)		OTC			
PRENATAL VITAMINS TABLET (46122-0098-78) (OTC) (ORAL)		OTC			
PREPLUS CA-FE 27 MG-FA 1 MG TB (OTC) (ORAL)		OTC			
PRETAB 29 MG-1 MG TABLET (69543-0259-10) (OTC) (ORAL)		OTC			
PREVIFEM (ORAL)					
PRIMIDONE TABLET (ORAL)					
PROAIR RESPICLICK (INHALATION)*					
PROBENECID / COLCHICINE TABLET (ORAL)					
PROBENECID TABLET (ORAL)					
PROGESTERONE CAPSULE (ORAL)					
PROGESTERONE VIAL (INTRAMUSC)					
PROGLYCEM SUSPENSION (ORAL)	BRAND PREF.				
PROMACTA TABLET (not SUSPENSION PACKET) (ORAL)					
PROPRANOLOL ER CAPSULE(ORAL)					
PROPRANOLOL SOLUTION, TABLET (ORAL)					
PROTONIX SUSPENSION (ORAL)	BRAND PREF.				STEP THERAPY LISTING
PULMICORT FLEXHALER (INHALATION)					
PULMICORT RESPULE (INHALATION)					
PYLERA CAPSULE (ORAL)	BRAND PREF.				
QINLOCK TABLET (ORAL)					
QUETIAPINE TABLET, ER TABLET (ORAL)					
QUILLICHEW ER CHEWABLE TABLET (ORAL) (DX CODE REQ.)			Chewable	DIAGNOSIS CODE REQ	
QUILLIVANT XR SUSPENSION (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
QUINAPRIL, QUINIPRIL / HCTZ (ORAL)					
RAMIPRIL CAPSULE (ORAL)					
RAPAMUNE SOLUTION (not TABLET) (ORAL)					
RECLIPSEN-28 (ORAL)					
RELPAZ TABLET (ORAL)	BRAND PREF.				STEP THERAPY LISTING
RENVELA TABLET (not POWDER PACKET) (ORAL)	BRAND PREF.				
REPAGLINIDE TABLET (ORAL)					
RESTASIS 0.05% EYE EMULSION (OPHTHALMIC)	BRAND PREF.				
RESTASIS MULTIDOSE 0.05% (OPHTHALMIC)					
RETACRIT VIAL (PFIZER Brand Only) (INJECTION) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
RETEVMO CAPSULE (ORAL)					
RETIN-A CREAM (TOPICAL) (DX CODE REQ.)	BRAND PREF.			DIAGNOSIS CODE REQ	STEP THERAPY LISTING
RETIN-A GEL (not MICRO)(TOPICAL) (DX CODE REQ.)	BRAND PREF.			DIAGNOSIS CODE REQ	STEP THERAPY LISTING
REVLIMID CAPSULE (ORAL)	BRAND PREF.				
REXULTI TABLET (not PACK) (ORAL)					
REZLIDHIA CAPSULE (ORAL)*					
RHOPRESSA 0.02% EYE DROP (OPHTHALMIC)					
RIBAVIRIN 200 MG TABLET (not CAPSULE) (ORAL)					
RISPERDAL CONSTA VIAL (INTRAMUSC.)	BRAND PREF.				
RISPERIDONE ODT, SOLUTION, TABLET (ORAL)					
RIVASTIGMINE CAPSULES (ORAL)					
RIZATRIPTAN ODT (ORAL)					STEP THERAPY LISTING
RIZATRIPTAN TABLET (ORAL)					STEP THERAPY LISTING
ROCKLATAN 0.02%-0.005% EYE DROP (OPHTHALMIC)					
ROFLUMILAST TABLET (ORAL)					
ROPINIROLE IR TABLET (not ER) (ORAL)					
ROSUVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
ROZLYTREK CAPSULE (ORAL)					
RUBRACA TABLET (ORAL)					
RYDAPT CAPSULE (ORAL)					
SABRIL 500 MG POWDER PACK (ORAL)	BRAND PREF.				
SABRIL 500 MG TABLET (ORAL)	BRAND PREF.				
SCEMBLIX TABLET (ORAL)					
SEASONIQUE (ORAL)					
SELECT-OB + DHA PACK (OTC) (ORAL)		OTC			
SELEGILINE CAPSULE, TABLET (ORAL)					
SE-NATAL 19 TABLET (OTC) (ORAL)		OTC			
SEREVENT DISKUS (INHALATION)					
SERTRALINE TABLET, ORAL CONC (not CAPSULE) (ORAL)					
SEVENFACT VIAL (INTRAVEN)					
SHAROBE 0.35 MG (ORAL)					
SIKLOS TABLET (ORAL)*					
SILDENAFIL 20 MG TABLET (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
SIMPESSE 0.15-0.03-0.01 MG (ORAL)*					
SIMVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
SIROLIMUS 1 MG/ML SOLUTION (ORAL)*		OTC			
SODIUM POLYSTYRENE SULF POWDER (ORAL)					
SOFOSBUVIR / VELPATASVIR TABLET (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
SOLIFENACIN TABLET (ORAL)					
SOTALOL TABLET (ORAL)					
SPIRIVA HANDIHALER (INHALATION) (not RESPIMAT)	BRAND PREF.				
SPRINTEC-28 (ORAL)					
SPRYCEL TABLET (ORAL)					
SRONYX 0.1/0.02 (ORAL)					
STIOLTO RESPIMAT (INHALATION)					
STIVARGA TABLET (ORAL)					
SUBLOCADE SYRINGE (SUBCUTANEOUS)					
SUBOXONE FILM (SUBLINGUAL)	BRAND PREF.				
SULFACETAMIDE / PREDNISOLONE 10-0.23% (OPHTHALMIC)					
SULFASALAZINE DR TABLET (ORAL)					
SULFASALAZINE TABLET (ORAL)					
SULINDAC TABLET (ORAL)					
SUMATRIPTAN TABLET (ORAL)					STEP THERAPY LISTING
SUMATRIPTAN VIAL (not CARTRIDGE) (SUBCUTANEOUS)					STEP THERAPY LISTING
SUTENT CAPSULE (ORAL)	BRAND PREF.				
SYEDA-28 (ORAL)					
SYMBICORT INHALER (INHALATION)	BRAND PREF.				
SYNAREL NASAL SPRAY (NASAL)					
SYNJARDY TABLET (not XR) (ORAL)					
TABLOID TABLET (ORAL)					
TABRECTA TABLET (ORAL)					
TACLONEX OINTMENT (TOPICAL)	BRAND PREF.				
TACROLIMUS 0.1% OINTMENT (TOPICAL)*					
TACROLIMUS 0.3% OINTMENT (TOPICAL)*					
TACROLIMUS CAPSULE (ORAL)					
TADALAFIL 20 MG TABLET (ADCIRCA) (ORAL) (DX CODE REQ.)				DIAGNOSIS CODE REQ	
TAFINLAR CAPSULE (ORAL)					
TAGRISSO TABLET (ORAL)					
TAMOXIFEN CITRATE TABLET (ORAL)					
TAMSULOSIN CAPSULE (ORAL)					
TARCEVA TABLET (ORAL)					
TASIGNA CAPSULE (ORAL)					
TAZTIA XT CAPSULE (ORAL)					
TAZVERIK TABLET (ORAL)					
TEGRETOL 100 MG/5 ML SUSPENSION (ORAL)	BRAND PREF.				
TEGRETOL XR TABLET (ORAL)	BRAND PREF.				
TEMZEPAM 15MG, 30MG CAPSULE (ORAL)					
TEMOZOLAMIDE CAPSULE (ORAL)					
TEPMETKO TABLET (ORAL)					
TERAZOSIN CAPSULE (ORAL)					
TERBINAFINE TABLET (ORAL)					
TERIFLUNOMIDE TABLET (ORAL)					
TESTOSTERONE 1.62% GEL PUMP (TRANSDERMAL)					
TETRABENAZINE TABLET (ORAL)					
THALOMID CAPSULE (ORAL)					
THIORIDAZINE TABLET (ORAL)					
THIOTHIXENE CAPSULE (ORAL)					
THRIVITE RX TABLET (OTC) (ORAL)					
TIAGABINE TABLET (ORAL)					
TIBSOVO TABLET (ORAL)					
TIMOLOL 0.25% EYE DROP (OPHTHALMIC)					
TIMOLOL 0.25%, 0.5% GEL-SOLUTION (OPHTHALMIC)					
TIMOLOL 0.5% EYE DROP (not ONCE DAILY or PF) (OPHTHALMIC)					
TINIDAZOLE TABLET (ORAL)					
TIZANIDINE TABLET (not CAPSULE) (ORAL)					
TOBI PODHALER 28MG INHALE CAPSULE (INHALATION)					
TOBRADEX EYE DROP (OPHTHALMIC)					
TOBRADEX EYE OINTMENT (OPHTHALMIC)					
TOBRAMYCIN 0.3% SOLUTION (OPHTHALMIC)					
TOBRAMYCIN 300 MG/5 ML AMPULE (not PAK) (INHALATION)					
TOBRAMYCIN-DEXAMETH OPHTH SUSP (OPHTHALMIC)*					
TOBEX 0.3% EYE OINTMENT (OPHTHALMIC)					
TOPIRAMATE SPRINKLE CAPSULE (ORAL)					
TOPIRAMATE TABLET (not ER) (ORAL)					
TOVIAZ ER TABLET (ORAL)	BRAND PREF.				
TRACLEER 62.5 MG & 125 MG TABLET (ORAL)	BRAND PREF.				
TRADJENTA TABLET (ORAL)					
TRAMADOL / APAP (ORAL)					
TRAMADOL 50 MG TABLET (not 100 MG) (ORAL)					
TRANSDERM-SCOP PATCH (TRANSDERM)	BRAND PREF.				
TRAVATAN Z 0.004% EYE DROP (OPHTHALMIC)	BRAND PREF.				
TRAZODONE TABLET (ORAL)					
TRELEGY ELLIPTA (INHALATION)					
TRESIBA FLEXTOUCH (not VIAL) (SUBCUTANEOUS)					
TRETINOIN CAPSULE (ORAL)					
TRI FEMYNOR 28 (ORAL)					
TRIAMCINOLONE 55 MCG SPRAY OTC (NASAL)					
TRIAMCINOLONE ACETONIDE 0.025%, 0.1% LOTION (TOPICAL)					
TRIAMCINOLONE ACETONIDE 0.025%, 0.1%, 0.5% CREAM (TOPICAL)					
TRIAMCINOLONE ACETONIDE 0.05%, 0.1%, 0.5% OINTMENT (TOPICAL)					
TRICARE PRENATAL TABLET (OTC) (ORAL)					
TRIFLUOPERAZINE TABLET (ORAL)					
TRIHXYPHENIDYL ELIXIR, TABLET (ORAL)					
TRILEPTAL 300 MG/5 ML SUSPENSION (ORAL)	BRAND PREF.				
TRI-LINYAH (ORAL)					
TRI-LO-ESTARYLLA (ORAL)					
TRI-LO-MARZIA (ORAL)					
TRI-LO-MILI (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Prior Authorization Link
TRI-LO-SPRINTEC (ORAL)					
TRINATAL RX 1 TABLET (OTC) (ORAL)					
TRINTELLIX TABLET (BRINTELLIX) (ORAL)					
TRI-PREVIFEM (ORAL)					
TRI-SPRINTEC (ORAL)					
TRIVORA-28 (ORAL)	BRAND PREF.				
TRULICITY PEN (SUBCUTANE.)					
TRUSELTIQ DAILY DOSE PACK (ORAL)					
TURALIO CAPSULE (ORAL)					
TWIRLA PATCH (TRANSDERM)					
UBRELVY TABLET (ORAL)					
URSODIOL 250MG, 500MG TABLET (ORAL)					
URSODIOL 300MG CAPSULE (ORAL)					
UZEDY SYRINGE (SUBCUTANEOUS)*					
VALACYCLOVIR TABLET (ORAL)					
VALPROIC ACID CAPSULE, SOLUTION (ORAL)					
VALSARTAN, VALSARTAN / HCTZ (ORAL)					
VALTOCO NASAL SPRAY (NASAL)					
VANCOMYCIN CAPSULE (ORAL)					
VANFLYTA TABLET (ORAL)*					
VARENICLINE STARTING MONTH BOX, CONT MONTH BOX (ORAL)					
VARENICLINE TABLET (ORAL)					
VASCEPA CAPSULE (ORAL)	BRAND PREF.				
VENCLEXTA TABLET, STARTING PACK (ORAL)					
VENLAFAXINE ER CASPULES (not TABLET) (ORAL)					
VENTAVIS SOLUTION (INHALATION)					
VENTOLIN HFA (INHALATION)	BRAND PREF.				
VERAPAMIL TABLET (ORAL)					
VERAPAMIL TABLET ER TABLET (not CAPSULE) (ORAL)					
VICTOZA PEN (SUBCUTANEOUS)					
VIENVA-28 (ORAL)					
VILAZODONE TABLET (ORAL)					
VITAFOL FE PLUS SOFTGEL (ORAL)					
VITAFOL GUMMIES (OTC) (ORAL)		OTC			
VITAFOL NANO TABLET (OTC) (ORAL)		OTC	Chewable		
VITAFOL ULTRA SOFTGEL (OTC) (ORAL)		OTC			
VITAFOL-OB CAPLET (OTC) (ORAL)		OTC			
VITAFOL-OB+DHA COMBO PACK (OTC) (ORAL)		OTC			
VITAFOL-ONE CAPSULE (OTC) (ORAL)		OTC			
VITRAKVI CAPSULE, SOLUTION (ORAL)					
VIVITROL VIAL (SUBCUTANEOUS)					
VIZIMPRO TABLET (ORAL)					
VONJO CAPSULE (ORAL)*					
VOSEVI TABLET (ORAL)					
VOTRIENT TABLET (ORAL)	BRAND PREF.				
VRAYLAR CAPSULE, PACK (ORAL)					
VYVANSE CAPSULE (ORAL) (DX CODE REQ.)	BRAND PREF.			DIAGNOSIS CODE REQ	
VYVANSE CHEWABLE TABLET (ORAL) (DX CODE REQ.)	BRAND PREF.		Chewable	DIAGNOSIS CODE REQ	
WARFARIN TABLET (ORAL)					
WELIREG TABLET (ORAL)					
WERA (ORAL)					
WESCAP-PN DHA CAPSULE (OTC) (ORAL)*		OTC			
WESNATAL DHA COMPLETE (OTC) (ORAL)*		OTC			
WESTAB PLUS TABLET (69367-0267-01) (OTC) (ORAL)		OTC			
WILATE VIAL (INTRAVEN)					
XALKORI CAPSULE, PELLETT (ORAL)*					
XARELTO STARTER PACK (ORAL)					
XARELTO TABLET (ORAL)					
XELJANZ IR TABLET (not XR or SOLUTION) (ORAL)*					STEP THERAPY LISTING
XIGDUO XR TABLET (ORAL)	BRAND PREF.				
XIIDRA 5% DROPS (OPHTHALMIC)					
XOLAIR SYRINGE, VIAL (SUBCUTANEOUS)					
XOPENEX HFA (INHALATION)*	BRAND PREF.				
XOSPATA TABLET (ORAL)					
XPOVIO WEEKLY DOSE (ORAL)					
XTANDI CAPSULE, TABLET (ORAL)					
XYNTHA KIT (INTRAVEN)					
XYNTHA SOLOFUSE SYRINGE KIT (INTRAVEN.)					
YONSA TABLET (ORAL)					
ZAFEMY PATCH (not XULANE) (TRANSDERM)					
ZALEPLON CAPSULE (ORAL)					
ZATEAN-PN DHA CAPSULE (OTC) (ORAL)		OTC			
ZAVESCA 100 MG CAPSULE (ORAL)	BRAND PREF.				
ZEGALOGUE AUTOINJECTOR (SUBCUTAN.)					
ZEGALOGUE SYRINGE (SUBCUTANEOUS)					
ZEJULA CAPSULE (ORAL)					
ZELBORAF TABLET (ORAL)					
ZENPEP CAPSULE (ORAL)					
ZIPRASIDONE CAPSULE (ORAL)					
ZOLINZA CAPSULE (ORAL)					
ZOLPIDEM TARTRATE 5MG, 10MG TABLET (not ER) (ORAL)					
ZONISAMIDE CAPSULE (ORAL)					
ZOVIRAX 5% CREAM (TOPICAL)	BRAND PREF.				
ZYDELIG TABLET (ORAL)					
ZYKADIA CAPSULE (ORAL)					