

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Notations	Brand Name
ABILIFY MAINTENA ER (INTRAMUSC.)		
ACARBOSE TABLET (ORAL)		PRECOSE
ACETIC ACID 2% SOLUTION (OTIC)		VOSOL
ACITRETIN CAPSULE (ORAL)		
ACYCLOVIR CAPSULE, TABLET (ORAL)		ZOVIRAX
ACYCLOVIR SUSPENSION (ORAL)		
ADASUVE (INHALATION)		
ADDERALL TABLET (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
ADDERALL XR CAPSULE (ORAL) (DX CODE REQ.)	BRAND PREFERRED (DX CODE REQ)	
ADVAIR HFA (INHALATION)		
ADVATE (INTRAVEN.)		
ADYNOVATE (INTRAVEN)		
AFINITOR TABLET (ORAL) (not DISPERZ)	BRAND PREFERRED	
AFSTYLA (INTRAVEN)		
AFTERA 1.5 MG TABLET (ORAL)		
AGGRENOX CAPSULE (ORAL)	BRAND PREFERRED	
AJOVY (SUBCUTANEOUS)*		
ALBENDAZOLE TABLET (ORAL)		
ALBUTEROL / IPRATROPIUM NEB SOLUTION (INHALATION)		DUONEB
ALBUTEROL HFA (INHALATION) (generic PROVENTIL HFA)		
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)		FOSAMAX
ALFUZOSIN ER TABLET (ORAL)		UROXATRAL
ALKERAN TABLET (ORAL)	BRAND PREFERRED	
ALLOPURINOL (ORAL)		ZYLOPRIM
ALPHAGAN P 0.15% DROP (OPHTHALMIC)	BRAND PREFERRED	
ALPHANATE (INTRAVEN.)		
ALPHANINE SD (INTRAVEN.)		
ALPRAZOLAM TABLET (IR) (ORAL)		XANAX
ALPROLIX (INTRAVEN)		
ALREX 0.2% (OPHTHALMIC)		
ALTAVERA-28 TABLET (ORAL)		
ALUNBRIG TABLET, TABLET PACK (ORAL)		
ALYACEN 1-35 28 TABLET (ORAL)		
AMANTADINE CAPSULE, SOLUTION, TABLET (ORAL)		
AMBRISENTAN (ORAL)		
AMETHIA (ORAL)*		
AMITIZA CAPSULE (ORAL)		
AMLODIPINE / BENAZEPRIL (ORAL)		LOTREL
AMLODIPINE / OLMESARTAN (ORAL)		AZOR
AMLODIPINE / VALSARTAN (ORAL)		EXFORGE
AMLODIPINE / VALSARTAN / HCTZ (ORAL)		EXFORGE HCT
AMLODIPINE TABLET (ORAL)		NORVASC
AMMONIUM LACTATE 12% CREAM (TOPICAL)		
AMMONIUM LACTATE 12% LOTION (TOPICAL)		LAC-HYDRIN
AMOXICILLIN / CLAV SUSPENSION (ORAL)		
AMOXICILLIN / CLAV TABLET (not CHEW TAB or ER) (ORAL)		AUGMENTIN
AMPHETAMINE SALT COMBO TABLET (IR) (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	ADDERALL
ANASTROZOLE TABLET (ORAL)		
ANORO ELLIPTA (INHALATION)		
APAP / CODEINE #2, #3, #4 TABLET (ORAL)		TYLENOL W/ CODEINE
APAP / CODEINE ELIXIR (ORAL)		
APREPITANT CAPSULE (ORAL)		

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APRI 28 DAY TABLET (ORAL)		
APRISO ER CAPSULE (ORAL)	BRAND PREFERRED	
ARANESP DISP SYRIN, VIAL (INJECTION)		
ARIPIRAZOLE SOLUTION, TABLET (ORAL)		ABILIFY
ARISTADA (INTRAMUSC)		
ARISTADA INITIO (INTRAMUSC)		
ASMANEX TWISTHALER (not HFA) (INHALATION)		
ATENOLOL / CHLORTHALIDONE (ORAL)		TENORETIC
ATENOLOL TABLET (ORAL)		TENORMIN
ATOMOXETINE CAPSULE (ORAL)		STRATTERA
ATORVASTATIN TABLET (ORAL)		LIPITOR
ATROVENT HFA (INHALATION)		
AUBAGIO TABLET (ORAL)		
AUBRA (ORAL)*		
AUROVELA (ORAL)*		
AUROVELA FE (ORAL)*		
AUSTEDO (ORAL)		
AVIANE-28 TABLET (ORAL)		
AVONEX PEN, PREFILLED SYRINGE, VIAL (INTRAMUSC.)		
AZATHIOPRINE TABLET (ORAL)		
AZELASTINE 0.1% SPRAY (generic ASTELIN) (NASAL)		ASTELIN
AZELEX 20% CREAM (TOPICAL)		
AZITHROMYCIN 1 GM POWDER PACKET (ORAL)		ZITHROMAX
AZITHROMYCIN SUSPENSION, TABLET (ORAL)		ZITHROMAX
BACITRACIN-POLYMYXIN B SULFATE OINTMENT (OPHTHALMIC)		
BACLOFEN TABLET (ORAL)		LIORESAL
BALVERSA (ORAL)		
BAQSIMI (NASAL)*		
BENEFIX KIT (INTRAVEN.)		
BENZOYL PEROXIDE 6% CLEANSER (OTC) (TOPICAL)		
BENZOYL PEROXIDE CREAM, GEL, WASH (not FOAM) (TOPICAL)		
BENZTROPINE (ORAL)		COGENTIN
BETAMET DIPROP / PROP GLY CREAM (TOPICAL)		
BETAMETHASONE VALERATE 0.1% CREAM (TOPICAL)		VALISONE
BETAMETHASONE VALERATE 0.1% LOTION (TOPICAL)		
BETAMETHASONE VALERATE 0.1% OINTMENT (TOPICAL)		
BETASERON KIT (not VIAL) (SUBCUTANEOUS)		
BETHKIS AMPULE (INHALATION)		
BETOPTIC S 0.25% (OPHTHALMIC)		
BEVESPI AEROSPHERE (INHALATION)		
BICALUTAMIDE TABLET (ORAL)		CASODEX
BIFERA TABLET OTC (ORAL)		
BILTRICIDE TABLET (ORAL)	BRAND PREFERRED	
BISOPROLOL (ORAL)*		
BLEPHAMIDE EYE DROPS (OPHTHALMIC)		
BLISOVI FE 1.5-30 TABLET (ORAL)		
BLISOVI FE 1-20 TABLET (ORAL)		
BOSULIF TABLET (ORAL)		
BOTOX 100, 200 UNIT VIAL (not COSMETIC) (INTRAMUSC)		
BPO GEL (OTC) (TOPICAL)		
BRAFTOVI CAPSULE (ORAL)		
BREO ELLIPTA (INHALATION)		
BRILINTA TABLET (ORAL)		
BRIMONIDINE 0.2% DROP (OPHTHALMIC)		ALPHAGAN
BUDESONIDE EC (ORAL)		ENTOCORT EC
BUPRENORPHINE HCL TABLET (SUBLINGUAL)		
BUPROPION SR, BUPROPION XL (NOT 450mg) (ORAL)		WELLBUTRIN

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BUPROPION TABLET (ORAL)		
BUSPIRONE (ORAL)		
BYDUREON PEN INJECT, VIAL (SUBCUTANEOUS)		
BYETTA DOSE PEN (SUBCUTANEOUS)		
CABOMETYX TABLET (ORAL)		
CALCIPOTRIENE 0.005% OINTMENT, SOLUTION (TOPICAL)		DOVONOX
CALCITONIN-SALMON 200 UNITS SPRAY (NASAL)		FORTICAL
CALCIUM ACETATE CAPSULE, GELCAP, TABLET (ORAL)		PHOSLO, CALPHRON
CALQUENCE CAPSULE (ORAL)		
CAMILA 0.35 MG TABLET (ORAL)		
CANASA (RECTAL)	BRAND PREFERRED	
CAPEX SHAMPOO (TOPICAL)		
CAPRELSA TABLET (ORAL)		
CAPSAICIN 0.025%, 0.075%, 0.1% CREAM (TOPICAL)		
CAPSAICIN 0.15% LIQUID (TOPICAL)		
CARBAMAZEPINE ER CAPSULE (ORAL)		CARBATROL
CARBAMAZEPINE ER TABLET (ORAL)		
CARBAMAZEPINE SUSPENSION, TAB CHEW, TABLET (ORAL)		
CARBIDOPA / LEVODOPA / ENTACAPONE TABLET (ORAL)		STALEVO
CARBIDOPA / LEVODOPA ER TABLET (ORAL)		
CARBIDOPA / LEVODOPA TABLET (ORAL)		
CARTEOLOL 1% DROP (OPHTHALMIC)		
CARVEDILOL TABLET (not ER) (ORAL)		COREG
CATAPRES-TTS PATCH (TRANSDERM)	BRAND PREFERRED	
CEFACLOR CAPSULE (not SUSPENSION) (ORAL)		
CEFADROXIL CAPSULE, SUSPENSION (not TABLET) (ORAL)		
CEFDINIR CAPSULE, SUSPENSION (ORAL)		
CEFPROZIL SUSPENSION, TABLET (ORAL)		
CEFUROXIME TABLET (ORAL)		
CENTRATEx (ORAL)		
CEPHALEXIN CAPSULE, SUSPENSION (not TABLET) (ORAL)		
CETIRIZINE SOLUTION (Rx & OTC*) (ORAL)		
CHANTIX STARTING MONTH BOX, CONT MONTH BOX (ORAL)		
CHANTIX TABLET (ORAL)		
CHATEAL-28 TABLET (ORAL)		
CHLORDIAZEPOXIDE (ORAL)		
CHLORPROMAZINE (ORAL)		
CHLORZOXAZONE TABLET (ORAL)		
CHOLESTYRAMINE (with SUCROSE) (not LIGHT) (ORAL)		
CIMETIDINE TABLET OTC (not RX) (ORAL)		
CIPRO SUSPENSION (ORAL)	BRAND PREFERRED	
CIPRODEX OTIC SUSPENSION (OTIC)		
CIPROFLOXACIN 0.3% SOLUTION (OPHTHALMIC)		
CIPROFLOXACIN TABLET (IR) (ORAL)		
CITALOPRAM TABLET, SOLUTION (ORAL)		
CITRANATAL 90 DHA (ORAL)		
CITRANATAL ASSURE (ORAL)		
CITRANATAL B-CALM (ORAL)		
CITRANATAL DHA (ORAL)		
CITRANATAL HARMONY CAPSULE (ORAL)		
CLARITHROMYCIN IR TABLET (ORAL)		
CLEOCIN OVULES (VAGINAL)		
CLINDAMYCIN / BENZOYL PEROXIDE 1.2%-5% (DUAC) (TOPICAL)		
CLINDAMYCIN PHOS 1% PLEGET (TOPICAL)		
CLINDAMYCIN PHOS 1% SOLUTION (not GEL) (TOPICAL)		
CLINDESSE 2% CREAM (VAGINAL)		
CLOBAZAM TABLET (ORAL)		

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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% SOLUTION (TOPICAL)		
CLOBEX 0.05% SHAMPOO (TOPICAL)	BRAND PREFERRED	
CLONAZEPAM IR TABLET (not ODT or ER) (ORAL)		
CLONIDINE TABLET (IR) (not ER) (ORAL)		
CLOPIDOGREL TABLET (ORAL)		
CLOTRIMAZOLE 1% CREAM (RX and OTC) (TOPICAL)		
CLOTRIMAZOLE 1% SOLUTION (Rx ONLY) (TOPICAL)		
CLOTRIMAZOLE 10 MG TROCHE (MUCOUS MEM)		
CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)		
CLOZAPINE TABLET (ORAL)		
COAGADEX (INTRAVEN)		
CODEINE TABLET (ORAL)		
COLESTIPOL TABLET (ORAL)		
COMBIGAN 0.2%-0.5% DROP (OPHTHALMIC)		
COMBIVENT RESPIMAT (INHALATION)		
COMETRIQ DAILY-DOSE PACK (ORAL)		
COMPLETE NATAL DHA (ORAL)		
COMPLETENATE CHEW TABLET (ORAL)*		
CONCEPT DHA CAPSULE (ORAL)		
CONCERTA ER TABLET (ORAL) (DX CODE REQ.)	BRAND PREFERRED (DX CODE REQ)	
COPAXONE 20 MG/ML SYRINGE (not 40 MG/ML) (SUBCUTANEOUS)	BRAND PREFERRED	
COPIKTRA CAPSULE (ORAL)		
CORIFACT KIT (INTRAVEN)		
COTELLIC TABLET (ORAL)		
CREON CAPSULE (ORAL)		
CROMOLYN SODIUM 4% (OPHTHALMIC)		
CYCLAFEM 1-35-28, CYCLAFEM 7-7-7-28 (ORAL)		
CYCLOBENZAPRINE TABLET (ORAL)		
CYCLOPHOSPHAMIDE CAPSULE (ORAL)		
CYCLOSPORINE MODIFIED CAPSULE, SOLUTION (ORAL)		
DALIRESP TABLET (ORAL)		
DASETTA 1-35-28 TABLET (ORAL)		
DAURISMO (ORAL)		
DEBLITANE 0.35 MG TABLET (ORAL)		
DERMA-SMOOTH-FS BODY (TOPICAL)		
DERMA-SMOOTH-FS SCALP (TOPICAL)		
DESOGESTREL/ETHINYL ESTRADIOL (ORAL)*		
DESONIDE OINTMENT (TOPICAL)		
DESVENLAFAXINE SUC ER (generic PRISTIQ) (ORAL)		
DEXAMETHASONE TABLET (ORAL)		
DEXMETHYLPHENIDATE IR (FOCALIN)(ORAL)(DX CODE REQ.)	DIAGNOSIS CODE REQ	
DEXTROAMPHETAMINE / AMPHETAMINE TABLET (IR) (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
DEXTROAMPHETAMINE TABLET (IR) (not ER) (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
DIAZEPAM (RECTAL) (generic DIASTAT)		
DIAZEPAM 5 MG/5 ML SOLUTION (ORAL)		
DIAZEPAM DEVICE (RECTAL) (generic DIASTAT ACUDIAL)		
DIAZEPAM TABLET (ORAL)		
DICLEGIS (ORAL)	BRAND PREFERRED	
DICLOFENAC 0.1% DROP (OPHTHALMIC)		
DICLOFENAC 1% GEL (TOPICAL)		
DICLOFENAC SODIUM TABLET IR (not ER) (ORAL)		
DIFFERIN 0.1% CREAM (TOPICAL) (not OTC GEL) (DX CODE REQ.)	BRAND PREFERRED (DX CODE REQ)	
DIFFERIN 0.1% LOTION (TOPICAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	

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DIFFERIN 0.3% GEL PUMP (TOPICAL) (DX CODE REQ.)	BRAND PREFERRED (DX CODE REQ)	
DIHYDROERGOTAMINE 4 MG/ML SPRY (NASAL)		
DILTAIZEM 24HR ER CAPSULE (not TABLET) (ORAL)		
DILTIAZEM 12HR ER CAPSULE (ORAL)		
DILTIAZEM TABLET (ORAL)		
DIOVAN TABLET (ORAL)	BRAND PREFERRED	
DIPYRIDAMOLE TABLET (ORAL)		
DIVALPROEX ER (ORAL)		
DIVALPROEX SPRINKLE, TABLET (ORAL)		
DONEPEZIL 5MG & 10MG TABLET (not 23MG) (ORAL)		
DONEPEZIL ODT (ORAL)		
DORZOLAMIDE / TIMOLOL DROP (OPHTHALMIC)		
DORZOLAMIDE 2% DROP (OPHTHALMIC)		
DOVONEX 0.005% CREAM (TOPICAL)	BRAND PREFERRED	
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)		
DRONABINOL CAPSULE (ORAL)		
DROSPIRENONE-EE 3-0.02 MG TAB (ORAL)		
DROSPIRENONE-EE 3-0.03 MG TAB (ORAL)		
DULERA (INHALATION)		
DULOXETINE 20MG, 30MG, 60MG CAPSULES (not 40MG) (ORAL)		
DUTASTERIDE CAPSULE (ORAL)		
E.E.S 200 SUSPENSION (GRANULES) (ORAL)	BRAND PREFERRED	
EGRIFTA VIAL (SUBCUTANEOUS)		
ELETRIPTAN (ORAL)		RELPAK
ELIDEL 1% CREAM (TOPICAL)	BRAND PREFERRED	
ELIGARD SYRINGE (SUBCUTANEOUS)		
ELINEST-28 TABLET (ORAL)		
ELIQUIS STARTER PACK (ORAL)		
ELIQUIS TABLET (ORAL)		
ELLA 30 MG TABLET (ORAL)		
ELOCTATE (INTRAVEN)		
EMCYT CAPSULE (ORAL)		
EMGALITY PEN (SUBCUTANEOUS)		
EMGALITY 120MG SYRINGE (not 100 MG) (SUBCUTANEOUS)		
EMOQUETTE 28 DAY TABLET (ORAL)		
ENALAPRIL, ENALAPRIL / HCTZ (ORAL)		
ENBREL DISP SYRINGE, KIT, PEN (INJECTION)		
ENOXAPARIN SYRINGE, VIAL (SUBCUTANEOUS)		
ENOXAPARIN VIAL (SUBCUTANEOUS)		
ENSKYCE (ORAL)*		
ENTRESTO TABLET (ORAL)		
EPCLUSA TABLET (ORAL)		
EPIDUO 0.1-2.5% GEL PUMP (TOPICAL) (DX CODE REQ.)	BRAND PREFERRED (DX CODE REQ)	
EPINEPHRINE 0.15 MG (49502-0101-02) (INJECTION)		
EPINEPHRINE 0.3 MG (49502-0102-02) (INJECTION)		
ERIVEDGE CAPSULE (ORAL)		
ERLEADA TABLET (ORAL)		
ERRIN (ORAL)*		
ERY-TAB DR TABLET (ORAL)		
ERY-TAB EC TABLET (ORAL)		
ERYTHROCIN 250 MG FILMTAB (ORAL)		
ERYTHROMYCIN 0.5% OINTMENT (OPHTHALMIC)		
ERYTHROMYCIN 2% SOLUTION (TOPICAL)		

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ERYTHROMYCIN DR 250 MG CAPSULE (ORAL)		
ESCITALOPRAM SOLUTION, TABLET (ORAL)		
ESOMEPRAZOLE 20MG, 40MG CAPSULE (Rx ONLY) (ORAL)		
ESTARYLLA 0.25-0.035 MG (ORAL)		
ETHINYL ESTRADIOL/DROSPIRENONE (ORAL)*		
ETHOSUXIMIDE CAPSULE, SOLUTION (ORAL)		
ETHYNODIOL/ETHINYL ESTRADIOL 1MG-50MCG (ORAL)*		
EUCRISA 2% OINTMENT (TOPICAL)		
EXELON PATCH (TRANSDERMAL)	BRAND PREFERRED	
EXEMESTANE TABLET (ORAL)		
EZETIMIBE TABLET (ORAL)		
FALMINA-28 (ORAL)		
FAMCICLOVIR TABLET (ORAL)		
FAMOTIDINE SUSPENSION (ORAL)		
FAMOTIDINE TABLET (Rx and OTC) (ORAL)		
FARXIGA TABLET (ORAL)		
FARYDAK CAPSULE (ORAL)		
FASENRA (SUBCUTANEOUS)		
FAZACLO ODT (ORAL)	BRAND PREFERRED	
FE C OTC (ORAL)		
FE FUMARATE/VIT C/B12-IF/FA (ORAL)		
FEIBA NF (INTRAVEN)		
FELODIPINE ER (ORAL)*		
FENOFIBRATE 48 MG, 145 MG TABLET (ORAL)		
FERATE OTC (ORAL)		
FERRALET 90 DUAL-IRON (ORAL)		
FERROUS FUMARATE TABLET OTC (ORAL)		
FERROUS FUMARATE/ASCORBIC ACID/B12-IF/FA CAPSULE (ORAL)		
FERROUS GLUCONATE OTC (ORAL)		
FERROUS SULFATE 65 MG TABLET OTC (ORAL)		
FERROUS SULFATE DROPS (ORAL)		
FERROUS SULFATE OTC (ORAL)		
FERROUS SULFATE SOLUTION OTC (ORAL)		
FERROUS SULFATE TABLET ER OTC (ORAL)		
FERROUS SULFATE, DRIED TABLET ER OTC (ORAL)		
FEXOFENADINE SUSPENSION OTC (ORAL)		
FEXOFENADINE-D TABLET (OTC) (ORAL)		
FINASTERIDE 5 MG TABLET (not 1 MG) (ORAL)		
FIRVANQ (ORAL)	BRAND PREFERRED	
FLOVENT DISKUS, FLOVENT HFA (INHALATION)		
FLUCONAZOLE SUSPENSION, TABLET (ORAL)		
FLUOROMETHOLONE 0.1% DROP (OPHTHALMIC)		
FLUOXETINE CAPSULE, SOLUTION (ORAL) (not Tablet)		
FLUPHENAZINE DECANOATE (INJECTION)		
FLUPHENAZINE ELIXIR/SOLN, TABLET (ORAL)		
FLURAZEPAM CAPSULE (ORAL)		
FLUTAMIDE CAPSULE (ORAL)		
FLUTICASONE PROP 50 MCG SPRAY (RX and OTC) (NASAL)		
FLUTICASONE PROPIONATE 0.005% OINTMENT (TOPICAL)		
FLUTICASONE PROPIONATE 0.05% CREAM (TOPICAL)		
FLUVOXAMINE (ORAL)		
FML FORTE 0.25% DROP (not LIQUIFILM) (OPHTHALMIC)		
FOCALIN XR CAPSULE (ORAL) (DX CODE REQ.)	BRAND PREFERRED (DX CODE REQ)	
FOLITAB 500 OTC (ORAL)		
FOLIVANE-OB CAPSULE (ORAL)		
FORTEO (SUBCUTANE.)		
FULPHILA (SUBCUTANEOUS)		

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GABAPENTIN CAPSULE (ORAL)		
GABAPENTIN TABLET (ORAL)		
GABITRIL TABLET (ORAL)	BRAND PREFERRED	
GEMFIBROZIL TABLET (ORAL)		
GENTAK 0.3% OINTMENT (OPHTHALMIC)		
GENTAMICIN 0.1% CREAM (TOPICAL)		
GENTAMICIN 0.1% OINTMENT (TOPICAL)		
GENTAMICIN 0.3% SOLUTION (OPHTHALMIC)		
GIANVI 3 MG-0.02 MG (ORAL)		
GILENYA CAPSULE (ORAL)		
GILOTRIF TABLET (ORAL)		
GLEOSTINE CAPSULE (ORAL)		
GLIPIZIDE-METFORMIN (ORAL)		
GLUCAGON (INJECTION)*		
GLUCAGON EMERGENCY KIT (LILLY) (INJECTION)*		
GLYBURIDE-METFORMIN (ORAL)		
GLYSET TABLET (ORAL)	BRAND PREFERRED	
GLYXAMBI TABLET (ORAL)		
GRISEOFULVIN SUSPENSION (not TABLET) (ORAL)		
GUANFACINE (ORAL)		
GUANFACINE ER TABLET (ORAL)		
HALOBETASOL PROPIONATE 0.05% CREAM (TOPICAL)		
HALOPERIDOL (ORAL)		
HALOPERIDOL DECANOATE, LACTATE (INJECTION)		
HALOPERIDOL LACTATE CONC (ORAL)		
HEATHER 0.35 MG TABLET (ORAL)		
HELIXATE FS (INTRAVEN.)		
HEMLIBRA (SUBCUTANE.)		
HEMOFIL-M (INTRAVEN.)		
HEXALEN CAPSULE (ORAL)		
HUMALOG 100 UNITS/ML KWIKPEN (SUBCUTANEOUS)	BRAND PREFERRED	
HUMALOG CARTRIDGE (SUBCUTANEOUS)		
HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)*		
HUMALOG MIX KWIKPEN, MIX VIAL (SUBCUTANEOUS)		
HUMALOG VIAL (SUBCUTANEOUS)	BRAND PREFERRED	
HUMATE-P KIT (INTRAVEN.)		
HUMIRA KIT, PEN INJ KIT (INJECTION)		
HUMULIN 70/30 PEN OTC (SUBCUTANE.)*		
HUMULIN 70/30 VIAL (SUBCUTANEOUS)		
HUMULIN PEN OTC (SUBCUTANE.)*		
HUMULIN N 100 UNITS/ML VIAL (SUBCUTANEOUS)		
HUMULIN R 100 UNITS/ML VIAL (SUBCUTANEOUS)		
HUMULIN R 500 UNITS/ML PEN, VIAL (SUBCUTANEOUS)*		
HYCAMTIN CAPSULE (ORAL)		
HYDROCODONE / APAP SOLUTION (ORAL)		
HYDROCODONE / APAP TABLET (ORAL)		
HYDROCODONE / IBUPROFEN (ORAL)		
HYDROCORTISONE 0.5%, 1%, 2.5% OINTMENT (TOPICAL)		
HYDROCORTISONE 1% ABSORBASE (TOPICAL)		
HYDROCORTISONE 1%, 2.5% CREAM (TOPICAL)		
HYDROCORTISONE 1%, 2.5% LOTION (TOPICAL)		
HYDROCORTISONE RECTAL CREAM 2.5% (TOPICAL)		
HYDROCORTISONE TABLET (ORAL)		
HYDROMORPHONE TABLET (IR) (ORAL)		
HYDROXYUREA CAPSULE (ORAL)		
IBANDRONATE TABLETS (ORAL)*		
IBRANCE CAPSULE (ORAL)		

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IBUPROFEN SUSPENSION, TABLET (ORAL)		
ICLUSIG TABLET (ORAL)		
IDELVION (INTRAVEN)		
IDHIFA TABLET (ORAL)		
IFEREX 150 FORTE (ORAL)		
ILEVRO 0.3% DROP (OPHTHALMIC)		
IMATINIB (ORAL)		
IMBRUVICA CAPSULE (ORAL)		
IMBRUVICA TABLET (ORAL)		
IMIQUIMOD 5% CREAM PACKET (ALDARA)(TOPICAL)		
INCRELEX VIAL (SUBCUTANEOUS)		
INDOMETHACIN CAPSULE (IR) (not ER) (ORAL)		
INLYTA TABLET (ORAL)		
INREBIC (ORAL)		
INVEGA SUSTENNA (INTRAMUSC)		
INVEGA TRINZA (INTRAMUSC)		
INVOKAMET (ORAL)		
INVOKANA TABLET (ORAL)		
IPRATROPIUM 0.03%, 0.06% SPRAY (NASAL)		
IPRATROPIUM BR 0.02% SOLUTION (INHALATION)		
IRBESARTAN, IRBESARTAN / HCTZ (ORAL)*		
IRESSA TABLET (ORAL)		
IRON 45 MG TABLET OTC (ORAL)		
IRON POLYSACCHARIDES COMPLEX OTC (ORAL)		
IRON PS CMLPX/VIT B12/FA (ORAL)		
IRON,CARBONYL/ASCORBIC ACID OTC (ORAL)		
ISIBLOOM (ORAL)*		
ISOMETHEPT / CAFFIENE / APAP (ORAL)		
ISOMETHEPT / DICHLORALP / APAP (ORAL)		
ISOSORBIDE DINITRATE TABLET (ORAL)		
ISOSORBIDE MONONITRATE ER/SR TABLET (ORAL)		
ISOSORBIDE MONONITRATE TABLET (ORAL)		
IVERMECTIN TABLET (ORAL)		
IXINITY (INTRAVEN)		
JAKAFI TABLET (ORAL)		
JANUMET TABLET (ORAL)		
JANUMET XR TABLET (ORAL)		
JANUVIA TABLET (ORAL)		
JARDIANCE TABLET (ORAL)		
JENCYCLA 0.35 MG (ORAL)		
JENTADUETO TABLET (IR) (not XR) (ORAL)		
JIVI (INTRAVEN)		
JULEBER-28 (ORAL)		
JUNEL 1/20 MCG, JUNEL 1.5/30 MCG (ORAL)*		
JUNEL FE 1/20, JUNEL FE 1.5/30 (ORAL)		
KETOCONAZOLE 2% SHAMPOO (TOPICAL)		
KETOCONAZOLE CREAM (TOPICAL)		
KETOROLAC 0.5% SOLUTION (not 0.4%) (OPHTHALMIC)		
KITABIS PAK 300 MG/5 ML (INHALATION)	BRAND PREFERRED	
KOATE-DVI KIT (INTRAVEN.)		
KOATE-DVI VIAL (INTRAVEN)		
KOGENATE FS (INTRAVEN.)		
KOVALTRY (INTRAVEN.)		
KURVELO (ORAL)		
LABETALOL TABLET (ORAL)		
LAMOTRIGINE CHEW DISPERS TAB (not ODT) (ORAL)		
LAMOTRIGINE TABLET (IR) (not ER) (ORAL)		

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Notations	Brand Name
LANTUS SOLOSTAR (SUBCUTANEOUS)	BRAND PREFERRED	
LANTUS VIAL (SUBCUTANEOUS)		
LARIN FE 1/20, LARIN FE 1.5/30 (ORAL) (not 24)		
LARISSIA-28 TABLET (ORAL)		
LATANOPROST 0.005% DROP (OPHTHALMIC)		
LATUDA (ORAL)		
LENVIMA DAILY DOSE (ORAL)		
LESSINA-28 (ORAL)		
LETROZOLE TABLET (ORAL)		
LEUKERAN TABLET (ORAL)		
LEUPROLIDE ACETATE KIT, VIAL (SUBCUTANEOUS)		
LEVEMIR FLEXTOUCH, VIAL (SUBCUTANEOUS)		
LEVETIRACETAM SOLUTION, IR TABLET (not ER) (ORAL)		
LEVOBUNOLOL 0.5% DROP (OPHTHALMIC)		
LEVOCETIRIZINE TABLETS (RX & OTC)(ORAL)		
LEVOFLOXACIN TABLET (ORAL)		
LEVONOR-ETH ESTRADIOL-28 0.1/0.02 (ORAL) (not 91)		
LEVONOR-ETH ESTRADIOL-28 0.15/0.03 (ORAL) (not 91)		
LEVONORGESTREL OTC 1.5MG TABLET (ORAL)		
LEVORA-28 (ORAL)		
LIALDA DR TABLET (ORAL)	BRAND PREFERRED	
LIDOCAINE 5% PATCH (TOPICAL)		
LILLOW-28 TABLET (ORAL)		
LINZESS CAPSULE (ORAL)		
LISINOPRIL, LISINOPRIL/ HCTZ (ORAL)		
LOESTRIN 21 1/20, LOESTRIN 21 1.5/30 (ORAL)		
LOESTRIN FE 1/20, LOESTRIN FE 1/5.30 (ORAL)		
LOKELMA (ORAL)*		
LONSURF TABLET (ORAL)		
LORATADINE ODT, SOLUTION, TABLET (RX & OTC) (ORAL)		
LORATADINE-D (OTC) (ORAL)		
LORAZEPAM INTENSOL, TABLET (ORAL)		
LORBRENA TABLET (ORAL)		
LORYNA 3 MG-0.02 MG (ORAL)		
LOSARTAN, LOSARTAN / HCTZ (ORAL)		
LOSEASONIQUE (ORAL)	BRAND PREFERRED	
LOTEMAX 0.5% DROP (not GEL) (OPHTHALMIC)	BRAND PREFERRED	
LOVASTATIN TABLET (ORAL)		
LOW-OGESTREL-28 (ORAL)		
LOXAPINE (ORAL)		
LO-ZUMANDIMINE (ORAL)*		
LUPANETA PACK (INJECTION/ORAL)		
LUPRON DEPOT KIT (INJECTION)		
LUPRON DEPOT-PED KIT (INJECTION)		
LYNPARZA CAPSULE, TABLET (ORAL)		
LYRICA CAPSULE (IR) (not CR) (ORAL)		
MAKENA AUTO INJECTOR (SUBCUTANEOUS)		
MAKENA MDV (INTRAMUSCULAR)		
MAKENA SDV (INTRAMUSCULAR)		
MARLISSA-28 (ORAL)		
MATULANE CAPSULE (ORAL)		
MAVYRET TABLET (ORAL)		
MEDROXYPROGESTERONE ACETATE (ORAL)		
MEKINIST TABLET (ORAL)		
MEKTOVI TABLET (ORAL)		
MELOXICAM TABLET (ORAL)		
MEMANTINE 5-10MG TITRATION PACK (ORAL)		

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Notations	Brand Name
MEMANTINE IR TABLET (not ER CAPSULES) (ORAL)		
MERCAPTOPYRINE TABLET (ORAL)		
METFORMIN ER TABLET (generic GLUCOPHAGE XR) (ORAL)		
METFORMIN TABLET (ORAL)		
METHOCARBAMOL TABLET (ORAL)		
METHOTREXATE SODIUM PF VIAL, VIAL (INJECTION)		
METHOTREXATE TABLET, VIAL (ORAL)		
METHYLDOPA (ORAL)		
METHYLPHENIDATE SOLUTION (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
METHYLPHENIDATE TABLET (IR) (not ER) (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
METHYLPHENIDATE TABLET ER (METADATE ER) (ORAL)		
METHYLPREDNISOLONE DOSE PACK (4 MG) (ORAL)		
METOPROLOL SUCCINATE ER (ORAL)		
METOPROLOL TARTRATE (ORAL)		
METRONIDAZOLE TABLET (not CAPSULE) (ORAL)		
MICONAZOLE CREAM OTC (TOPICAL)		
MICONAZOLE POWDER OTC (TOPICAL)		
MICONAZOLE SPRAY OTC (TOPICAL)		
MILI (ORAL)*		
MINASTRIN 24 FE CHEWABLE (ORAL)	CHEWABLE	
MINOCYCLINE CAPSULE (not TABLET) (ORAL)		
MIRCETTE-28 (ORAL)		
MIRTAZAPINE TABLET, ODT (ORAL)		
MITIGARE (ORAL)	BRAND PREFERRED	
MODAFINIL (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
MOLINDONE (ORAL)		
MOMETASONE FUROATE 0.1% CREAM (TOPICAL)		
MOMETASONE FUROATE 0.1% OINTMENT (TOPICAL)		
MOMETASONE FUROATE 0.1% SOLUTION (TOPICAL)		
MONOCLATE-P KIT (INTRAVEN.)		
MONO-LINYAH-28 (ORAL)		
MONONINE KIT (INTRAVEN)		
MONTELUKAST CHEW TABLET (not GRANULES) (ORAL)	CHEWABLE	
MONTELUKAST TABLET (ORAL)		
MORGIDOX CAPSULE (not KIT) (ORAL)		
MORPHINE CONC, SOLUTION, SYRUP (ORAL)		
MORPHINE IR TABLET (ORAL)		
MOVANTIK TABLET (ORAL)		
MOXEZA 0.5% (OPHTHALMIC)	BRAND PREFERRED	
MUPIROCIN 2% OINTMENT (not CREAM) (TOPICAL)		
MV COMB18/FEFM-FEPOL CB1/FA (ORAL)		
MY CHOICE OTC (ORAL)*		
MYCOPHENOLATE MOFETIL CAPSULE, TABLET (ORAL)		
MYLERAN TABLET (ORAL)		
NABUMETONE TABLET (ORAL)		
NALOXONE CARPUJECT, SYRINGE, VIAL (INJECTION)		
NALTREXONE TABLET (ORAL)		
NAPROXEN 250MG, 375MG, 500MG TABLET (ORAL)		
NAPROXEN DR 375MG, 500MG TABLET (not ER) (ORAL)		
NAPROXEN SUSPENSION (ORAL)		
NARCAN NASAL SPRAY (NASAL)		
NATAZIA-28 (ORAL)		
NATEGLINIDE TABLET (ORAL)		
NATROBA 0.9% SUSPENSION (TOPICAL)	BRAND PREFERRED	
NEOMYCIN / POLY / DEXAMETHASONE DROP (OPHTHALMIC)		
NEOMYCIN / POLY / DEXAMETHASONE OINTMENT (OPHTHALMIC)		
NEOMYCIN / POLYMYXIN / HC SOLUTION, SUSPENSION (OTIC)		

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Notations	Brand Name
NEUPOGEN DISP SYRINGE, VIAL (INJECTION)		
NEXAVAR TABLET (ORAL)		
NEXIUM ORAL SUSPENSION (not CAPSULE) (ORAL)	BRAND PREFERRED	
NIACIN (INOSITOL NIACINATE) OTC (ORAL)		
NIACIN CAPSULE ER OTC (ORAL)		
NIACIN ER TABLET (RX and OTC) (ORAL)		
NIACIN TABLET OTC (ORAL)		
NICOTINE GUM OTC (not BRAND) (BUCCAL)		
NICOTINE LOZENGE OTC (not BRAND) (MUCOUS MEM)		
NICOTINE PATCH OTC (not BRAND) (TRANSDERMAL)		
NIFEDIPINE ER (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 (ORAL)		
NORDITROPIN FLEXPEN (INJECTION)		
NORETHINDRONE 0.35 (ORAL)		
NORETHINDRONE ACETATE (ORAL)		
NORETHINDRONE/ETHINYL ESTRADIOL 1-0.02 MG (ORAL)*		
NORETHINDRONE/ETHINYL ESTRADIOL 1.5-0.03 MG(21) (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 (ORAL)*		
NOVOEIGHT (INTRAVEN)		
NOVOLOG CARTRIDGE, FLEXPEN, VIAL (SUBCUTANEOUS)	BRAND PREFERRED	
NOVOLOG MIX FLEXPEN, VIAL (SUBCUTANEOUS)	BRAND PREFERRED	
NOVOSEVEN RT (INTRAVEN)		
NUBEQA (ORAL)		
NURTEC ODT (ORAL)*		
NUTROPIN AQ NUSPIN INJECTOR (INJECTION)		
NUVESSA (VAGINAL)		
NUWIQ (INTRAVEN)		
NYSTATIN CREAM, OINTMENT, POWDER (TOPICAL)		
NYSTATIN SUSPENSION (not TABLET) (ORAL)		
OBIZUR (INTRAVEN)		
ODOMZO CAPSULE (ORAL)		
OFLOXACIN 0.3% DROP (OTIC)		
OFLOXACIN 0.3% SOLUTION (OPHTHALMIC)		
OLANZAPINE TABLET, ODT (ORAL)		
OLANZAPINE/FLUOXETINE (ORAL)		
OMEGA-3 ACID ETHYL ESTERS (ORAL)*		
OMEGA-3 OTC (ORAL)		
OMEPRAZOLE 10MG, 20MG, 40MG CAPSULE (Rx ONLY) (ORAL)		
ONDANSETRON ODT, SOLUTION, TABLET (ORAL)		
ONGLYZA (ORAL)*		
OPCICON ONE-STEP 1.5 MG TABLET (ORAL)		
OPTION 2 1.5 MG TABLET (ORAL)		
ORILISSA (ORAL)		
ORTHO TRI-CYCLEN LO (ORAL)		
OSELTAMIVIR CAPSULE (ORAL)		
OSELTAMIVIR SUSPENSION (ORAL)		TAMIFLU
OXCARBAZEPINE SUSPENSION, TABLET (ORAL)		

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Notations	Brand Name
OXYBUTYNIN ER TABLET (ORAL)		
OXYBUTYNIN SYRUP, TABLET (ORAL)		
OXYCODONE / APAP CAPSULE, TABLET (ORAL)		
OXYCODONE 5 MG/5 ML SOLUTION (ORAL)		
OXYCODONE TABLET (not CAPSULE) (ORAL)		
OZEMPIC (SUBCUTANE.)		
PALIPERIDONE ER (ORAL)		
PANTOPRAZOLE TABLET (ORAL)		
PAROXETINE TABLET (IR only) (ORAL)		
PAZEO 0.7% (OPHTHALMIC)		
PEGASYS PROCLICK (SUBCUTANEOUS)		
PEGASYS SYRINGE, VIAL (SUBCUTANEOUS)		
PEG-INTRON KIT (SUBCUTANE.)		
PENTASA (ORAL)		
PERMETHRIN 1% CRM RINSE, SHAMPOO (TOPICAL)		
PERMETHRIN 5% CREAM (TOPICAL)		
PERPHENAZINE (ORAL)		
PERPHENAZINE / AMITRIPTYLINE (ORAL)		
PHENOBARBITAL ELIXIR, TABLET (ORAL)		
PHENYTOIN CHEW TABLET, SUSPENSION (ORAL)		
PHENYTOIN SOD EXT CAPSULE (ORAL)		
PHILITH (ORAL)*		
PILOCARPINE 1%, 2%, 4% DROPS (OPHTHALMIC)		
PIMOZIDE (ORAL)		
PIMTREA (ORAL)*		
PIOGLITAZONE TABLET (ORAL)		
PIPERONYL BUTOXIDE / PYRETHRINS SHAMPOO OTC (TOPICAL)		
PIRMELLA (ORAL)*		
PLAN B ONE-STEP 1.5 MG TABLET (ORAL)		
PNV 11-IRON FUM-FOLIC ACID-OM3 (ORAL)*		C-NATE DHA, VIRT-NATE DHA
PNV 29-1 TABLET (ORAL)		
PNV PRENATAL PLUS MULTIVIT TAB (ORAL)		
PNV#16/IRON FUM & PS/FA/OM-3 (ORAL)		TARON-C DHA, VIRT-C DHA
PNV66/IRON FUMARATE/FA/DSS/DHA (ORAL)*		PNV-DHA + DOCUSATE SOFTGEL
POLYMYXIN B-TMP DROP (OPHTHALMIC)		
POMALYST CAPSULE (ORAL)		
PORTIA-28 (ORAL)		
PRADAXA CAPSULE (ORAL)		
PRAMIPEXOLE (IR) (ORAL)		
PRASUGREL (ORAL)		
PRAVASTATIN TABLET (ORAL)		
PRED MILD 0.12% (not FORTE) (OPHTHALMIC)		
PREDNISOLONE 15 MG/5 ML SOLUTION (ORAL)		
PREDNISOLONE ACETATE 1% DROP (OPHTHALMIC)		
PREDNISOLONE SOD PH 25MG/5 ML SOLUTION (ORAL)		
PREDNISOLONE SOD PH 5 MG/5 ML SOLUTION (ORAL)		
PREDNISON TABLET (not DOSE PACK) (ORAL)		
PREGABALIN CAPSULE (ORAL)		
PRENAISSANCE NEXT TABLET (ORAL)		
PRENATA CHEWABLE TABLET (ORAL)		
PRENATAL VIT NO.78/IRON/FA (ORAL)*		PRETAB
PRENATAL VITAMIN PLUS LOW IRON (ORAL)		
PREPLUS CA-FE 27 MG-FA 1 MG TB (ORAL)		PREPLUS
PREVIFEM (ORAL)		
PRIMIDONE (ORAL)		
PROAIR HFA (INHALATION)	BRAND PREFERRED	
PROBENECID (ORAL)		

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Notations	Brand Name
PROBENECID / COLCHICINE (ORAL)		
PROFILNINE SD (INTRAVEN)		
PROGESTERONE (INTRAMUSC)		
PROGESTERONE CAPSULE (ORAL)		
PROGLYCEM SUSPENSION (ORAL)*		
PROPRANOLOL ER CAPSULE(ORAL)		
PROPRANOLOL SOLUTION, TABLET (ORAL)		
PROTONIX SUSPENSION (ORAL)		
PROTOPIC 0.03% OINTMENT (TOPICAL)	BRAND PREFERRED	
PROTOPIC 0.1% OINTMENT (TOPICAL)	BRAND PREFERRED	
PULMICORT FLEXHALER (INHALATION)		
PULMICORT RESPULES (INHALATION)	BRAND PREFERRED	
PYLERA CAPSULE (ORAL)		
QUETIAPINE TABLET, ER TABLET (ORAL)		
QUILLICHEW ER CHEWABLE TABLET (ORAL) (DX CODE REQ.)	CHEWABLE (DX CODE REQ)	
QUILLIVANT XR SUSPENSION (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
QUINAPRIL, QUINIPRIL / HCTZ (ORAL)		
RAMIPRIL (ORAL)*		ALTACE
RAPAMUNE SOLUTION (not TABLET) (ORAL)	BRAND PREFERRED	
REBINYN (INTRAVEN)		
RECLIPSEN-28 (ORAL)		
RECOMBINATE (INTRAVEN.)		
REPAGLINIDE TABLET (ORAL)		
RESTASIS 0.05% EYE EMULSION (OPHTHALMIC)		
RESTASIS MULTIDOSE 0.05% (OPHTHALMIC)		
RETACRIT (INJECTION)		
RETIN-A CREAM (TOPICAL)	BRAND PREFERRED	
RETIN-A GEL (TOPICAL)	BRAND PREFERRED	
REVATIO SUSPENSION (ORAL)	BRAND PREFERRED & DIAGNOSIS CODE REQ	
REVLIMID CAPSULE (ORAL)		
REXULTI (ORAL)		
RHOPRESSA (OPHTHALMIC)		
RIBAVIRIN TABLET (not CAPSULE) (ORAL)		
RISPERDAL CONSTA (INTRAMUSC.)		
RISPERIDONE ODT, SOLUTION, TABLET (ORAL)		
RIVASTIGMINE CAPSULES (ORAL)		
RIXUBIS (INTRAVEN)		
RIZATRIPTAN ODT (ORAL)		
RIZATRIPTAN TABLET (ORAL)		
ROCKLATAN (OPHTHALMIC)		
ROPINIROLE (IR) (ORAL)		
ROSUVASTATIN (ORAL)		
ROZLYTREK (ORAL)		
RUBRACA TABLET (ORAL)		
RYDAPT CAPSULE (ORAL)		
SABRIL 500 MG POWDER PACK (ORAL)	BRAND PREFERRED	
SEASONIQUE (ORAL)	BRAND PREFERRED	
SELECT-OB + DHA PACK (ORAL)		
SELEGILINE CAPSULE, TABLET (ORAL)		
SE-NATAL 19 CHEWABLE TABLET (ORAL)		
SE-NATAL 19 TABLET (ORAL)		
SEREVENT DISKUS (INHALATION)		
SERTRALINE CONC, TABLET (ORAL)		
SE-TAN PLUS (ORAL)		
SEVELAMER CARBONATE TABLET (ORAL)		
SHAROBEL 0.35 MG (ORAL)		
SIMVASTATIN TABLET (ORAL)		

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Notations	Brand Name
SLOW RELEASE IRON (ORAL)		
SODIUM POLYSTYRENE SULFONATE (ORAL)*		
SOLIFENACIN (ORAL)		
SOTALOL (ORAL)*		
SPIRIVA HANDIHALER (not RESPIMAT) (INHALATION)		
SPRINTEC-28 (ORAL)		
SPRYCEL TABLET (ORAL)		
SRONYX 0.1/0.02 (ORAL)		
STIOLTO RESPIMAT (INHALATION)		
STIVARGA TABLET (ORAL)		
STROMECTOL TABLET (ORAL)		
SUBOXONE FILM (SUBLINGUAL)	BRAND PREFERRED	
SULFACETAMIDE / PREDNISOLONE 10-0.23% (OPHTHALMIC)		
SULFASALAZINE DR TABLET (ORAL)		
SULFASALAZINE TABLET (ORAL)		
SULINDAC TABLET (ORAL)		
SUMATRIPTAN DISP SYRIN (SUBCUTANE.)		
SUMATRIPTAN NASAL SPRAY (NASAL)		
SUMATRIPTAN TABLET (ORAL)		
SUMATRIPTAN VIAL (SUBCUTANEOUS)		
SUTENT CAPSULE (ORAL)		
SYEDA-28 (ORAL)		
SYMBICORT (INHALATION)	BRAND PREFERRED	
SYMJEPI (INJECTION)		
SYNAREL SPRAY (NASAL)		
SYNJARDY TABLET (not XR) (ORAL)		
TABLOID TABLET (ORAL)		
TACLONEX OINTMENT (TOPICAL)	BRAND PREFERRED	
TACROLIMUS CAPSULE (ORAL)		
TADALAFIL (ADCIRCA) (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
TAFINLAR CAPSULE (ORAL)		
TAGRISSO TABLET (ORAL)		
TAKE ACTION OTC 1.5 MG (ORAL)		
TAMOXIFEN CITRATE TABLET (ORAL)		
TAMSULOSIN CAPSULE (ORAL)		
TARCEVA TABLET (ORAL)	BRAND PREFERRED	
TASIGNA CAPSULE (ORAL)		
TECFIDERA CAPSULE, STARTER PACK (ORAL)		
TEMAZEPAM 15MG, 30MG CAPSULE (ORAL)		
TEMAZOLAMIDE CAPSULE (ORAL)		
TERAZOSIN CAPSULE (ORAL)		
TERBINAFINE TABLET (ORAL)		
TESTOSTERONE GEL (generic VOGELXO) (TRANSDERM.)		
TESTOSTERONE GEL PACKET (generic VOGELXO) (TRANSDERM.)		
TESTOSTERONE GEL PUMP (generic ANDROGEL)(TRANSDERM.)*		
TESTOSTERONE GEL PUMP (generic VOGELXO)(TRANSDERM.)		
TETRABENAZINE (ORAL)		
THALOMID CAPSULE (ORAL)		
THIORIDAZINE (ORAL)		
THIOTHIXENE (ORAL)		
THRIVITE 19 TABLET (ORAL)		
THRIVITE RX TABLET (ORAL)		
TIBSOVO TABLET (ORAL)		
TIMOLOL 0.25%, 0.5% EYE DROP (not ISTALOL) (OPHTHALMIC)		
TIMOLOL 0.25%, 0.5% GEL-SOLUTION (OPHTHALMIC)		
TIZANIDINE TABLET (not CAPSULE) (ORAL)		
TL-FOL 500 (ORAL)		

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Notations	Brand Name
TOBI PODHALER 28MG INHALE CAPSULE (INHALATION)		
TOBRADEX EYE DROP (OPHTHALMIC)	BRAND PREFERRED	
TOBRADEX EYE OINTMENT (OPHTHALMIC)		
TOBRAMYCIN 0.3% SOLUTON (OPHTHALMIC)		
TOBEX 0.3% OINTMENT (OPHTHALMIC)		
TOPIRAMATE SPRINKLE CAPSULE (ORAL)		
TOPIRAMATE TABLET (not ER) (ORAL)		
TOVIAZ ER (ORAL)		
TRACLEER 62.5 MG & 125 MG TABLET (ORAL)	BRAND PREFERRED	
TRADJENTA TABLET (ORAL)		
TRAMADOL / APAP (ORAL)		
TRAMADOL TABLET (ORAL)		
TRAVATAN Z 0.004% DROP (OPHTHALMIC)		
TRAZODONE TABLET (ORAL)		
TRESIBA FLEXTOUCH (SUBCUTANEOUS)		
TRETINOIN CAPSULE (ORAL)		
TRETTEN (INTRAVEN)		
TRI FEMYNOR (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 0.1%, 0.5% OINTMENT (TOPICAL)		
TRICARE PRENATAL TABLET (ORAL)		
TRIFLUOPERAZINE (ORAL)		
TRIHEXYPHENIDYL ELIXIR, TABLET (ORAL)		
TRI-LINYAH (ORAL)		
TRI-LO-ESTARYLLA (ORAL)		
TRI-LO-MARZIA (ORAL)		
TRI-LO-MILI (ORAL)*		
TRI-LO-SPRINTEC (ORAL)		
TRINATAL RX 1 TABLET (ORAL)		
TRINESSA (ORAL)		
TRINTELLIX (BRINTELLIX) (ORAL)		
TRI-PREVIFEM (ORAL)		
TRI-SPRINTEC (ORAL)		
TRIVEEN-DUO DHA COMBO PACK (ORAL)		
TRIVORA-28 (ORAL)		
TRULICITY (SUBCUTANE.)		
TRUST NATAL DHA (ORAL)		
TURALIO (ORAL)		
UDENYCA (SUBCUTANEOUS)		
URSODIOL 250MG, 500MG TABLET (not CAPSULE) (ORAL)		
URSODIOL 300MG CAPSULE (ORAL)		
VALACYCLOVIR TABLET (ORAL)		
VALPROIC ACID CAPSULE, SOLUTION (ORAL)		
VALSARTAN / HCTZ (ORAL)		
VANAZOLE (VAGINAL)		
VECTICAL 3 MCG/G OINTMENT (TOPICAL)	BRAND PREFERRED	
VEMAVITE-PRX 2 CAPSULE (ORAL)		
VENCLEXTA TABLET, STARTING PACK (ORAL)		
VENLAFAXINE ER CASPULES (not TABLET) (ORAL)		
VENTAVIS SOLUTION (INHALATION)		
VERAPAMIL TABLET (ORAL)		
VERAPAMIL TABLET ER TABLET (not CAPSULE) (ORAL)		
VICTOZA PEN (SUBCUTANEOUS)		
VIENVA-28 (ORAL)		
VIIBRYD TABLET (ORAL)		

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Notations	Brand Name
VIMPAT SOLUTION, TABLET (not STARTER KIT) (ORAL)		
VIRT-ADVANCE TABLET (ORAL)		
VIRT-NATE TABLET (ORAL)		
VIRTPREX CAPSULE (ORAL)		
VITAFOL FE+ DOCUSATE COMBO PCK (ORAL)		
VITAFOL NANO TABLET (ORAL)		
VITAFOL TAB CHEW (ORAL)		
VITAFOL ULTRA SOFTGEL (ORAL)		
VITAFOL-OB CAPLET (ORAL)		
VITAFOL-OB+DHA COMBO PACK (ORAL)		
VITAFOL-ONE CAPSULE (ORAL)		
VITRAKVI CAPSULE, SOLUTION (ORAL)		
VIVITROL VIAL (SUBCUTANEOUS)		
VIZIMPRO TABLET (ORAL)		
VOL-NATE TABLET (ORAL)		
VOL-PLUS TABLET (ORAL)		
VOL-TAB RX TABLET (ORAL)		
VOLTAREN 1% GEL (TOPICAL)		
VONVENDI (INTRAVEN)		
VOSEVI TABLET (ORAL)		
VOTRIENT TABLET (ORAL)		
VP-GGR-B6 TABLET (ORAL)		
VRAYLAR (ORAL)		
VYVANSE CAPSULE (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
VYVANSE CHEWABLE TABLET (ORAL) (DX CODE REQ.)	DIAGNOSIS CODE REQ	
WARFARIN TABLET (ORAL)		
WERA (ORAL)*		
WILATE (INTRAVEN)		
XALKORI CAPSULE (ORAL)		
XARELTO STARTER PACK (ORAL)		
XARELTO TABLET (ORAL)		
XELODA TABLET (ORAL)	BRAND PREFERRED	
XIGDUO XR (ORAL)		
XOLAIR (SUBCUTANEOUS)		
XOSPATA (ORAL)		
XPOVIO (ORAL)		
XTANDI CAPSULE (ORAL)		
XYNTHA KIT (INTRAVEN)		
XYNTHA SOLOFUSE SYRINGE KIT (INTRAVEN.)		
YONSA TABLET (ORAL)		
ZEJULA CAPSULE (ORAL)		
ZELBORAF TABLET (ORAL)		
ZENCHENT 0.4 MG/35 MCG (ORAL)		
ZENPEP CAPSULE (ORAL)		
ZIPRASIDONE CAPSULE (ORAL)		
ZOLADEX (SUB-Q)		
ZOLINZA CAPSULE (ORAL)		
ZOLPIDEM TARTRATE 5MG, 10MG TABLET (IR) (ORAL)		
ZONISAMIDE CAPSULE (ORAL)		
ZOVIRAX 5% CREAM (TOPICAL)	BRAND PREFERRED	
ZOVIRAX 5% OINTMENT (TOPICAL)	BRAND PREFERRED	
ZTLIDO (TOPICAL)		
ZYDELIG TABLET (ORAL)		
ZYKADIA CAPSULE (ORAL)		
ZYTIGA TABLET (ORAL)	BRAND PREFERRED	