

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
ABILIFY ASIMTUFI (INTRAMUSC)					
ABILIFY MAINTENA ER SYRINGE, VIAL (INTRAMUSC.)					
ABIRATERONE TABLET (ORAL)					
ABIRTEGA TABLET (ORAL)					
ACARBOSE TABLET (ORAL)					
ACETIC ACID 2% EAR SOLUTION (OTIC)					
ACITRETIN CAPSULE (ORAL)					
ACNE MEDICATION 5% & 10% GEL (OTC BENZOYL PEROXIDE) (TOPICAL)		OTC			
ACNE MEDICATION 5% & 10% LOTION (OTC BENZOYL PEROXIDE) (TOPICAL)		OTC			STEP THERAPY LISTING
ACYCLOVIR 5% CREAM (TOPICAL)					
ACYCLOVIR 5% OINTMENT (TOPICAL)					
ACYCLOVIR CAPSULE, TABLET (ORAL)					
ACYCLOVIR SUSPENSION (ORAL)					
ADAKVEO VIAL (INTRAVENOUS)					
ADALIMUMAB-ADAZ PEN, SYRINGE (INJECTION)					CYTOKINE & CAM ANTAG
ADAPALENE 0.1% GEL (OTC) (DX CODE REQ) (TOPICAL)		OTC		DIAGNOSIS CODE REQ	STEP THERAPY LISTING
ADAPALENE/BENZOYL PEROXIDE 0.1 - 2.5% (EPIDUO) (DX CODE REQ) (TOPICAL)		OTC		DIAGNOSIS CODE REQ	STEP THERAPY LISTING
ADASUVE 10 MG INHALATION POWDER (INHALATION)					
ADBRY 150 MG/ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
ADBRY 300 MG/2 ML AUTOINJECTOR (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
ADDERALL TABLET (ORAL) (DX CODE REQ)				DIAGNOSIS CODE REQ	
ADVAIR DISKUS (INHALATION)	BRAND PREF.				
ADVAIR HFA (INHALATION)	BRAND PREF.				
AJOVY 225 MG/1.5 ML AUTOINJECT (SUBCUTANE.)					ANTIMIGRAINE AGENTS,
AJOVY 225 MG/1.5 ML SYRINGE (SUBCUTANE.)					ANTIMIGRAINE AGENTS,
AKEEGA TABLET (ORAL)					
ALBENDAZOLE TABLET (ORAL)					
ALBUTEROL HFA (PROAIR HFA) (INHALATION)					
ALBUTEROL HFA (PROVENTIL HFA) (INHALATION)					
ALBUTEROL NEB SOLN 0.63, 1.25, 2.5 MG/3 ML (INHALATION)					
ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)					
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	PAH AGENTS, ORAL AND
AMANTADINE CAPSULE, SOLUTION, TABLET (ORAL)					
AMBRISENTAN TABLET (ORAL)					PAH AGENTS, ORAL AND
AMILORIDE TABLET (ORAL)*					
AMILORIDE-HCTZ TABLET (ORAL)*					
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 (TRANSDERM)					
ANORO ELLIPTA (INHALATION)	BRAND PREF.				
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
APREPITANT CAPSULE (not PACK) (ORAL)					
APRI 28 DAY TABLET (ORAL)					
ARANESP DISP SYRIN, VIAL (INJECTION) (DX CODE REQ)				DIAGNOSIS CODE REQ	
ARIPIPRAZOLE SOLUTION, TABLET (not ODT) (ORAL)					
ARISTADA ER (INTRAMUSC)					
ARISTADA INITIO (INTRAMUSC)					
ARNUITY ELLIPTA (INHALATION)	BRAND PREF.				
ASHLYNA 0.15-0.03-0.01 MG TABLET (ORAL)					
ASMANEX HFA (INHALATION)					
ASMANEX TWISTHALER (INHALATION)					
ATENOLOL / CHLORTHALIDONE TABLET (ORAL)					
ATENOLOL TABLET (ORAL)					
ATOMOXETINE CAPSULE (ORAL)					
ATORVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
ATROVENT 17 MCG HFA (INHALATION)	BRAND PREF.				
AUBRA EQ-28 TABLET (ORAL)*					
AUGTYRO CAPSULE (ORAL)					
AUROVELA FE 1.5 MG-30 MCG TABLET (ORAL)					
AUROVELA FE 1-20 TABLET (ORAL)					
AUSTEDO TABLET (ORAL)					
AUSTEDO XR TABLET (ORAL)					
AUSTEDO XR TITR PK (68546-0477-29) (ORAL)					
AVIANE-28 TABLET (ORAL)					
AVMAPKI CAPSULE (ORAL)					
AVMAPKI-FAKZYNJA CO-PACK (ORAL)					
AVONEX 30 MCG/0.5 ML PEN (INTRAMUSC.)					MULTIPLE SCLEROSIS A
AVONEX 30 MCG/0.5 ML SYRINGE (INTRAMUSC.)					MULTIPLE SCLEROSIS A
AYVAKIT TABLET (ORAL)					

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AZATHIOPRINE TABLET (ORAL)					
AZELASTINE 0.1% SPRAY 137MCG (not 0.15%) (NASAL)					
AZELASTINE HCL 0.05% DROPS (OPHTHALMIC)					
AZITHROMYCIN 1 GM POWDER PACKET (ORAL)					
AZITHROMYCIN SUSPENSION, TABLET (ORAL)					
AZURETTE 28 DAY TABLET (ORAL)*					
BACITRACIN-POLYMYXIN B SULFATE OINTMENT (OPHTHALMIC)					
BACLOFEN TABLET (not SOLUTION) (ORAL)					
BALVERSA TABLET (ORAL)					
BAQSIMI SPRAY ONE PACK, TWO PACK (NASAL)					
BENAZEPRIL / HCTZ TABLET (ORAL)					
BENAZEPRIL TABLET (ORAL)					
BENEFIX KIT (INTRAVEN.)	BRAND PREF.				
BENZOYL PEROXIDE 5% & 10% LOTION, WASH (OTC) (TOPICAL)		OTC			STEP THERAPY LISTING
BENZOYL PEROXIDE 2.5% & 5% & 10% GEL (OTC) (TOPICAL)		OTC			STEP THERAPY LISTING
BENZTROPINE MES TABLET (ORAL)					
BERINERT 500 UNIT KIT (INTRAVENOUS)					
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) (SUBCUTANE.)					MULTIPLE SCLEROSIS A
BETHKIS 300 MG/4 ML AMPULE (INHALATION)	BRAND PREF.				
BETOPTIC S 0.25% EYE DROP (OPHTHALMIC)					
BICALUTAMIDE TABLET (ORAL)					
BILTRICIDE TABLET (ORAL)					
BISOPROLOL / HCTZ TABLET (ORAL)					
BISOPROLOL TABLET (ORAL)					
BLISOVI FE 1.5-30 TABLET (ORAL)					
BLISOVI FE 1-20 TABLET (ORAL)					
BONJESTA ER TABLET (ORAL)					
BOSULIF TABLET (ORAL)	BRAND PREF.				
BOTOX VIAL (not COSMETIC) (INTRAMUSC)					
BRAFTOVI CAPSULE (ORAL)					
BREO ELLIPTA (INHALATION)	BRAND PREF.				
BRIMONIDINE 0.2% EYE DROP (not 0.15% or 0.1%) (OPHTHALMIC)					
BRIXADI MONTHLY, WEEKLY SYR (SUBCUTANE.)					
BRUKINSA CAPSULE (ORAL)					
BUDESONIDE 0.25, 0.5, 1 MG RESPULES (INHALATION)					
BUDESONIDE DR & EC CAPSULE (ORAL)					
BUMETANIDE TABLET (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 (SUBCUTANE.) (DX CODE REQ)	BRAND PREF.			DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCR
CABOMETYX TABLET (ORAL)					
CALCIPOTRIENE 0.005% CREAM, OINTMENT (TOPICAL)					ANTIPSORIATICS, TOPIC
CALCIPOTRIENE 0.005% SOLUTION (TOPICAL)					ANTIPSORIATICS, TOPIC
CALCIPOTRIENE-BETAMETH DP OINTMENT (TOPICAL)					ANTIPSORIATICS, TOPIC
CALCITONIN-SALMON 200 UNITS SPRAY (NASAL)					
CALCIUM ACETATE CAPSULE, GELCAP (ORAL)					
CALCIUM ACETATE TABLET OTC (not RX) (ORAL)		OTC			
CALQUENCE CAPSULE (ORAL)					
CAMILA 0.35 MG TABLET (ORAL)					
CAMRESE 0.15-0.03-0.01 MG TABLET (ORAL)					
CAMRESE LO TABLET (ORAL)					
CAPECITABINE TABLET (ORAL)					
CAPEX SHAMPOO (TOPICAL)					
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		ANTICONVULSANTS
CARBATROL ER CAPSULE (ORAL)	BRAND PREF.				ANTICONVULSANTS
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)					
CEFACLOR CAPSULE (not SUSPENSION) (ORAL)					
CEFADROXIL CAPSULE, SUSPENSION (not 1G TAB) (ORAL)					
CEFDINIR CAPSULE, SUSPENSION (ORAL)					
CEFPROZIL SUSPENSION, TABLET (ORAL)					
CEFUROXIME AXETIL TABLET (ORAL)					
CELECOXIB CAPSULES (ORAL)					
CEPHALEXIN CAPSULE, SUSPENSION (not TABLET) (ORAL)					
CETIRIZINE SOFTGEL (OTC) (ORAL)		OTC			
CETIRIZINE SOLUTION, SYRUP (not CUP) (RX & OTC) (ORAL)		OTC			
CETIRIZINE TABLET (OTC) (not CHEWABLE) (ORAL)		OTC			
CETIRIZINE-PSE ER TABLET (OTC) (ORAL)		OTC			
CHANTIX STARTING MONTH BOX, CONT MONTH BOX (ORAL)					
CHANTIX TABLET (ORAL)					
CHLORDIAZEPOXIDE CAPSULE (ORAL)					
CHLORPROMAZINE AMPULE, VIAL (INJECTION)					
CHLORPROMAZINE ORAL CONC, TABLET (ORAL)					

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CHLORTHALIDONE TABLET (ORAL)*					
CHOLESTYRAMINE PACKET (with SUCROSE) (not LIGHT) (ORAL)					
CICLOPIROX 0.77% CREAM (not GEL or KIT) (TOPICAL)					
CICLOPIROX 8% SOLUTION (not SUSPENSION) (TOPICAL)					
CIPRO SUSPENSION (ORAL)	BRAND PREF.				
CIPROFLOXACIN 0.3% SOLUTION (OPHTHALMIC)					
CIPROFLOXACIN TABLET (ORAL)					
CIPROFLOX-DEXAMETH OTIC SUSPENSION (OTIC)					
CITALOPRAM TABLET, SOLUTION (not CAPS) (ORAL)					
CLARITHROMYCIN IR TABLET (not ER) (ORAL)					
CLARITHROMYCIN SUSPENSION (ORAL)					
CLASSIC PRENATAL TABLET (00536-4063-01) (OTC) (ORAL)		OTC			
CLEOCIN OVULES (VAGINAL)					
CLINDACIN 1% PLEDGET, SWAB (TOPICAL)					
CLINDAMYCIN (PEDI) 75 MG/5 ML SOLUTION (ORAL)					
CLINDAMYCIN / BENZOYL PEROXIDE 1.2 - 5% (generic DUAC) (TOPICAL)					STEP THERAPY LISTING
CLINDAMYCIN 2% VAGINAL CREAM (VAGINAL)					
CLINDAMYCIN CAPSULE (ORAL)					
CLINDAMYCIN PH 1% GEL (not GENERIC CLINDAGEL) (TOPICAL)					STEP THERAPY LISTING
CLINDAMYCIN PH 1% LOTION, SOLUTION (TOPICAL)					STEP THERAPY LISTING
CLINDAMYCIN PH 1% PLEGET, SWAB (TOPICAL)					STEP THERAPY LISTING
CLOBAZAM SUSPENSION (ORAL)					ANTICONVULSANTS
CLOBAZAM TABLET (ORAL)					ANTICONVULSANTS
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)					
CLOBEX 0.05% SHAMPOO (TOPICAL)					
CLONAZEPAM IR TABLET (not ODT or ER) (ORAL)					ANTICONVULSANTS
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 (RX and OTC) (TOPICAL)		OTC			
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 GRANULES) (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		
COPAXONE 20 MG/ML SYRINGE (not 40 MG/ML) (SUBCUTANE.)	BRAND PREF.				MULTIPLE SCLEROSIS A
COPIKTRA CAPSULE (ORAL)					
CORIFACT KIT (INTRAVEN)					
COTELLIC TABLET (ORAL)					
CREON CAPSULE (ORAL)					
CROMOLYN SODIUM 4% DROPS (OPHTHALMIC)					
CRYSSELLE-28 TABLET (ORAL)					
CYCLOBENZAPRINE TABLET (not ER CAPS) (ORAL)					
CYCLOPHOSPHAMIDE CAPSULE, TABLET (ORAL)					
CYCLOSPORINE MODIFIED 50 MG SOFTGEL (ORAL)*					
CYCLOSPORINE MODIFIED CAPSULE (not 50MG) (ORAL)					
CYCLOSPORINE MODIFIED SOLUTION (ORAL)					
CYRED EQ 28 DAY TABLET (ORAL)*					
DABIGATRAN ETEXILATE CAPSULE (ORAL)					
DALFAMPRIDINE ER TABLET (ORAL)					MULTIPLE SCLEROSIS A
DANZITEN TABLET (ORAL)					
DASATINIB TABLET (ORAL)					
DASETTA 1-35-28 TABLET (ORAL)					
DAURISMO TABLET (ORAL)					
DAYSEE 0.15-0.03-0.01 MG TABLET (ORAL)					
DEBLITANE 0.35 MG TABLET (ORAL)					
DENA VIR 1% CREAM (TOPICAL)	BRAND PREF.				
DEPAKOTE SPRINKLE CAPSULE (not TABLET) (ORAL)	BRAND PREF.				ANTICONVULSANTS
DERMA-SMOOTH-FS BODY OIL (TOPICAL)	BRAND PREF.				
DERMA-SMOOTH-FS SCALP OIL (TOPICAL)	BRAND PREF.				
DESOGESTREL-EE 0.15-0.03 MG TB					
DESOGESTR-ETH ESTRAD ETH ESTRA					
DESONIDE 0.05% CREAM (TOPICAL)					
DESONIDE 0.05% OINTMENT (not LOTION) (TOPICAL)					
DESVENLAFAXINE SUCC ER TABLET (ORAL)					
DEXAMETHASONE TABLET (not DOSE PACK) (ORAL)					
DEXMETHYLPHENIDATE ER CAPSULE (ORAL)(DX CODE REQ)				DIAGNOSIS CODE REQ	
DEXMETHYLPHENIDATE IR (FOCALIN)(ORAL)(DX CODE REQ)				DIAGNOSIS CODE REQ	
DEXTROAMPHETAMINE / AMPHETAMINE ER CAPSULE (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	
DIAZEPAM 5 MG/5 ML SOLUTION (not 5 MG/ML CONC) (ORAL)					
DIAZEPAM RECTAL GEL SYSTEM (RECTAL)					ANTICONVULSANTS
DIAZEPAM TABLET (ORAL)					
DICLEGIS TABLET (ORAL)	BRAND PREF.				

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DICLOFENAC 0.1% DROP (OPHTHALMIC)					
DICLOFENAC 1% GEL (not SOLUTION) (TOPICAL)					
DICLOFENAC SODIUM DR & EC TABLET (not ER 100 MG) (ORAL)					
DIFFERIN 0.1% GEL OTC (OTC)(DX CODE REQ)(TOPICAL)		OTC		DIAGNOSIS CODE REQ	STEP THERAPY LISTING
DILT XR CAPSULE (ORAL)					
DILTAZEM 24HR ER (CD or XR) CAPSULE (not TABS) (ORAL)					
DILTIAZEM 12HR ER CAPSULE (ORAL)					
DILTIAZEM IR TABLET (ORAL)					
DIMETHYL FUMARATE DR CAPSULE (ORAL)					MULTIPLE SCLEROSIS A
DIMETHYL FUMARATE DR STARTER PACK (ORAL)					MULTIPLE SCLEROSIS A
DIPENTUM CAPSULE (ORAL)					
DIPYRIDAMOLE TABLET (ORAL)					
DIVALPROEX SOD DR TABLET (not SPRINKLE) (ORAL)					ANTICONVULSANTS
DIVALPROEX SOD ER TABLET (ORAL)					ANTICONVULSANTS
DONEPEZIL 5MG & 10MG TABLET (not 23MG) (ORAL)					
DONEPEZIL ODT (ORAL)					
DOPTelet TABLET (ORAL)					
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)					
DRONABINOL CAPSULE (ORAL)					
DROSPIRENONE-EE 3-0.02 MG TABLET (ORAL)					
DROSPIRENONE-EE 3-0.03 MG TABLET (ORAL)					
DULERA INHALER (INHALATION)					
DULOXETINE 20MG, 30MG, 60MG CAPSULES (not 40MG) (ORAL)					
DUPIXENT 100 MG/0.67 ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
DUPIXENT 200 MG/1.14 ML PEN (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
DUPIXENT 200 MG/1.14 ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
DUPIXENT 300 MG/2 ML PEN (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
DUPIXENT 300 MG/2 ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
DUREZOL 0.05% EYE DROPS (OPHTHALMIC)	BRAND PREF.				
DUTASTERIDE CAPSULE (ORAL)					
DYSPOrt VIAL (INTRAMUSC)					
EBGLYSS 250 MG/2 ML PEN (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
EBGLYSS 250 MG/2 ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
ELIGARD SYRINGE (SUBCUTANE.)					
ELIQUIS SPRINKLE CAPSULE (ORAL)*					
ELIQUIS STARTER PACK (ORAL)					
ELIQUIS SUSPENSION PACKET (ORAL)*					
ELIQUIS TABLET (ORAL)					
ELLA 30 MG TABLET (ORAL)					
EMEND 80 MG CAPSULE (not TRIPACK) (ORAL)					
EMGALITY 120 MG/ML PEN (SUBCUTANE.)					ANTIMIGRAINE AGENTS.
EMGALITY 120MG SYRINGE (not 100 MG) (SUBCUTANE.)					ANTIMIGRAINE AGENTS.
EMZAHH 0.35 MG TABLET (ORAL)*					
ENALAPRIL / HCTZ TABLET (not SOLUTION) (ORAL)					
ENALAPRIL TABLET (ORAL)					
ENBREL 25 MG/0.5 ML SYRINGE (INJECTION)					CYTOKINE & CAM ANTAG
ENBREL 25 MG/0.5 ML VIAL (SUBCUTANE.)					CYTOKINE & CAM ANTAG
ENBREL 50 MG/ML MINI CARTRIDGE (SUBCUTANE.)					CYTOKINE & CAM ANTAG
ENBREL 50 MG/ML SURECLICK, SYRINGE (INJECTION)					CYTOKINE & CAM ANTAG
ENDARI POWDER PACKET (ORAL)	BRAND PREF.				
ENDOCET TABLET (ORAL)					
ENOBY 60 MG/ML SYRINGE (SUBCUTANE.)*					
ENOXAPARIN SYRINGE (SUBCUTANE.)					
ENOXAPARIN VIAL (SUBCUTANE.)					
ENSKYCE 28 TABLET (ORAL)					
EPIDIOLEX SOLUTION (ORAL)					ANTICONVULSANTS
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)					
EPITOL TABLET (ORAL)					ANTICONVULSANTS
EPLERENONE TABLET (ORAL)*					
EPOGEN VIAL (INJECTION) (DX CODE REQ)				DIAGNOSIS CODE REQ	
ERIVEDGE CAPSULE (ORAL)					
ERLEADA TABLET (ORAL)					
ERLOTINIB TABLET (ORAL)					
ERRIN 0.35 MG TABLET (ORAL)					
ERYTHROMYCIN 0.5% OINTMENT (OPHTHALMIC)					
ERYTHROMYCIN 2% GEL, SOLUTION (TOPICAL)					STEP THERAPY LISTING
ERYTHROMYCIN 200 MG/5 ML SUSPENSION (ORAL)					
ERYTHROMYCIN BASE TABLET (ORAL)*					
ERYTHROMYCIN DR TABLET (not IR or ES 400MG) (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 TABLET (ORAL)					
ESZOPICLONE TABLET (ORAL)					
ETHOSUXIMIDE CAPSULE, SOLUTION (ORAL)					ANTICONVULSANTS
ETHYNODIOL-ETH ESTRA 1MG-35MCG (ORAL)					
ETONOGESTREL-EE VAGINAL RING (66993-0605-36) (VAGINAL)					
EUCRISA 2% OINTMENT (TOPICAL)					
EVEROLIMUS TABLET (not DISPERZ TABS) (ORAL)					
EVEROLIMUS TABLET (ORAL)					
EXELON PATCH (TRANSERMAL)	BRAND PREF.				

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Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
EXEMESTANE TABLET (ORAL)					
EYSUVIS 0.25% EYE DROPS (OPHTHALMIC)					
EZETIMIBE TABLET (ORAL)					
FAKZYNJA TABLET (ORAL)					
FALMINA-28 TABLET (ORAL)*					
FAMCICLOVIR TABLET (ORAL)					
FAMOTIDINE SUSPENSION (ORAL)					
FAMOTIDINE TABLET (not CHEW) (Rx and OTC) (ORAL)		OTC			
FARXIGA TABLET (ORAL)	BRAND PREF.				
FASENRA 10 MG/0.5 ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
FASENRA 30 MG/ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
FASENRA PEN 30 MG/ML (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
FEBUXOSTAT TABLET (ORAL)					
FEIBA NF (INTRAVEN)					
FEIRZA 1 MG-20 MCG TABLET (ORAL)*					
FEIRZA 1.5 MG-30 MCG TABLET (ORAL)*					
FELODIPINE ER TABLET (ORAL)					
FENOFIBRATE 48MG, 54MG, 145MG, 160MG TABLET (ORAL)					
FENOFIBRATE 67MG, 134MG, 200MG CAPSULE (ORAL)					
FENSOLVI SYRINGE (SUBCUTANE.)					
FERATE 27 MG TABLET (OTC) (ORAL)		OTC			
FEROSUL 325 MG TABLET (OTC) (ORAL)		OTC			
FERRO-TIME 325 MG TABLET (OTC) (ORAL)		OTC			
FERROUS FUMARATE 324 MG TABLET (OTC) (ORAL)		OTC			
FERROUS GLUCONATE 324 MG TAB (OTC) (ORAL)		OTC			
FERROUS SULF 15 MG IRON/ML DRP (OTC) (ORAL)		OTC			
FERROUS SULF 220 MG/5 ML ELIX (OTC) (ORAL)		OTC			
FERROUS SULF 300 MG/5 ML CUP (OTC) (ORAL)		OTC			
FERROUS SULF 44 MG IRON/5ML LQ (OTC) (ORAL)		OTC			
FERROUS SULF EC 324 MG TABLET (OTC) (ORAL)		OTC			
FERROUS SULF EC 325 MG TABLET (OTC) (ORAL)		OTC			
FERROUS SULFATE 325 MG TABLET (OTC) (ORAL)		OTC			
FESOTERODINE ER TABLET (ORAL)					BLADDER RELAXANT PR
FEXOFENADINE 30 MG/5 ML SUSP (OTC) (ORAL)		OTC			
FEXOFENADINE-PSE 12H 60-120MG TABLET (OTC) (ORAL)		OTC			
FINASTERIDE 5 MG TABLET (not 1 MG) (ORAL)					
FINGOLIMOD CAPSULE (ORAL)					MULTIPLE SCLEROSIS A
FINZALA 1-0.02(24)-75 CHEW TAB (ORAL)			Chewable		
FLUCONAZOLE SUSPENSION, TABLET (ORAL)					
FLUOCINONIDE 0.05% OINTMENT (TOPICAL)					
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)					
FLUPHENAZINE VIAL (INJECTION)					
FLUTICASONE DISKUS (INHALATION)					
FLUTICASONE HFA (INHALATION)					
FLUTICASONE PROP 50 MCG SPRAY (RX & OTC) (NASAL)		OTC			
FLUTICASONE PROPIONATE 0.005% OINTMENT (TOPICAL)					
FLUTICASONE PROPIONATE 0.05% CREAM (TOPICAL)					
FLUVOXAMINE IR TABLET (not ER or CAPS) (ORAL)					
FML FORTE 0.25% DROP (OPHTHALMIC)					
FML LIQUIFILM 0.1% EYE DROP (OPHTHALMIC)	BRAND PREF.				
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)					
FUROSEMIDE SOLUTION (ORAL)*					
FUROSEMIDE TABLET (ORAL)*					
FYLNETRA SYRINGE (SUBCUTANE.)					COLONY STIMULATING F
GABAPENTIN CAPSULE (ORAL)					
GABAPENTIN TABLET (ORAL)					
GALLIFREY TABLET (ORAL)					
GAVRETO CAPSULE (ORAL)					
GEMFIBROZIL TABLET (ORAL)					
GENGRAF CAPSULE, SOLUTION (ORAL)					
GENOTROPIN CARTRIDGE (INJECTION)					GROWTH HORMONE
GENOTROPIN MINIQUEEK (INJECTION)					GROWTH HORMONE
GENTAMICIN 0.1% CREAM (TOPICAL)					
GENTAMICIN 0.1% OINTMENT (TOPICAL)					
GENTAMICIN 0.3% SOLUTION (OPHTHALMIC)					
GILOTRIF TABLET (ORAL)					
GLIPIZIDE-METFORMIN TABLET (ORAL)					
GLUCAGON 1 MG EMERGENCY KIT (00378-8067-90) (INJECTION)					
GLUCAGON 1 MG EMERGENCY KIT (00548-5850-00) (INJECTION)					
GLUCAGON 1 MG EMERGENCY KIT (69097-0027-50) (INJECTION)					
GLUCAGON 1 MG EMERGENCY KIT (70748-0311-01) (INJECTION)*					
GLYBURIDE-METFORMIN TABLET (ORAL)					
GNP PRENATAL TABLET (OTC) (ORAL)		OTC			
GOMEKLI CAPSULE, TABLET FOR SUSP (ORAL)					
GRISOFULVIN SUSPENSION (not TABLET) (ORAL)					
GUANFACINE ER TABLET (ORAL)					
GUANFACINE TABLET (ORAL)					
GVOKE HYPOPEN 1-PACK, 2-PACK (SUBCUTANE.)*					
GVOKE PFS 1-PACK, 2-PACK SYRINGE (SUBCUTANE.)*					
GVOKE VIAL (SUBCUTANE.)*					
HADLIMA PUSH TOUCH, SYRINGE (INJECTION)					CYTOKINE & CAM ANTAG
HAEGARDA VIAL (SUBCUTANE.)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
HAILEY 24 FE 1 MG-20 MCG TAB (ORAL)*					
HAILEY FE 1.5-30 TABLET (ORAL)*					
HAILEY FE 1-20 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 TABLET (ORAL)					
HEMLIBRA VIAL (SUBCUTANE.)					
HERNEXEOS TABLET (ORAL)					
HUMALOG 100 UNIT/ML CARTRIDGE (SUBCUTANE.)					
HUMALOG 100 UNIT/ML KWIKPEN (SUBCUTANE.)*					
HUMALOG 100 UNIT/ML VIAL (SUBCUTANE.)	BRAND PREF.				
HUMALOG JR 100 UNIT/ML KWIKPEN (SUBCUTANE.)*					
HUMATE-P KIT (INTRAVEN.)					
HUMIRA 40 MG/0.8 ML SYRINGE (INJECTION)					CYTOKINE & CAM ANTAG
HUMIRA PEN 40 MG/0.8 ML (INJECTION)					CYTOKINE & CAM ANTAG
HUMIRA(CF) 10 MG/0.1 ML SYRINGE (INJECTION)					CYTOKINE & CAM ANTAG
HUMIRA(CF) 20 MG/0.2 ML SYRINGE (INJECTION)					CYTOKINE & CAM ANTAG
HUMIRA(CF) 40 MG/0.4 ML SYRINGE (INJECTION)					CYTOKINE & CAM ANTAG
HUMIRA(CF) PEN 40 MG/0.4 ML (INJECTION)					CYTOKINE & CAM ANTAG
HUMIRA(CF) PEN 80 MG/0.8 ML (INJECTION)					CYTOKINE & CAM ANTAG
HUMIRA(CF) PEN CRHN-UC-HS 80MG (INJECTION)					CYTOKINE & CAM ANTAG
HUMIRA(CF) PEN PS-UV-AHS 80-40 (INJECTION)					CYTOKINE & CAM ANTAG
HUMULIN 70/30 KWIKPEN OTC (SUBCUTANE.)		OTC			
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)		OTC			
HUMULIN N 100 UNITS/ML OTC VIAL (not KWIKPEN) (SUBCUTANE.)		OTC			
HUMULIN R 100 UNITS/ML OTC VIAL (SUBCUTANE.)		OTC			
HUMULIN R 500 UNIT/ML KWIKPEN (SUBCUTANE.)					
HYCANTIN CAPSULE (ORAL)					
HYDROCHLOROTHIAZIDE CAPSULE (ORAL)*					
HYDROCHLOROTHIAZIDE TABLET (ORAL)*					
HYDROCODONE / APAP SOLUTION (ORAL)					OPIOID PA FORM
HYDROCODONE / APAP TABLET (ORAL)					OPIOID PA FORM
HYDROCORTISONE 0.5% CREAM (OTC) (TOPICAL)		OTC			
HYDROCORTISONE 1% CREAM (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 RECTAL CREAM 2.5% (TOPICAL)					
HYDROCORTISONE TABLET (ORAL)					
HYDROMORPHONE TABLET (IR) (ORAL)					OPIOID PA FORM
HYDROXYUREA CAPSULE (ORAL)					
IBANDRONATE TABLETS (ORAL)					
IBRANCE CAPSULE (not TABLET) (ORAL)					
IBTROZI CAPSULE (ORAL)					
IBUPROFEN INFANT DROPS 50 MG/1.25 ML (OTC) (ORAL)		OTC			
IBUPROFEN SUSPENSION, TABLET (OTC and Rx) (ORAL)		OTC			
ICATIBANT 30 MG/3 ML SYRINGE (SUBCUTANE.)					
ICLUSIG TABLET (ORAL)					
IDHIFA TABLET (ORAL)					
IMATINIB TABLET (ORAL)					
IMBRUVICA CAPSULE, SUSP. TABLET (ORAL)					
IMIQUIMOD 5% CREAM PACKET (not 3.75%) (TOPICAL)					
IMKELDI 80 MG/ML SOLUTION (ORAL)					
INCASSIA 0.35 MG TABLET (ORAL)					
INCRELEX VIAL (SUBCUTANE.)					
INDAPAMIDE TABLET (ORAL)*					
INDOMETHACIN IR CAPSULE (not ER 75 MG) (ORAL)					
INFANT IBUPROFEN 50 MG/1.25 ML (00904-5463-35) (OTC) (ORAL)		OTC			
INFANT IRON 15 MG/ML DROP (OTC) (ORAL)		OTC			
INFLIXIMAB 100 MG VIAL (INJECTION)					CYTOKINE & CAM ANTAG
INGREZZA CAPSULE (ORAL)					
INGREZZA INITIATION PACK (ORAL)					
INGREZZA SPRINKLE CAPSULE (ORAL)					
INLYTA TABLET (ORAL)					
INQOVI TABLET (ORAL)					
INREBIC CAPSULE (ORAL)					
INSULIN ASPART 100 UNIT/ML CARTRIDGE, PEN, VIAL (SUBCUTANE.)					
INSULIN ASPART PROT MIX 70-30 PEN (SUBCUTANE.)					
INSULIN LISPRO 100 UNIT/ML PEN (SUBCUTANE.)					
INSULIN LISPRO 100 UNIT/ML VIAL (SUBCUTANE.)					
INSULIN LISPRO JR 100 UNIT/ML (SUBCUTANE.)					
INSULIN LISPRO MIX 75-25 KWIKPEN (SUBCUTANE.)					
INVEGA HAFYERA (INTRAMUSC)					
INVEGA SUSTENNA (INTRAMUSC)	BRAND PREF.				
INVEGA TRINZA (INTRAMUSC)					
INVELTYS 1% EYE DROP (OPHTHALMIC)					
INZIRQO 10 MG/ML ORAL SUSPENSION (ORAL)*					
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML (INHALATION)					
IPRATROPIUM 0.03% & 0.06% SPRAY (NASAL)					
IPRATROPIUM BR 0.02% SOLUTION (INHALATION)					
IRBESARTAN / HCTZ TABLET (ORAL)					
IRBESARTAN TABLET (ORAL)					
IRESSA TABLET (ORAL)	BRAND PREF.				
IRON 45 MG TABLET (OTC) (ORAL)		OTC			
IRON 65 MG TABLET (OTC) (ORAL)		OTC			

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
ISIBLOOM 28 DAY TABLET (ORAL)					
ISOSORBIDE DINITRATE TABS (not OCEANSIDE BRAND) (ORAL)					
ISOSORBIDE MONONITRATE ER / SR TABLET (ORAL)					
ISOSORBIDE MONONITRATE TABLET (ORAL)					
ISTALOL 0.5% EYE DROPS (OPHTHALMIC)	BRAND PREF.				
ITRACONAZOLE CAPSULE (not SOLUTION) (ORAL)					
IVERMECTIN TABLET (ORAL)					
IWILFIN TABLET (ORAL)					
JAIMIESS 0.15-0.03-0.01 MG TABLET (ORAL)					
JAKAFI TABLET (ORAL)					
JANTOVEN TABLET (ORAL)					
JANUMET TABLET (ORAL)	BRAND PREF.				
JANUVIA TABLET (ORAL)	BRAND PREF.				
JARDIANCE TABLET (ORAL)					
JASMIEL 3 MG-0.02 MG TABLET (ORAL)*					
JAYPIRCA TABLET (ORAL)					
JENCYCLA 0.35 MG TABLET (ORAL)					
JENTADUETO TABLET (ORAL)	BRAND PREF.				
JENTADUETO XR TABLET (ORAL)*					
JOLESSA 0.15 MG-0.03 MG TABLET (ORAL)					
JULEBER 28 DAY TABLET (ORAL)					
JUNEL FE 1 MG-20 MCG TABLET (ORAL)					
JUNEL FE 1.5 MG-30 MCG TABLET (ORAL)					
JUNEL FE 24 TABLET (ORAL)*					
KARIVA 28 DAY TABLET (ORAL)					
KELNOR 1-35 28 TABLET (00555-9064-58) (not 1-50) (ORAL)					
KERENDIA TABLET (ORAL)*					
KESIMPTA 20 MG/0.4 ML PEN (SUBCUTANE.)					MULTIPLE SCLEROSIS A
KETOCONAZOLE 2% CREAM (not FOAM) (TOPICAL)					
KETOCONAZOLE 2% SHAMPOO (TOPICAL)					
KETOCONAZOLE TABLET (ORAL)					
KETOROLAC 0.5% SOLUTION (not 0.4%) (OPHTHALMIC)					
KISQALI DAILY DOSE (not FEMARA CO-PACK) (ORAL)					
KITABIS PAK 300 MG/5 ML (INHALATION)	BRAND PREF.				
KLOXXADO SPRAY (NASAL)					
KOSELUGO CAPSULE, SPRINKLE (ORAL)					
KRAZATI TABLET (ORAL)					
KURVELO-28 TABLET (ORAL)					
LABETALOL TABLET (ORAL)					
LACOSAMIDE TABLET, SOLUTION (not CUP)					ANTICONVULSANTS
LAMOTRIGINE CHEW DISPERS TAB (not ODT) (ORAL)			Chewable		ANTICONVULSANTS
LAMOTRIGINE TABLET (not ER) (ORAL)					ANTICONVULSANTS
LANTUS SOLOSTAR (00088-2219-05) (SUBCUTANE.)	BRAND PREF.				
LANTUS VIAL (00088-2220-33) (SUBCUTANE.)	BRAND PREF.				
LARIN 24 FE 1 MG-20 MCG TABLET (ORAL)*					
LARIN FE 1.5-30 TABLET (ORAL)					
LARIN FE 1-20 TABLET (ORAL)					
LAZCLUZE TABLET (ORAL)					
LENVIMA CAPSULE, DAILY DOSE (ORAL)					
LESSINA-28 TABLET (ORAL)					
LETROZOLE TABLET (ORAL)					
LEUPROLIDE ACETATE KIT (SUBCUTANE.)					
LEUPROLIDE ACETATE VIAL (not DEPOT) (SUBCUTANE.)					
LEVETIRACETAM SOLUTION, IR TABLET (not ER) (ORAL)					ANTICONVULSANTS
LEVOBUNOLOL 0.5% EYE DROP (OPHTHALMIC)					
LEVOCETIRIZINE TABLETS (RX & OTC) (ORAL)					
LEVOFLOXACIN TABLET (ORAL)		OTC			
LEVONO-E ESTRAD 0.15-0.03-0.01 (91) (ORAL)					
LEVONOR-E ESTRAD 0.1-0.02-0.01 (91) (ORAL)					
LEVONOR-ETH ESTRAD 0.1-0.02 MG (28) (ORAL)					
LEVONOR-ETH ESTRAD 0.15-0.03 (28) (ORAL)					
LEVONOR-ETH ESTRAD 0.15-0.03 (91) (ORAL)					
LIDOCAINE 5% PATCH (not LIDOCAN II/III/IV) (TOPICAL)					
LIDODERM 5% PATCH (TOPICAL)					
LIFEMS NALOXONE 2 MG/2 ML KIT (INJECTION)					
LINEZOLID TABLET (ORAL)					
LINZESS CAPSULE (ORAL)					
LISDEXAMFETAMINE CHEWABLE TABLET (ORAL)(DX CODE REQ)			Chewable	DIAGNOSIS CODE REQ	
LISINAPRIL / HCTZ TABLET (ORAL)					
LISINAPRIL TABLET (ORAL)					
LO LOESTRIN FE 1-10 TABLET (ORAL)					
LOESTRIN 21 1.5-30 TABLET (ORAL)					
LOESTRIN 21 1-20 TABLET (ORAL)					
LOJAIMIESS 0.1-0.02-0.01 TABLET (ORAL)					
LOKELMA 10 GM POWDER PACKET (00310-1110-30) (ORAL)					
LOKELMA 5 GM POWDER PACKET (00310-1105-30) (ORAL)					
LOMUSTINE CAPSULE (ORAL)					
LONSURF TABLET (ORAL)					
LORATADINE OTC TABLET (not ODT or CHEW) (ORAL)		OTC			
LORATADINE SOLUTION, SYRUP (OTC) (ORAL)		OTC			
LORAZEPAM 2 MG/ML ORAL CONCENTRATE (ORAL)					
LORAZEPAM TABLET(ORAL)					
LORBRENA TABLET (ORAL)					
LORYNA 3 MG-0.02 MG TABLET (ORAL)					
LOSARTAN / HCTZ TABLET (ORAL)					
LOSARTAN TABLET (ORAL)					
LOTEMAX 0.5% EYE DROP (not GEL) (OPHTHALMIC)	BRAND PREF.				
LOTEMAX 0.5% EYE OINTMENT (OPHTHALMIC)					
LOVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
LOXAPINE CAPSULE (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
LO-ZUMANDIMINE 3 MG-0.02 MG TB					
LUBIPROSTONE CAPSULE (ORAL)					
LUMAKRAS TABLET (ORAL)					
LUPRON DEPOT KIT (not VIAL) (INJECTION)					
LUPRON DEPOT-PED KIT (not 6 MONTH KIT) (INJECTION)					
LURASIDONE TABLET (ORAL)					
LYLEQ 0.35 MG TABLET (ORAL)					
LYNPARZA TABLET (ORAL)					
LYRICA CAPSULE (IR) (not CR) (ORAL)					
LYTGOBI DAILY DOSE PACK (ORAL)					
MATULANE CAPSULE (ORAL)					
MAVYRET PELLETT PACKET (ORAL)					
MAVYRET TABLET (28 count bottle) (00074-2625-28) (ORAL)					
MEDROXYPROGESTERONE TABLET (ORAL)					
MEKINIST TABLET (ORAL)					
MEKTOVI TABLET (ORAL)					
MELEYA 0.35 MG TABLET (ORAL)*					
MELOXICAM TABLET (not CAPSULE) (ORAL)					
MEMANTINE 5 - 10MG TITRATION PACK (ORAL)					
MEMANTINE IR TABLET (not ER CAPSULES) (ORAL)					
MERCAPTOPYRINE TABLET (ORAL)					
MESALAMINE DR TABLET (ORAL)					
MESALAMINE ER CAPSULE (ORAL)					
MESALAMINE SUPPOSITORY (CANASA) (RECTAL)					
METFORMIN ER 500 & 1000 MG OSMOTIC TAB (FORTAMET) (ORAL)*					
METFORMIN ER 500MG & 750MG TAB (GLUCOPHAGE XR) (ORAL)					
METFORMIN HCL 500 MG/5 ML SOLUTION (ORAL)*					
METFORMIN TABLET (ORAL)					
METHOCARBAMOL TABLET (ORAL)					
METHOTREXATE SODIUM PF VIAL (INJECTION)					
METHOTREXATE TABLET, VIAL (ORAL)					
METHYLDOPA TABLET (ORAL)					
METHYLPHENIDATE CHEWABLE TABLET (ORAL) (DX CODE REQ)			Chewable	DIAGNOSIS CODE REQ	
METHYLPHENIDATE ER TABLET (CONCERTA) (ORAL) (DX CODE REQ)				DIAGNOSIS CODE REQ	
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)					
METOLAZONE TABLET (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 21 1.5-30 TAB (ORAL)					
MICROGESTIN 21 1-20 TABLET (ORAL)					
MICROGESTIN FE 1.5-30 TABLET (ORAL)					
MICROGESTIN FE 1-20 TABLET (ORAL)					
MILI 0.25-0.035 MG TABLET (ORAL)					
MINOCYCLINE CAPSULE (not TABLET) (not ER) (ORAL)					
MIRTAZAPINE TABLET, ODT (ORAL)					
M-NATAL PLUS TABLET (OTC) (ORAL)		OTC			
MODAFINIL TABLET (ORAL) (DX CODE REQ)				DIAGNOSIS CODE REQ	
MODEYSO CAPSULE (ORAL)					
MOLINDONE TABLET (ORAL)					
MOMETASONE FUROATE 0.1% CREAM (TOPICAL)					
MOMETASONE FUROATE 0.1% OINTMENT (TOPICAL)					
MOMETASONE FUROATE 0.1% SOLUTION (TOPICAL)					
MOMETASONE OTC 50MGG SPRAY (OTC NASONEX) (NASAL)		OTC			
MONO-LINYAH 28 TABLET (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
MOUNJARO 10 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)*				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
MOUNJARO 12.5 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)*				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
MOUNJARO 15 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)*				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
MOUNJARO 2.5 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)*				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
MOUNJARO 5 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)*				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
MOUNJARO 7.5 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)*				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
MOXIFLOXACIN 0.5% DROPS (not VISC) (OPHTHALMIC)					
MUPIROCI 2% OINTMENT (not CREAM) (TOPICAL)					
MY CHOICE 1.5 MG TABLET (ORAL)					
MYCOPHENOLATE MOFETIL CAPSULE, TABLET (ORAL)					
MYCOPHENOLATE MOFETIL SUSPENSION					
MYCOPHENOLIC ACID DR TABLET (ORAL)					
MYFEMBREE TABLET (ORAL)					
MYRBETRIQ ER TABLET (ORAL)	BRAND PREF.				BLADDER RELAXANT PR
NABUMETONE TABLET (ORAL)					
NADOLOL 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 TABLET (ORAL)					
NATROBA 0.9% TOPICAL SUSP (52246-0929-04) (TOPICAL)					
NAYZILAM NASAL SPRAY (NASAL)					ANTICONVULSANTS

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
NEBIVOLOL TABLET (ORAL)					
NEOMYCIN / POLY / DEXAMETHASONE DROP (OPHTHALMIC)					
NEOMYCIN / POLY / DEXAMETHASONE OINTMENT (OPHTHALMIC)					
NEOMYCIN / POLYMYXIN / HC EAR SOLUTION, SUSPENSION (OTIC)					
NEUPOGEN DISP SYRINGE, VIAL (INJECTION)					COLONY STIMULATING F
NEVANAC 0.1% EYE DROP (OPHTHALMIC)					
NEXIUM PACKET SUSPENSION (not CAPSULE) (ORAL)	BRAND PREF.				STEP THERAPY LISTING
NIACIN CAPSULE, TABLET (RX & OTC) (ORAL)		OTC			
NIACIN ER 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 (not IR CAP) (ORAL)					
NIKKI 3 MG-0.02 MG TABLET (ORAL)					
NILUTAMIDE TABLET (ORAL)					
NINLARO CAPSULE (ORAL)					
NITRO-BID 2% OINTMENT (TRANSDERM)	BRAND PREF.				
NITROFURANTOIN MACROCRYSTALS CAPSULES (ORAL)*					
NITROFURANTOIN MONO-MACRO CAPSULES (ORAL)*					
NITROGLYCERIN PATCH (TRANSDERM)					
NITROGLYCERIN SL TABLET (SUBLINGUAL)					
NIVA-PLUS TABLET (OTC) (ORAL)		OTC			
NORA-BE TABLET (ORAL)					
NORDITROPIN FLEXPOR (INJECTION)					GROWTH HORMONE
NORETHIND-ETH ESTRAD 1-0.02 MG					
NORETHINDRONE 0.35 MG TABLET (ORAL)					
NORETHINDRONE TABLET (ORAL)					
NORETHIN-EE 1.5-0.03 MG(21) TB					
NORG-EE 0.18-0.215-0.25/0.035					
NORG-ETHIN ESTRA 0.25-0.035 MG					
NOVOEIGHT VIAL (INTRAIVEN)					
NUBEQA TABLET (ORAL)					
NURTEC ODT (ORAL)					ANTIMIGRAINE AGENTS.
NUVARING (78206-0146-03) (VAGINAL)					
NUVESSA VAGINAL 1.3% GEL (VAGINAL)	BRAND PREF.				
NYLIA 1-35 28 TABLET (ORAL)					
NYLIA 7-7-7-28 TABLET (ORAL)					
NYSTATIN CREAM, OINTMENT, POWDER (TOPICAL)					
NYSTATIN SUSPENSION (ORAL)					
NYSTATIN TABLET (ORAL)					
NYSTATIN-TRIAMCINOLONE CREAM, OINTMENT (TOPICAL)					
OCELLA 3 MG-0.03 MG TABLET (ORAL)					
OCREVUS 300 MG/10 ML VIAL (INTRAIVEN.)*					MULTIPLE SCLEROSIS A
OCREVUS ZUNOVO 920 MG-23,000 VIAL (SUBCUTANE.)*					MULTIPLE SCLEROSIS A
ODOMZO CAPSULE (ORAL)					
OFLOXACIN 0.3% EAR DROP (OTIC)					
OFLOXACIN 0.3% SOLUTION (OPHTHALMIC)		OTC			
OGSIVEO TABLET (ORAL)		OTC			
OJEMDA SUSP. TABLET (ORAL)					
OJJAARA TABLET (ORAL)					
OLANZAPINE / FLUOXETINE CAPSULE (ORAL)					
OLANZAPINE TABLET, ODT (ORAL)					
OLMESARTAN / HCTZ TABLET (ORAL)					
OLMESARTAN TABLET (ORAL)					
OLOPATADINE OTC 0.1% EYE DROP (OTC only) (OPHTHALMIC)		OTC			
OLOPATADINE OTC 0.2% EYE DROP (OTC only) (OPHTHALMIC)		OTC			
OMEGA-3 ACID ETHYL ESTERS 1GM CAPSULE (ORAL)					
OMEPRAZOLE 10MG, 20MG, 40MG CAPSULE (Rx ONLY) (ORAL)					STEP THERAPY LISTING
ONDANSETRON ODT (4MG & 8MG only) (ORAL)					
ONDANSETRON SOLUTION, TABLET (ORAL)					
ONUREG TABLET (ORAL)					
OPCICON ONE-STEP 1.5 MG TABLET (ORAL)					
OPTION 2 1.5 MG TABLET (ORAL)					
ORENCIA CLICKJECT, SYRINGE (SUBCUTANE.)					CYTOKINE & CAM ANTAG
ORGOVYX TABLET (ORAL)					
ORIAHNN CAPSULE (ORAL)					
ORLISSA TABLET (ORAL)					
ORLADEYO CAPSULE (ORAL)*					
OSELTAMIVIR CAPSULE (ORAL)					
OSELTAMIVIR SUSPENSION (ORAL)					
OTEZLA IR TABLET (ORAL)					CYTOKINE & CAM ANTAG
OTEZLA STARTER PACKS (ORAL)					CYTOKINE & CAM ANTAG
OXCARBAZEPINE TABLET (ORAL)					ANTICONVULSANTS
OXYBUTYNIN ER TABLET (ORAL)					BLADDER RELAXANT PR
OXYBUTYNIN SOLUTION, TABLET (not 2.5MG) (ORAL)					BLADDER RELAXANT PR
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 0.25-0.5 MG/DOSE PEN (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
OZEMPIC 1 MG/DOSE (4 MG/3 ML) (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
OZEMPIC 2 MG/DOSE (8 MG/3 ML) (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
PALIPERIDONE ER TABLET (ORAL)					
PANTOPRAZOLE TABLET (ORAL)					STEP THERAPY LISTING
PAROXETINE IR TABLET (not ER) (ORAL)					
PATADAY ONCE DAILY 0.7% DROPS (OTC) (OPHTHALMIC)		OTC			
PAXLOVID TAB DS PK (ORAL)					
PEGASYS SYRINGE, VIAL (SUBCUTANE.)					
PEMAZYRE TABLET (ORAL)					
PENTASA 250MG CAPSULE (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
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 KIT (SUBCUTANE.)					
PHENOBARBITAL ELIXIR, SOLUTION, TABLET (ORAL)					ANTICONVULSANTS
PHENYTOIN CHEW TABLET, SUSPENSION (ORAL)			Chewable		ANTICONVULSANTS
PHENYTOIN SOD EXT 100 MG CAPS (not 200MG, 300MG) (ORAL)					ANTICONVULSANTS
PHYRAGO TABLET (ORAL)					
PILOCARPINE 1%, 2%, 4% EYE DROPS (OPHTHALMIC)					
PIMECROLIMUS 1% CREAM (TOPICAL)					
PIMOZIDE TABLET (ORAL)					
PIMTREA 28 DAY TABLET (ORAL)					
PIOGLITAZONE TABLET (ORAL)					
PIPERONYL BUTOXIDE / PYRETHRINS LICE KILLING SHAMPOO (OTC) (TOPICAL)		OTC			
PIRFENIDONE CAPSULE, TABLET (ORAL)					
PODOFILOX 0.5% SOLUTION (TOPICAL)					
POLYCYN EYE OINTMENT (OPHTHALMIC)					
POLYMYXIN B-TMP DROP (OPHTHALMIC)					
POLYSACCHARIDE IRON 150 MG CAP (OTC) (ORAL)		OTC			
POMALYST CAPSULE (ORAL)	BRAND PREF.				
PORTIA-28 TABLET (ORAL)					
POSACONAZOLE DR TABLET (ORAL)					
PRALUENT PEN (SUBCUTANE.)*					
PRAMIPEXOLE IR TABLET (not ER) (ORAL)					
PRASUGREL TABLET (ORAL)					
PRAVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
PRAZIQUANTEL TABLET (ORAL)					
PRED MILD 0.12% EYE DROP (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)					
PREDNISONE TABLET (not DOSE PACK) (ORAL)					
PREGABALIN CAPSULE (IR) (ORAL)					
PRENATAL PLUS VITAMIN-MINERAL OTC (ORAL)*		OTC			
PRENATAL VITAMIN PLUS LOW IRON (OTC) (ORAL)		OTC			
PRIMIDONE TABLET (ORAL)					ANTICONVULSANTS
PROAIR RESPICLICK (INHALATION)					
PROBENECID / COLCHICINE TABLET (ORAL)					
PROBENECID TABLET (ORAL)					
PROCTOCORT 1% CREAM (TOPICAL)					
PROGESTERONE CAPSULE (ORAL)					
PROGESTERONE VIAL (INTRAMUSC)					
PROGLYCEM SUSPENSION (ORAL)	BRAND PREF.				
PROMACTA TABLET (not SUSPENSION PACKET) (ORAL)	BRAND PREF.				
PROPRANOLOL ER CAPSULE (ORAL)					
PROPRANOLOL SOLUTION, TABLET (ORAL)					
PROTONIX SUSPENSION (ORAL)	BRAND PREF.				STEP THERAPY LISTING
PRUCALOPRIDE TABLET (ORAL)*					
PULMICORT FLEXHALER (INHALATION)					
PYLERA CAPSULE (ORAL)	BRAND PREF.				
PYZCHIVA 45 MG/0.5 ML SYRINGE, VIAL (SUBCUTANE.)					CYTOKINE & CAM ANTAG
PYZCHIVA 90 MG/ML SYRINGE (SUBCUTANE.)					CYTOKINE & CAM ANTAG
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	
QUILIPTA TABLET (ORAL)					ANTIMIGRAINE AGENTS.
QVAR REDHALER (INHALATION)					
RALOXIFENE TABLET (ORAL)					
RAMIPRIL CAPSULE (ORAL)					
RECLIPSEN 28 DAY TABLET (ORAL)					
RELPAK TABLET (ORAL)	BRAND PREF.				STEP THERAPY LISTING
REPATHA SURECLICK (SUBCUTANE.)					PCSK9I MN PA FORM
REPATHA SYRINGE (SUBCUTANE.)					PCSK9I MN PA FORM
RESTASIS 0.05% EYE EMULSION (OPHTHALMIC)	BRAND PREF.				
RETACRIT VIAL (PFIZER Brand Only) (INJECTION) (DX CODE REQ)				DIAGNOSIS CODE REQ	
RETEVMO CAPSULE (ORAL)					
REVLIMID CAPSULE (ORAL)	BRAND PREF.				
REVUFORJ TABLET (ORAL)					
REXULTI TABLET (not PACK) (ORAL)					
REZLIDHIA CAPSULE (ORAL)					
RHOPRESSA 0.02% EYE DROP (OPHTHALMIC)					
RIBAVIRIN 200 MG TABLET (not CAPSULE) (ORAL)					
RILUZOLE 50 MG TABLET (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)					
ROMVIMZA CAPSULE (ORAL)					
ROPINIROLE IR TABLET (not ER) (ORAL)					
ROSUVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
ROWEEPPRA TABLET (ORAL)					ANTICONVULSANTS
ROZLYTREK CAPSULE, PELLETT PACKET (ORAL)					
RUBRACA TABLET (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
RYDAPT CAPSULE (ORAL)					
SABRIL 500 MG POWDER PACK (ORAL)	BRAND PREF.				ANTICONVULSANTS
SABRIL 500 MG TABLET (ORAL)	BRAND PREF.				ANTICONVULSANTS
SACUBITRIL / VALSARTAN TABLET (ORAL)					
SCEMBLIX TABLET (ORAL)					
SCOPOLAMINE PATCH (TRANSDERM)					
SELARSDI 130 MG/26 ML VIAL (INTRAVENOUS)					CYTOKINE & CAM ANTAG
SELARSDI 45 MG/0.5 ML SYRINGE (SUBCUTANE.)					CYTOKINE & CAM ANTAG
SELARSDI 90 MG/ML SYRINGE (SUBCUTANE.)					CYTOKINE & CAM ANTAG
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)					
SETLAKIN 0.15 MG-0.03 MG TAB (ORAL)					
SEVELAMER CARBONATE TABLET (ORAL)					
SEVENFACT VIAL (INTRAVEN)					
SHAROBEL 0.35 MG TABLET (ORAL)					
SIKLOS TABLET (ORAL)					
SILDENAFIL 20 MG TABLET (ORAL) (DX CODE REQ)				DIAGNOSIS CODE REQ	PAH AGENTS, ORAL AND
SIMPESSE 0.15-0.03-0.01 MG TABLET (ORAL)					
SIMVASTATIN TABLET (ORAL)					STEP THERAPY LISTING
SIROLIMUS 1 MG/ML SOLUTION (not TABLET)					
SIROLIMUS TABLET (ORAL)*					
SLO-NIACIN TABLET (OTC) (ORAL)		OTC			
SLYND 4 MG TABLET (ORAL)					
SODIUM POLYSTYRENE SULF POWDER (ORAL)					
SOFOSBUVIR / VELPATASVIR TABLET (ORAL)					
SOGROYA PEN (SUBCUTANE.)*					GROWTH HORMONE
SOLIFENACIN TABLET (ORAL)					BLADDER RELAXANT PR
SORAFENIB TABLET (ORAL)					
SOTALOL AF TABLET (ORAL)					
SOTALOL TABLET					
SPINOSAD 0.9% TOPICAL SUSP (52246-0570-04) (TOPICAL)*					
SPIRIVA HANDHALER (INHALATION) (not RESPIMAT)	BRAND PREF.				
SPIRONOLACTONE TABLET (ORAL)*					
SPIRONOLACTONE-HCTZ TABLET (ORAL)*					
SPRINTEC 28 DAY TABLET (ORAL)					
SRONYX 0.10-0.02 MG TABLET (ORAL)					
STEQEYMA 130 MG/26 ML VIAL (INTRAVENOUS)					CYTOKINE & CAM ANTAG
STEQEYMA 45 MG/0.5 ML SYRINGE (SUBCUTANE.)					CYTOKINE & CAM ANTAG
STEQEYMA 90 MG/ML SYRINGE (SUBCUTANE.)					CYTOKINE & CAM ANTAG
STIOLTO RESPIMAT (INHALATION)					
STIVARGA TABLET (ORAL)					
SUBLOCADE SYRINGE (SUBCUTANE.)					
SUBOXONE FILM (SUBLINGUAL)	BRAND PREF.				
SUBVENITE TABLET (not START KIT) (ORAL)					ANTICONVULSANTS
SULFACETAMIDE / PREDNISOLONE 10-0.23% (OPHTHALMIC)					
SULFASALAZINE DR TABLET (ORAL)					
SULFASALAZINE TABLET (ORAL)					
SULINDAC TABLET (ORAL)					
SUMATRIPTAN NASAL SPRAY (NASAL)					STEP THERAPY LISTING
SUMATRIPTAN TABLET (ORAL)					STEP THERAPY LISTING
SUMATRIPTAN VIAL (not AUTOINJECT) (SUBCUTANE.)					STEP THERAPY LISTING
SUNITINIB CAPSULE (ORAL)					
SYEDA 28 TABLET (ORAL)					
SYMBICORT INHALER (INHALATION)	BRAND PREF.				
SYMLIN PEN INJECTOR (SUBCUTANE.)					
SYNAREL NASAL SPRAY (NASAL)					
SYNJARDY TABLET (not XR) (ORAL)					
TABRECTA TABLET (ORAL)					
TACROLIMUS 0.03% OINTMENT (TOPICAL)					
TACROLIMUS 0.1% OINTMENT (TOPICAL)					
TACROLIMUS CAPSULE (IR) (ORAL)					
TADALAFIL 20 MG TABLET (ADCIRCA) (ORAL) (DX CODE REQ)				DIAGNOSIS CODE REQ	PAH AGENTS, ORAL AND
TAFINLAR CAPSULE, TABLET FOR SUSP (ORAL)					
TAGRISSO TABLET (ORAL)					
TAMOXIFEN CITRATE TABLET (ORAL)					
TAMSULOSIN CAPSULE (ORAL)					
TARINA FE 1-20 EQ TABLET (ORAL)					
TASIGNA CAPSULE (ORAL)	BRAND PREF.				
TAZTIA XT CAPSULE (ORAL)					
TAZVERIK TABLET (ORAL)					
TEGRETOL 100 MG/5 ML SUSPENSION (ORAL)	BRAND PREF.				ANTICONVULSANTS
TEGRETOL XR TABLET (ORAL)	BRAND PREF.				ANTICONVULSANTS
TEMAZEPAM 15MG, 30MG CAPSULE (not 7.5MG or 22.5MG) (ORAL)					
TEMOZOLAMIDE CAPSULE (ORAL)					
TEPMETKO TABLET (ORAL)					
TERAZOSIN CAPSULE (ORAL)					
TERBINAFINE TABLET (ORAL)					
TERIFLUNOMIDE TABLET (ORAL)					MULTIPLE SCLEROSIS A
TESTOSTERONE 1.62% GEL PUMP (TRANSDERM)					
TESTOSTERONE 50 MG / 5 GM GEL PACKET (VOGELXO) (TRANSDERM)*					
TETRABENAZINE TABLET (ORAL)					
TEZSPIRE 210 MG/1.91 ML PEN (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
TEZSPIRE 210 MG/1.91 ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, J
THALITONE TABLET (ORAL)*					
THALOMID CAPSULE (ORAL)					
THIORIDAZINE TABLET (ORAL)					
THIOTHIXENE CAPSULE (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
THRIVITE RX TABLET (OTC) (ORAL)		OTC			
TIADYL ER CAPSULE (ORAL)					
TIAGABINE TABLET (ORAL)					ANTICONVULSANTS
TIBSOVO TABLET (ORAL)					
TICAGRELOR TABLET (ORAL)					
TIMOLOL 0.25% & 0.5% GEL-SOLUTION (OPHTHALMIC)					
TIMOLOL 0.25% EYE DROP (not OCUDOSE) (OPHTHALMIC)					
TIMOLOL 0.5% EYE DROP (not ONCE DAILY or PF) (OPHTHALMIC)					
TINIDAZOLE TABLET (ORAL)					
TIZANIDINE TABLET (not CAPSULE) (ORAL)					
TOBI PODHALER 28MG INHALE CAPS (49502-0401-24) (INHALATION)					
TOBRADEX EYE OINTMENT (OPHTHALMIC)					
TOBRAMYCIN 0.3% SOLUTON (OPHTHALMIC)					
TOBRAMYCIN 300 MG/5 ML AMPULE (00093-4085-63) (INHALATION)					
TOBRAMYCIN-DEXAMETH OPPTH SUSP (OPHTHALMIC)					
TOBREX 0.3% EYE OINTMENT (OPHTHALMIC)					
TOPIRAMATE SPRINKLE CAPSULE (ORAL)					ANTICONVULSANTS
TOPIRAMATE TABLET (not ER) (ORAL)					ANTICONVULSANTS
TORPENZ TABLET (ORAL)					
TORSEMIDE TABLET (ORAL)*					
TOUJEO MAX SOLOSTAR PEN (00024-5871-02) (SUBCUTANE.)	BRAND PREF.				
TOUJEO SOLOSTAR PEN (00024-5869-03) (SUBCUTANE.)	BRAND PREF.				
TRACLEER 62.5 MG & 125 MG TABLET (ORAL)	BRAND PREF.				PAH AGENTS, ORAL AND
TRADJENTA TABLET (ORAL)					
TRAMADOL / APAP TABLET (ORAL)					
TRAMADOL 50 MG TABLET (ORAL)					
TRAVATAN Z 0.004% EYE DROP (OPHTHALMIC)	BRAND PREF.				
TRAZODONE TABLET (ORAL)					
TRELEGY ELLIPTA (INHALATION)					
TRESIBA FLEXTOUCH PEN (not VIAL) (SUBCUTANE.)	BRAND PREF.				
TRETINOIN 0.01% & 0.025% GEL (DX CODE REQ) (TOPICAL)				DIAGNOSIS CODE REQ	STEP THERAPY LISTING
TRETINOIN 0.025% & 0.05% & 0.1% CREAM (DX CODE REQ) (TOPICAL)				DIAGNOSIS CODE REQ	STEP THERAPY LISTING
TRETINOIN CAPSULE (ORAL)					
TRIAMCINOLONE 55 MCG SPRAY OTC (NASAL)		OTC			
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)					
TRIAMTERENE-HCTZ CAPSULE, TABLET (ORAL)*					
TRICARE PRENATAL TABLET (67112-0101-00) (OTC) (ORAL)		OTC			
TRIDACAINE 5% PATCH (TOPICAL)					
TRI-ESTARYLLA TABLET (ORAL)					
TRIFLUOPERAZINE TABLET (ORAL)					
TRIHEXYPHENIDYL ELIXIR, TABLET (ORAL)					
TRILEPTAL 300 MG/5 ML SUSPENSION (ORAL)	BRAND PREF.				ANTICONVULSANTS
TRI-LO-ESTARYLLA TABLET (ORAL)					
TRI-LO-MARZIA TABLET (ORAL)					
TRI-LO-MILI TABLET (ORAL)					
TRI-LO-SPRINTEC TABLET (ORAL)					
TRI-MILI 28 TABLET (ORAL)*					
TRINATAL RX 1 TABLET (OTC) (ORAL)		OTC			
TRINTELLIX TABLET (ORAL)					
TRI-SPRINTEC TABLET (ORAL)					
TRI-VYLIBRA LO TABLET (ORAL)					
TRUE FERROUS SULF EC 324 MG TB (OTC) (ORAL)		OTC			
TRULICITY 0.75 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
TRULICITY 1.5 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
TRULICITY 3 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
TRULICITY 4.5 MG/0.5 ML PEN (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
TURALIO CAPSULE (ORAL)					
TWIRLA PATCH (TRANSDERM)					
TYENNE 162 MG/0.9 ML AUTOINJCT, SYRINGE (SUBCUTANE.)					CYTOKINE & CAM ANTAG
TYENNE VIAL (INTRAVENOUS)					CYTOKINE & CAM ANTAG
UBRELVY TABLET (ORAL)					ANTIMIGRAINE AGENTS.
URSODIOL 250MG, 500MG TABLET (ORAL)					
URSODIOL 300MG CAPSULE (ORAL)					
UZEDY ER SYRINGE (SUBCUTANE.)					
VALACYCLOVIR TABLET (ORAL)					
VALPROIC ACID CAPSULE, SOLUTION (ORAL)					ANTICONVULSANTS
VALSARTAN / HCTZ TABLET (ORAL)					
VALSARTAN TABLET (ORAL)					
VALTOCO NASAL SPRAY (NASAL)					ANTICONVULSANTS
VANCOMYCIN 25 MG/ML SOLUTION (FIRVANQ) (ORAL)					
VANCOMYCIN CAPSULE (ORAL)					
VANFLYTA TABLET (ORAL)					
VARENICLINE STARTING MONTH BOX, CONT MONTH BOX (ORAL)					
VARENICLINE TABLET (ORAL)					
VECTICAL 3 MCG/G OINTMENT (TOPICAL)	BRAND PREF.				ANTIPSORIATICS, TOPIC
VENCLEXTA TABLET, STARTING PACK (ORAL)					
VENLAFAXINE ER CASPULES (not ER TABLET) (ORAL)					
VENLAFAXINE IR TABLET (ORAL)					
VENTOLIN HFA (INHALATION)	BRAND PREF.				
VERAPAMIL TABLET (ORAL)					
VERAPAMIL TABLET ER TABLET (not ER CAPS) (ORAL)					
VESTURA 3 MG-0.02 MG TABLET (ORAL)					
VICTOZA 2-PAK 18 MG/3 ML PEN (SUBCUTANE.) (DX CODE REQ)	BRAND PREF.			DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
VICTOZA 3-PAK 18 MG/3 ML PEN (SUBCUTANE.) (DX CODE REQ)	BRAND PREF.			DIAGNOSIS CODE REQ	HYPOGLYCEMICS, INCRE
VIENVA-28 TABLET (ORAL)					
VILAZODONE TABLET (ORAL)					
VIORALE 28 DAY TABLET (ORAL)*					
VITAFOL FE PLUS SOFTGEL (ORAL)					

Connecticut Medicaid Preferred Drug List (PDL)

Preferred Drug	Brand Name Preferred	OTC Product	Chewable	Diagnosis Code Link	Class Prior Authorization Link
VITAFOL GUMMIES (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 (65757-0300-01) (SUBCUTANE.)					
VIZIMPRO TABLET (ORAL)					
VOLNEA 0.15-0.02-0.01 MG TAB (ORAL)*					
VONJO CAPSULE (ORAL)					
VORANIGO TABLET (ORAL)					
VOSEVI TABLET (ORAL)					
VOTRIENT TABLET (ORAL)	BRAND PREF.				
VRAYLAR CAPSULE, PACK (ORAL)					
VYLIBRA 28 TABLET (ORAL)					
VYVANSE CAPSULE (ORAL) (DX CODE REQ)	BRAND PREF.			DIAGNOSIS CODE REQ	
WARFARIN TABLET (ORAL)					
WELIREG TABLET (ORAL)					
WELL FERROUS SULF EC 324 MG TB (OTC) (ORAL)		OTC			
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)					
XACIATO 2% VAGINAL GEL (78206-0189-01) (VAGINAL)*					
XALATAN 0.005% EYE DROPS (OPHTHALMIC)	BRAND PREF.				
XALKORI CAPSULE, PELLET (ORAL)					
XARELTO STARTER PACK (ORAL)					
XARELTO TABLET (ORAL)	BRAND PREF.				
XELJANZ 5 MG & 10 MG TABLET (ORAL)	BRAND PREF.				CYTOKINE & CAM ANTAG
XIGDUO XR TABLET (ORAL)	BRAND PREF.				
XIIDRA 5% DROPS (OPHTHALMIC)					
XOLAIR 150 MG/1.2 ML POWDER VL (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, I
XOLAIR 150 MG/ML AUTOINJECTOR (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, I
XOLAIR 150 MG/ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, I
XOLAIR 300 MG/2 ML AUTOINJECT (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, I
XOLAIR 300 MG/2 ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, I
XOLAIR 75 MG/0.5 ML AUTOINJECT (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, I
XOLAIR 75 MG/0.5 ML SYRINGE (SUBCUTANE.) (DX CODE REQ)				DIAGNOSIS CODE REQ	IMMUNOMODULATORS, I
XOPENEX HFA (INHALATION)	BRAND PREF.				
XOSPATA TABLET (ORAL)					
XPOVIO WEEKLY DOSE (ORAL)					
XTANDI CAPSULE, TABLET (ORAL)					
XYNTHA KIT (INTRAVEN)					
XYNTHA SOLOFUSE SYRINGE KIT (INTRAVEN.)					
YASMIN 28 TABLET (ORAL)					
YAZ 28 TABLET (ORAL)					
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, SYRINGE (SUBCUTAN.)					
ZEJULA CAPSULE (ORAL)					
ZELBORAF TABLET (ORAL)					
ZENPEP CAPSULE (ORAL)					
ZIOPATAN 0.0015% EYE DROP (OPHTHALMIC)	BRAND PREF.				
ZIPRASIDONE CAPSULE (ORAL)					
ZOLINZA CAPSULE (ORAL)					
ZOLPIDEM TARTRATE 5MG, 10MG TABLET (not ER or SL) (ORAL)					
ZONISAMIDE CAPSULE (ORAL)					ANTICONVULSANTS
ZOVIA 1-35 TABLET (ORAL)					
ZUMANDIMINE 3 MG-0.03 MG TAB (ORAL)					
ZYDELIG TABLET (ORAL)					
ZYKADIA CAPSULE (ORAL)					