

Medicaid-Approved Preferred Drug List

Effective May 1, 2019

Legend

In each class, drugs are listed alphabetically by either brand name or generic name.

Brand name drug: Uppercase in bold type

Generic drug: Lowercase in plain type

AL: Age Limit Restrictions

DO: Dose Optimization Program

GR: Gender Restriction

OTC: Over the counter medication available with a prescription. (Prescribers please indicate OTC on the prescription)

PA: Prior authorization is required. Prior authorization is the process of obtaining approval of benefits before certain prescriptions are filled.

QL: Quantity limits; certain prescription medications have specific quantity limits per prescription or per month.

SP: Specialty Pharmacy

ST: Step therapy is required. You may need to use one medication before benefits for the use of another medication can be authorized.

