Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Fee-for-Service‡ (FFS) Pharmacy General Prior Authorization Requirements:
https://www.pa.gov/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements

FFS† Pharmacy Prior Authorization Clinical Guidelines:
https://www.pa.gov/agencies/dhs/resources/pharmacy-services/clinical-guidelines

FFS‡ Pharmacy Prior Authorization Fax Forms:
https://www.pa.gov/agencies/dhs/resources/pharmacy-services/pharmacy-services-fax-forms

FFS‡ Pharmacy Quantity Limits/Daily Dose Limits:
https://www.pa.gov/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits

‡*This information is specific to FFS. Please refer to each managed care organization's (MCO) website for MCO prior authorization procedures, prior authorization fax request forms, and quantity limits.*

†*Prior authorization guidelines for drugs and products included in the Statewide PDL apply to FFS and the Pennsylvania Medical Assistance MCOs. Prior authorization guidelines for drugs and products not included in the Statewide PDL are specific to FFS. Please refer to each MCO's website for MCO-specific prior authorization requirements for drugs and products not included in the Statewide PDL.*

ACNE AGENTS, ORAL

Preferred Agents	Non-Preferred Agents
Amnesteem *(isotretinoin)* Capsule[PA]	Absorica *(isotretinoin)* Capsule
Claravis *(isotretinoin)* Capsule[PA]	Absorica LD *(isotretinoin, micronized)* Capsule
Isotretinoin 10 mg, 20 mg, 30 mg, 40 mg Capsule[PA]	Isotretinoin 25 mg, 35 mg Capsule
Zenatane *(isotretinoin)* Capsule[PA]	

ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents
Adapalene 0.1% Gel[AR]	Adapalene 0.1% Cream[AR]
Adapalene 0.1% Gel Pump[AR]	Adapalene 0.3% Gel Pump[AR]
Adapalene 0.3% Gel (Tube)[AR]	Aklief *(trifarotene)* Cream[AR]
Adapalene-Benzoyl Peroxide 0.1%-2.5% Gel Pump *(generic EpiDuo)*[AR]	BP 10-1 *(sodium sulfacetamide-sulfur)* Wash
	Cleocin T *(clindamycin phosphate)* Lotion
Adapalene-Benzoyl Peroxide 0.3%-2.5% Gel Pump *(generic EpiDuo Forte)*[AR]	Clindacin *(clindamycin phosphate)* Foam
	Clindacin ETZ *(clindamycin phosphate)* Pledget
Benzoyl Peroxide Gel 2.5%	Clindacin P *(clindamycin phosphate)* Pledget
Benzoyl Peroxide Gel 5%	Clindamycin Phosphate 1% Daily Gel *(generic Clindagel)*
Benzoyl Peroxide Gel 10%	Clindamycin Phosphate Foam
Benzoyl Peroxide Wash 5%	Clindamycin-Benzoyl Peroxide 1%-5% Gel Pump *(generic Benzaclin Gel Pump)*
Benzoyl Peroxide Wash 10%	
Clindamycin Phosphate 1% Gel	Clindamycin-Benzoyl Peroxide 1.2%-2.5% Gel Pump *(generic Acanya)*
Clindamycin Phosphate 1% Lotion	
Clindamycin Phosphate 1% Pledget/Swab	Clindamycin-Benzoyl Peroxide 1.2%-3.75% Gel Pump *(generic Onexton)*
Clindamycin Phosphate 1% Solution	
Clindamycin-Benzoyl Peroxide 1%-5% Gel *(generic Benzaclin)*	Clindamycin-Tretinoin 1.2%-0.025% Gel *(generic Veltin, Ziana)*[AR]
Clindamycin-Benzoyl Peroxide 1.2%-5% Gel *(generic Duac, Neuac)*	Dapsone 5% Gel
	Dapsone 7.5% Gel
Differin *(adapalene)* 0.1% Gel[AR]	Dapsone 7.5% Gel Pump
Ery *(erythromycin 2%)* Pads	Differin *(adapalene)* 0.1% Cream[AR]
Erythromycin 2% Solution	Differin *(adapalene)* 0.3% Gel Pump[AR]
Erythromycin-Benzoyl Peroxide Gel *(generic Benzamycin)*	Epiduo Forte *(adapalene-benzoyl peroxide)* Gel Pump[AR]
Sodium Sulfacetamide-Sulfur 8%-4% Suspension	Erythromycin Gel

AR = age restriction, clinical prior authorization required for specified ages (in years)
AE = age exemption for specified ages (in years)
ST = step therapy – refer to prior authorization guidelines
Effective January 4, 2027 v2

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims
Non-preferred agents require prior authorization

Sodium Sulfacetamide-Sulfur 9%-4.5% Wash	Fabior *(tazarotene)* Foam[AR]
Sodium Sulfacetamide-Sulfur 10%-5% Cleanser	Neuac *(clindamycin-benzoyl peroxide)* Gel
SSS *(sodium sulfacetamide-sulfur)* 10%-5% Cream	Sodium Sulfacetamide 10% Wash
Tretinoin Cream[AR]	Sodium Sulfacetamide-Sulfur 9%-4% Wash
	Sodium Sulfacetamide-Sulfur 9%-4.25% Suspension
	Sodium Sulfacetamide-Sulfur 9.8%-4.8% Cleanser
	Sodium Sulfacetamide-Sulfur 10%-1% Emulsion
	Sodium Sulfacetamide-Sulfur 10%-2% Cleanser
	Sodium Sulfacetamide-Sulfur 10%-2% Cream
	Sodium Sulfacetamide-Sulfur 10%-5% Cream
	Sulfacetamide Sodium 10% Suspension
	Sumaxin *(sodium sulfacetamide-sulfur)* Cleansing Pad
	Sumaxin CP *(sodium sulfacetamide-sulfur)* Kit[QL]
	Tazarotene Cream[AR]
	Tazarotene Foam[AR]
	Tazarotene Gel[AR]
	Tretinoin Gel[AR]
	Tretinoin Micro Gel Pump[AR]
	Twyneo Cream Pump[AR]
	Winlevi *(clascoterone)* Cream

ALCOHOL USE DISORDER AGENTS

Preferred Agents	Non-Preferred Agents
Acamprosate DR Tablet[QL]	
Disulfiram Tablet[QL]	
Naltrexone Tablet	
Vivitrol Vial[QL]	

ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents
Donepezil ODT[QL]	Aricept Tablet[QL]
Donepezil 5 mg, 10 mg Tablet[QL]	Donepezil 23 mg Tablet[QL]
Galantamine Tablet[QL]	Exelon Patch[QL]
Galantamine ER Capsule[QL]	Galantamine Solution[QL]
Memantine Tablet[QL]	Memantine Solution[QL]
Memantine ER Capsule[QL]	Memantine-Donepezil ER Capsule[QL]
Rivastigmine Capsule[QL]	Namzaric Capsule[QL]
	Rivastigmine Patch[QL]
	Zunveyl DR Tablet[QL]

ANALGESICS, ACUTE PAIN AGENTS

Preferred Agents	Non-Preferred Agents
	Journavx Tablet[QL]

ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS

Preferred Agents	Non-Preferred Agents
Butalbital-Acetaminophen-Caffeine 50-325-40 mg Tablet[PA, QL]	Butalbital-Acetaminophen 50-300 mg Capsule[QL]
Butalbital-Aspirin-Caffeine 50-325-40 mg Capsule[PA, QL]	Butalbital-Acetaminophen 50-300 mg Tablet[QL]
	Butalbital-Acetaminophen 50-325 mg Tablet[QL]
	Butalbital-Acetaminophen-Caffeine 50-300-40 mg Capsule[QL]

	Butalbital-Acetaminophen-Caffeine 50-325-40 mg Capsule[QL] Fioricet 50-300-40 mg Capsule[QL]

ANALGESICS, OPIOID LONG-ACTING

Preferred Agents	Non-Preferred Agents
Belbuca Film[PA, QL] Buprenorphine Patch[PA, QL] Fentanyl 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr Patch[PA, QL] Morphine ER Tablet *(generic MS Contin)*[PA, QL] Tramadol ER (24H) Tablet *(generic Ultram ER)*[AR, PA, QL]	Butrans Patch[QL] Fentanyl 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr Patch[QL] Hydrocodone ER (12H) Capsule *(generic Zohydro ER)*[QL] Hydrocodone ER (24H) Tablet *(generic Hysingla ER)*[QL] Hydromorphone ER (24H) Tablet *(generic Exalgo)*[QL] Hysingla ER Tablet[QL] Methadone Intensol/Concentrate Solution[QL] Methadone Solution[QL] Methadone Tablet[QL] Morphine ER (CPMP 24HR) Capsule *(generic Avinza)*[QL] MS Contin Tablet[QL] Oxycontin Tablet[QL] Oxymorphone ER (12H) Tablet[QL] Tapentadol ER Tablet[QL] Tramadol ER (CPBP) Capsule *(generic Conzip)*[AR, QL]

ANALGESICS, OPIOID SHORT-ACTING

Preferred Agents	Non-Preferred Agents
Acetaminophen-Codeine Solution[AR, QL] Acetaminophen-Codeine Tablet[AR, QL] Endocet Tablet[QL] Hydrocodone-Acetaminophen 2.5-108 mg/5 mL Solution[QL] Hydrocodone-Acetaminophen 5-217 mg/10 mL Solution[QL] Hydrocodone-Acetaminophen 7.5-325 mg/15 mL Solution[QL] Hydrocodone-Acetaminophen Tablet[QL] Morphine Sulfate 100 mg/5 mL Concentrate Solution[QL] Morphine Sulfate 5 mg/0.25 mL ENFit Syringe Morphine Sulfate 10 mg/5 mL, 20 mg/5 mL Solution[QL] Morphine Sulfate Tablet[QL] Oxycodone 5 mg/5 mL Solution[QL] Oxycodone Tablet[QL] Oxycodone-Acetaminophen Tablet *(generic Percocet)*[QL] Tramadol 50 mg, 100 mg Tablet[AR, QL] Tramadol-Acetaminophen Tablet[AR, QL]	Aspirin-Butalbital-Caffeine-Codeine #3 Capsule[AR, QL] Ascomp With Codeine Capsule[AR, QL] Butalbital-Caffeine-Acetaminophen-Codeine 50-300-30 mg Capsule[AR, QL] Butalbital-Caffeine-Acetaminophen-Codeine 50-325-30 mg Capsule[AR, QL] Butorphanol Tartrate Nasal Spray[QL] Codeine Tablet[AR, QL] Dilaudid Liquid[QL] Dilaudid Tablet[QL] Hydrocodone-Acetaminophen 10-300 mg/15 mL Solution[QL] Hydrocodone-Ibuprofen Tablet[QL] Hydromorphone Rectal Suppository[QL] Hydromorphone Solution[QL] Hydromorphone Tablet[QL] Levorphanol Tablet[QL] Meperidine Solution[QL] Meperidine Tablet[QL] Morphine Sulfate 20 mg/mL Oral Syringe[QL] Morphine Sulfate Rectal Suppository[QL] Nalocet Tablet[QL] Oxycodone Capsule[QL] Oxycodone Concentrate Solution[QL] Oxymorphone Tablet[QL] Pentazocine-Naloxone Tablet[QL] Percocet Tablet[QL] Prolate Tablet[QL] Roxicodone Tablet[QL]

	Roxybond Tablet[QL]
	Tapentadol Solution[QL]
	Tapentadol Tablet[QL]
	Tramadol Solution[AR, QL]
	Tramadol 25 mg, 75 mg Tablet[AR, QL]
	Xyvona Tablet[QL]

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents
Depo-Testosterone Vial[PA, QL]	Aveed Vial[QL]
Testopel Implant Pellet[PA, QL]	Azmiro Syringe[QL]
Testosterone 1.62% (20.25 mg/1.25 gm) Gel Pump *(generic Androgel 1.62%)*[PA, QL]	Jatenzo Capsule[QL]
	Methitest Tablet[QL]
Testosterone Cypionate Vial[PA, QL]	Methyltestosterone Capsule[QL]
	Natesto Nasal Spray[QL]
	Testim 1% Gel[QL]
	Testosterone 1% Gel Packet *(generic Androgel 1% Packet)*[QL]
	Testosterone 1% Gel Pump *(generic Androgel 1% Pump)*[QL]
	Testosterone 1% Gel Tube *(generic Testim 1%)*[QL]
	Testosterone 1.62% Gel Packet *(generic Androgel 1.62%)*[QL]
	Testosterone 30 mg/1.5 mL Solution Pump *(generic Axiron)*[QL]
	Testosterone Enanthate Vial[QL]
	Xyosted Auto-Injector[QL]

ANGIOTENSIN MODULATOR COMBINATIONS

Preferred Agents	Non-Preferred Agents
Amlodipine-Benazepril Capsule[QL]	Amlodipine-Valsartan-HCTZ Tablet[QL]
Amlodipine-Olmesartan Tablet[QL]	Azor Tablet[QL]
Amlodipine-Valsartan Tablet[QL]	Exforge Tablet[QL]
Olmesartan-Amlodipine-HCTZ Tablet[QL]	Exforge HCT Tablet[QL]
Telmisartan-Amlodipine Tablet[QL]	Trandolapril-Verapamil ER Tablet[QL]
	Tribenzor Tablet[QL]

ANGIOTENSIN MODULATORS

Preferred Agents	Non-Preferred Agents
Benazepril Tablet[QL]	Aliskiren Tablet[QL]
Benazepril-Hydrochlorothiazide Tablet[QL]	Arbli Suspension[QL]
Candesartan Tablet[QL]	Atacand Tablet[QL]
Candesartan-Hydrochlorothiazide Tablet[QL]	Atacand HCT Tablet[QL]
Captopril Tablet[QL]	Avalide Tablet[QL]
Enalapril Tablet[QL]	Avapro Tablet[QL]
Enalapril-Hydrochlorothiazide Tablet[QL]	Azilsartan Tablet[QL]
Fosinopril Tablet[QL]	Benicar Tablet[QL]
Fosinopril-Hydrochlorothiazide Tablet[QL]	Benicar HCT Tablet[QL]
Irbesartan Tablet[QL]	Captopril-Hydrochlorothiazide Tablet
Irbesartan-Hydrochlorothiazide Tablet[QL]	Cozaar Tablet[QL]
Lisinopril Tablet[QL]	Diovan Tablet[QL L]
Lisinopril-Hydrochlorothiazide Tablet[QL]	Diovan HCT Tablet[QL]
Losartan Tablet[QL]	Edarbi Tablet[QL]
Losartan-Hydrochlorothiazide Tablet[QL]	Edarbyclor Tablet[QL]
Olmesartan Tablet[QL]	Enalapril Solution[AE<9, QL]

Olmesartan-Hydrochlorothiazide Tablet[QL]	Entresto Sprinkle Pellet[QL]
Ramipril Capsule[QL]	Entresto Tablet[QL]
Sacubitril-Valsartan Tablet[QL]	Epaned Solution[AE<9, QL]
Telmisartan Tablet[QL]	Hyzaar Tablet[QL]
Telmisartan-Hydrochlorothiazide Tablet[QL]	Lotensin Tablet[QL]
Trandolapril Tablet[QL]	Lotensin HCT Tablet[QL]
Valsartan Tablet[QL]	Micardis HCT Tablet[QL]
Valsartan-HydrochlorothiazideTablet[QL]	Moexipril Tablet[QL]
	Perindopril Tablet[QL]
	Qbrelis Solution[AE<9, QL]
	Quinapril Tablet[QL]
	Quinapril-Hydrochlorothiazide Tablet[QL]
	Tekturna Tablet[QL]
	Valsartan Solution[QL]
	Zestoretic Tablet[QL]
	Zestril Tablet[QL]

ANTIANGINAL AGENTS

Preferred Agents	Non-Preferred Agents
Isosorbide Mononitrate ER Tablet	BiDil *(isosorbide dinitrate-hydralazine)* Tablet
Nitro-BID *(nitroglycerin)* Ointment	Isosorbide Dinitrate Tablet
Nitroglycerin Patch	Isosorbide Dinitrate-Hydralazine Tablet
Nitroglycerin SL Tablet	Isosorbide Mononitrate Tablet
Ranolazine ER Tablet[QL]	Nitro-DUR *(nitroglycerin)* Patch
	Nitroglycerin Spray
	Nitrolingual *(nitroglycerin)* Spray
	Nitrostat SL *(nitroglycerin)* Tablet

ANTIBIOTICS, GI AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents
Metronidazole 250 mg, 500 mg Tablet	Dificid *(fidaxomicin)* Suspension[QL]
Neomycin Sulfate Tablet	Dificid *(fidaxomicin)* Tablet[QL]
Tinidazole Tablet[QL]	Fidaxomicin Tablet[QL]
Vancomycin Capsule	Firvanq *(vancomycin)* Solution
Vancomycin Solution	Likmez *(metronidazole)* Suspension[QL]
	Metronidazole Capsule
	Metronidazole 125 mg Tablet
	Nitazoxanide Tablet[QL]
	Solosec *(secnidazole)* Granule Packet
	Vancocin *(vancomycin)* Capsule

ANTIBIOTICS, INHALED

Preferred Agents	Non-Preferred Agents
Tobramycin 300 mg/5 mL Ampule *(generic Tobi)*[QL]	Arikayce *(amikacin liposomal)* Vial[QL]
	Bethkis *(tobramycin)* 300 mg/4 mL Ampule[QL]
	Cayston *(aztreonam)* Inhalation Solution[QL]
	Kitabis Pak *(tobramycin)* 300 mg/5 mL[QL]
	TOBI *(tobramycin)* Podhaler Inhalation Capsule[QL]
	TOBI *(tobramycin)* 300 mg/5 mL Solution[QL]
	Tobramycin 300 mg/4 mL Ampule *(generic Bethkis)*[QL]
	Tobramycin Pak 300 mg/5 mL *(generic Kitabis)*[QL]

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Antibiotic Plus *(neomycin-polymyxin B-pramoxine)* Cream	Mupirocin Cream
Bacitracin Ointment	Neo-Synalar *(neomycin-fluocinolone)* Cream
Bacitracin Ointment Packet	Xepi *(ozenoxacin)* Cream
Bacitracin Zinc Ointment	
Bacitracin Zinc Ointment Packet	
Double Antibiotic *(Bacitracin-Polymyxin)* Ointment	
Gentamicin Cream	
Gentamicin Ointment	
Mupirocin Ointment	
Poly Bacitracin *(Bacitracin-Polymyxin)* Ointment	
Triple Antibiotic *(Neomycin-Bacitracin-Polymyxin)* Ointment	
Triple Antibiotic *(Neomycin-Bacitracin-Polymyxin)* Ointment Packet	
Triple Antibiotic *(Neomycin-Bacitracin-Polymyxin-Pramoxine)* Plus Ointment	

ANTICOAGULANTS

Preferred Agents	Non-Preferred Agents
Dabigatran Capsule[QL]	Fondaparinux Syringe[QL]
Eliquis Packet (Tablet for Suspension)[QL]	Fragmin Syringe[QL]
Eliquis Sprinkle Capsule[QL]	Fragmin Vial[QL]
Eliquis Tablet[QL]	Lovenox Syringe[QL]
Enoxaparin Syringe[QL]	Lovenox Vial[QL]
Enoxaparin Vial[QL]	Pradaxa Capsule[QL]
Rivaroxaban 2.5 mg Tablet[QL]	Pradaxa Pellet Pack[QL]
Warfarin Tablet	Rivaroxaban Suspension[QL]
Xarelto Tablet (all strengths except 2.5 mg)[QL]	Rivaroxaban Tablet (all strengths except 2.5 mg)[QL]
	Savaysa Tablet[QL]
	Xarelto Suspension[QL]
	Xarelto 2.5 mg Tablet[QL]

ANTICONVULSANTS

Preferred Agents	Non-Preferred Agents
Brivaracetam Solution[QL]	Aptiom *(eslicarbazepine)* Tablet[QL]
Brivaracetam Tablet[QL]	Banzel *(rufinamide)* Suspension[QL]
Carbamazepine 100 mg Chewable Tablet *(generic Tegretol Chewable Tablet)*[QL]	Banzel *(rufinamide)* Tablet[QL]
Carbamazepine Suspension[QL]	Briviact *(brivaracetam)* Solution[QL]
Carbamazepine Tablet[QL]	Briviact *(brivaracetam)* Tablet[QL]
Carbamazepine ER (CPMP 12HR) Capsule *(generic Carbatrol ER)*[QL]	Carbamazepine 200 mg Chewable Tablet[QL]
Carbamazepine ER (12H) Tablet[QL]	Carbatrol ER *(carbamazepine CPMP 12HR)* Capsule[QL]
Clobazam Suspension[QL]	Celontin *(methsuximide)* Capsule[QL]
Clobazam Tablet[QL]	Depakote DR *(divalproex sodium DR)* Sprinkle Capsule
Clonazepam ODT[AR, QL]	Depakote DR *(divalproex sodium DR)* Tablet
Clonazepam 0.5 mg, 1 mg, 2 mg Tablet[AR, QL]	Depakote ER *(divalproex sodium ER 24H)* Tablet
Diazepam Rectal Gel System	Diacomit *(stiripentol)* Capsule
Dilantin *(phenytoin)* 30 mg Capsule[QL]	Diacomit *(stiripentol)* Powder Packet
Divalproex Sodium DR Sprinkle Capsule	Dilantin *(phenytoin)* 100 mg Capsule[QL]
	Dilantin Infatab *(phenytoin)* Chewable Tablet[QL]
	Dilantin *(phenytoin)* Suspension[QL]

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Divalproex Sodium DR Tablet
Divalproex Sodium ER (24H) Tablet
Epidiolex *(cannabidiol extract)* Solution[PA]
Equetro *(carbamazepine CPMP 12HR)* Capsule[QL]
Ethosuximide Capsule[QL]
Ethosuximide Solution[QL]
Lacosamide Solution[QL]
Lacosamide Tablet[QL]
Lamotrigine Tablet
Levetiracetam Solution[QL]
Levetiracetam Tablet[QL]
Levetiracetam ER Tablet[QL]
Nayzilam *(midazolam)* Nasal Spray
Oxcarbazepine Suspension[QL]
Oxcarbazepine Tablet[QL]
Phenobarbital Elixir/Solution
Phenobarbital Tablet
Phenytoin Chewable Tablet[QL]
Phenytoin Suspension[QL]
Phenytoin ER Capsule[QL]
Primidone Tablet[QL]
Roweepra *(levetiracetam)* Tablet[QL]
Subvenite *(lamotrigine)* Tablet
Topiramate 15 mg, 25 mg Sprinkle Capsule *(generic Topamax)*[QL]
Topiramate Tablet[QL]
Topiramate ER (24) Sprinkle Capsule *(generic Qudexy XR)*[QL]
Valproic Acid Capsule[QL]
Valproic Acid Solution[QL]
Valtoco *(diazepam)* Nasal Spray
Zonisamide Capsule[QL]

Elepsia XR *(levetiracetam ER 24H)* Tablet[QL]
Eprontia *(topiramate)* Solution[QL]
Eslicarbazepine Tablet[QL]
Felbamate Suspension
Felbamate Tablet
Felbatol *(felbamate)* Tablet
Fintepla *(fenfluramine)* Solution[QL]
Fycompa *(perampanel)* Suspension[QL]
Fycompa *(perampanel)* Tablet[QL]
Keppra *(levetiracetam)* Solution[QL]
Keppra *(levetiracetam)* Tablet[QL]
Keppra XR *(levetiracetam ER 24H)* Tablet[QL]
Klonopin *(clonazepam)* Tablet[AR, QL]
Lamictal *(lamotrigine)* Dispersible Tablet
Lamictal *(lamotrigine)* ODT
Lamictal *(lamotrigine)* ODT Starter Kit
Lamictal *(lamotrigine)* Tablet
Lamictal *(lamotrigine)* Tablet Starter Kit
Lamictal XR *(lamotrigine ER 24)* Tablet
Lamictal XR *(lamotrigine ER 24)* Tablet Starter Kit
Lamotrigine Dispersible Tablet
Lamotrigine ODT
Lamotrigine ODT Starter Kit
Lamotrigine Tablet Starter Kit
Lamotrigine ER (24) Tablet
Levetiracetam Tablet for Suspension[QL]
Methsuximide Capsule[QL]
Motpoly XR *(lacosamide ER 24H)* Capsule[QL]
Onfi *(clobazam)* Suspension[QL]
Onfi *(clobazam)* Tablet[QL]
Oxcarbazepine ER (24H) Tablet[QL]
Oxtellar XR *(oxcarbazepine ER 24H)* Tablet[QL]
Perampanel Suspension[QL]
Perampanel Tablet[QL]
Phenytek *(phenytoin ER)* Capsule[QL]
Rufinamide Suspension[QL]
Rufinamide Tablet[QL]
Sabril *(vigabatrin)* Powder Packet[QL]
Sabril *(vigabatrin)* Tablet[QL]
Spritam *(levetiracetam)* Tablet for Suspension[QL]
Subvenite *(lamotrigine)* Starter Kit
Subvenite *(lamotrigine)* Suspension
Sympazan *(clobazam)* Film[QL]
Tegretol *(carbamazepine)* Suspension[QL]
Tegretol *(carbamazepine)* Tablet[QL]
Tegretol XR *(carbamazepine ER 12H)* Tablet[QL]
Tiagabine Tablet
Topamax *(topiramate)* Sprinkle Capsule[QL]
Topamax *(topiramate)* Tablet[QL]
Topiramate 50 mg Sprinkle Capsule[QL]
Topiramate Solution[QL]
Topiramate ER (24H) Capsule *(generic Trokendi XR)*[QL]
Trileptal *(oxcarbazepine)* Suspension[QL]

	Trileptal *(oxcarbazepine)* Tablet[QL] Trokendi XR *(topiramate ER 24H)* Capsule[QL] Vigabatrin Powder Packet[QL] Vigabatrin Tablet[QL] Vigadrone *(vigabatrin)* Powder Packet[QL] Vigadrone *(vigabatrin)* Tablet[QL] igafyde *(vigabatrin)* Solution[QL] Vimpat *(lacosamide)* Solution[QL] Vimpat *(lacosamide)* Tablet[QL] Xcopri *(cenobamate)* Tablet[QL] Zarontin *(ethosuximide)* Capsule[QL] Zarontin *(ethosuximide)* Solution[QL] Zonisade *(zonisamide)* Suspension[QL] Ztalmy *(ganaxolone)* Suspension[QL]

ANTIDEPRESSANTS, OTHER

Preferred Agents	Non-Preferred Agents
Amitriptyline Tablet	Amoxapine Tablet
Bupropion HCl Tablet[QL]	Anafranil Capsule
Bupropion HCl SR (12H) 100 mg, 150 mg, 200 mg Tablet *(generic Wellbutrin SR)*[QL]	Auvelity ER Tablet[QL]
Bupropion HCl XL (ER 24H) 150 mg, 300 mg Tablet *(generic Wellbutrin XL)*[QL]	Bupropion HCl XL (ER 24H) 450 mg Tablet *(generic Forfivo XL)*[QL]
Clomipramine Capsule	Desipramine Tablet
Desvenlafaxine Succinate ER (24H) Tablet *(generic Pristiq)*[QL]	Desvenlafaxine ER (24H) Tablet[QL]
Doxepin Capsule	Drizalma Sprinkle DR Capsule[QL]
Doxepin Concentrate Solution	Duloxetine DR 40 mg Capsule *(generic Irenka)*[QL]
Duloxetine DR 20 mg, 30 mg, 60 mg Capsule *(generic Cymbalta)*[QL]	Effexor XR Capsule[QL]
Imipramine HCl Tablet	Emsam Patch[QL]
Mirtazapine ODT[QL]	Exxua ER Tablet[QL]
Mirtazapine Tablet[QL]	Fetzima ER Capsule[QL]
Nortriptyline Capsule	Imipramine Pamoate Capsule
Phenelzine Tablet	Marplan Tablet
Spravato (Nasal) Dose Pack[PA, QL]	Nardil Tablet
Trazodone 50 mg, 100 mg, 150 mg, 300 mg Tablet	Nefazodone Tablet
Venlafaxine Tablet[QL]	Nortriptyline Solution
Venlafaxine HCl ER Capsule[QL]	Pamelor Capsule
Venlafaxine HCl ER Tablet[QL]	Pristiq ER Tablet[QL]
Vilazodone Tablet[QL]	Protriptyline Tablet
Zurzuvae Capsule[PA, QL]	Raldesy Solution
	Remeron Soltab[QL]
	Remeron Tablet[QL]
	Tranylcypromine Tablet
	Trimipramine Capsule
	Trintellix Tablet[QL]
	Venlafaxine Besylate ER (24) Tablet[QL]
	Viibryd Tablet[QL]
	Wellbutrin SR Tablet[QL]

ANTIDEPRESSANTS, SSRIs

Preferred Agents	Non-Preferred Agents
Citalopram 10 mg/5 mL Solution[QL]	Celexa Tablet[QL]

Citalopram Tablet[QL]	Citalopram Capsule[QL]
Escitalopram Tablet[QL]	Escitalopram Capsule[QL]
Fluoxetine Capsule[QL]	Escitalopram Solution[QL]
Fluoxetine Solution[QL]	Fluoxetine DR Capsule[QL]
Fluoxetine Tablet[QL]	Fluvoxamine ER Capsule[QL]
Fluvoxamine Tablet[QL]	Lexapro Tablet[QL]
Paroxetine Tablet[QL]	Paroxetine Suspension[QL]
Sertraline Concentrate Solution[QL]	Paroxetine CR/ER Tablet[QL]
Sertraline Tablet[QL]	Paroxetine Mesylate Capsule[QL]
	Paxil Tablet[QL]
	Paxil CR Tablet[QL]
	Sertraline Capsule[QL]
	Zoloft Concentrate Solution[QL]
	Zoloft Tablet[QL]

ANTIEMETICS-ANTIVERTIGO AGENTS

Preferred Agents	Non-Preferred Agents
Aprepitant Capsule[QL]	Akynzeo Capsule[QL]
Aprepitant Dose Pack[QL]	Akynzeo Vial[QL]
Compro Rectal Suppository	Bonjesta Tablet[QL]
Dimenhydrinate Tablet	Cinvanti Vial[QL]
Doxylamine Succinate-Pyridoxine DR Tablet *(generic Diclegis)*[QL]	Diclegis Tablet[QL]
Fosaprepitant Vial[QL]	Dimenhydrinate Vial
Granisetron Vial	Dronabinol Capsule[QL]
Meclizine Chewable Tablet	Dronabinol Solution
Meclizine 12.5 mg, 25 mg Tablet	Emend Capsule[QL]
Metoclopramide Solution	Emend Powder Packet[QL]
Metoclopramide Tablet	Emend Tripack[QL]
Metoclopramide Vial	Emend Vial[QL]
Ondansetron ODT 4 mg, 8 mg[QL]	Focinvez Vial[QL]
Ondansetron Solution[QL]	Gimoti Nasal Spray[QL]
Ondansetron Syringe	Granisetron Tablet[QL]
Ondansetron Tablet[QL]	Granisol Solution
Ondansetron Vial[QL]	Meclizine 50 mg Tablet
Palonosetron Syringe	Navitrux Vial[QL]
Palonosetron Vial[QL]	Nereus Capsule[QL]
Phosphorated Carbohydrate Nausea Relief Solution	Ondansetron ODT 16 mg[QL]
Prochlorperazine Rectal Suppository	Phenergan Ampule[AR]
Prochlorperazine Tablet	Phenergan Vial[AR]
Prochlorperazine Vial	Posfrea Vial[QL]
Promethazine Ampule[AR]	Reglan Tablet
Promethazine Rectal Suppository[AR, QL]	Sancuso Patch[QL]
Promethazine Solution/Syrup[AR]	Sustol Syringe[QL]
Promethazine Tablet[AR, QL]	Tigan Vial[QL]
Promethazine Vial[AR]	Transderm-Scop Patch[QL]
Promethegan Rectal Suppository[AR, QL]	Trimethobenzamide Capsule[QL]
Scopolamine Patch[QL]	

ANTIFIBROTIC RESPIRATORY AGENTS

Preferred Agents	Non-Preferred Agents
Nintedanib Esylate Capsule[PA, QL]	Esbriet *(pirfenidone)* Tablet[QL]

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Pirfenidone Capsule[PA, QL]	Jascayd *(nerandomilast)* Tablet[QL]
Pirfenidone Tablet[PA, QL]	Ofev *(nintedanib esylate)* Capsule[QL]

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents
Clotrimazole Troche[QL]	Cresemba Capsule[QL]
Fluconazole Suspension[QL]	Diflucan Suspension[QL]
Fluconazole Tablet[QL]	Flucytosine Capsule
Griseofulvin Suspension	Griseofulvin Micro Tablet
Nystatin Suspension	Griseofulvin Ultra Tablet
Nystatin Tablet	Itraconazole Capsule[QL]
Posaconazole DR Tablet[QL]	Itraconazole Solution[QL]
Terbinafine Tablet[QL]	Ketoconazole Tablet[QL]
Voriconazole Tablet	Noxafil Powdermix Suspension[QL]
	Posaconazole Suspension[QL]
	Sporanox Capsule[QL]
	Tolsura Capsule[QL]
	Vfend Suspension
	Vivjoa Capsule
	Voriconazole Suspension

ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents
Alevazol *(clotrimazole)* Ointment	Ciclodan *(ciclopirox)* Solution
Butenafine Cream	Ciclopirox Gel
Ciclopirox Cream	Ciclopirox Suspension
Ciclopirox Shampoo	Ciclopirox Treatment Kit
Ciclopirox 8% Solution	Clotrimazole Solution
Clotrimazole Cream	Clotrimazole-Betamethasone Lotion
Clotrimazole-Betamethasone Cream	Econazole Foam
Econazole Cream	Ertaczo *(sertaconazole)* Cream
Ketoconazole Cream	Ketoconazole Foam
Ketoconazole Shampoo	Ketodan *(ketoconazole)* Foam
Klayesta Powder	Lasolex AG *(miconazole)* Gel
Miconazole Cream	Micomitin *(tolnaftate)* Solution
Miconazole Powder	Micnonazole-Zinc-Petrolatum Ointment *(generic Vusion)*
Miconazole Solution	Micotrin AC *(clotrimazole)* Cream
Nystatin Cream	Micotrin AL *(tolnaftate)* Solution
Nystatin Ointment	Micotrin AP *(miconazole)* Powder
Nystatin Powder	Mycozyl AC *(clotrimazole)* Cream
Nystatin-Triamcinolone Cream	Mycozyl AL *(tolnaftate)* Solution
Nystatin-Triamcinolone Ointment	Mycozyl AP *(miconazole)* Powder
Nystop Powder	Naftifine Cream
Terbinafine Cream	Naftifine Gel
Tolnaftate Cream	Naftin *(naftifine)* Gel
Tolnaftate Solution	Oxiconazole Cream
Tolnaftate Liquid Spray	Oxistat *(oxiconazole)* Lotion
Tolnaftate Powder Spray	Tavaborole Solution
	Trimazole *(clotrimazole)* Cream
	Tripenicol C *(undecylenic acid)* Cream
	Tripenicol S *(undecylenic acid)* Solution

	Tritolnacide C *(tolnaftate)* Cream
	Tritolnacide S *(tolnaftate)* Solution
	Vusion *(miconazole nitrate 0.25%-zinc oxide 15% in white petrolatum)* Ointment

ANTIHEMOPHILIA AGENTS

Preferred Agents	Non-Preferred Agents
Advate[PA]	Alhemo
Adynovate[PA]	Esperoct
Afstyla[PA]	Hympavzi[QL]
Alphanate[PA]	Idelvion
Alphanine SD[PA]	Obizur
Alprolix[PA]	Qfitlia[QL]
Altuviiio[PA]	Vonvendi
Benefix[PA]	
Eloctate[PA]	
Feiba NF[PA]	
Hemlibra[PA]	
Hemofil M[PA]	
Humate-P[PA]	
Ixinity[PA]	
Jivi[PA]	
Koate[PA]	
Kovaltry[PA]	
Novoeight[PA]	
Novoseven RT[PA]	
Nuwiq[PA]	
Profilnine[PA]	
Rebinyn[PA]	
Recombinate[PA]	
Rixubis[PA]	
Sevenfact[PA]	
Wilate[PA]	
Xyntha[PA]	
Xyntha Solofuse[PA]	

ANTIHISTAMINES, MINIMALLY SEDATING

Preferred Agents	Non-Preferred Agents
Cetirizine Capsule[QL]	Cetirizine Chewable Tablet[QL]
Cetirizine Solution[QL]	Clarinex *(desloratadine)* Tablet[QL]
Cetirizine Tablet[QL]	Clarinex-D *(desloratadine-pseudoephedrine)* Tablet[QL]
Cetirizine-Pseudoephedrine Tablet[QL]	Desloratadine ODT[QL]
Desloratadine Tablet[QL]	Desoratadine Solution[QL]
Fexofenadine Suspension[QL]	
Fexofenadine Tablet[QL]	
Fexofenadine-Pseudoephedrine Tablet[QL]	
Levocetirizine Solution[QL]	
Levocetirizine Tablet[QL]	
Loratadine Chewable Tablet[QL]	
Loratadine ODT[QL]	
Loratadine Solution[QL]	

Loratadine Tablet[QL]	
Loratadine-Pseudoephedrine Tablet[QL]	

ANTIHYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents	Non-Preferred Agents
Clonidine Patch[QL]	Clonidine 0.05 mg Tablet
Clonidine 0.1 mg, 0.2 mg, 0.3 mg Tablet	Clonidine ER 0.17 mg Tablet[QL]
Guanfacine Tablet[QL]	Javadin Solution
Methyldopa Tablet	Nexiclon XR Tablet[QL]
Prazosin Capsule	

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred Agents
Allopurinol 100 mg, 300 mg Tablet	Allopurinol 200 mg Tablet
Colchicine 0.6 mg Tablet[QL]	Colchicine Capsule[QL]
Febuxostat Tablet[QL]	Krystexxa *(pegloticase)* Vial[QL]
Probenecid Tablet	Mitigare *(colchicine)* Capsule[QL]
Probenecid-Colchicine Tablet	Uloric *(febuxostat)* Tablet[QL]

ANTIMALARIALS

Preferred Agents	Non-Preferred Agents
Atovaquone-Proguanil Tablet[QL]	Malarone *(atovaquone-proguanil)* Tablet[QL]
Chloroquine Tablet	Quinine Sulfate Capsule
Coartem *(artemether-lumefantrine)* Tablet	Sovuna *(hydroxychloroquine)* Tablet
Hydroxychloroquine Tablet	
Krintafel *(tafenoquine)* Tablet	
Mefloquine Tablet	
Primaquine Tablet	

ANTIPARASITICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Permethrin 1% Creme Rinse *(Lice Killing 1% Crème Rinse, Lice Treatment 1% Creme Rinse)*	Ivermectin 0.5% Lotion
	Malathion Lotion
Permethrin 5% Cream	Natroba *(spinosad)* Topical Suspension
Piperonyl Butoxide-Pyrethrins 4%-0.33% Shampoo *(Lice Killing Shampoo)*	Pruradik *(crotamiton)* Lotion
	Sklice *(ivermectin 0.5%)* Lotion
Spinosad Topical Suspension	Vanalice *(piperonyl butoxide-pyrethrins 3.5%-0.3%)* Gel

ANTIPARKINSON'S AGENTS

Preferred Agents	Non-Preferred Agents
Amantadine Capsule	Azilect Tablet[QL]
Amantadine Solution	Carbidopa Tablet[QL]
Amantadine Tablet	Carbidopa-Levodopa ODT[QL]
Benztropine Tablet[QL]	Carbidopa-Levodopa ER Capsule[QL]
Bromocriptine Capsule[QL]	Carbidopa-Levodopa-Entacapone Tablet[QL]
Bromocriptine Tablet[QL]	Crexont ER Capsule[QL]
Carbidopa-Levodopa Tablet[QL]	Dhivy Tablet[QL]
Carbidopa-Levodopa ER Tablet[QL]	Duopa Enteral Suspension[QL]
Entacapone Tablet[QL]	Gocovri ER Capsule[QL]

Pramipexole Tablet[QL]	Inbrija Inhalation Capsule[QL]
Rasagiline Tablet[QL]	Neupro Patch[QL]
Ropinirole Tablet[QL]	Nourianz Tablet[QL]
Selegilene Capsule[QL]	Ongentys Capsule[QL]
Selegilene Tablet[QL]	Pramipexole ER Tablet[QL]
Trihexyphenidyl Elixir[QL]	Ropinirole ER Tablet[QL]
Trihexyphenidyl Tablet[QL]	Rytary ER Capsule[QL]
	Sinemet Tablet[QL]
	Xadago Tablet[QL]

ANTIPSORIATICS, ORAL

Preferred Agents	Non-Preferred Agents
Acitretin Capsule[QL]	

ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Calcipotriene Cream	Calcipotriene Foam
Calcipotriene Ointment	Calcitriol Ointment
Calcipotriene Solution	Enstilar Foam
Calcipotriene-Betamethasone Ointment	Sorilux Foam
Calcipotriene-Betamethasone Suspension	Taclonex Suspension
Zoryve 0.3% Cream[PA]	Tazarotene Cream[AR]
Zoryve Foam[PA]	Tazarotene Gel[AR]
	Vectical Ointment
	Vtama Cream

ANTIPSYCHOTICS

Preferred Agents	Non-Preferred Agents
Injectable	**Injectable**
Abilify Asimtufii *(aripiprazole)*[AR, QL]	Chlorpromazine Ampule[AR]
Abilify Maintena *(aripiprazole)*[AR, QL]	Chlorpromazine Vial[AR]
Aristada ER *(aripiprazole lauroxil)*[AR, QL]	Erzofri *(paliperidone palmitate)*[AR, QL]
Aristada Initio *(aripiprazole lauroxil)*[AR, QL]	Fluphenazine HCl Vial[AR]
Fluphenazine Decanoate Vial[AR]	Geodon *(ziprasidone)* Vial[AR, QL]
Haloperidol Decanoate Ampule[AR]	Olanzapine Vial[AR, QL]
Haloperidol Decanoate Vial[AR]	Ziprasidone Vial[AR, QL]
Haloperidol Lactate Vial[AR]	Zyprexa *(olanzapine)* Vial[AR, QL]
Invega Hafyera *(paliperidone palmitate)*[AR, QL]	Zyprexa Relprevv *(olanzapine)*[AR, QL]
Invega Sustenna *(paliperidone palmitate)*[AR, QL]	
Invega Trinza *(paliperidone palmitate)*[AR, QL]	
Risperdal Consta *(risperidone)*[AR, QL]	
Risperidone ER Vial[AR, QL]	
Uzedy ER *(risperidone)*[AR, QL]	
Non-Injectable	**Non-Injectable**
Aripiprazole Tablet[AR, QL]	Abilify *(aripiprazole)* Tablet[AR, QL]
Clozapine Tablet[AR, QL]	Adasuve *(loxapine)* Inhalation Powder[AR, QL]
Equetro *(carbamazepine ER CPMP 12HR)* Capsule[QL]	Aripiprazole ODT[AR, QL]
Fluphenazine Oral Concentrate Solution[AR]	Aripiprazole Solution[AR, QL]

Fluphenazine Tablet[AR]	Asenapine SL Tablet[AR, QL]
Haloperidol Tablet[AR]	Bysanti *(milsaperidone)* Tablet[AR, QL]
Haloperidol Lactate Oral Concentrate Solution[AR]	Caplyta *(lumateperone)* Capsule[AR, QL]
Loxapine Capsule[AR]	Chlorpromazine Concentrate Solution[AR]
Lurasidone Tablet[AR, QL]	Chlorpromazine Tablet[AR]
Olanzapine Tablet[AR, QL]	Clozapine ODT[AR, QL]
Paliperidone ER Tablet[AR, QL]	Clozaril *(clozapine)* Tablet[AR, QL]
Perphenazine Tablet[AR]	Cobenfy *(xanomeline-trospium)* Capsule[AR, QL]
Quetiapine Tablet[AR, QL]	Fanapt *(iloperidone)* Tablet[AR, QL]
Quetiapine ER Tablet[AR, QL]	Fluphenazine Elixir[AR]
Risperidone Solution[AR, QL]	Geodon *(ziprasidone)* Capsule[AR, QL]
Risperidone Tablet[AR, QL]	Invega ER *(paliperidone)* Tablet[AR, QL]
Trifluoperazine Tablet[AR]	Latuda *(lurasidone)* Tablet[AR, QL]
Ziprasidone Capsule[AR, QL]	Lybalvi *(olanzapine/samidorphan)* Tablet[AR, QL]
	Molindone Tablet[AR, QL]
	Nuplazid *(pimavanserin)* Capsule[AR, QL]
	Nuplazid *(pimavanserin)* Tablet[AR, QL]
	Olanzapine ODT[AR, QL]
	Olanzapine-Fluoxetine Capsule[AR, QL]
	Opipza *(aripiprazole)* Film[AR, QL]
	Perphenazine-Amitriptyline Tablet[AR]
	Pimozide Tablet[AR]
	Rexulti *(brexpiprazole)* Tablet[AR, QL]
	Risperdal *(risperidone)* Solution[AR, QL]
	Risperdal *(risperidone)* Tablet[AR, QL]
	Risperidone ODT[AR, QL]
	Saphris SL *(asenapine)* Tablet[AR, QL]
	Secuado *(asenapine)* Patch[AR, QL]
	Seroquel *(quetiapine)* Tablet[AR, QL]
	Seroquel XR *(quetiapine)* Tablet[AR, QL]
	Thioridazine Tablet[AR]
	Thiothixene Capsule[AR]
	Versacloz *(clozapine)* Suspension[AR]
	Vraylar *(cariprazine)* Capsule[AR, QL]
	Zyprexa *(olanzapine)* Tablet[AR, QL]
	Zyprexa *(olanzapine)* Zydis[AR, QL]

ANTIVIRALS, CMV

Preferred Agents	Non-Preferred Agents
Prevymis *(letermovir)* Pellet Packet[PA, QL]	Livtencity *(maribavir)* Tablet[QL]
Prevymis *(letermovir)* Tablet[PA, QL]	Valcyte *(valganciclovir)* Solution
Valganciclovir Solution	
Valganciclovir Tablet	

ANTIVIRALS, HERPES

Preferred Agents	Non-Preferred Agents
Acyclovir Capsule[QL]	Acyclovir Cream[QL]
Acyclovir Ointment[QL]	Denavir Cream[QL]
Acyclovir Suspension [QL]	Penciclovir Cream[QL]
Acyclovir Tablet[QL]	Valtrex Tablet[QL]
Docosanol Cream[QL]	

Famciclovir Tablet[QL]	
Valacyclovir Tablet[QL]	

ANTIVIRALS, INFLUENZA

Preferred Agents	Non-Preferred Agents
Oseltamivir Capsule[QL]	Rapivab Vial
Oseltamivir Suspension[QL]	Relenza Inhalation[QL]
	Rimantadine Tablet
	Tamiflu Capsule[QL]
	Tamiflu Suspension[QL]
	Xofluza Tablet[QL]

ANXIOLYTICS

Preferred Agents	Non-Preferred Agents
Alprazolam Tablet[AR, QL]	Alprazolam ER/XR (24H) Tablet[AR, QL]
Buspirone 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg Tablet (generic Buspar)	Alprazolam Intensol/Oral Concentrate Solution[AR, QL]
	Alprazolam ODT[AR, QL]
Chlordiazepoxide Capsule[AR, QL]	Ativan Vial[AR]
Clonazepam ODT[AR, QL]	Bucapsol Capsule
Clonazepam Tablet[AR, QL]	Buspirone 2.5 mg, 12.5 mg Tablet
Diazepam Solution[AR, QL]	Clorazepate Tablet[AR, QL]
Diazepam Tablet[AR, QL]	Diazepam Cartridge[AR]
Diazepam Vial[AR]	Diazepam Concentrate Solution[AR, QL]
Hydroxyzine HCl 10 mg/5 mL Solution/Syrup	Diazepam Syringe[AR]
Hydroxyzine HCl Tablet	Hydroxyzine HCl 50 mg/25 mL Solution
Hydroxyzine Pamoate Capsule	Klonopin Tablet[AR, QL]
Lorazepam Cartridge[AR]	Lorazepam Intensol/Concentrate Solution[AR, QL]
Lorazepam Tablet[AR, QL]	Loreev XR Capsule[AR, QL]
Lorazepam Vial[AR]	Meprobamate Tablet[QL]
	Oxazepam Capsule[AR, QL]
	Xanax Tablet[AR, QL]
	Xanax XR (ER 24H) Tablet[AR, QL]

BETA BLOCKERS

Preferred Agents	Non-Preferred Agents
Acebutolol Capsule	Betapace Tablet
Atenolol Tablet	Betapace AF Tablet
Atenolol-Chlorthalidone Tablet	Bisoprolol 2.5 mg Tablet
Betaxolol Tablet	Bystolic Tablet[QL]
Bisoprolol 5 mg, 10 mg Tablet	Carvedilol ER Capsule[QL]
Bisoprolol-Hydrochlorothiazide Tablet	Inderal LA Capsule
Carvedilol Tablet[QL]	Inderal XL Capsule[QL]
Hemangeol Solution[PA]	Innopran XL Capsule[QL]
Labetalol 100 mg, 200 mg, 300 mg Tablet	Kapspargo Sprinkle Capsule[QL]
Metoprolol Succinate ER Tablet	Labetolol 400 mg Tablet
Metoprolol Tartrate 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg Tablet	Lopressor Solution
Nadolol Tablet	Lopressor Tablet
Nebivolol Tablet[QL]	Metoprolol-Hydrolchlorothiazide Tablet
Pindolol Tablet	Metoprolol Tartrate 12.5 mg Tablet
Propranolol Solution	Sotylize Solution
Propranolol Tablet	Tenormin Tablet

Propranolol ER (SA 24H) Capsule	Timolol Tablet
Sotalol Tablet	Toprol XL Tablet
Sotalol AF Tablet	

BLADDER RELAXANT PREPARATIONS

Preferred Agents	Non-Preferred Agents
Darifenacin ER Tablet[QL]	Fesoteridine ER Tablet[QL]
Myrbetriq ER Tablet[QL]	Flavoxate Tablet
Oxybutynin Syrup[QL]	Gemtesa Tablet[QL]
Oxybutynin 5 mg Tablet[QL]	Mirabegron ER Suspension[QL]
Oxybutynin ER Tablet[QL]	Mirabegron ER Tablet[QL]
Oxytrol for Women Patch (OTC)[QL]	Myrbetriq ER Suspension[QL]
Solifenacin Tablet[QL]	Oxybutynin 2.5 mg Tablet[QL]
Tolterodine Tablet[QL]	Oxytrol Patch[QL]
Tolterodine ER Capsule[QL]	Toviaz ER Tablet[QL]
Trospium Tablet[QL]	Trospium ER Capsule[QL]
	Vesicare Tablet[QL]

BLOOD GLUCOSE METERS, TEST STRIPS, AND LANCETS

Preferred Products	Non-Preferred Manufacturers
Blood Glucose Meters	**Blood Glucose Meters**
Accu-Chek Meters • Accu-Chek Guide[QL] • Accu-Chek Guide Me[QL] **Trividia Meters** • Relion True Metrix Air[QL] • True Metrix[QL] • True Metrix Air[QL] • Trueness (NDC 56151-2121-01 only)[QL]	All Other Blood Glucose Meters[QL]
Blood Glucose Test Strips	**Blood Glucose Test Strips**
Accu-Chek Test Strips • Accu-Chek Guide[QL] **Trividia Test Strips** • Relion True Metrix[QL] • True Metrix[QL] • Trueness (NDC 56151-2122-05 only)[QL]	All Other Blood Glucose Test Strips[QL]
Blood Glucose Lancets	**Blood Glucose Lancets**
Accu-Chek Lancets • Accu-Chek Softclix **Owen Mumford Lancets** • Unilet • Unistik 3 • Unistik 3 Comfort • Unistik 3 Extra • Unistik 3 Normal	All Other Blood Glucose Lancets

Trividia Lancets • Trueplus • Ultra Thin	

BONE DENSITY REGULATORS

Preferred Agents	Non-Preferred Agents
Alendronate Tablet[QL]	Actonel *(risedronate)* Tablet[QL]
Enoby *(denosumab-qbde 60 mg/mL)* Syringe[PA, QL]	Alendronate Solution[QL]
Ibandronate Tablet[QL]	Atelvia DR *(risedronate)* Tablet[QL]
Pamidronate Vial	Aukelso *(denosumab-kyqq 120 mg/1.7 mL)* Vial[QL]
Xtrenbo *(denosumab-qbde 120 mg/1.7 mL)* Vial[PA, QL]	Bildyos *(denosumab-nxxp 60 mg/mL)* Syringe[QL]
Zoledronic Acid[QL]	Bilprevda *(denosumab-nxxp 120 mg/1.7 mL)* Vial[QL]
	Binosto *(alendronate)* Effervescent Tablet[QL]
	Bomyntra *(denosumab-bnht 120 mg/1.7 mL)* Syringe[QL]
	Bomyntra *(denosumab-bnht 120 mg/1.7 mL)* Vial[QL]
	Bonsity *(teriparatide)* Pen[QL]
	Bosaya *(denosumab-kyqq 60 mg/mL)* Syringe[QL]
	Calcitonin Salmon Nasal Spray/Pump[QL]
	Calcitonin Salmon Vial[QL]
	Conexxence *(denosumab-bnht 60 mg/mL)* Syringe[QL]
	Evenity *(romosozumab-aqqg)* Syringe[QL]
	Evista *(raloxifene)* Tablet[QL]
	Forteo *(teriparatide)* Pen[QL]
	Fosamax *(alendronate)* Tablet[QL]
	Fosamax Plus D *(alendronate-vitamin D3)* Tablet[QL]
	Ibandronate Syringe[QL]
	Jubbonti *(denosumab-bbdz 60 mg/mL)* Syringe[QL]
	Jubereq *(denosumab-desu 120 mg/1.7 mL)* Vial[QL]
	Miacalcin *(calcitonin salmon)* Vial[QL]
	Osenvelt *(denosumab-bmwo 120 mg/1.7 mL)* Vial[QL]
	Osvyrti *(denosumab-desu)* Syringe[QL]
	Prolia *(denosumab)* Syringe[QL]
	Raloxifene Tablet[QL]
	Reclast Solution[QL]
	Risedronate Tablet[QL]
	Risedronate DR Tablet[QL]
	Stoboclo *(denosumab-bmwo 60 mg/1 mL)* Syringe[QL]
	Teriparatide Pen[QL]
	Tymlos Pen[QL]
	Wyost *(denosumab-bbdz 120 mg/1.7 mL)* Vial[QL]
	Xgeva Vial[QL]

BOTULINUM TOXINS

Preferred Agents	Non-Preferred Agents
Botox[PA, QL]	Daxxify[QL]
Dysport[PA, QL]	Myobloc[QL]
	Xeomin[QL]

BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENTS

Preferred Agents	Non-Preferred Agents

Alfuzosin ER Tablet[QL]	Cardura Tablet[QL]
Doxazosin Tablet[QL]	Cardura XL Tablet[QL]
Dutasteride Capsule[QL]	Cialis Tablet[QL]
Finasteride Tablet[QL]	Dutasteride-Tamsulosin Capsule[QL]
Tamsulosin Capsule[QL]	Proscar Tablet[QL]
Terazosin Capsule[QL]	Silodosin Capsule[QL]
	Tadalafil Tablet *(generic Cialis)*[QL]
	Tezruly Solution[QL]

BRONCHODILATORS, BETA AGONISTS

Preferred Agents	Non-Preferred Agents
Albuterol HFA[QL]	Albuterol Tablet
Albuterol Nebulizer Concentrate Solution	Arformoterol Nebulizer Vial[QL]
Albuterol Nebulizer Vial	Formoterol Nebulizer Vial[QL]
Levalbuterol HFA[QL]	Levalbuterol Nebulizer Concentrate Solution[QL]
Levalbuterol Nebulizer Vial[QL]	Perforomist Nebulizer Vial[QL]
Proair Respiclick[QL]	Striverdi Respimat[QL]
Serevent Diskus[QL]	Terbutaline Tablet
	Ventolin HFA[QL]
	Xopenex HFA[QL]

CALCIUM CHANNEL BLOCKERS

Preferred Agents	Non-Preferred Agents
Amlodipine Tablet[QL]	Amlodipine-Atorvastatin Tablet[QL]
Cartia XT *(diltiazem ER 24H)* Capsule[QL]	Caduet Tablet[QL]
Diltiazem Tablet[QL]	Cardamyst *(etripamil)* Nasal Spray[QL]
Diltiazem 24HR ER(CD) (ER 24H) Capsule *(generic Cardizem CD Capsule)*[QL]	Diltiazem 12HR ER Capsule *(generic Cardizem SR Capsule)*[QL]
	Diltiazem 24HR ER(LA) Tablet *(generic Cardizem LA Tablet)*[QL]
Ditliazem 24HR ER(XR) (ER DEG) Capsule *(generic Dilacor XR Capsule)*[QL]	Isradipine Capsule[QL]
	Katerzia Suspension[QL]
Dilt-XR *(diltiazem ER DEG)* Capsule[QL]	Levamlodipine Tablet
Felodipine ER Tablet[QL]	Matzim LA *(diltiazem ER 24H)* Tablet[QL]
Nifedipine Capsule[QL]	Nicardipine Capsule[QL]
Nifedipine ER Tablet[QL]	Nimodipine Solution[QL]
Nimodipine Capsule	Nisoldipine ER Tablet[QL]
Tiadylt ER *(diltiazem CAP SA 24H)* Capsule[QL]	Norliqva Solution[QL]
Verapamil Tablet	Norvasc Tablet[QL]
Verapamil ER/SR (CAP24H PEL) Capsule *(generic Verelan Capsule)*[QL]	Nymalize Oral Syringe[QL]
	Nymalize Solution[QL]
Verapamil ER PM (CAP24H PCT) Capsule *(generic Verelan PM Capsule)*[QL]	Procardia XL Tablet[QL]
	Sdamlo *(amlodipine)* Powder for Solution[QL]
Verapamil ER Tablet *(generic Calan SR/Isoptin SR Tablet)*[QL]	Sular ER Tablet[QL]

CEPHALOSPORINS

Preferred Agents	Non-Preferred Agents
Cefadroxil Capsule	Cefaclor Capsule
Cefdinir Capsule	Cefaclor ER Tablet
Cefdinir Suspension	Cefadroxil Suspension
Cefixime Capsule	Cefadroxil Tablet
Cefpodoxime Tablet	Cefixime Suspension
Cefprozil Suspension	Cefixime Tablet

Cefprozil Tablet	Cefpodoxime Suspension
Cefuroxime Tablet	Cephalexin 750 mg Capsule
Cephalexin 250 mg, 500 mg Capsule	Cephalexin Tablet
Cephalexin Suspension	

COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents
Fulphila *(pegfilgrastim-jmdb)* Syringe[PA, QL]	Filkri *(filgrastim-laha)* Syringe
Nivestym *(filgrastim-aafi)* Syringe[PA]	Fylnetra *(pegfilgrastim-pbbk)* Syringe[QL]
Nivestym *(filgrastim-aafi)* Vial[PA]	Granix *(tbo-filgrastim)* Syringe
Releuko *(filgrastim-ayow)* Syringe[PA]	Granix *(tbo-filgrastim)* Vial
Releuko *(filgrastim-ayow)* Vial[PA]	Leukine *(sargramostim)* Vial
	Neulasta *(pegfilgrastim)* Onpro[QL]
	Neulasta *(pegfilgrastim)* Syringe[QL]
	Neulasta *(pegfilgrastim)* Vial[QL]
	Neupogen *(filgrastim)* Syringe
	Neupogen *(filgrastim)* Vial
	Nypozi *(filgrastim-txid)* Syringe
	Nyvepria *(pegfilgrastim-apgf)* Syringe[QL]
	Rolvedon *(eflapegrastim-xnst)* Syringe[QL]
	Ryzneuta *(efbemalenograstim alfa-vuxw)* Syringe[QL]
	Stimufend *(pegfilgrastim-fpgk)* Syringe[QL]
	Udenyca *(pegfilgrastim-cbvq)* Autoinjector[QL]
	Udenyca *(pegfilgrastim-cbvq)* Onbody[QL]
	Udenyca *(pegfilgrastim-cbvq)* Syringe[QL]
	Zarxio *(filgrastim-sndz)* Syringe
	Ziextenzo *(pegfilgrastim-bmez)* Syringe[QL]

CONTINUOUS GLUCOSE MONITORING PRODUCTS

Preferred Products	Non-Preferred Products
Dexcom G7 15 Day Sensor[PA, QL]	Guardian 4 Glucose Sensor[QL]
Dexcom G7 Receiver[PA, QL]	Guardian 4 Transmitter[QL]
Dexcom G7 Sensor[PA, QL]	Minimed App Manager
Freestyle Libre 14-Day Reader[PA, QL]	Minimed Instinct Sensor[QL]
Freestyle Libre 14-Day Sensor[PA, QL]	Simplera Sensor[QL]
Freestyle Libre 2 Plus Sensor[PA, QL]	Simplera Sync Sensor[QL]
Freestyle Libre 2 Reader[PA, QL]	
Freestyle Libre 2 Sensor[PA, QL]	
Freestyle Libre 3 Plus Sensor[PA, QL]	
Freestyle Libre 3 Reader[PA, QL]	
Freestyle Libre 3 Sensor[PA, QL]	

CONTRACEPTIVES, ORAL

Preferred Agents	Non-Preferred Agents
Monophasic	**Monophasic**
Altavera	Averi
Alyacen-28 1-35	Balcoltra
Apri	Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.03-0.451 mg *(generic Safyral)*
Aubra EQ	
Aurovela-21	Femlyv 1 mg-0.02 mg ODT

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Aurovela Fe-28
Aviane
Ayuna
Balziva
Blisovi Fe-28
Briellyn
Chateal EQ
Cryselle
Cyred EQ
Dasetta-28 1-35
Drospirenone-Ethinyl Estradiol 3-0.03 mg *(generic Yasmin)*
Elinest
Enskyce
Estarylla
Falmina
Feirza-28
Hailey-21
Hailey Fe-28
Isibloom
Juleber
Junel-21
Junel Fe-28
Kelnor-28 1-35
Kurvelo
Larin-21
Larin Fe-28
Lessina
Levonorgestrel-Ethinyl Estradiol-28 0.1 mg-20 mcg *(generic Alesse, Levlite)*
Levonorgestrel-Ethinyl Estradiol-28 0.15 mg-30 mcg *(generic Nordette, Levlen)*
Low-Ogestrel
Luizza-21
Marlissa
Microgestin-21
Microgestin Fe-28
Mili
Mono-Linyah
Necon-28
Norethindrone-Ethinyl Estradiol-21 *(generic Loestrin-21)*
Norethindrone-Ethinyl Estradiol Fe-28 *(generic Loestrin Fe-28)*
Norgestimate-Ethinyl Estradiol-28 0.25-0.35 mg *(generic Ortho-Cyclen)*
Nortrel-21 1-35
Nortrel-28 0.5-35
Nortrel-28 1-35
Nylia-28 1-35
Philith
Portia
Reclipsen
Sprintec
Syeda
Tarina Fe EQ
Joyeaux
Levonorgestrel-Ethinyl Estradiol-Ferrous Bisglycinate 0.1-0.02-36 *(generic Balcoltra)*
Loestrin-21
Loestrin Fe-28
Minzoya-28
Safyral
Tydemy
Yasmin

Turqoz	
Tyblume Chewable	
Valtya	
Vienva	
Vyfemla	
Vylibra	
Wera	
Wymzya Fe Chewable	
Xelria Fe Chewable	
Zovia 1-35	
Zumandimine	
Biphasic	**Biphasic**
Azurette	
Kariva	
Pimtrea	
Viorele	
Volnea	
Triphasic	**Triphasic**
Alyacen 7-7-7	Tilia Fe
Aranelle	Tri-Legest Fe
Dasetta 7-7-7	Xarah Fe 1 mg/20-30-25 mcg
Enpresse	
Levonest	
Levonorgestrel-Ethinyl Estradiol Triphasic *(generic TriPhasil, Tri-Levlen)*	
Norgestimate-Ethinyl Estradiol Triphasic *(generic Ortho Tri-Cyclen)*	
Nortrel 7-7-7	
Nylia 7-7-7	
Tri-Estarylla	
Tri-Linyah	
Tri-Lo-Estarylla	
Tri-Lo-Marzia	
Tri-Lo-Mili	
Tri-Lo-Sprintec	
Tri-Mili	
Tri-Sprintec	
Tri-Vylibra	
Tri-Vylibra Lo	
Velivet	
Four-Phasic	**Four-Phasic**
	Natazia
28-Day Extended Cycle	**28-Day Extended Cycle**
Aurovela 24 Fe	Beyaz
Blisovi 24 Fe	Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.02-0.451 mg *(generic Beyaz)*
Charlotte 24 Fe Chewable	Galbriela 0.8-0.025 mg Chewable
Drospirenone-Ethinyl Estradiol 3-0.02 mg *(generic Yaz)*	Gemmily Capsule
Finzala Chewable	Kaitlib Fe Chewable
Hailey 24 Fe	

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Jasmiel	Nextstellis
Junel Fe 24	Noethindrone-Ethinyl Estradiol-Fe 0.8-0.025(24) Chewable *(generic Generess Fe Chewable)*
Larin 24 Fe	
Lo Loestrin Fe	Noethindrone-Ethinyl Estradiol-Fe 1-0.02(24)-75 Capsule *(generic Taytulla Capsule)*
Loryna	
Lo-Zumandimine	Taytulla Capsule
Mibelas 24 Fe Chewable	Yaz
Nikki	
Noethindrone-Ethinyl Estradiol-Fe 1-0.02(24)-75 Chewable *(generic Minastrin 24 Fe)*	
Tarina 24 Fe	
Vestura	
28-Day Continuous Cycle	**28-Day Continuous Cycle**
Amethyst	
Dolishale	
Levonorgestrel-Ethinyl Estradiol-28 0.09-0.02 mg	
3-Month Extended Cycle	**3-Month Extended Cycle**
Ashlyna (3-month)	Levonorgestrel 0.15 mg-Ethinyl Estradiol + EE 20-25-30 mcg + 10 mcg (3-month) *(generic Quartette-91)*
Camrese (3-month)	
Camrese Lo (3-month)	Rivelsa (3-month)
Daysee (3-month)	Rosyrah (3-month)
Introvale (3-month)	
Jaimiess (3-month)	
Jolessa (3-month)	
Levonorgestrel-Ethinyl Estradiol 0.15-0.03 mg (3-month) *(generic Seasonale-91)*	
Levonorgestrel-Ethinyl Estradiol + EE 0.10-0.02 mg + 0.01 mg (3-month) *(generic LoSeasonique-91)*	
Lojaimiess (3-month)	
Setlakin (3-month)	
Simpesse (3-month)	
Progestin Only	**Progestin Only**
Camila	Slynd
Deblitane	
Emzahh	
Errin	
Heather	
Incassia	
Jencycla	
Lyleq	
Meleya	
Nora-Be	
Norethindrone-28 0.35 mg	
Opill	
Orquidea	
Sharobel	

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

CONTRACEPTIVES, OTHER

Preferred Agents	Non-Preferred Agents
Depo-Provera 150 mg/mL Vial[QL]	Annovera Vaginal Ring[QL]
Depo-SubQ Provera 104 Syringe[QL]	Depo-Provera 150 mg/mL Syringe[QL]
Eluryng Vaginal Ring[QL]	Gwyn Lo Patch
Enilloring Vaginal Ring[QL]	Norelgestromin-Ethinyl Estradiol Patch[QL]
Etonogestrel-Ethinyl Estradiol Vaginal Ring[QL]	Nuvaring Vaginal Ring[QL]
Kyleena System[QL]	Twirla Patch[QL]
Liletta System[QL]	Zafemy Patch[QL]
Medroxyprogesterone Acetate Syringe[QL]	
Medroxyprogesterone Acetate Vial[QL]	
Mirena System[QL]	
Miudella 175 sq mm IUD[QL]	
Nexplanon Implant[QL]	
Paragard T 380-A IUD[QL]	
Skyla System[QL]	
Xulane Patch[QL]	

COPD AGENTS

Preferred Agents	Non-Preferred Agents
Anoro Ellipta[QL]	Breztri Aerosphere[QL]
Atrovent HFA[QL]	Daliresp Tablet[QL]
Bevespi Aerosphere[QL]	Duaklir Pressair[QL]
Combivent Respimat[QL]	Ipratropium HFA Inhaler[QL]
Incruse Ellipta[QL]	Ohtuvayre Inhalation Suspension[QL]
Ipratropium Nebulizer Vial	Roflumilast Tablet[QL]
Ipratropium-Albuterol Nebulizer Vial[QL]	Tiotropium Capsule-Inhaler[QL]
Spiriva Handihaler[QL]	Tudorza Pressair[QL]
Spiriva Respimat[QL]	Umeclidinium (Ellipta) Blister w/ Device[QL]
Stiolto Respimat[QL]	Umeclidinium-Vilanterol Blister w/ Device *(generic Anoro Ellipta)*[QL]
Trelegy Ellipta[QL]	Yupelri Nebulizer Vial[QL]

CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents
Adalimumab 100 mg/mL	**Adalimumab 100 mg/mL**
Adalimumab-aaty(CF) 100 mg/mL Autoinjector[PA, QL]	Adalimumab-adaz(CF) 100 mg/mL Pen[QL]
Adalimumab-aaty(CF) 100 mg/mL Syringe[PA, QL]	Adalimumab-adaz(CF) 100 mg/mL Syringe[QL]
Simlandi(CF) *(adalimumab-ryvk)* 100 mg/mL Autoinjector[PA, QL]	Adalimumab-adbm(CF) 100 mg/mL Pen[QL]
Simlandi(CF) *(adalimumab-ryvk)* 100 mg/mL Syringe[PA, QL]	Adalimumab-adbm(CF) 100 mg/mL Syringe[QL]
	Adalimumab-ryvk(CF) 100 mg/mL Autoinjector[QL]
	Adalimumab-ryvk(CF) 100 mg/mL Syringe
	Amjevita(CF) *(adalimumab-atto)* 100 mg/mL Autoinjector[QL]
	Amjevita(CF) *(adalimumab-atto)* 100 mg/mL Syringe[QL]
	Cyltezo(CF) *(adalimumab-adbm)* 100 mg/mL Pen[QL]
	Cyltezo(CF) *(adalimumab-adbm)* 100 mg/mL Syringe[QL]
	Hadlima(CF) *(adalimumab-bwwd)* 100 mg/mL Pushtouch[QL]
	Hadlima(CF) *(adalimumab-bwwd)* 100 mg/mL Syringe[QL]
	Humira(CF) *(adalimumab)* 100 mg/mL Pen[QL]
	Humira(CF) *(adalimumab)* 100 mg/mL Syringe[QL]

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

	Hyrimoz(CF) *(adalimumab-adaz)* 100 mg/mL Pen[QL] Hyrimoz(CF) *(adalimumab-adaz)* 100 mg/mL Syringe[QL] Yuflyma(CF) *(adalimumab-aaty)* 100 mg/mL Autoinjector[QL] Yuflyma(CF) *(adalimumab-aaty)* 100 mg/mL Syringe[QL]
Adalimumab 50 mg/mL Adalimumab-fkjp(CF) 50 mg/mL Pen[PA, QL] Adalimumab-fkjp(CF) 50 mg/mL Syringe[PA, QL] Hadlima *(adalimumab-bwwd)* 50 mg/mL Pushtouch[PA, QL] Hadlima *(adalimumab-bwwd)* 50 mg/mL Syringe[PA, QL]	**Adalimumab 50 mg/mL** Abrilada(CF) *(adalimumab-afzb)* 50 mg/mL Pen[QL] Abrilada(CF) *(adalimumab-afzb)* 50 mg/mL Syringe[QL] Adalimumab-aacf(CF) 50 mg/mL Pen[QL] Adalimumab-aacf(CF) 50 mg/mL Syringe[QL] Adalimumab-adbm(CF) 50 mg/mL Pen[QL] Adalimumab-adbm(CF) 50 mg/mL Syringe[QL] Amjevita(CF) *(adalimumab-atto)* 50 mg/mL Autoinjector[QL] Amjevita(CF) *(adalimumab-atto)* 50 mg/mL Syringe[QL] Cyltezo(CF) *(adalimumab-adbm)* 50 mg/mL Pen[QL] Cyltezo(CF) *(adalimumab-adbm)* 50 mg/mL Syringe[QL] Hulio(CF) *(adalimumab-fkjp)* 50 mg/mL Pen[QL] Hulio(CF) *(adalimumab-fkjp)* 50 mg/mL Syringe[QL] Humira *(adalimumab)* 50 mg/mL Pen[QL] Humira *(adalimumab)* 50 mg/mL Syringe[QL] Yusimry(CF) *(adalimumab-aqvh)* 50 mg/mL Pen[QL]
Infliximab Avsola *(infliximab-axxq)* Vial[PA] Infliximab Vial *(Janssen's unbranded infliximab)*[PA]	**Infliximab** Inflectra *(infliximab-dyyb)* Vial Remicade *(infliximab)* Vial Renflexis *(infliximab-abda)* Vial Zymfentra *(infliximab-dyyb)* Pen[QL] Zymfentra *(infliximab-dyyb)* Syringe[QL]
Tocilizumab Avtozma *(tocilizumab-anoh)* Autoinjector[PA, QL] Avtozma *(tocilizumab-anoh)* Syringe[PA, QL] Avtozma *(tocilizumab-anoh)* Vial[PA, QL] Tyenne *(tocilizumab-aazg)* Autoinjector[PA, QL] Tyenne *(tocilizumab-aazg)* Syringe[PA, QL] Tyenne *(tocilizumab-aazg)* Vial[PA, QL]	**Tocilizumab** Actemra *(tocilizumab)* Actpen[QL] Actemra *(tocilizumab)* Syringe[QL] Actemra *(tocilizumab)* Vial[QL] Tofidence *(tocilizumab-bavi)* Vial[QL]
Tofacitinib Tofacitinib Solution (Novadoz [72205] labeler only)[PA, QL] Tofacitinib Tablet[PA, QL] from the following labelers: • 33342 Macleods • 51991 Breckinridge • 59651 Aurobindo • 70069 Somerset • 72205 Novadoz Tofacitinib ER 11 mg Tablet[PA, QL] from the following labelers: • 00574 Padagis • 27241 Ajanta • 59651 Aurobindo • 70377 Biocon • 70710 Zydus Xeljanz XR *(tofacitinib)* 22 mg Tablet[PA, QL]	**Tofacitinib** Tofacitinib Solution (all labelers except Novadoz [72205])[QL] Tofacitinib Tablet (all labelers except those listed as preferred)[QL] Tofacitinib ER 11mg Tablet (all labelers except those listed as preferred)[QL] Tofacitinib ER 22 mg Tablet[QL] Xeljanz *(tofacitinib)* Solution[QL] Xeljanz *(tofacitinib)* Tablet[QL] Xeljanz XR *(tofacitinib)* 11 mg Tablet[QL]

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Ustekinumab	**Ustekinumab**
Pyzchiva *(ustekinumab-ttwe)* Syringe[PA, QL] Pyzchiva *(ustekinumab-ttwe)* Vial[PA, QL] Starjemza *(ustekinumab-hmny)* Syringe[PA, QL] Starjemza *(ustekinumab-hmny)* Vial[PA, QL]	Imuldosa *(ustekinumab-srlf)* Syringe[QL] Imuldosa *(ustekinumab-srlf)* Vial[QL] Otulfi *(ustekinumab-aauz)* Syringe[QL] Otulfi *(ustekinumab-aauz)* Vial[QL] Selarsdi *(ustekinumab-aekn)* Syringe[QL] Selarsdi *(ustekinumab-aekn)* Vial[QL] Stelara *(ustekinumab)* Syringe[QL] Stelara *(ustekinumab)* Vial[QL] Steqeyma *(ustekinumab-stba)* Syringe[QL] Steqeyma *(ustekinumab-stba)* Vial[QL] Ustekinumab Syringe *(Janssen's unbranded ustekinumab)*[QL] Ustekinumab Vial *(Janssen's unbranded ustekinumab)*[QL] Ustekinumab-aauz Syringe[QL] Ustekinumab-aekn Syringe[QL] Ustekinumab-ttwe Syringe[QL] Ustekinumab-ttwe Vial[QL] Yesintek *(ustekinumab-kfce)* Syringe[QL] Yesintek *(ustekinumab-kfce)* Vial[QL]
IL-23 Inhibitors **(Preferred IL-23 inhibitors are subject to a step through a non-IL-23 biologic Cytokine and CAM Antagonist. Refer to the prior authorization guidelines for Cytokine and CAM Antagonists.)** Skyrizi *(risankizumab-rzaa)* On-Body Injector[PA, QL, ST] Skyrizi *(risankizumab-rzaa)* Pen[PA, QL, ST] Skyrizi *(risankizumab-rzaa)* Syringe[PA, QL, ST] Skyrizi *(risankizumab-rzaa)* Vial[PA, QL, ST] Tremfya *(guselkumab)* One-Press Autoinjector[PA, QL, ST] Tremfya *(guselkumab)* Pen[PA, QL, ST] Tremfya *(guselkumab)* Syringe[PA, QL, ST] Tremfya *(guselkumab)* Vial[PA, QL, ST]	**IL-23 Inhibitors** Icotyde *(icotrokinra)* Tablet[QL] Ilumya *(tildrakizumab)* Syringe[QL] Omvoh *(mirikizumab-mrkz)* Pen[QL] Omvoh *(mirikizumab-mrkz)* Syringe[QL] Omvoh *(mirikizumab-mrkz)* Vial[QL]
Other Enbrel *(etanercept)* Mini Cartridge[PA, QL] Enbrel *(etanercept)* Sureclick Pen[PA, QL] Enbrel *(etanercept)* Syringe[PA, QL] Enbrel *(etanercept)* Vial[PA, QL] Kineret *(anakinra)* Syringe[PA] Orencia *(abatacept)* Clickjet[PA, QL] Orencia *(abatacept)* Vial[PA, QL] Otezla *(apremilast)* Tablet[PA, QL] Simponi *(golimumab)* Pen[PA, QL] Simponi *(golimumab)* Syringe[PA, QL] Taltz *(ixekizumab)* Autoinjector[PA, QL] Taltz *(ixekizumab)* Syringe[PA, QL]	**Other** Arcalyst *(rilonacept)* Vial[QL] Bimzelx *(bimekizumab-bkzx)* Autoinjector[QL] Bimzelx *(bimekizumab-bkzx)* Syringe[QL] Cimzia *(certolizumab pegol)* Syringe[QL] Cosentyx *(secukinumab)* Sensoready Pen[QL] Cosentyx *(secukinumab)* Syringe[QL] Cosentyx *(secukinumab)* Unoready Pen[QL] Cosentyx *(secukinumab)* Vial Entyvio *(vedolizumab)* Pen[QL] Entyvio *(vedolizumab)* Vial[QL] Ilaris *(canakinumab)* Vial[QL] Kevzara *(sarilumab)* Pen[QL] Kevzara *(sarilumab)* Syringe[QL] Leqselvi *(deuruxolitinib)* Tablet[QL] Litfulo *(ritlecitinib)* Capsule[QL] Olumiant *(baricitinib)* Tablet[QL] Orencia *(abatacept)* Syringe[QL]

AR = age restriction, clinical prior authorization required for specified ages (in years)
AE = age exemption for specified ages (in years)
ST = step therapy – refer to prior authorization guidelines
Effective January 4, 2027 v2

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims
Non-preferred agents require prior authorization

	Otezla XR *(apremilast 24H)* Tablet[QL]
	Rinvoq ER *(upadacitinib)* Tablet[QL]
	Rinvoq LQ *(upadacitinib)* Solution[QL]
	Simponi Aria *(golimumab)* Vial
	Sotyktu *(deucravacitinib)* Tablet[QL]
	Spevigo *(spesolimab-sbzo)* Syringe[QL]
	Spevigo *(spesolimab-sbzo)* Vial[QL]

DRY EYE TREATMENTS

Preferred Agents	Non-Preferred Agents
Eysuvis Drop	Cequa Droperette[QL]
Restasis Droperette[QL]	Cyclosporine Emulsion Droperette[QL]
Xiidra Droperette[QL]	Miebo Drop
	Restasis Multidose Drop[QL]
	Tryptyr Droperette[QL]
	Tyrvaya Nasal Spray[QL]
	Vevye Drop

ENZYME REPLACEMENTS, GAUCHER DISEASE

Preferred Agents	Non-Preferred Agents
Cerdelga Capsule[PA, QL]	
Cerezyme Vial[PA]	
Elelyso Vial[PA]	
Miglustat Capsule[PA, QL]	
Vpriv Vial[PA]	
Yargesa Capsule[PA, QL]	
Zavesca Capsule[PA, QL]	

EPINEPHRINE, SELF-ADMINISTERED

Preferred Agents	Non-Preferred Agents
Auvi-Q 0.1 mg/0.1 mL Autoinjector	Auvi-Q Autoinjector (all strengths except 0.1 mg/0.1 mL)
Epinephrine 0.15 mg Autoinjector	EpiPen Autoinjector
Epinephrine 0.3 mg Autoinjector	EpiPen Jr. Autoinjector
	Neffy Nasal Spray

ERYTHROPOIESIS STIMULATING AGENTS

Preferred Agents	Non-Preferred Agents
Aranesp Syringe[PA]	Epogen Vial
Aranesp Vial[PA]	Mircera Syringe
Retacrit Vial[PA]	Procrit Vial

ESTROGENS

Preferred Agents	Non-Preferred Agents
Systemic Estrogens	**Systemic Estrogens**
Angeliq Tablet[QL]	Abigale Tablet[QL]
Climara Pro Patch[QL]	Abigale Lo Tablet[QL]
Combipatch[QL]	Activella Tablet[QL]
Delestrogen Vial	Bijuva Capsule[QL]

Depo-Estradiol Vial	Climara Patch[QL]
Elestrin Gel	Conjugated Estrogens Tablet
Estradiol Gel Packet[QL]	Divigel Packet[QL]
Estradiol Patch (Once-Weekly)[QL]	Dotti Patch
Estradiol Patch (Twice-Weekly)[QL]	Duavee Tablet[QL]
Estradiol Tablet	Estradiol Gel Pump
Estradiol Valerate Vial	Estradiol-Norethindrone Tablet *(generic Activella Tablet)*[QL]
Evamist Spray[QL]	Estrogen-Methyltestosterone Tablet
Femring Vaginal Ring	Lyllana Patch[QL]
Fyavolv Tablet[QL]	Menostar Patch[QL]
Jinteli Tablet[QL]	Mimvey Tablet[QL]
Norethindrone-Ethinyl Estradiol Tablet *(generic Femhrt Tablet)*[QL]	Minivelle Patch[QL]
Premarin Tablet	Premarin Vial
Premphase Tablet[QL]	Vivelle-Dot Patch[QL]
Prempro Tablet[QL]	
Vaginal Estrogens	**Vaginal Estrogens**
Estradiol Vaginal Cream	Estrace Vaginal Cream
Estradiol Vaginal Tablet	Vagifem Vaginal Tablet
Estring Vaginal Ring	
Premarin Vaginal Cream	
Yuvafem Vaginal Insert	

FLUOROQUINOLONES, ORAL

Preferred Agents	Non-Preferred Agents
Cipro Suspension	Baxdela Tablet
Ciprofloxacin Tablet	Cipro Tablet
Levofloxacin Tablet	Levofloxacin Solution[AE<12]
Moxifloxacin Tablet	Ofloxacin Tablet

GI MOTILITY, CHRONIC AGENTS

Preferred Agents	Non-Preferred Agents
Linzess Capsule[PA, QL]	Alosetron Tablet[QL]
Lubiprostone Capsule[PA, QL]	Amitiza Capsule[QL]
Movantik Tablet[PA, QL]	Ibsrela Tablet[QL]
Prucalopride Tablet[PA, QL]	Lotronex Tablet[QL]
	Motegrity Tablet[QL]
	Symproic Tablet[QL]
	Viberzi Tablet[QL]

GLP-1 RECEPTOR AGONISTS

Preferred Agents	Non-Preferred Agents
Ozempic *(semaglutide)* Pen[PA, QL]	Liraglutide 2-Pak, 3-Pak Pen *(generic Victoza)*[QL]
Ozempic *(semaglutide)* Tablet[PA, QL]	Mounjaro *(tirzepatide)* Pen[QL]
Trulicity *(dulaglutide)* Pen[PA, QL]	Victoza *(liraglutide)* Pen[QL]
Wegovy *(semaglutide)* Pen[PA, QL]	Zepbound *(tirzepatide)* Pen[QL]
Wegovy *(semaglutide)* Tablet[PA, QL]	
Zepbound *(tirzepatide)* Kwikpen[PA, QL]	

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

GLUCOCORTICOIDS, INHALED

Preferred Agents	Non-Preferred Agents
Single-Ingredient ICS	**Single-Ingredient ICS**
Arnuity Ellipta[QL]	Alvesco HFA[QL]
Asmanex HFA[QL]	Beclomethasone HFA *(generic Qvar Redihaler)*[QL]
Asmanex Twisthaler[QL]	Budesonide 1 mg/mL Respule[QL]
Budesonide 0.25 mg/2 mL, 0.5 mg/2 mL Respule[QL]	Fluticasone Furoate (Ellipta) Blister w/ Device *(generic Arnuity Ellipta)*[QL]
Qvar Redihaler[QL]	Fluticasone Propionate (Diskus) Bister w/ Device *(generic Flovent Diskus)*[QL]
	Fluticasone Propionate HFA *(generic Flovent HFA)*[AE<19, QL]
	Pulmicort Respule[QL]
ICS + LABA Combinations	**ICS + LABA Combinations**
Advair HFA[QL]	Advair Diskus[QL]
Dulera[QL]	Breo Ellipta[QL]
Fluticasone-Salmeterol Aerosol Powder *(generic Airduo Respiclick)*[QL]	Breyna HFA[QL]
	Budesonide-Formoterol Fumarate HFA *(generic Symbicort)*[QL]
Fluticasone-Salmeterol Blister w/ Device *(generic Advair Diskus)*[QL]	Fluticasone-Salmeterol HFA *(generic Advair HFA)*[QL]
Symbicort[QL]	Fluticasone-Vilanterol (Ellipta) Blister w/ Device *(generic Breo Ellipta)*[QL]
	Wixela Inhub[QL]
ICS + SABA Combinations	**ICS + SABA Combinations**
	Airsupra HFA[QL]
ICS + LABA + LAMA Combinations	**ICS + LABA + LAMA Combinations**
Trelegy Ellipta[QL]	Breztri Aerosphere[QL]

GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred Agents
Budesonide DR/EC (CAPDR-ER) Capsule[QL]	Agamree Suspension[QL]
Budesonide ER (TABDR-ER) Tablet[QL]	Alkindi Sprinkle Capsule
Dexamethasone Elixir	Cortef Tablet
Dexamethasone Intensol Drop	Cortisone Tablet
Dexamethasone Solution	Deflazacort Suspension[QL]
Dexamethasone Tablet	Deflazacort Tablet[QL]
Fludrocortisone Tablet	Dexamethasone Dose Pack
Hydrocortisone Tablet	Dexlyt Tablet
Methylprednisolone Dose Pack	Emflaza Suspension[QL]
Methylprednisolone Tablet	Emflaza Tablet[QL]
Prednisolone Solution	Eohilia Suspension Packet[QL]
Prednisolone Sodium Phosphate Solution	Hemady Tablet
Prednisone Dose Pack	Jaythari Suspension[QL]
Prednisone Intensol/Concentrate Solution	Jaythari Tablet[QL]
Prednisone Solution	Khindivi Solution
Prednisone Tablet	Kymbee Suspension[QL]
	Kymbee Tablet[QL]
	Medrol Dose Pack
	Medrol Tablet

	Prednisolone Tablet
	Prednisone DR Tablet
	Prednisolone Sodium Phosphate ODT
	Pyquvi Suspension[QL]
	Tarpeyo DR Capsule[QL]

GROWTH HORMONES

Preferred Agents	Non-Preferred Agents
Genotropin Cartridge[PA]	Humatrope Cartridge
Genotropin Miniquick Syringe[PA]	Ngenla Pen[QL]
Norditropin Flexpro[PA]	Nutropin AQ Nuspin Pen
Skytrofa Cartridge[PA]	Omnitrope Cartridge
Sogroya Pen[PA, QL]	Omnitrope Vial
	Serostim Vial[QL]
	Zomacton Vial

H. PYLORI TREATMENTS

Preferred Agents	Non-Preferred Agents
	Bismuth-Metronidazole-Tetracycline Capsule
	Lansoprazole-Amoxicillin-Clarthromycin Combo Pack[QL]
	Pylera Capsule
	Talicia IR-DR Capsule
	Voquezna Dual Pak[QL]
	Voquezna Triple Pak[QL]

HEMATOPOIETIC MIXTURES

Preferred Agents	Non-Preferred Agents
Ferrex 150 Forte Capsule	Bentivite Bx Tablet
Folivane-F Capsule	Chromagen Capsule
Iferex 150 Forte Capsule	Corvita 150 Tablet
Trigels-F Forte Capsule	Corvite 150 Tablet
	Corvite FE Tablet
	Dermacinrx Foliflex Tablet
	Dermacinrx Folitin-Z Tablet
	Dermacinrx Ribotin-E Tablet
	Dermacinrx Venexa Fe Tablet
	Dermacinrx Vitranol Fe Tablet
	Dermacinrx Vitrexate Fe Tablet
	Dermacinrx Zinetrexyl-C Tablet
	Feriva 21-7 Tablet
	Fusion Plus Capsule
	Hemocyte Plus Capsule
	Integra F Capsule
	Integra Plus Capsule
	Iron Folate Plus Capsule
	Irospan Tablet
	Nephron FA Tablet
	Niferex Tablet
	Purevit Dualfe Plus Capsule
	SE-Tan Plus Capsule
	Tandem Plus Capsule

	Taron Forte Capsule
	Tulivite Tablet

HEPATIC AND BILIARY AGENTS

Preferred Agents	Non-Preferred Agents
Cholbam *(cholic acid)* Capsule[PA]	Ctexli *(chenodiol)* Tablet[QL]
Ursodiol 300 mg Capsule[QL]	Iqirvo *(elafibranor)* Tablet[QL]
Ursodiol Tablet[QL]	Livdelzi *(seladelpar)* Capsule[QL]
	Reltone *(ursodiol)* Capsule
	Urso Forte *(ursodiol)* Tablet[QL]
	Ursolign *(ursodiol)* Capsule

HEPATITIS B AGENTS

Preferred Agents	Non-Preferred Agents
Adefovir Dipivoxil Tablet[QL]	Baraclude Tablet[QL]
Baraclude Solution[QL]	Vemlidy Tablet[QL]
Entecavir Tablet[QL]	Viread 300 mg Tablet[QL]
Lamivudine HBV Tablet[QL]	
Tenofovir Disoproxil Fumarate 300 mg Tablet[QL]	
Viread Powder[QL]	
Viread Tablet (all strengths except 300 mg)[QL]	

HEPATITIS C AGENTS

Preferred Agents	Non-Preferred Agents
Mavyret Pelet Pack[QL]	Epclusa Pellet Pack[QL]
Mavyret Tablet[QL]	Epclusa Tablet[QL]
Ribavirin Capsule	Harvoni Pellet Pack[QL]
Ribavirin Tablet	Harvoni Tablet[QL]
Sofosbuvir-Velpatasvir Tablet[QL]	Ledipasvir-Sofosbuvir Tablet [QL]
Vosevi Tablet[PA, QL]	Pegasys Syringe[QL]
	Pegasys Vial[QL]
	Sovaldi Pellet Pack[QL]
	Sovaldi Tablet[QL]
	Zepatier Tablet[QL]

HEREDITARY ANGIOEDEMA (HAE) AGENTS

Preferred Agents	Non-Preferred Agents
Berinert *(C1 esterase inhibitor)* Kit[PA]	Andembry *(garadacimab-gxii)* Autoinjector[QL]
Cinryze *(C1 esterase inhibitor)* Vial[PA, QL]	Dawnzera *(donidalorsen)* Autoinjector[QL]
Haegarda *(C1 esterase inhibitor)* Vial[PA, QL]	Ekterly *(sebetralstat)* Tablet[QL]
Icatibant Syringe[PA, QL]	Firazyr *(icatibant)* Syringe[QL]
Kalbitor *(ecallantide)* Vial[PA, QL]	Sajazir *(icatibant)* Syringe[QL]
Orladeyo *(berotralstat)* Capsule[PA, QL]	
Orladeyo *(berotralstat)* Pellet Packet[PA, QL]	
Ruconest *(C1 esterase inhibitor, recombinant)* Vial[PA, QL]	
Takhzyro *(lanadelumab-flyo)* Syringe[PA, QL]	

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

HISTAMINE 2 RECEPTOR BLOCKERS

Preferred Agents	Non-Preferred Agents
Acid Reducer Complete *(famotidine-calcium carbonate-magnesium hydroxide chewable)* Tablet Chew	Cimetidine Solution
Cimetidine Tablet	Nizatidine Capsule
Famotidine Piggyback	Ranitidine Tablet
Famotidine Suspension	
Famotidine Tablet[QL]	
Famotidine Vial	

HIV/AIDS ANTIRETROVIRALS

Preferred Agents	Non-Preferred Agents
INSTIs	**INSTIs**
Apretude ER *(cabotegravir ER)* Vial[QL]	
Isentress *(raltegravir)* Chewable Tablet[QL]	
Isentress *(raltegravir)* Powder Pack[QL]	
Isentress *(raltegravir)* Tablet[QL]	
Isentress HD *(raltegravir)* Tablet[QL]	
Tivicay *(dolutegravir)* Tablet[QL]	
Tivicay PD *(dolutegravir)* Tablet for Suspension[QL]	
Miscellaneous	**Miscellaneous**
Sunlenca *(lenacapavir)* Tablet[PA, QL]	Maraviroc Tablet[QL]
Sunlenca *(lenacapavir)* Vial[PA, QL]	Rukobia ER *(fostemsavir ER)* Tablet[QL]
Yeztugo *(lenacapavir)* Tablet[QL]	Selzentry *(maraviroc)* Solution[QL]
Yeztugo *(lenacapavir)* Vial[QL]	Selzentry *(maraviroc)* Tablet[QL]
	Trogarzo *(ibalizumab-uiyk)* Vial[QL]
NNRTIs	**NNRTIs**
Edurant *(rilpivirine)* Tablet[QL]	Edurant Ped *(rilpivirine)* Tablet for Suspension
Efavirenz Tablet[QL]	Etravirine Tablet[QL]
Nevirapine Tablet[QL]	Intelence *(etravirine)* Tablet[QL]
Pifeltro *(doravirine)* Tablet[QL]	Nevirapine Suspension[AE<12, QL]
	Nevirapine ER Tablet[QL]
	Rilpivirine Tablet[QL]
NRTIs	**NRTIs**
Abacavir Solution[QL]	Emtriva *(emtricitabine)* Capsule[QL]
Abacavir Tablet[QL]	Epivir *(lamivudine)* Solution[QL]
Abacavir-Lamivudine Tablet[QL]	Epivir *(lamivudine)* Tablet[QL]
Cimduo *(lamivuozempdine-tenofovir DF)* Tablet[QL]	Retrovir *(zidovudine)* Capsule[QL]
Descovy *(emtricitabine-tenofovir alafenamide)* Tablet[QL]	Retrovir *(zidovudine)* Syrup[QL]
Emtricitabine Capsule[QL]	Truvada *(emtricitabine-tenofovir DF)* Tablet[QL]
Emtricitabine-Tenofovir Disoproxil Fumarate Tablet[QL]	Viread *(tenofovir DF)* 300 mg Tablet[QL]
Emtriva *(emtricitabine)* Solution[QL]	Ziagen *(abacavir)* Solution[QL]
Lamivudine Solution[QL]	
Lamivudine Tablet[QL]	
Lamivudine-Zidovudine Tablet[QL]	
Tenofovir Disoproxil Fumarate 300 mg Tablet[QL]	
Viread *(tenofovir DF)* Powder[QL]	
Viread *(tenofovir DF)* Tablet (all strengths except 300 mg)[QL]	

Zidovudine Capsule[QL] Zidovudine Syrup[QL] Zidovudine Tablet[QL]	
PIs	**PIs**
Atazanavir Capsule[QL] Darunavir Tablet[QL] Evotaz *(atazanavir-cobicistat)* Tablet[QL] Kaletra *(lopinavir-ritonavir)* Solution[QL] Lopinavir-Ritonavir Tablet[QL] Norvir *(ritonavir)* Powder Packet[QL] Prezcobix *(darunavir-cobicistat)* Tablet[QL] Prezista *(darunavir)* Suspension[QL] Reyataz *(atazanavir)* Powder Packet[QL] Ritonavir Tablet[QL]	Aptivus *(tipranavir)* Capsule[QL] Fosamprenavir Tablet[QL] Kaletra *(lopinavir-ritonavir)* Tablet[QL] Norvir *(ritonavir)* Tablet[QL] Prezista *(darunavir)* Tablet[QL] Reyataz *(atazanavir)* Capsule[QL] Viracept *(nelfinavir)* Tablet[QL]
Single Product Regimens	**Single Product Regimens**
Biktarvy *(bictegravir-emtricitabine-tenofovir alafenamide)* Tablet[QL] Cabenuva *(cabotegravir-rilpivirine)* Vial[QL] Complera *(emtricitabine-rilpivirine-tenofovir DF)* Tablet[QL] Delstrigo *(doravirine-lamivudine-tenofovir DF)* Tablet[QL] Dovato *(dolutegravir-lamivudine)* Tablet[QL] Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate Tablet[QL] Genvoya *(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)* Tablet[QL] Juluca *(dolutegravir-rilpivirine)* Tablet[QL] Odefsey *(emtricitabine-rilpivirine-tenofovir alafenamide)* Tablet[QL] Symfi *(efavirenz-lamivudine-tenofovir DF)* Tablet[QL] Symtuza *(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)* Tablet[QL] Triumeq *(abacavir-dolutegravir-lamivudine)* Tablet[QL]	Efavirenz-Lamivudine-Tenofovir Disoproxil Fumarate Tablet[QL] Emtricitabine-Rilpivirine-Tenofovir Disoproxil Fumarate Tablet[QL] Idvynso *(doravirine-islatravir)* Tablet[QL] Stribild *(elvitegravir-cobicistat-emtricitabine-tenofovir DF)* Tablet[QL] Triumeq PD *(abacavir-dolutegravir-lamivudine)* Tablet for Suspension[QL]

HYPOGLYCEMIA TREATMENTS

Preferred Agents	Non-Preferred Agents
Baqsimi Spray Glucagon Emergency Kit Gvoke Hypopen Gvoke PFS Syringe Gvoke Vial	

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred Agents
Acarbose Tablet[QL]	Miglitol Tablet[QL]

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

HYPOGLYCEMICS, DPP-4 INHIBITORS

Preferred Agents	Non-Preferred Agents
Janumet XR *(sitagliptin phosphate-metformin TBMP 24HR)* Tablet[PA, QL]	Alogliptin Tablet[QL]
Jentadueto *(linagliptin-metformin)* Tablet[PA, QL]	Alogliptin-Metformin Tablet[QL]
Jentadueto XR *(linagliptin-metformin BP 24H)* Tablet[PA, QL]	Alogliptin-Pioglitazone Tablet[QL]
Sitagliptin Phosphate Tablet *(generic Januvia)*[PA, QL]	Brynovin *(sitagliptin HCl)* Solution[QL]
Sitagliptin Phosphate-Metformin Tablet *(generic Janumet)*[PA, QL]	Dapaglaflozin-Saxagliptin Tablet[QL]
Tradjenta *(linagliptin)* Tablet[PA, QL]	Glyxambi *(linagliptin-empaglaflozin)* Tablet[QL]
	Janumet *(sitagliptin phosphate-metformin)* Tablet[QL]
	Januvia *(sitagliptin phosphate)* Tablet[QL]
	Saxagliptin Tablet[QL]
	Saxagliptin-Metformin ER (TBMP 24HR) Tablet[QL]
	Sitagliptin Tablet *(generic Zituvio)*[QL]
	Sitagliptin-Metformin Tablet *(generic Zituvimet)*[QL]
	Sitagliptin-Metformin ER (TBMP 24HR) Tablet *(generic Zituvimet XR)*[QL]
	Sitagliptin Phosphate-Metformin ER (TBMP 24HR) Tablet *(generic Janumet XR)*[QL]
	Steglujan *(ertugliflozin-sitagliptin phosphate)* Tablet[QL]
	Trijardy XR *(empagliflozin-linagliptin-metformin BP 24H)* Tablet[QL]
	Zituvimet *(sitagliptin-metformin)* Tablet[QL]
	Zituvimet XR *(sitagliptin-metformin TBMP 24HR)* Tablet[QL]
	Zituvio *(sitagliptin)* Tablet[QL]

HYPOGLYCEMICS, INSULIN AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents
Alternate Formulations	**Alternate Formulations**
	Afrezza Cartridge
	Soliqua *(insulin glargine-lixisenatide)* Pen[QL]
	Xultophy *(insulin degludec-liraglutide)* Pen[QL]
Intermediate-Acting	**Intermediate-Acting**
Humulin N Kwikpen	
Humulin N Vial	
Novolin N Flexpen	
Novolin N Vial	
Long-Acting	**Long-Acting**
Insulin Glargine 300 units/mL Solostar	Awiqli *(insulin icodec-abae)* 700 units/mL Flextouch
Insulin Glargine Max 300 units/mL Solostar	Basaglar *(insulin glargine)* 100 units/mL Kwikpen
Lantus *(insulin glargine)* 100 units/mL Solostar	Insulin Glargine-yfgn 100 units/mL Pen
Lantus *(insulin glargine)* 100 units/mL Vial	Insulin Glargine-yfgn 100 units/mL Vial
	Rezvoglar *(insulin glargine-aqlr)* 100 units/mL Kwikpen
	Semglee *(insulin glargine-yfgn)* 100 units/mL Pen
	Semglee *(insulin glargine-yfgn)* 100 units/mL Vial
	Toujeo *(insulin glargine)* 300 units/mL Solostar
	Toujeo Max *(insulin glargine)* 300 units/mL Solostar
	Tresiba *(insulin degludec)* 100 units/mL Flextouch
	Tresiba *(insulin degludec)* 100 units/mL Vial
	Tresiba *(insulin degludec)* 200 units/mL Flextouch

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Mixed Insulins	Mixed Insulins
Humalog Mix *(insulin lispro protamine-insulin lispro)* 50-50 Kwikpen	Novolin 70-30 Flexpen
Humalog Mix *(insulin lispro protamine-insulin lispro)* 75-25 Kwikpen	Novolin 70-30 Vial
Humalog Mix *(insulin lispro protamine-insulin lispro)* 75-25 Vial	
Humulin 70-30 Kwikpen	
Humulin 70-30 Vial	
Insulin Lispro Protamine Mix 75-25 Pen	
NovoLog Mix *(insulin aspart protamine-insulin aspart)* 70-30 Flexpen	
NovoLog Mix *(insulin aspart protamine-insulin aspart)* 70-30 Vial	
Rapid-Acting	**Rapid-Acting**
Apidra *(insulin glulisine)* Solostar	Admelog *(insulin lispro)* Solostar
Apidra *(insulin glulisine)* Vial	Admelog *(insulin lispro)* Vial
Humalog *(insulin lispro)* 100 units/mL Cartridge	Fiasp *(insulin aspart)* Flextouch
Humalog *(insulin lispro)* 100 units/mL Kwikpen	Fiasp *(insulin aspart)* Penfill Cartridge
Humalog *(insulin lispro)* 100 units/mL Tempo Pen	Fiasp *(insulin aspart)* Pumpcart Cartridge
Humalog *(insulin lispro)* 100 units/mL Vial	Fiasp *(insulin aspart)* Vial
Humalog *(insulin lispro)* 200 units/mL Kwikpen	Kirsty *(insulin aspart-xjhz)* Pen
Humalog Jr *(insulin lispro)* Kwikpen	Kirsty *(insulin aspart-xjhz)* Vial
Insulin Lispro 100 units/mL Kwikpen	Lyumjev *(insulin lispro)* 100 units/mL Kwikpen
Insulin Lispro 100 units/mL Vial	Lyumjev *(insulin lispro)* 200 units/mL Kwikpen
Insulin Lispro Jr Kwikpen	Lyumjev *(insulin lispro)* 100 units/mL Tempo Pen
Novolog *(insulin aspart)* Flexpen	Lyumjev *(insulin lispro)* 100 units/mL Vial
Novolog *(insulin aspart)* Penfill Cartridge	Merilog *(insulin aspart-szjj)* 100 units/mL Solostar
Novolog *(insulin aspart)* Vial	Merilog *(insulin aspart-szjj)* 100 units/mL Vial
Short-Acting	**Short-Acting**
Humulin R 100 units/mL Vial	
Humulin R 500 units/mL Kwikpen	
Novolin R Flexpen	
Novolin R Vial	

HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents	Non-Preferred Agents
Nateglinide Tablet[QL]	
Repaglinide Tablet[QL]	

HYPOGLYCEMICS, METFORMINS

Preferred Agents	Non-Preferred Agents
Glipizide-Metformin Tablet[QL]	Metformin Solution[QL]
Glyburide-Metformin Tablet[QL]	Metformin 625 mg, 750 mg Tablet[QL]
Metformin 500 mg, 850 mg, 1000 mg Tablet[QL]	Metformin ER Gastric (ERGR24H) Tablet (*generic Glumetza ER*)[QL]
Metformin ER 500 mg, 750 mg Tablet (*generic Glucophage XR Tablet*)[QL]	Metformin ER Osmotic (ER 24) Tablet (*generic Fortamet ER*)[QL]

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

HYPOGLYCEMICS, SGLT2 INHIBITORS

Preferred Agents	Non-Preferred Agents
Dapagliflozin Tablet[QL]	Farxiga *(dapagliflozin)* Tablet[QL]
Dapagliflozin-Metformin ER (BP 24H) Tablet[QL]	Glyxambi *(linagliptin-empaglaflozin)* Tablet[QL]
Jardiance *(empagliflozin)* Tablet[QL]	Inpefa *(sotagliflozin)* Tablet[QL]
Synjardy *(empagliflozin-metformin)* Tablet[QL]	Invokamet *(canagliflozin-metformin)* Tablet[QL]
Synjardy XR *(empagliflozin-metformin BP 24H)* Tablet[QL]	Invokamet XR *(canagliflozin-metformin BP 24H)* Tablet[QL]
	Invokana *(canagliflozin)* Tablet[QL]
	Qtern *(saxagliptin-dapagliflozin)* Tablet[QL]
	Segluromet *(ertugliflozin-metformin)* Tablet[QL]
	Steglatro *(ertugliflozin)* Tablet[QL]
	Steglujan *(ertugliflozin-sitagliptin phosphate)* Tablet[QL]
	Trijardy XR *(empagliflozin-linagliptin-metformin BP 24H)* Tablet[QL]
	Xigduo XR *(dapagliflozin-metformin BP 24H)* Tablet[QL]

HYPOGLYCEMICS, SULFONYLUREAS

Preferred Agents	Non-Preferred Agents
Glimepiride 1 mg, 2 mg, 4 mg Tablet[QL]	Glimepiride 3 mg Tablet[QL]
Glipizide 5 mg, 10 mg Tablet[QL]	Glipizide 2.5 mg Tablet[QL]
Glipizide ER/XL Tablet[QL]	Glipizide 15 mg Tablet[QL]
Glyburide Tablet[QL]	Glucotrol XL Tablet[QL]

HYPOGLYCEMICS, TZDs

Preferred Agents	Non-Preferred Agents
Pioglitazone Tablet[QL]	Alogliptin-Pioglitazone Tablet[QL]
	Duetact Tablet[QL]
	Pioglitazone-Glimepiride Tablet[QL]
	Pioglitazone-Metformin Tablet[QL]

IMMUNOMODULATORS, DERMATOLOGICS

Preferred Agents	Non-Preferred Agents
Adbry *(tralokinumab-ldrm)* Autoinjector[PA, QL]	Anzupgo *(delgocitinib)* Cream
Adbry *(tralokinumab-ldrm)* Syringe[PA, QL]	Eucrisa *(crisaborole)* Ointment
Cibinqo *(abrocitinib)* Tablet[PA, QL]	Nemluvio *(nemolizumab-ilto)* Pen[QL]
Dupixent *(dupilumab)* Pen[PA, QL]	Pimecrolimus Cream
Dupixent *(dupilumab)* Syringe[PA, QL]	Rinvoq ER *(upadacitinib)* Tablet[QL]
Ebglyss *(lebrikizumab-lbkz)* Pen[PA, QL]	Vtama *(tapinarof)* Cream
Ebglyss *(lebrikizumab-lbkz)* Syringe[PA, QL]	Zoryve *(roflumilast)* 0.15% Cream
Opzelura *(ruxolitinib)* Cream[PA, QL]	Zoryve *(roflumilast)* 0.05% Cream
Tacrolimus Ointment	

IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred Agents
Imiquimod Cream 5% Packet	Imiquimod Cream 3.75% Packet
	Imiquimod Cream 3.75% Pump

IMMUNOSUPPRESSIVES, ORAL

Preferred Agents	Non-Preferred Agents
Azathioprine 50 mg Tablet *(generic Imuran)*	Astagraf XL *(tacrolimus ER 24H)* Capsule

Cyclosporine Capsule	Azathioprine 75 mg, 100 mg Tablet *(generic Azasan)*
Cyclosporine (Modified) Capsule/Softgel	Cellcept *(mycophenolate mofetil)* Capsule
Cyclosporine (Modified) Solution	Cellcept *(mycophenolate mofetil)* Suspension
Mycophenolate Mofetil Capsule	Cellcept *(mycophenolate mofetil)* Tablet
Mycophenolate Mofetil Suspension	Envarsus XR *(tacrolimus extended-release)* Tablet
Mycophenolate Mofetil Tablet	Everolimus Tablet
Mycophenolic Acid DR Tablet	Gengraf *(cyclosporine, modified)* Capsule
Sirolimus Solution	Imuran *(azathioprine)* Tablet
Sirolimus Tablet	Lupkynis *(voclosporin)* Capsule[QL]
Tacrolimus Capsule	Myfortic DR *(mycophenolic acid delayed-release)* Tablet
	Myhibbin *(mycophenolate mofetil)* Suspension
	Neoral *(cyclosporine, modified)* Capsule
	Neoral *(cyclosporine, modified)* Solution
	Prograf *(tacrolimus)* Capsule
	Prograf *(tacrolimus)* Granule Packet
	Rezurock *(belumosudil)* Tablet[QL]
	Sandimmune *(cyclosporine)* Capsule
	Tacrolimus XL (ER 24H) Capsule
	Zortress *(everolimus)* Tablet

INSULIN SYRINGES AND PEN NEEDLES

Preferred Products	Non-Preferred Manufacturers
Insulin Syringes	**Insulin Syringes**
Trividia Insulin Syringes • Trueplus	All Other Insulin Syringes
Pen Needles	**Pen Needles**
Owen Mumford Pen Needles • Pentips • Unifine Pentips • Unifine Pentips Plus • Unifine Safecontrol **Trividia Health** • Trueplus	All Other Pen Needles

INTRA-ARTICULAR HYALURONATES

Preferred Agents	Non-Preferred Agents
Durolane Syringe[PA, QL]	Gel-One Syringe[QL]
Euflexxa Syringe[PA, QL]	Genvisc 850 Syringe[QL]
Gelsyn-3 Syringe[PA, QL]	Monovisc Syringe[QL]
Hyalgan Syringe[PA, QL]	Orthovisc Syringe[QL]
Hyalgan Vial[PA, QL]	Supartz FX Syringe[QL]
Hymovis Syringe[PA, QL]	Synojoynt Syringe[QL]
Hymovis One Syringe[PA, QL]	Synvisc Syringe[QL]
Triluron Syringe[PA, QL]	Synvisc-One Syringe[QL]
Trivisc Syringe[PA, QL]	
Visco-3 Syringe[PA, QL]	

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

INTRANASAL RHINITIS AGENTS

Preferred Agents	Non-Preferred Agents
Azelastine 0.1% (137 mcg) Nasal Spray *(generic Astelin)*[QL]	Azelastine-Fluticasone Nasal Spray[QL]
Fluticasone Propionate Nasal Spray (Rx)[QL]	Budesonide Nasal Spray[QL]
Ipratropium Nasal Spray[QL]	Dymista Nasal Spray[QL]
	Flunisolide Nasal Spray[QL]
	Fluticasone Propionate Nasal Spray (OTC)[QL]
	Mometasone Furoate Nasal Spray[QL]
	Nasonex 24HR Allergy Nasal Spray
	Olopatadine Nasal Spray[QL]
	Omnaris Nasal Spray[QL]
	Qnasl Nasal Spray[QL]
	Qnasl Children's Nasal Spray[QL]
	Ryaltris Nasal Spray[QL]
	Sinuva Implant
	Triamcinolone Acetonide Nasal Spray[AE<4, QL]
	Xhance Nasal Spray[QL]

IRON CHELATING AGENTS

Preferred Agents	Non-Preferred Agents
Deferasirox Granule Packet[PA]	Deferiprone Tablet
Deferasirox Tablet[PA]	Exjade *(deferasirox)* Tablet for Oral Suspension
Deferasirox Tablet for Oral Suspension[PA]	Ferriprox *(deferiprone)* Solution
	Ferriprox *(deferiprone)* Tablet
	Jadenu *(deferasirox)* Sprinkle Granule Packet
	Jadenu *(deferasirox)* Tablet

IRON, PARENTERAL

Preferred Agents	Non-Preferred Agents
Ferrlecit *(sodium ferric gluconate complex)* Vial	Feraheme *(ferumoxytol)* Vial[QL]
Infed *(iron dextran, LMW)* Vial	Ferric Carboxymaltose Vial
Injectafer *(ferric carboxymaltose)* Vial	Ferumoxytol Vial[QL]
Iron Sucrose Vial[QL]	Monoferric *(ferric derisomaltose)* Vial[QL]
Sodium Ferric Gluconate Complex in Sucrose Vial	
Venofer *(iron sucrose)* Vial[QL]	

LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents
Montelukast Chewable Tablet[QL]	Montelukast Granule Packet[AE<2, QL]
Montelukast Tablet[QL]	Singulair *(montelukast)* Chewable Tablet[QL]
	Singulair *(montelukast)* Tablet[QL]
	Zafirlukast Tablet[QL]
	Zileuton ER Tablet[QL]

LIPOTROPICS, OTHER

Preferred Agents	Non-Preferred Agents
Cholestyramine Powder	Colesevelam Powder Packet[QL]
Cholestyramine Powder Packet	Colesevelam Tablet[QL]
Cholestyramine Light Powder	Colestid Granule
Cholestyramine Light Powder Packet	Colestid Tablet[QL]

Colestipol Tablet[QL]	Colestipol Granule
Ezetimibe Tablet[QL]	Colestipol Granule Packet
Fenofibrate 54 mg, 160 mg Tablet *(generic Lofibra Tablet)*[QL]	Evkeeza Vial
Fenofibrate Micronized 43 mg, 130 mg Capsule *(generic Antara)*[QL]	Fenofibrate 50 mg, 150 mg Capsule *(generic Lipofen)*[QL]
Fenofibrate Micronized 67 mg, 134 mg, 200 mg Capsule *(generic Lofibra Capsule)*[QL]	Fenofibrate 40 mg, 120 mg Tablet *(generic Fenoglide)*[QL]
	Juxtapid Capsule[QL]
Fenofibrate Nanocrystalized 48 mg, 145 mg Tablet *(generic Tricor)*[QL]	Leqvio Syringe[QL]
	Lipfendra Tablet[QL]
Fenofibric Acid (Choline) DR 45 mg, 135 mg Capsule *(generic Trilipix)*[QL]	Lipofen Capsule[QL]
	Lopid Tablet[QL]
Gemfibrozil Tablet[QL]	Niacin ER Tablet *(generic Niaspan)*
Icosapent Ethyl Capsule[QL]	Praluent Pen[QL]
Nexletol Tablet[PA, QL]	Questran Powder
Nexlizet Tablet[PA, QL]	Questran Powder Packet
Omega-3 Ethyl Esters Capsule[QL]	Questran Light Powder
Prevalite Powder	Redemplo Syringe[QL]
Prevalite Powder Packet	Tricor Tablet[QL]
Repatha Pushtronex[PA, QL]	Tryngolza Autoinjector[QL]
Repatha Sureclick[PA, QL]	Welchol Powder Packet[QL]
Repatha Syringe[PA, QL]	Welchol Tablet[QL]
	Zetia Tablet[QL]

LIPOTROPICS, STATINS

Preferred Agents	Non-Preferred Agents
Atorvastatin Tablet[QL]	Amlodipine-Atorvastatin Tablet[QL]
Lovastatin Tablet[QL]	Atorvaliq Suspension[QL]
Pravastatin Tablet[QL]	Caduet Tablet[QL]
Rosuvastatin Tablet[QL]	Crestor Tablet[QL]
Simvastatin Tablet[QL]	Ezetimibe-Simvastatin Tablet[QL]
	Fluvastatin Capsule[QL]
	Fluvastatin ER Tablet[QL]
	Lescol XL Tablet[QL]
	Lipitor Tablet[QL]
	Livalo Tablet[QL]
	Pitavastatin Tablet[QL]
	Vytorin Tablet[QL]
	Zocor Tablet[QL]

LOCAL ANESTHETICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Glydo Jelly (mucous membrane) Syringe[AR]	Anlido Patch[QL]
Lidocaine Cream	Dermacinrx Lidocaine Cream
Lidocaine (mucous membrane) Jelly[AR]	Dermacinrx Lidocan Patch[QL]
Lidocaine Ointment	Dermacinrx Lidogel Gel
Lidocaine 4% Patch[QL]	Dermacinrx Lidorex Gel
Lidocaine 5% Patch *(generic Lidoderm Patch)*[QL]	Lidaflex Patch[QL]
Lidocaine (mucous membrane) Solution[AR]	Lidocaine + Dressing Kit
Lidocaine (topical) Solution	Lidocaine-Prilocaine Kit
Lidocaine Viscous (mucous membrate) Solution[AR]	Lidocan Patch[QL]
Lidocaine-Prilocaine Cream	Lidotral Cream
	Pliaglis Cream

	Tridacaine Patch[QL]
	Ztlido Patch[QL]

MACROLIDES

Preferred Agents	Non-Preferred Agents
Azithromycin Suspension	Clarithromycin ER Tablet
Azithromycin Tablet	E.E.S. 200 Suspension
Clarithromycin Suspension	E.E.S. 400 Filmtab
Clarithromycin Tablet	EryPed Suspension
	Ery-Tab DR Tablet
	Erythromycin (Base) DR Capsule (generic Eryc EC)
	Erythromycin (Base) DR Tablet (generic Ery-Tab DR)
	Erythromycin (Base) Tablet
	Erythromycin Ethylsuccinate Suspension (generic E.E.S.)
	Erythromycin Ethylsuccinate Tablet (generic E.E.S., EryPed)
	Zithromax Suspension
	Zithromax Tablet
	Zithromax Tri-Pak

MACULAR DEGENERATION AGENTS

Preferred Agents	Non-Preferred Agents
Cimerli *(ranibizumab-eqrn)* Vial[PA, QL]	Beovu *(brolucizumab-dbll)* Syringe[QL]
Nufymco *(ranibizumab-leyk)* Vial[PA, QL]	Byooviz *(ranibizumab-nuna)* Vial[QL]
Pavblu *(aflibercept-ayyh)* Syringe[PA, QL]	Eylea *(aflibercept)* Syringe[QL]
Pavblu *(aflibercept-ayyh)* Vial[PA, QL]	Eylea *(aflibercept)* Vial[QL]
Syfovre *(pegcetacoplan)* Vial[PA, QL]	Eylea HD *(aflibercept)* Vial[QL]
Syfovre *(pegcetacoplan)* Vial Kit[PA, QL]	Izervay *(avacincaptad pegol sodium)* Vial[QL]
Vabysmo *(faricimab-svoa)* Syringe[PA, QL]	Lucentis *(ranibizumab)* Syringe[QL]
Vabysmo *(faricimab-svoa)* Vial[PA, QL]	Susvimo *(ranibizumab)* Vial
Visudyne *(verteporfin)* Vial[PA]	
Yesafili *(aflibercept-jbvf)* Syringe[PA, QL]	

METHOTREXATE

Preferred Agents	Non-Preferred Agents
Methotrexate Tablet	Jylamvo Solution
Methotrexate Vial	Rasuvo Autoinjector[QL]
Methotrexate Preservative-Free Vial	Trexall Tablet
	Xatmep Solution

MIGRAINE ACUTE TREATMENT AGENTS

Preferred Agents	Non-Preferred Agents
Eletriptan Tablet[QL]	Almotriptan Tablet[QL]
Naratriptan Tablet[QL]	Brekiya Autoinjector[QL]
Nurtec *(rimegepant)* ODT[PA, QL]	Cafergot Tablet
Rizatriptan ODT[QL]	Diclofenac Potassium Powder Packet[QL]
Rizatriptan Tablet[QL]	Dihydroergotamine Mesylate Ampule
Sumatriptan Nasal Spray[QL]	Dihydroergotamine Mesylate Nasal Spray[QL]
Sumatriptan Pen Injector[QL]	Elyxyb Solution[QL]
Sumatriptan Tablet[QL]	Ergomar SL Tablet
Sumatriptan Vial[QL]	Frovatriptan Tablet[QL]

Ubrelvy Tablet[PA, QL]	Imitrex Cartridge[QL]
Zolmitriptan ODT[QL]	Imitrex Pen Injector[QL]
Zolmitriptan Tablet[QL]	Imitrex Tablet[QL]
	Maxalt Tablet[QL]
	Maxalt MLT[QL]
	Relpax Tablet[QL]
	Reyvow Tablet[QL]
	Sumatriptan-Naproxen Tablet[QL]
	Symbravo Tablet[QL]
	Tosymra Nasal Spray[QL]
	Zavzpret Nasal Spray[QL]
	Zembrace Symtouch[QL]
	Zolmitriptan Nasal Spray[QL]
	Zomig Nasal Spray[QL]
	Zomig Tablet[QL]

MIGRAINE PREVENTION AGENTS

Preferred Agents	Non-Preferred Agents
Aimovig *(erenumab-aooe)* Autoinjector[PA, QL]	Qulipta *(atogepant)* Tablet[QL]
Ajovy *(fremanezumab-vfrm)* Autoinjector[PA, QL]	Vyepti *(eptinezumab-jjmr)* Vial[QL]
Ajovy *(fremanezumab-vfrm)* Syringe[PA, QL]	
Emgality *(galcanezumab-gnlm)* Pen[PA, QL]	
Emgality *(galcanezumab-gnlm)* Syringe[PA, QL]	
Nurtec *(rimegepant)* ODT[PA, QL]	

MONOCLONAL ANTIBODIES (MABs) – ANTI-IL, ANTI-IGE, ANTI-TSLP

Preferred Agents	Non-Preferred Agents
Dupixent *(dupilumab)* Pen[PA, QL]	Cinqair *(reslizumab)* Vial
Dupixent *(dupilumab)* Syringe[PA, QL]	Exdensur *(depemokimab-ulaa)* Syringe[QL]
Fasenra *(benralizumab)* Pen[PA, QL]	
Fasenra *(benralizumab)* Syringe[PA, QL]	
Nucala *(mepolizumab)* Autoinjector[PA, QL]	
Nucala *(mepolizumab)* Syringe[PA, QL]	
Nucala *(mepolizumab)* Vial[PA, QL]	
Omlyclo *(omalizumab-igec)* Syringe[PA, QL]	
Tezspire *(tezepelumab)* Pen[PA, QL]	
Tezspire *(tezepelumab)* Syringe[PA, QL]	
Xolair *(omalizumab)* Autoinjector[PA, QL]	
Xolair *(omalizumab)* Syringe[PA, QL]	
Xolair *(omalizumab)* Vial[PA, QL]	

MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred Agents
Avonex *(interferon beta-1a)* Pen Kit[QL]	Ampyra ER *(dalfampridine ER)* Tablet[QL]
Avonex *(interferon beta-1a)* Syringe Kit[QL]	Aubagio *(teriflunomide)* Tablet[QL]
Betaseron *(interferon beta-1b)* Kit[QL]	Bafiertam DR *(monomethyl fumarate DR)* Capsule[QL]
Briumvi *(ublituximab-xiiy)* Vial[PA, QL]	Cladribine Tablet Pack[QL]
Dalfampridine ER Tablet[PA, QL]	Copaxone *(glatiramer)* Syringe[QL]
Dimethyl Fumarate DR Capsule[PA, QL]	Gilenya *(fingolimod HCl)* Capsule[QL]
Fingolimod Capsule[PA, QL]	Lemtrada *(alemtuzumab)* Vial[QL]
Glatiramer Syringe[QL]	Mavenclad *(cladribine)* Tablet Pack[QL]

Glatopa *(glatiramer)* Syringe[QL]	Mayzent *(siponimod)* Tablet[QL]
Kesimpta *(ofatumumab)* Pen[PA, QL]	Plegridy *(peginterferon beta-1a)* Pen[QL]
Ocrevus *(ocrelizumab)* Vial[PA, QL]	Plegridy *(peginterferon beta-1a)* Syringe[QL]
Ocrevus Zunovo *(ocrelizumab)* Vial[PA, QL]	Ponvory *(ponesimod)* Tablet[QL]
Rebif *(interferon beta-1a)* Rebidose Autoinjector[QL]	Tascenso *(fingolimod lauryl sulfate)* ODT[QL]
Rebif *(interferon beta-1a)* Syringe[QL]	Tecfidera DR *(dimethyl fumarate DR)* Capsule[QL]
Teriflunomide Tablet[PA, QL]	Vumerity DR *(diroximel fumarate DR)* Capsule[QL]
Tyruko *(natalizumab-sztn)* Vial[PA, QL]	Zeposia *(ozanimod)* Capsule[QL]
Tysabri *(natalizumab)* Vial[PA, QL]	

NEUROPATHIC PAIN AGENTS

Preferred Agents	Non-Preferred Agents
Capsaicin 0.025%, 0.075%, 0.1% Cream *(generic Zostrix, Zostrix HP)*	Anlido Patch[QL]
Duloxetine DR 20 mg, 30 mg, 60 mg Capsule *(generic Cymbalta)*[QL]	Capsaicin *(capsicum oleoresin)* Cream
Gabapentin 100 mg, 300 mg, 400 mg Capsule *(generic Neurontin)*[QL]	Drizalma Sprinkle Capsule[QL]
Gabapentin Solution *(generic Neurontin)*[QL]	Duloxetine DR 40 mg Capsule *(generic Irenka)*[QL]
Gabapentin 600 mg, 800 mg Tablet *(generic Neurontin)*[QL]	Duloxetine DR 80 mg, 90 mg, 120 mg Capsule[QL]
Lidocaine 4% Patch	Gabapentin 200 mg Capsule *(generic Relgaabi)*[QL]
Lidocaine 5% Patch *(generic Lidoderm Patch)*[QL]	Gabapentin ER (24H) Tablet *(generic Gralise ER)*[QL]
Pregabalin Capsule[QL]	Gabarone Tablet[QL]
Pregabalin Solution[QL]	Gralise ER Tablet[QL]
	Horizant ER Tablet[QL]
	Lidaflex Patch[QL]
	Lyrica Capsule[QL]
	Lyrica Solution[QL]
	Lyrica CR Tablet[QL]
	Milnacipran Tablet[QL]
	Neurontin Capsule[QL]
	Neurontin Solution[QL]
	Neurontin Tablet[QL]
	Pregabalin ER Tablet[QL]
	Qutenza Patch[QL]
	Relgaabi *(gabapentin)* Capsule[QL]
	Savella Tablet[QL]
	Ztlido Patch[QL]

NSAIDs

Preferred Agents	Non-Preferred Agents
Celecoxib Capsule[QL]	Arthrotec Tablet[QL]
Diclofenac Sodium 1% Gel[QL]	Celebrex Capsule[QL]
Diclofenac Sodium 1.5% Topical Solution Drop[QL]	Coxanto Capsule[QL]
Diclofenac Sodium DR/EC 25 mg, 50 mg, 75 mg Tablet *(generic Voltaren EC Tablet)*[QL]	Diclofenac Epolamine Patch[QL]
	Diclofenac Potassium Capsule[QL]
Diclofenac Sodium-Misoprostol Tablet[QL]	Diclofenac Potassium Powder Packet[QL]
Flurbiprofen Tablet[QL]	Diclofenac Potassium Tablet[QL]
Ibuprofen Capsule[QL]	Diclofenac Sodium 2% Topical Solution Pump[QL]
Ibuprofen Chewable Tablet[QL]	Diclofenac Sodium ER (24HR) 100 mg Tablet *(generic Voltaren-XR Tablet)*[QL]
Ibuprofen Suspension[QL]	
Ibuprofen Suspension Drop[QL]	Diflunisal Tablet[QL]
Ibuprofen 200 mg, 400 mg, 600 mg, 800 mg Tablet[QL]	Dolobid Tablet[QL]
Indomethacin Capsule[QL]	Elyxyb Solution[QL]

Indomethacin ER Capsule[QL]	Etodolac Capsule[QL]
Ketorolac Tablet[QL]	Etodolac Tablet[QL]
Meloxicam Tablet[QL]	Etodolac ER Tablet[QL]
Nabumetone Tablet[QL]	Fenoprofen Capsule[QL]
Naproxen 250 mg, 375 mg, 500 mg Tablet *(generic Naprosyn Tablet)*[QL]	Fenopron Capsule
	Ibuprofen 300 mg Tablet[QL]
Naproxen DR 375 mg, 500 mg Tablet *(generic Naprosyn EC Tablet)*[QL]	Ibuprofen-Famotidine Tablet[QL]
	Indomethacin Rectal Suppository[QL]
Naproxen Sodium 220 mg Capsule *(generic Aleve Liquid Gel Cap)*[QL]	Indomethacin Suspension[QL]
	Ketoprofen Capsule[QL]
Naproxen Sodium 220 mg Tablet *(generic Aleve Caplet/Tablet)*[QL]	Ketoprofen ER (24H PEL) Capsule[QL]
Naproxen Sodium 275 mg Tablet *(generic Anaprox Tablet)*[QL]	Lofena Tablet[QL]
Naproxen Sodium DS 550 mg Tablet *(generic Anaprox DS Tablet)*[QL]	Lurbiro Tablet[QL]
Piroxicam Capsule[QL]	Meclofenamate Capsule[QL]
Sulindac Tablet[QL]	Mefenamic Acid Capsule[QL]
	Meloxicam Capsule[QL]
	Nalfon Capsule[QL]
	Nalfon Tablet[QL]
	Naprelan CR (TBMP 24HR) Tablet[QL]
	Naproxen Suspension[QL]
	Naproxen-Esomeprazole DR Tablet[QL]
	Naproxen Sodium CR/ER (TBMP 24HR) Tablet *(generic Naprelan CR Tablet)*[QL]
	Orudis Capsule[QL]
	Oxaprozin Capsule[QL]
	Oxaprozin Tablet[QL]
	Relafen DS Tablet[QL]
	Tolectin Tablet[QL]
	Tolectin DS Capsule[QL]
	Tolmetin Sodium Capsule[QL]
	Tolmetin Sodium Tablet[QL]
	Vyscoxa Suspension[QL]
	Zybic Suspension[QL]

OBESITY TREATMENT AGENTS

Preferred Agents	Non-Preferred Agents
Phentermine 15 mg, 30 mg Capsule[QL]	Amphetamine Tablet[QL]
Phentermine 37.5 mg Capsule[QL]	Benzphetamine Tablet[QL]
Phentermine 8 mg Tablet[QL]	Diethylpropion Tablet[QL]
Phentermine 37.5 mg Tablet[QL]	Diethylpropion ER Tablet[QL]
	Evekeo *(amphetamine)* Tablet[QL]
	Lomaira *(phentermine)* Tablet[QL]
	Orlistat Capsule[QL]
	Phendimetrazine Tablet[QL]
	Phendimetrazine ER Capsule[QL]
	Phentermine-Topiramate ER *(CPMP 24HR)* Capsule[QL]
	Xenical *(orlistat)* Capsule[QL]

ONCOLOGY AGENTS, BREAST CANCER

Preferred Agents	Non-Preferred Agents
Anastrozole Tablet[QL]	Arimidex Tablet[QL]

Exemestane Tablet[QL]	Aromasin Tablet[QL]
Letrozole Tablet[PA, QL]	Fareston Tablet[QL]
Tamoxifen Tablet[QL]	Femara Tablet[QL]
	Inluriyo Tablet[QL]
	Orserdu Tablet[QL]
	Soltamox Solution[QL]
	Toremifene Tablet[QL]
	Veppanu Tablet[QL]

ONCOLOGY AGENTS, ORAL

Preferred Agents	Non-Preferred Agents
Abiraterone Acetate 250 mg Tablet[PA, QL]	Abiraterone Acetate 500 mg Tablet[QL]
Abirtega Tablet[PA, QL]	Afinitor Tablet[QL]
Afinitor Disperz Tablet[PA, QL]	Casodex Tablet[QL]
Akeega Tablet[PA, QL]	Cavhanza ODT[QL]
Alecensa Capsule[PA, QL]	Dantizen Tablet[QL]
Alunbrig Tablet[PA, QL]	Everolimus Tablet for Suspension[QL]
Augtyro Capsule[PA, QL]	Gefitinib Tablet[QL]
Avmapki-Fakzynja Combo Package[PA, QL]	Gleevec Tablet[QL]
Ayvakit Tablet[PA, QL]	Hyrnuo Tablet[QL]
Balversa Tablet[PA, QL]	Iclusig 30 mg Tablet[QL]
Bicalutamide Tablet[PA, QL]	Imbruvica Suspension[QL]
Bosulif Capsule[PA, QL]	Imbruvica Tablet[QL]
Bosulif Tablet[PA, QL]	Imkeldi Solution[QL]
Bosutinib Tablet[PA, QL]	Jideytro Tablet[QL]
Braftovi Capsule[PA, QL]	Lapatinib Tablet[QL]
Brukinsa Capsule[PA, QL]	Nexavar Tablet[QL]
Brukinsa Tablet[PA, QL]	Nilotinib D-Tartrate Capsule[QL]
Cabometyx Tablet[PA, QL]	Phyrago Tablet[QL]
Calquence Tablet[PA, QL]	Qinlock Tablet[QL]
Capecitabine Tablet[PA]	Sprycel Tablet[QL]
Caprelsa Tablet[PA, QL]	Sunitinib Capsule[QL]
Cometriq Capsule[PA, QL]	Tasigna Capsule[QL]
Copiktra Capsule[PA, QL]	Yonsa Tablet[QL]
Cotellic Tablet[PA, QL]	Zytiga Tablet[QL]
Dasatinib Tablet[PA, QL]	
Daurismo Tablet[PA, QL]	
Ensacove Capsule[PA, QL]	
Erivedge Capsule[PA, QL]	
Erleada Tablet[PA, QL]	
Erlotinib Tablet[PA, QL]	
Everolimus Tablet[PA, QL]	
Fotivda Capsule[PA, QL]	
Fruzaqla Capsule[PA, QL]	
Gavreto Capsule[PA, QL]	
Gilotrif Tablet[PA, QL]	
Gomelki Capsule[PA, QL]	
Gomelki Tablet for Suspension[PA, QL]	
Hernexeos Tablet[PA, QL]	
Ibrance Capsule[PA, QL]	
Ibrance Tablet[PA, QL]	
Ibtrozi Capsule[PA, QL]	

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Iclusig 10 mg, 15 mg, 45 mg Tablet[PA, QL]
Idhifa Tablet[PA, QL]
Imatinib Tablet[PA, QL]
Imbruvica Capsule[PA, QL]
Inlyta Tablet[PA, QL]
Inrebic Capsule[PA, QL]
Iressa Tablet[PA, QL]
Itovebi Tablet[PA, QL]
Iwilfin Tablet[PA, QL]
Jakafi Tablet[PA, QL]
Jakafi XR Tablet[PA, QL]
Jaypirca Tablet[PA, QL]
Kisqali Tablet[PA, QL]
Komzifti Capsule[PA, QL]
Koselugo Capsule[PA, QL]
Koselugo Sprinkle Capsule[PA, QL]
Krazati Tablet[PA, QL]
Lazcluze Tablet[PA, QL]
Lenvima Capsule[PA, QL]
Lifyorli (Capsule) Dose Pack[PA, QL]
Lonsurf Tablet[PA, QL]
Lorbrena Tablet[PA, QL]
Lumakras Tablet[PA, QL]
Lynparza Tablet[PA, QL]
Lytgobi Tablet[PA, QL]
Mekinist Solution[PA, QL]
Mekinist Tablet[PA, QL]
Mektovi Tablet[PA, QL]
Modeyso Capsule[PA, QL]
Nerlynx Tablet[PA, QL]
Nilotinib HCl Capsule[PA, QL]
Ninlaro Capsule[PA, QL]
Nubeqa Tablet[PA, QL]
Odomzo Tablet[PA, QL]
Ogsiveo Tablet[PA, QL]
Ojemda Suspension[PA, QL]
Ojemda Tablet[PA, QL]
Ojjaara Tablet[PA, QL]
Pazopanib Tablet[PA, QL]
Pemazyre Tablet[PA, QL]
Piqray Tablet[PA, QL]
Retevmo Tablet[PA, QL]
Revuforj Tablet[PA, QL]
Rezlidhia Capsule[PA, QL]
Romvimza Capsule[PA, QL]
Rozlytrek Capsule[PA, QL]
Rozlytrek Pellet Packet[PA, QL]
Rubraca Tablet[PA, QL]
Rydapt Capsule[PA, QL]
Scemblix Tablet[PA, QL]
Sorafenib Tablet[PA, QL]
Stivarga Tablet[PA, QL]
Sutent Capsule[PA, QL]

Tabrecta Tablet[PA, QL]	
Tafinlar Capsule[PA, QL]	
Tafinlar Tablet for Suspension[PA, QL]	
Tagrisso Tablet[PA, QL]	
Talzenna Capsule[PA, QL]	
Temozolomide Capsule[PA]	
Tepmetko Tablet[PA, QL]	
Tibsovo Tablet[PA, QL]	
Torpenz Tablet[PA]	
Truqap Tablet[PA, QL]	
Tukysa Tablet[PA, QL]	
Turalio Capsule[PA, QL]	
Tykerb Tablet[PA, QL]	
Vanflyta Tablet[PA, QL]	
Venclexta Tablet[PA, QL]	
Verzenio Tablet[PA, QL]	
Vitrakvi Capsule[PA, QL]	
Vitrakvi Solution[PA, QL]	
Vizimpro Tablet[PA, QL]	
Vonjo Tablet[PA, QL]	
Voranigo Tablet[PA, QL]	
Votrient Tablet[PA, QL]	
Welireg Tablet[PA, QL]	
Xalkori Capsule[PA, QL]	
Xalkori Pellet[PA, QL]	
Xospata Tablet[PA, QL]	
Xpovio Tablet[PA, QL]	
Xtandi Capsule[PA, QL]	
Xtandi Tablet[PA, QL]	
Yulithira Tablet[PA, QL]	
Zejula Tablet[PA, QL]	
Zelboraf Tablet[PA, QL]	
Zolinza Capsule[PA, QL]	
Zydelig Tablet[PA, QL]	
Zykadia Tablet[PA, QL]	

OPHTHALMICS, ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred Agents
Alaway Drop	Alrex Drop
Azelastine Drop	Bepotastine Drop
Cromolyn Sodium Drop	Bepreve Drop
Ketotifen Drop	Epinastine Drop
Naphcon-A Drop	Lastacaft Drop
Olopatadine 0.1% Drop	Loteprednol 0.2% Drop *(generic Alrex)*
Olopatadine 0.2% Drop	Pataday Eye Drop
Olopatadine 0.7% Drop	Zerviate Droperette
Zaditor Drop	

OPHTHALMICS, ANTIBIOTICS

Preferred Agents	Non-Preferred Agents
Bacitracin-Polymyxin Ointment	Azasite *(azithromycin)* Drop

Ciprofloxacin Drop	Bacitracin Ointment
Erythromycin Ointment	Besifloxacin Drop
Gatifloxacin Drop	Besivance *(besifloxacin)* Drop
Gentamicin Drop	Ciloxan *(ciprofloxacin)* Ointment
Moxifloxacin Drop	Levofloxacin 0.5% Drop
Ofloxacin Drop	Neomycin-Bacitracin-Polymyxin Ointment
Polymyxin B-Trimethoprim Drop	Neomycin-Polymyxin-Gramicidin Drop
Tobramycin Drop	Ocuflox *(ofloxacin)* Drop
	Sulfacetamide Sodium Drop
	Tobrex *(tobramycin)* Ointment
	Vigamox *(moxifloxacin)* Drop

OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred Agents
Neomycin-Bacitracin-Polymyxin-HC Ointment	Maxitrol *(neomycin-polymyxin B-dexamethasone)* Drop
Neomycin-Polymyxin-Dexamethasone Drop	Maxitrol *(neomycin-polymyxin B-dexamethasone)* Ointment
Neomycin-Polymyxin-Dexamethasone Ointment	Neomycin-Polymyxin-HC Drop
Sulfacetamide-Prednisolone Drop	Tobradex ST *(tobramycin-dexamethasone)* Drop
Tobradex *(tobramycin-dexamethasone)* Ointment	Tobramycin-Dexamethasone Drop
	Tobramycin-Loteprednol Drop
	Zylet *(tobramycin-loteprednol)* Drop

OPHTHALMICS, ANTI-INFLAMMATORIES

Preferred Agents	Non-Preferred Agents
Bromfenac 0.09% Drop *(generic Bromday)*	Acular Drop
Dexamethasone Sodium Phosphate Drop	Acular LS Drop
Difluprednate Drop	Acuvail Droperette
Flarex Drop	Alrex Drop
Fluorometholone Drop	Bromfenac 0.07% Drop *(generic Prolensa)*
Flurbiprofen Drop	Bromfenac 0.075% Drop *(generic Bromsite)*
FML Forte Drop	Bromsite Drop
Ketorolac 0.4% Drop *(generic Acular LS)*	Byqlovi Drop
Ketorolac 0.5% Drop *(generic Acular)*	Dextenza Insert
Lotemax Ointment	Diclofenac Drop
Maxidex Drop	Durezol Drop
Pred Mild Drop	FML Liquifilm Drop
Prednisolone Acetate Drop	Ilevro Drop
Prednisolone Sodium Phosphate Drop	Iluvien Implant
	Inveltys Drop
	Lotemax Drop
	Lotemax Gel Drop
	Lotemax SM Gel Drop
	Loteprednol 0.2% Drop *(generic Alrex)*
	Loteprednol 0.5% Drop *(generic Lotemax)*
	Loteprednol Gel Drop
	Nevanac Drop
	Ozurdex Implant
	Pred Forte Drop
	Prolensa Drop
	Triesence Vial[QL]
	Xipere Vial

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

OPHTHALMICS, GLAUCOMA

Preferred Agents	Non-Preferred Agents
Alphagan P 0.1% Drop	Apraclonidine Drop
Alphagan P 0.15% Drop	Azopt Drop
Brimonidine 0.2% Drop	Betaxolol Drop
Carteolol Drop	Betimol Drop
Combigan Drop	Betoptic S 0.25% Drop
Dorzolamide Drop	Bimatoprost 0.01% Drop
Dorzolamide-Timolol Drop *(generic Cosopt)*	Bimatoprost 0.03% Drop
Latanoprost 0.005% Drop	Brimonidine 0.1% Drop
Levobunolol Drop	Brimonidine 0.15% Drop
Simbrinza Drop	Brimonidine-Timolol Drop
Timolol Maleate Drop *(generic Timoptic)*	Brinzolamide Drop
	Cosopt Drop
	Cosopt PF Droperette
	Dorzolamide-Timolol Droperette *(generic Cosopt PF)*
	Durysta Implant
	Idose TR Implant
	Iopidine Droperette
	Iyuzeh Droperette
	Lumigan 0.01% Drop
	Pilocarpine Drop
	Rhopressa Drop
	Rocklatan Drop
	Tafluprost Droperette
	Timolol Maleate Droperette *(generic Timolol Ocudose)*
	Timolol Maleate (Daily) Drop *(generic Istalol)*
	Timolol Gel-Solution
	Timoptic Ocudose Droperette
	Travatan Z Drop
	Travoprost Drop
	Vyzulta Drop
	Xalatan Drop
	Xelpros Drop
	Zioptan Droperette
	Zolymbus Droperette

OPIOID OVERDOSE AGENTS

Preferred Agents	Non-Preferred Agents
Kloxxado Nasal Spray	
Naloxone Cartridge	
Naloxone Nasal Spray	
Naloxone Syringe	
Naloxone Vial	
Narcan Nasal Spray	
Opvee Nasal Spray	
Rextovy Nasal Spray	
Zurnai Autoinjector	

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

OPIOID USE DISORDER TREATMENTS

Preferred Agents	Non-Preferred Agents
Brixadi Monthly Syringe[QL]	Lofexidine Tablet[QL]
Brixadi Weekly Syringe[QL]	Lucemyra Tablet[QL]
Buprenorphine SL Tablet[QL]	Suboxone SL Film[QL]
Buprenorphine-Naloxone SL Film[QL]	Zubsolv SL Tablet[QL]
Buprenorphine-Naloxone SL Tablet[QL]	
Clonidine Tablet	
Naltrexone Tablet	
Sublocade Syringe[QL]	
Vivitrol Vial[QL]	

OTIC ANTIBIOTIC PREPARATIONS

Preferred Agents	Non-Preferred Agents
Cipro HC Otic Suspension	Ciprofloxacin Otic Solution
Neomycin-Polymyxin-Hydrocortisone Ear Solution	Ciprofloxacin-Dexamethasone Otic Suspension
Neomycin-Polymyxin-Hydrocortisone Ear Suspension	Ciprofloxacin-Hydrocortisone Otic Suspension
Ofloxacin Ear Drops	Cortisporin-TC Ear Suspension

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred Agents
Creon DR Capsule	Pertzye DR Capsule
Zenpep DR Capsule	Viokace Tablet

PENICILLINS

Preferred Agents	Non-Preferred Agents
Amoxicillin Capsule	Amoxicillin-Clavulanate Chewable Tablet
Amoxicillin Chewable Tablet	Amoxicillin-Clavulanate 250-62.5 mg/5 mL Suspension
Amoxicillin Suspension	Amoxicillin-Clavulanate ER (12H) Tablet
Amoxicillin Tablet	
Amoxicillin-Clavulanate 200-28.5 mg/5 mL Suspension	
Amoxicillin-Clavulanate 400-57 mg/5 mL Suspension	
Amoxicillin-Clavulanate 600-42.9 mg/5 mL Suspension	
Amoxicillin-Clavulanate Tablet	
Ampicillin Capsule	
Dicloxacillin Capsule	
Penicillin VK Solution	
Penicillin VK Tablet	

PHOSPHATE LOWERING AGENTS

Preferred Agents	Non-Preferred Agents
Calcium Acetate Capsule[QL]	Auryxia *(ferric citrate)* Tablet[QL]
Calcium Acetate Tablet[QL]	Ferric Citrate Tablet[QL]
Calphron *(calcium acetate)* Tablet[QL]	Fosrenol *(lanthanum carbonate)* Chewable Tablet[QL]
Sevelamer Carbonate Tablet[QL]	Fosrenol *(lanthanum carbonate)* Powder Packet[QL]
	Lanthanum Carbonate Chewable Tablet[QL]
	Renvela *(sevelamer carbonate)* Powder Packet[QL]
	Renvela *(sevelamer carbonate)* Tablet[QL]
	Sevelamer Carbonate Powder Packet[QL]
	Sevelamer HCl Tablet[QL]

	Velphoro *(sucroferrix oxyhydroxide)* Chewable Tablet[QL] Xphozah *(tenapanor)* Tablet[QL]

PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred Agents
Eligard *(leuprolide acetate)* Kit[PA, QL] Fensolvi *(leuprolide acetate)* Kit[PA, QL] Firmagon *(degarelix acetate)* Kit[PA, QL] Leuprolide Acetate Kit[PA] Lupron Depot-Ped *(leuprolide acetate)* Kit[PA, QL] Lutrate Depot *(leuprolide acetate)* Vial[PA, QL] Myfembree *(relugolix-estradiol-norethindrone)* Tablet[PA, QL] Orilissa *(elagolix)* Tablet[PA, QL] Triptodur *(triptorelin pamoate)* Kit[PA, QL]	Camcevi *(leuprolide mesylate)* Syringe[QL] Orgovyx *(relugolix)* Tablet[QL] Oriahnn *(elagolix-estradiol-norethindrone + elagolix)* Capsule[QL] Supprelin LA *(histrelin)* Kit[QL] Synarel *(nafarelin acetate)* Nasal Spray[QL] Trelstar *(triptorelin pamoate)* Vial[QL]

PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred Agents
Aspirin-Dipyridamole ER Capsule[QL] Clopidogrel Tablet[QL] Dipyridamole Tablet[QL] Prasugrel Tablet[QL] Ticagrelor Tablet[QL]	Brilinta *(ticagrelor)* Tablet[QL] Effient *(prasugrel)* Tablet[QL] Plavix *(clopidogrel)* Tablet[QL]

POTASSIUM REMOVING AGENTS

Preferred Agents	Non-Preferred Agents
Lokelma *(sodium zirconium cyclosilicate)* Powder Packet[QL] Veltassa *(patiromer)* Powder Packet (NDCs 53436001060, 53436001001, 53436016830, 53436016801, 53436008430, 53436008401 only)[QL]	Veltassa *(patiromer)* Powder Packet (NDCs 53436025230, 53436025201, 53436008404)[QL]

PRENATAL VITAMINS

Preferred Agents	Non-Preferred Agents
Complete Natal DHA Combo Pack M-Natal Plus Tablet Prenatal Plus Vitamin-Mineral Tablet Prenatal Vitamin Plus Low Iron Tablet Thrivite Rx Tablet Trinatal RX 1 Tablet Westab Plus Tablet	Azentra Prental Tablet Completenate Chewable Tablet Concept DHA Capsule Concept OB Capsule Dermacinrx Prenatrix Tablet Dermacinrx Prenatryl Tablet Dermacinrx Pretrate Tablet Elite-OB Tablet Embriva Prental Tablet Enbrace HR Capsule Folatexcel Prental Tablet Folivane-OB Capsule Gestyra Prenatal Tablet Matronex Prenatal Tablet Natal PNV Tablet Nestabs Tablet Nestabs DHA Combo Pack Nestabs One Capsule

	OB Complete Tablet
	OB Complete One Capsule
	OB Complete Petite Capsule
	OB Complete Premier Tablet
	OB Complete with DHA Capsule
	One Natal Rx Prenatal Tablet
	PNV-DHA Capsule
	PNV-Omega Capsule
	PNV-Select Tablet
	Prenate AM Tablet
	Prenate Chewable Tablet
	Prenate DHA Capsule
	Prenate Elite Tablet
	Prenate Enhance Capsule
	Prenate Essential Capsule
	Prenate Mini Capsule
	Prenate Pixie Capsule
	Prenate Restore Capsule
	Prenova Prenatal Tablet
	Provida OB Capsule
	Select-OB Chewable Tablet
	Select-OB + DHA Combo Pack
	Taron-C DHA Capsule
	Tristart DHA Capsule
	Vitafol Fe Plus Capsule
	Vitafol Gummies
	Vitafol Ultra Capsule
	Vitafol-OB Tablet
	Vitafol-OB+DHA Combo Pack
	Vitafol-One Capsule
	Wescap-PN DHA Capsule
	Wesnate DHA Capsule
	Westgel DHA Capsule
	Ziphex Tablet

PROGESTATIONAL AGENTS

Preferred Agents	Non-Preferred Agents
Gallifrey Tablet[QL]	Crinone Gel
Medroxyprogesterone Tablet[QL]	Provera Tablet[QL]
Norethindrone Tablet[QL]	
Progesterone Capsule[QL]	
Progesterone Vial	

PROTON PUMP INHIBITORS

Preferred Agents	Non-Preferred Agents
Esomeprazole Magnesium DR Capsule[AR, QL]	Dexilant DR Capsule[AR, QL]
Esomeprazole DR (Suspension) Packet[AR, QL]	Dexlansoprazole DR Capsule[AR, QL]
Lansoprazole DR Capsule[AR, QL]	Konvomep Suspension[AR, QL]
Lansoprazole ODT[AR, QL]	Nexium DR Capsule[AR, QL]
Omeprazole DR Capsule (Rx)[AR, QL]	Nexium DR (Suspension) Packet[AR, QL]
Pantoprazole DR Suspension Packet[AR, QL]	Omeprazole DR ODT[AR, QL]

Pantoprazole DR Tablet[AR, QL]	Omeprazole DR Tablet[AR, QL]
Rabeprazole DR Tablet[AR, QL]	Omeprazole Magnesium DR Capsule[AR, QL]
	Omeprazole Magnesium DR Tablet[AR, QL]
	Omeprazole-Sodium Bicarbonate Capsule[AR, QL]
	Omeprazole-Sodium Bicarbonate Packet[AR, QL]
	Prevacid 24HR DR Capsule[AR, QL]
	Prevacid DR Capsule[AR, QL]
	Prevacid Solutab[AR, QL]
	Prilosec DR Suspension (Packet)[AR, QL]
	Protonix DR Tablet[AR, QL]
	Protonix Suspension (Packet)[AR, QL]
	Voquezna Tablet[QL]

PULMONARY HYPERTENSION AGENTS, ORAL AND INHALED

Preferred Agents	Non-Preferred Agents
Ambrisentan Tablet[PA, QL]	Adcirca *(tadalafil)* Tablet[QL]
Bosentan Tablet[PA, QL]	Adempas *(riociguat)* Tablet[QL]
Sildenafil Suspension *(generic Revatio)*[PA, QL]	Alyq *(tadalafil)* Tablet[QL]
Sildenafil Tablet *(generic Revatio)*[PA, QL]	Bosentan Tablet for Suspension[QL]
Tadalafil Tablet *(generic Adcirca)*[PA, QL]	Letairis *(ambrisentan)* Tablet[QL]
Tyvaso *(treprostinil)* Inhalation Solution[PA, QL]	Macitentan Tablet[QL]
Tyvaso *(treprostinil)* Refill Kit[PA, QL]	Opsumit *(macitentan)* Tablet[QL]
Tyvaso *(treprostinil)* Starter Kit[PA, QL]	Opsynvi *(macitentan/tadalafil)* Tablet[QL]
Tyvaso *(treprostinil)* DPI Cartridge[PA]	Orenitram ER *(treprostinil)* Tablet
Tyvaso *(treprostinil)* DPI Maintenance Kit[PA]	Revatio *(sildenafil)* Tablet[QL]
Tyvaso *(treprostinil)* DPI Titration Kit[PA]	Tadliq *(tadalafil)* Suspension[QL]
	Tracleer *(bosentan)* Tablet[QL]
	Tracleer *(bosentan)* Tablet for Suspension[QL]
	Uptravi *(selexipag)* Tablet[QL]
	Yutrepia *(treprostinil)* Inhalation Capsule

SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents
Doxepin Capsule	Ambien Tablet[QL]
Doxepin Concentrate Solution	Ambien CR Tablet[QL]
Eszopiclone Tablet[QL]	Belsomra Tablet[QL]
Temazepam 15 mg, 30 mg Capsule[AR, QL]	Dayvigo Tablet[QL]
Zaleplon Capsule[QL]	Doxepin Tablet[QL]
Zolpidem 5 mg, 10 mg Tablet[QL]	Edluar SL Tablet[QL]
	Estazolam Tablet[AR, QL]
	Flurazepam Capsule[AR, QL]
	Halcion Tablet[AR, QL]
	Hetlioz Capsule[QL]
	Hetlioz LQ Suspension[QL]
	Igalmi Film[QL]
	Midazolam Syrup[AR]
	Quviviq Tablet[QL]
	Ramelteon Tablet[QL]
	Restoril Capsule[AR, QL]
	Rozerem Tablet[QL]
	Tasimelteon Capsule[QL]
	Temazepam 7.5 mg, 22.5 mg Capsule[AR, QL]

	Triazolam Tablet[AR, QL]
	Zolpidem Capsule[QL]
	Zolpidem ER Tablet[QL]
	Zolpidem SL Tablet[QL]

SICKLE CELL ANEMIA AGENTS

Preferred Agents	Non-Preferred Agents
Hydroxyurea Capsule	Adakveo Vial
Siklos Tablet[AR≥18]	Endari Powder Packet[QL]
Xromi Solution	L-Glutamine Powder Packet[QL]

SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred Agents
Baclofen 5 mg, 10 mg, 20 mg Tablet[QL]	Amrix ER Capsule[QL]
Cyclobenzaprine Tablet[QL]	Atmeksi Suspension[QL]
Dantrolene Capsule[QL]	Baclofen Solution[QL]
Methocarbamol Tablet[QL]	Baclofen Suspension[QL]
Tizanidine Tablet[QL]	Baclofen 15 mg Tablet[QL]
	Carisoprodol Tablet[QL]
	Chlorzoxazone Tablet[QL]
	Cyclobenzaprine ER Capsule[QL]
	Dantrium Capsule[QL]
	Fexmid Tablet[QL]
	Fleqsuvy Suspension[QL]
	Lyvispah Granule Packet[QL]
	Metaxalone Tablet[QL]
	Norgesic Tablet[QL]
	Norgesic Forte Tablet[QL]
	Ontralfy Solution[QL]
	Orphenadrine-Aspirin-Caffeine Tablet
	Orphenadrine ER Tablet[QL]
	Orphengesic Forte Tablet[QL]
	Ozobax DS Solution[QL]
	Soma Tablet[QL]
	Tanlor Tablet[QL]
	Tizanidine Capsule[QL]
	Tonmya SL Tablet[QL]
	Zanaflex Capsule[QL]
	Zanaflex Tablet[QL]

SMOKING CESSATION

Preferred Agents	Non-Preferred Agents
Bupropion HCl SR 150 mg Tablet *(generic Zyban SR)*[QL]	Chantix Tablet[QL]
Nicotine Gum[QL]	Nicotine Transdermal System (Steps 1, 2, 3)[QL]
Nicotine Lozenge[QL]	Nicotrol NS Spray[QL]
Nicotine Mini Lozenge[QL]	
Nicotine Patch[QL]	
Varenicline Tablet[QL]	

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

STEROIDS, TOPICAL

Preferred Agents	Non-Preferred Agents
Low Potency	**Low Potency**
Fluocinolone Acetonide Body Oil	Alclometasone Dipropionate Cream
Fluocinolone Acetonide Scalp Oil	Alclometasone Dipropionate Ointment
Hydrocortisone 0.5% Cream	Derma-Smoothe-FS *(fluocinolone acetonide)* Body Oil
Hydrocortisone 1% Cream	Derma-Smoothe-FS *(fluocinolone acetonide)* Scalp Oil
Hydrocortisone 2.5% Cream	Desonide Cream
Hydrocortisone 2.5% Lotion	Desonide Lotion
Hydrocortisone Ointment	Desonide Ointment
Hydrocortisone-Aloe Cream	Fluocinolone Oil Ear Drop
	Hydravex *(hydrocortisone)* Gel
	Hydrocortisone 2% Gel
	Hydrocortisone 2.5% Solution
	Hydroxym *(hydrocortisone)* Gel
	Micort HC *(hydrocortisone acetate)* cream
	Texacort *(hydrocortisone)* Solution
Medium Potency	**Medium Potency**
Fluticasone Propionate Cream	Betamethasone Valerate Foam
Fluticasone Propionate Ointment	Clocortolone Pivalate Cream
Mometasone Furoate Cream	Fluocinolone Acetonide Cream
Mometasone Furoate Ointment	Fluocinolone Acetonide Ointment
Mometasone Furoate Solution	Fluocinolone Acetonide Solution
	Flurandrenolide Lotion
	Fluticasone Propionate Lotion
	Hydrocortisone Butyrate Cream
	Hydrocortisone Butyrate Lotion
	Hydrocortisone Butyrate Ointment
	Hydrocortisone Butyrate Solution
	Hydrocortisone Valerate Cream
	Hydrocortisone Valerate Ointment
	Synalar *(fluocinolone acetonide)* Cream
	Synalar *(fluocinolone/emollient)* Cream Kit
	Synalar *(fluocinolone acetonide)* Ointment
	Synalar *(fluocinolone/emollient)* Ointment Kit
	Synalar *(fluocinolone/cleanser)* TS Kit
High Potency	**High Potency**
Betamethasone Dipropionate Cream	Amcinonide Cream
Betamethasone Dipropionate Lotion	Amcinonide Ointment
Betamethasone Dipropionate Augmented Cream	Betamethasone Dipropionate Ointment
Betamethasone Valerate Cream	Betamethasone Dipropionate Augmented Gel
Betamethasone Valerate Lotion	Betamethasone Dipropionate Augmented Lotion
Betamethasone Valerate Ointment	Betamethasone Dipropionate Augmented Ointment
Fluocinonide Cream	Desoximetasone Cream
Fluocinonide Gel	Desoximetasone Gel
Fluocinonide Ointment	Desoximetasone Ointment
Fluocinonide Solution	Desoximetasone Spray
Triamcinolone Acetonide Cream	Diflorasone Diacetate Cream
Triamcinolone Acetonide Lotion	Diflorasone Diacetate Ointment

Triamcinolone Acetonide Ointment	Fluocinonide-E Cream Triamcinolone Acetonide Spray
Very High Potency	**Very High Potency**
Clobetasol Propionate 0.05% Cream *(generic Temovate)* Clobetasol Propionate 0.05% Ointment *(generic Temovate)* Clobetasol Propionate Shampoo Clobetasol Propionate Solution Clodan *(clobetasol propionate)* Shampoo	Clobetasol Propionate 0.25% Cream Clobetasol Propionate Foam Clobetasol Propionate Gel Clobetasol Propionate Lotion Clobetasol Propionate Spray Clobetasol Propionate Emollient Cream Clobetasol Propionate Emollient Foam Clobetasol Propionate Emulsion Foam Clobex *(clobetasol propionate)* Shampoo Clobex *(clobetasol propionate)* Spray Clodan *(clobetasol/cleanser)* Kit Halcinonide Cream Halcinonide Solution Halobetasol Propionate Cream Halobetasol Propionate Foam Halobetasol Propionate Lotion Halobetasol Propionate Ointment Halog *(halcinonide)* Cream Halog *(halcinonide)* Solution Lexette *(halobetasol propionate)* Foam Tovet *(clobetasol/emollient)* Emollient Foam Tovet *(clobetasol/emollient)* Foam Kit Ultravate *(halobetasol propionate)* Lotion

STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents
Armodafinil Tablet[PA, QL]	Adderall *(dextroamphetamine-amphetamine)* Tablet[AR, QL]
Atomoxetine Capsule[AR, QL]	Adderall XR *(dextroamphetamine-amphetamine ER 24HR)* Capsule[AR, QL]
Clonidine ER 0.1 mg Tablet *(generic Kapvay ER)*[AR, QL]	Adzenys XR-ODT *(amphetamine RAP BP tablet)*[AR, QL]
Dexmethylphenidate Tablet[AR, QL]	Amphetamine Tablet *(generic Evekeo)*[AR, QL]
Dexmethyphenidate ER (CPBP 50-50) Capsule *(generic Focalin XR)*[AR, QL]	Amphetamine ER (RAP BP) ODT[AR, QL]
Dextroamphetamine Tablet[AR, QL]	Aptensio XR *(methylphenidate CSBP 40-60)* Capsule[AR, QL]
Dextroamphetamine ER Capsule[AR, QL]	Arynta *(lisdexamfetamine)* Solution[AR, QL]
Dextroamphetamine-Amphetamine Tablet *(generic Adderall)*[AR, QL]	Atomoxetine Solution[QL]
Dextroamphetamine-Amphetamine ER (24HR) Capsule *(generic Adderall XR)*[AR, QL]	Atoncy *(atomoxetine)* Solution[QL]
Dyanavel XR *(amphetamine SUS BP 24HR)* Suspension[AR, QL]	Azstarys *(serdexmethylphenidate-dexmethylphen)* Capsule[AR, QL]
Guanfacine ER Tablet[AR, QL]	Concerta *(methylphenidate ER 24HR)* Tablet[AR, QL]
Lisdexamfetamine Capsule[AR, QL]	Cotempla XR-ODT *(methylphenidate RAP BP tablet)*[AR, QL]
Methylphenidate Solution[AR, QL]	Dexedrine ER *(dextroamphetamine ER)* Capsule[AR, QL]
Methylphenidate Tablet[AR, QL]	Dextroamphetamine Solution[AR, QL]
Methylphenidate ER/CD (CPBP 30-70) Capsule *(generic Metadate CD)*[AR, QL]	Dextroamphetamine-Amphetamine ER (CPTP 24HR) Capsule *(generic Mydayis ER)*[AR, QL]
Methylphenidate ER Tablet *(generic Ritalin SR)*[AR, QL]	Dyanavel XR *(amphetamine TB BP 24HR)* Tablet[AR, QL]
Methylphenidate ER (24HR) 18 mg, 27 mg, 36 mg, 54 mg Tablet *(generic Concerta ER)*[AR, QL]	Evekeo *(amphetamine)* Tablet[AR, QL]
	Focalin *(dexmethylphenidate)* Tablet[AR, QL]
	Focalin XR *(dexmethylphenidate CPBP 50-50)* Capsule[AR, QL]
	Intuniv ER *(guanfacine ER 24HR)* Tablet[AR, QL]

Methylphenidate ER/LA (CPBP 50-50) Capsule *(generic Ritalin LA)*[AR, QL]	Jornay PM *(methylphenidate CPDR ER SP)* Capsule[AR, QL]
Modafinil Tablet[PA, QL]	Lisdexamfetamine Chewable Tablet[AR, QL]
Procentra *(dextroamphetamine)* Solution[AR, QL]	Methamphetamine Tablet[AR, QL]
Qelbree ER *(viloxazine)* Capsule[AR, QL]	Methylin *(methylphenidate)* Solution[AR, QL]
Quillichew ER *(methylphenidate TAB CBP24H)* Chewable Tablet[AR, QL]	Methylphenidate Chewable Tablet[AR, QL]
Quillivant XR *(methylphenidate SU ER RC24)* Suspension[AR, QL]	Methylphenidate Patch[AR, QL]
	Methylphenidate ER (CSBP 40-60) Capsule *(generic Aptensio XR)*[AR, QL]
	Methylphenidate ER (RAP BP) ODT[AR, QL]
	Methylphenidate ER (24HR) Tablet (all strengths except 18 mg, 27 mg, 36 mg, 54 mg) *(generic Relexxii ER [24HR])*[AR, QL]
	Mydayis ER *(dextroamphetamine-amphetamine CPTP 24HR)* Capsule[AR, QL]
	Nuvigil *(armodafinil)* Tablet[QL]
	Onyda XR *(clonidine ER 24H)* Suspension[AR, QL]
	Provigil *(modafinil)* Tablet[QL]
	Relexxii ER *(methylphenidate ER 24HR)* Tablet[AR, QL]
	Ritalin *(methylphenidate)* Tablet[AR, QL]
	Ritalin LA *(methylphenidate CPBP 50-50)* Capsule[AR, QL]
	Sunosi *(solriamfetol)* Tablet[QL]
	Vyvanse *(lisdexamfetamine)* Capsule[AR, QL]
	Vyvanse *(lisdexamfetamine)* Chewable Tablet[AR, QL]
	Wakix *(pitolisant)* Tablet[QL]
	Xelstrym *(dextroamphetamine)* Patch[AR, QL]
	Zenzedi *(dextroamphetamine)* Tablet[AR, QL]

TETRACYCLINES

Preferred Agents	Non-Preferred Agents
Doxycycline Hyclate 50 mg, 100 mg Capsule *(generic Vibramycin Capsule)*	Demeclocycline Tablet
Doxycycline Hyclate 20 mg Tablet *(generic Periostat Tablet)*	Doryx MPC DR Tablet[QL]
Doxycycline Hyclate 100 mg Tablet *(generic Vibra-Tabs Tablet)*	Doxycycline Hyclate 50 mg Tablet *(generic Targadox)*
Doxycycline Monohydrate 50 mg, 100 mg Capsule *(generic Monodox Capsule)*	Doxycycline Hyclate 75 mg Capsule
Doxycycline Monohydrate Suspension *(generic Vibramycin Suspension)*	Doxycycline Hyclate 75 mg, 150 mg Tablet *(generic Acticlate Tablet)*
Doxycycline Monohydrate 50 mg, 75 mg, 100 mg Tablet *(generic Adoxa Tablet)*	Doxycycline Hyclate DR Tablet *(generic Doryx DR Tablet)*[QL]
Minocycline Capsule	Doxycycline IR-DR 40 mg Capsule *(generic Oracea Capsule)*[QL]
Tetracycline Capsule	Doxycycline Monohydrate 75 mg Capsule *(generic Monodox Capsule)*
	Doxycycline Monohydrate 150 mg Capsule *(generic Adoxa Capsule)*
	Doxycycline Monohydrate 150 mg Tablet *(generic Adoxa Pak Tablet)*
	Minocycline Tablet *(generic Dynacin Tablet)*
	Minocycline ER Tablet *(generic Solodyn ER Tablet)*[QL]
	Nuzyra Tablet[QL]
	Oracea Capsule[QL]
	Tetracycline Tablet

THALIDOMIDE AND DERIVATIVES

Preferred Agents	Non-Preferred Agents
Revlimid *(lenalidomide)* Capsule[PA, QL]	Lenalidomide Capsule[QL]

Thalomid *(thalidomide)* Capsule[PA, QL]	Pomalidomide Capsule[QL]
	Pomalyst *(pomalidomide)* Capsule[QL]

THROMBOPOIETICS

Preferred Agents	Non-Preferred Agents
Nplate *(romiplostim)* Vial[PA]	Alvaiz *(eltrombopag choline)* Tablet[QL]
Promacta *(eltrombopag olamine)* Suspension Packet[PA, QL]	Doptelet *(avatrombopag)* Sprinkle Capsule[QL]
Promacta *(eltrombopag olamine)* Tablet[PA, QL]	Doptelet *(avatrombopag)* Tablet[QL]
	Eltrombopag Olamine Suspension Packet[QL]
	Eltrombopag Olamine Tablet[QL]
	Mulpleta *(lusutrombopag)* Tablet[QL]
	Tavalisse *(fostmatinib)* Tablet[QL]
	Wayrilz *(rilzabrutinib)* Tablet[QL]

THYROID HORMONES

Preferred Agents	Non-Preferred Agents
Armour Thyroid *(thyroid, pork)* Tablet	Amerithroid *(thyroid, pork)* Tablet
Cytomel *(liothyronine)* Tablet[QL]	Evexithroid *(thyroid, pork)* Tablet
Levo-T *(levothyroxine)* Tablet	Levothyroxine Vial
Levothyroxine Tablet	Liomny *(liothyronine)* Tablet[QL]
Levoxyl *(levothyroxine)* Tablet	Liothyronine Vial
Liothyronine Tablet[QL]	Synthroid *(levothyroxine)* Tablet
Niva Thyroid *(thyroid, pork)* Tablet	Thyquidity *(levothyroxine)* Solution
NP Thyroid *(thyroid, pork)* Tablet	Unithroid *(levothyroxine)* Tablet
Renthyroid *(thyroid, pork)* Tablet	
Thyroid *(pork)* Tablet	

TUBELESS INSULIN DELIVERY DEVICES

Preferred Products	Non-Preferred Products
Cequr Simplicity Inserter[QL]	
Cequr Simplicity Patch[QL]	
Omnipod 5 (G6/Libre 2 Plus) Intro Kit[QL]	
Omnipod 5 (G6/Libre 2 Plus) Pod[QL]	
Omnipod 5 DexG7G6 Intro Kit[QL]	
Omnipod 5 DexG7G6 Pod[QL]	
Omnipod Dash Pod[QL]	
V-Go Disposable Insulin Device[QL]	

ULCERATIVE COLITIS AGENTS

Preferred Agents	Non-Preferred Agents
Balsalazide Capsule[QL]	Azulfidine *(sulfasalazine)* Tablet[QL]
Mesalamine DR 400 mg Capsule *(generic Delzicol)*[QL]	Azulfidine *(sulfasalazine)* EN-Tab[QL]
Mesalamine DR 1.2 g Tablet *(generic Lialda)*[QL]	Budesonide Rectal Foam[QL]
Mesalamine Enema[QL]	Canasa *(mesalamine)* Rectal Suppository[QL]
Mesalamine ER 0.375 g Capsule *(generic Apriso ER)*[QL]	Dipentum *(olsalazine)* Capsule[QL]
Mesalamine Rectal Suppository[QL]	Lialda DR *(mesalamine)* Tablet[QL]
Pentasa *(mesalamine)* Capsule[QL]	Mesalamine DR 800 mg Tablet *(generic Asacol HD)*[QL]
Sulfasalazine Tablet[QL]	Mesalamine Enema Kit
Sulfasalazine DR Tablet[QL]	Mesalamine ER Capsule *(generic Pentasa)*[QL]

	Rowasa *(mesalamine)* Enema Kit
	Velsipity *(etrasimod)* Tablet[QL]
	Zeposia *(ozanimod)* Capsule[QL]

UREA CYCLE DISORDER AGENTS

Preferred Agents	Non-Preferred Agents
Buphenyl *(sodium phenylbutyrate)* Powder	Glycerol Phenylbutyrate Liquid[QL]
Buphenyl *(sodium phenylbutyrate)* Tablet	Olpruva *(sodium phenylbutyrate)* Kit
Sodium Phenylbutyrate Powder	Pheburane *(sodium phenylbutyrate)* Pellet[QL]
Sodium Phenylbutyrate Tablet	Ravicti *(glycerol phenylbutyrate)* Liquid[QL]

URINARY ANTI-INFECTIVES

Preferred Agents	Non-Preferred Agents
Methenamine Hippurate Tablet[QL]	Blujepa *(gepotidacin)* Tablet[QL]
Nitrofurantoin Capsule *(generic Macrodantin)*[QL]	Fosfomycin Sachet[QL]
Nitrofurantoin Monohydrate-Macro Capsule *(generic Macrobid)*[QL]	Macrobid *(nitrofurantoin monohydrate-macrocrystals)* Capsule[QL]
	MB Caps *(methenamine-methylene blue-sodium phosphate monobasic-phenyl salicylate-hyoscyamine)*[QL]
	ME-NaPhos-MB-Hyo 1 *(methenamine-monobasic sodium phosphate-methylene blue-hyoscyamine)* Tablet
	Methenamine Solution
	Methenamine Mandelate Tablet
	Nitrofurantoin Suspension[AE<9, QL]
	Orlynvah *(sulopenem-probenecid)* Tablet[QL]
	Pivya *(pivmecillinam)* Tablet[QL]
	Urelle *(hyoscyamine-methenamine-methylene blue-phenyl salicylate-sodium phosphate monobasic)* Tablet[QL]
	Urimar-T *(methenamine-methylene blue-sodium phosphate monobasic-phenyl salicylate-hyoscyamine)* Capsule[QL]
	Urogesic-Blue *(methenamine-monobasic sodium phosphate-methylene blue-hyoscyamine)* Tablet[QL]
	Uro-MP *(methenamine-methylene blue-sodium phosphate-phenyl salicylate-hyoscyamine)* Capsule

VAGINAL ANTI-INFECTIVES

Preferred Agents	Non-Preferred Agents
Cleocin *(clindamycin)* Ovules	Cleocin *(clindamycin)* Vaginal Cream
Clindamycin 2% Vaginal Cream	Gynazole 1 *(butoconazole)* Vaginal Cream
Clindesse *(clindamycin 2%)* Vaginal Cream	Miconazole 3 *(200 mg)* Vaginal Suppository
Clotrimazole 3 *(2%)* Vaginal Cream	Nuvessa *(metronidazole 1.3%)* Vaginal Gel
Clotrimazole 7 *(1%)* Vaginal Cream	Solosec *(secnidazole)* Granule Packet
Metronidazole 250 mg, 500 mg Tablet	Terconazole Vaginal Cream
Metronidazole 0.75% Vaginal Gel *(generic MetroGel)*	Terconazole Vaginal Suppository
Miconazole 1 *(1200 mg-2%)* Combination Pack	Vandazole *(metronidazole 0.75%)* Vaginal Gel
Miconazole 3 *(200 mg-2%)* Combination Pack	Xaciato *(clindamycin)* Vaginal Gel
Miconazole 3 *(4%-2%)* Combination Pack	
Miconazole 3 *(4%)* Vaginal Cream	
Miconazole 7 *(2%)* Vaginal Cream	
Miconazole 7 *(100 mg)* Vaginal Suppository	
Tinidazole Tablet[QL]	
Tioconazole-1 *(6.5%)* Vaginal Ointment	

Pennsylvania Department of Human Services
Statewide Preferred Drug List (PDL)*

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to the market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

VITAMIN D ANALOGS

Preferred Agents	Non-Preferred Agents
Calcitriol Capsule	Calcitriol Solution
Calcitriol Vial	Doxercalciferol Capsule
Doxercalciferol Vial	Paricalcitol Capsule
	Rayaldee ER *(calcifediol SA 24H)* Capsule[QL]
	Zemplar *(paricalcitol)* Capsule
	Zemplar *(paricalcitol)* Vial

VMAT2 INHIBITORS

Preferred Agents	Non-Preferred Agents
Austedo *(deutetrabenazine)* Tablet[PA, QL]	Xenazine *(tetrabenazine)* Tablet[QL]
Austedo XR *(deutetrabenazine)* Tablet[PA, QL]	
Ingrezza *(valbenazine)* Capsule[PA, QL]	
Ingrezza *(valbenazine)* Sprinkle Capsule[PA, QL]	
Tetrabenazine Tablet[PA, QL]	