

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 18, 2016

ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azelex ^{AR}	Acanya	Link to PA Guidelines
BenzaClin Gel	Aczone	Link to Quantity Limits List
Benzoyl Peroxide Benzoyl Peroxide	Adapalene	
<ul style="list-style-type: none"> • 3% Cleanser (OTC) • 5% Gel (OTC) • 5% Lotion (OTC) • 5% Wash (OTC) • 10% Gel (OTC) • 10% Lotion (OTC) • 10% Wash (OTC) 	Atralin	
Differin 1% Cream, Lotion, Gel ^{AR}	Avita Cream, Gel	
Differin 3% Gel Pump ^{AR}	BenzaClin Gel Pump	
Duac	Benzamycin Gel	
Epiduo ^{AR}	BenzePrO Foam	
Erythromycin/Benzoyl Peroxide	Benzoyl Peroxide	
Panoxyl-4 Wash OTC	<ul style="list-style-type: none"> • BPO 4% Gel (Rx) • BPO 4% Wash Pack (Rx) • 5.3% Foam (OTC) • 6% Cleanser (OTC) • 7% Wash (Rx) • BPO 8% Gel (Rx) • BPO 8% Wash Pack (Rx) • 9% Cleanser (OTC) • 9.8% Foam (Rx) 	
Panoxyl 10% Bar (OTC), Wash (OTC)	Benzoyl Peroxide BP Wash	
Retin-A Cream, Gel ^{AR}	BP 10-1 Wash	
	Cleocin T Gel, Lotion, Solution, Swab	
	Clindacin ETZ Swab, Kit	
	Clindacin P Swab	
	Clindacin Pac Kit	
	Clindamycin Gel, Lotion, Solution, Foam, Swab/Pledget	
	Clindamycin-Benzoyl Peroxide	
	Epiduo Forte	
	Erythromycin Gel, Solution, Swab/Pledget	
	Evoclin	
	Fabior	
	Klaron	
	Neuac	
	Onexton	
	Panoxyl 3% Cream	
	Retin-A Micro Gel, Gel Pump ^{AR}	
	Sulfacetamide, Sodium Sulfacetamide	
	Sulfacetamide/Sulfur	
	Sumadan, Sumadin XLT ^{QL}	
	Sumaxin, Sumaxin CP, Sumaxin TS ^{QL}	
	Tazorac ^{AR}	
	Tretinoin Cream ^{AR}	
	Tretinoin Gel	
	Tretinoin Micro Gel, Gel Pump ^{AR}	
	Veltin	
	Ziana ^{AR}	

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ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Donepezil Tablet ^{AR,PA,QL} Exelon Patch ^{AR,PA,QL} Memantine Tablet ^{AR,PA,QL}	Aricept ODT, Tablet ^{AR, QL} Donepezil ODT ^{AR, QL} Donepezil 23 mg Tablet ^{AR, QL} Exelon Capsule ^{AR, QL} Galantamine Solution, Tablet ^{AR, QL} Galantamine ER Capsule ^{AR, QL} Namenda Solution ^{AR, QL} Namenda XR Capsule ^{AR, QL} Namzaric ^{AR, QL} Razadyne IR Tablet ^{AR, QL} Razadyne ER Capsule ^{AR, QL} Rivastigmine Capsule, Patch ^{AR, QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

ANALGESICS, NARCOTIC – LONG ACTING

Preferred Agents	Non-Preferred Agents	Prior Authorization
Fentanyl Patch 12, 25, 50,75, 100mcg/hr ^{AR,PA,QL} Kadian 10, 20, 30, 50, 60, 80, 100 mg ^{AR,PA,QL} Morphine ER Tablet ^{AR, QL}	Belbuca Film ^{AR, QL} Butrans Patch ^{AR, QL} Dolophine ^{AR, QL} Duragesic Patch ^{AR, QL} Embeda ^{AR, QL} Exalgo ^{AR, QL} Fentanyl Patch 37.5, 62.5, 87.5mcg/hr ^{AR, QL} Hydromorphone ER ^{AR, QL} Hysingla ER ^{AR, QL} Kadian 40, 200 mg ^{AR, QL} Methadone ^{AR, QL} MS Contin ^{AR, QL} Morphine ER Capsule ^{AR, QL} Nucynta ER ^{AR, QL} Opana ER ^{AR, QL} Oxycodone ER ^{AR, QL} Oxycontin ^{AR, QL} Oxymorphone ER ^{AR, QL} Tramadol ER ^{AR, QL} Ultram ER ^{AR, QL} Zohydro ER ^{AR, QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form - Narcotics, Long Acting in Recipients >21 Years Link to PA Fax Form - Narcotics in Recipients < 21 Years Link to PA Fax Form - Multiple Narcotic Prescriptions

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ANALGESICS, NARCOTIC – SHORT ACTING

Preferred Agents	Non-Preferred Agents	Prior Authorization
APAP/Codeine ^{AR, QL}	Abstral ^{AR, QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form - Narcotics, Short Acting in Recipients ≥21 Years Link to PA Fax Form - Narcotics in Recipients < 21 Years Link to PA Fax Form - Multiple Narcotic Prescriptions
Hydrocodone/APAP Tablet ^{AR, QL}	Actiq ^{AR, QL}	
Hydrocodone/Ibuprofen ^{AR, QL}	Butalbital/Caffeine/APAP w/Codeine ^{AR, QL}	
Hydromorphone Tablet ^{PA, AR, QL}	Butalbital Compound w/Codeine ^{AR, QL}	
Ibudone ^{AR, QL}	Butorphanol Tartrate Nasal ^{AR, QL}	
Morphine IR ^{AR, QL}	Capital w/ Codeine ^{AR, QL}	
Oxycodone IR Tablet ^{AR, QL}	Carisoprodol Compound/Codeine ^{AR, QL}	
Oxycodone/APAP Tablet ^{AR, QL}	Codeine ^{AR, QL}	
Tramadol IR ^{AR, QL}	Demerol ^{AR, QL}	
	Dihydrocodeine/ASA/ Caffeine ^{AR, QL}	
	Dilaudid ^{AR, QL}	
	Fentanyl Buccal ^{AR, QL}	
	Fentora ^{AR, QL}	
	Fioricet/Codeine ^{AR, QL}	
	Fiorinal/Codeine ^{AR, QL}	
	Hycet ^{AR, QL}	
	Hydrocodone/APAP Solution ^{AR, QL}	
	Hydromorphone Liquid, Suppositories ^{AR, QL}	
	Levorphanol ^{AR, QL}	
	Meperidine ^{AR, QL}	
	Morphine Suppositories ^{AR, QL}	
	Norco ^{AR, QL}	
	Nucynta IR ^{AR, QL}	
	Opana IR ^{AR, QL}	
	Oxecta ^{AR, QL}	
	Oxycodone IR Capsule, Concentrate, Solution ^{AR, QL}	
	Oxycodone/ASA ^{AR, QL}	
	Oxycodone/Ibuprofen ^{AR, QL}	
	Oxymorphone IR ^{AR, QL}	
	Pentazocine/Naloxone ^{AR, QL}	
	Percocet ^{AR, QL}	
	Primlev ^{AR, QL}	
	Roxicodone ^{AR, QL}	
	Subsys ^{AR, QL}	
	Tramadol/APAP ^{AR, QL}	
	Tylenol with Codeine ^{AR, QL}	
	Ultracet ^{AR, QL}	
	Ultram ^{AR, QL}	
	Vicoprofen ^{AR, QL}	
	Xartemis XR ^{AR, QL}	

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ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Androgel ^{PA,QL}	Anadrol-50 ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form
Oxandrolone ^{PA,QL}	Androderm Patch ^{QL}	
Testosterone Cypionate Injection ^{PA,QL}	Android ^{QL}	
	Androxy^{QL}	
	Aveed ^{QL}	
	Axiron Gel ^{QL}	
	Depo-Testosterone Injection ^{QL}	
	Fortesta Gel ^{QL}	
	Methitest ^{QL}	
	Methyltestosterone Capsule ^{QL}	
	Natesto Nasal Gel^{QL}	
	Striant ^{QL}	
	Testim ^{QL}	
	Testopel Implant Pellet^{QL}	
	Testosterone Gel ^{QL}	
	Testosterone Enanthate Injection ^{QL}	
	Testred Gel ^{QL}	
	Vogelxo Gel ^{QL}	

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ANGIOTENSIN MODULATORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Benazepril ^{QL}	Accupril ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to Angiotensin Modulators PA Fax Form Link to Aliskiren PA Fax Form
Benicar, Benicar HCT ^{QL}	Accuretic ^{QL}	
Captopril HCTZ^{QL}	Altace ^{QL}	
Enalapril, Enalapril HCTZ ^{QL}	Atacand, Atacand HCT ^{QL}	
Fosinopril ^{QL}	Avapro, Avalide ^{QL}	
Irbesartan, Irbesartan HCTZ ^{QL}	Benazepril HCTZ ^{QL}	
Lisinopril, Lisinopril HCTZ ^{QL}	Candesartan, Candesartan HCTZ ^{QL}	
Losartan, Losartan HCTZ ^{QL}	Captopril ^{QL}	
Quinapril ^{QL}	Cozaar, Hyzaar ^{QL}	
Ramipril ^{QL}	Diovan ^{QL}	
Valsartan ^{QL}	Diovan HCT ^{QL}	
Valsartan/HCTZ ^{QL}	Edarbi, Edarbyclor ^{QL}	
	Entresto^{QL}	
	Epaned ^{QL}	
	Eprosartan ^{QL}	
	Fosinopril HCTZ ^{QL}	
	Lotensin ^{QL}	
	Lotensin HCT ^{QL}	
	Mavik ^{QL}	
	Micardis, Micardis HCT ^{QL}	
	Moexipril, Moexipril HCTZ ^{QL}	
	Perindopril ^{QL}	
	Prinivil ^{QL}	
	Quinapril, Quinapril HCTZ ^{QL}	
	Tekturma, Tekturma HCT ^{QL}	
	Telmisartan, Telmisartan HCTZ ^{QL}	
	Trandolapril ^{QL}	
	Vasotec, Vaseretic ^{QL}	
	Zestoretic ^{QL}	
	Zestril ^{QL}	

ANGIOTENSIN MODULATOR COMBINATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amlodipine/Benazepril ^{QL}	Amlodipine/Valsartan ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to Angiotensin Modulator Combinations PA Fax Form Link to Entresto PA Fax Form Link to Aliskiren Agents PA Fax Form
Azor ^{QL}	Amlodipine/Valsartan HCTZ ^{QL}	
Exforge, Exforge HCT ^{QL}	Lotrel ^{QL}	
	Prestalia^{QL}	
	Tarka ^{QL}	
	Telmisartan/Amlodipine ^{QL}	
	Trandolapril/Verapamil ^{QL}	
	Tribenzor ^{QL}	
	Twynsta ^{QL}	

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ANTI-ALLERGENS

Preferred Agents	Non-Preferred Agents	Prior Authorization
GRASTEK (Timothy grass pollen allergen extract) ^{PA} ORALAIR (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass mixed pollens allergen extract) ^{PA} RAGWITEK (Short Ragweed pollen allergen extract) ^{PA}		Link to PA Guidelines

ANTIBIOTICS, GI

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alinia Suspension ^{QL} Metronidazole Tablet	Neomycin Vancomycin HCl Alinia Tablet ^{QL} Dificid ^{QL} Flagyl Flagyl ER ^{QL} Metronidazole Capsule Paromomycin	Tindamax ^{QL} Tinidazole ^{QL} Vancocin Xifaxan ^{QL}
		Link to PA Guidelines Link to Quantity Limits List Link to Xifaxan PA Fax Form

ANTIBIOTICS, INHALED

Preferred Agents	Non-Preferred Agents	Prior Authorization
Bethkis ^{QL} Kitabis Pak ^{QL}	Cayston ^{QL} Tobi Podhaler ^{QL} Tobramycin Solution ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Bacitracin Bacitracin/Polymyxin Bactroban Cream Gentamicin Sulfate Mupirocin Ointment Neomycin/Polymyxin/ Pramoxine Triple Antibiotic Ointment OTC Triple Antibiotic Packet OTC	Altabax Bactroban Ointment Centany Double Antibiotic Ointment OTC Mupirocin Cream Triple Antibiotic Plus Ointment	Link to PA Guidelines

ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cleocin Ovules Metronidazole Vaginal Vandazole	Cleocin Cream Clindamycin Vaginal Clindesse MetroGel-Vaginal Nuessa	Link to PA Guidelines

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ANTICOAGULANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Coumadin Eliquis ^{QL, PA} Enoxaparin Syringe ^{QL} Enoxaparin Vial ^{QL} Fragmin Syringe & Vial ^{QL} Pradaxa ^{QL, PA} Warfarin Xarelto ^{QL, PA}	Arixtra ^{QL} Enoxaparin Syringe (AG) ^{QL} Fondaparinux ^{QL} Lovenox Syringe and Vial ^{QL} Savaysa ^{QL} Xarelto Dose Pack ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to Eliquis PA Fax Form Link to Pradaxa PA Fax Form Link to Savaysa PA Fax Form Link to Xarelto PA Fax Form Link to Injectable Anticoagulants PA Fax Form

ANTICONVULSANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Banzel Tablet ^{QL} Carbamazepine Chewable Tablet ^{QL} Carbamazepine ER Capsule ^{QL} Celontin ^{QL} Clonazepam Tablet ^{QL} Diastat Rectal Gel Dilantin 30 mg Capsule ^{QL} Divalproex DR Tablet Divalproex ER Tablet Ethosuximide Syrup ^{QL} Gabapentin Capsule ^{QL} Gabitril Lamotrigine Tablet Levetiracetam Solution, Tablet ^{QL} Lyrica Capsule ^{QL} Onfi Tablet ^{QL} Oxcarbazepine Suspension, Tablet ^{QL} Peganone ^{QL} Phenobarbital Phenytoin Capsule, Chewable Tablet, Suspension ^{QL} Phenytoin ER Capsule (<i>generic Phenytek</i>) ^{QL} Primidone ^{QL} Tegretol Suspension, IR Tablet ^{QL} Tegretol XR Tablet ^{QL} Topamax Sprinkle ^{QL} Topiramate Sprinkle, Tablet ^{QL} Trileptal Suspension ^{QL} Valproic Acid ^{QL} Vimpat ^{QL} Zarontin Capsule ^{QL} Zonisamide ^{QL}	Aptiom ^{QL} Banzel Suspension ^{QL} Carbamazepine Suspension, Tablet ^{QL} Carbamazepine XR ^{QL} Carbatrol ER Capsule ^{QL} Clonazepam ODT ^{QL} Depakene Depakote DR Tablet Depakote ER Tablet Depakote Sprinkle Diazepam Rectal Gel Dilantin 100 mg Capsule ^{QL} Dilantin Infatab, Suspension ^{QL} Divalproex Sprinkle Equetro ^{QL} Ethosuximide Capsule ^{QL} Felbamate Felbatol Fycompa ^{QL} Gabapentin Solution, Tablet ^{QL}	Keppra ^{QL} Keppra XR ^{QL} Klonopin ^{QL} Lamictal Tablet Lamictal ODT Lamictal XR Lamotrigine ODT Lamotrigine XR Levetiracetam ER ^{QL} Lyrica Solution ^{QL} Mysoline ^{QL} Neurontin ^{QL} Onfi suspension Oxtellar XR ^{QL} Phenytek ^{QL} Potiga ^{QL} Qudexy XR ^{QL} Sabril ^{QL} Tiagabine Topamax Tablet ^{QL} Trileptal Tablet ^{QL} Trokendi XR ^{QL} Zarontin Syrup ^{QL} Zonegran ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

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ANTIDEPRESSANTS, OTHER

Preferred Agents	Non-Preferred Agents		Prior Authorization
Bupropion IR Tablet ^{QL}	Aplenzin ^{QL}	Nefazodone	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form
Bupropion SR Tablet ^{QL}	Cymbalta ^{QL}	Oleptro ER	
Bupropion XL Tablet ^{QL}	Desvenlafaxine ER ^{QL}	Parnate	
Duloxetine 20 mg, 30 mg, 60 mg Capsule (generic Cymbalta) ^{QL}	Desvelafaxine fumarate ER ^{QL}	Phenelzine	
Mirtazapine Tablet ^{QL}	Duloxetine 40 mg Capsule (generic Irenka) ^{QL}	Pristiq ^{QL}	
Trazodone	Effexor XR ^{QL}	Remeron ^{QL}	
Venlafaxine ER Capsule ^{QL}	Emsam Patch ^{QL}	Tranlycypromine Sulfate	
	Fetzima ^{QL}	Trintellix ^{QL}	
	Forfivo XL ^{QL}	Venlafaxine IR Tablet ^{QL}	
	Irenka 40 mg Capsule ^{QL}	Venlafaxine ER Tablet ^{QL}	
	Khedezla ^{QL}	Viiibryd ^{QL}	
	Marplan	Wellbutrin IR Tablet ^{QL}	
	Mirtazapine ODT ^{QL}	Wellbutrin SR Tablet ^{QL}	
	Nardil	Wellbutrin XL Tablet ^{QL}	

ANTIDEPRESSANTS, SSRIS

Preferred Agents	Non-Preferred Agents		Prior Authorization
Citaloprom Solution ^{QL}	Brisdelle ^{QL}	Paxil Tablet, Suspension ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form
Citalopram Tablet ^{QL}	Celexa ^{QL}	Paxil CR ^{QL}	
Escitalopram Tablet ^{QL}	Escitalopram Solution ^{QL}	Pexeva ^{QL}	
Fluoxetine IR Capsule, Solution, Tablet ^{QL}	Fluoxetine Capsule DR ^{QL}	Prozac Pulvule, Weekly ^{QL}	
Fluvoxamine IR Tablet ^{QL}	Fluvoxamine ER ^{QL}	Sarafem ^{QL}	
Paroxetine Tablet ^{QL}	Lexapro ^{QL}	Sertraline Concentrate ^{QL}	
Sertraline Tablet ^{QL}	Paroxetine CR ^{QL}	Zoloft ^{QL}	

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ANTIEMETICS/ANTIVERTIGO AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Aloxi (Intravenous) ^{QL}	Akynzeo ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to Antiemetics / Antivertigo Agents PA Fax Form Link to Cesamet PA Fax Form
Dimenhydrinate OTC	Anzemet ^{QL}	
Dronabinol ^{QL}	Anzemet (Intravenous)	
Emend ^{QL}	Cesamet ^{QL}	
Emend (Intravenous) ^{QL}	Compro (rectal)	
Granisetron (Intravenous)	Diclegis ^{QL}	
Meclizine OTC & Rx	Dimenhydrinate Injection	
Metoclopramide, Oral	Granisetron ^{QL}	
Metoclopramide, Syringe & Vial	Marinol ^{QL}	
Ondansetron, Syringe & Vial	Metozolv ODT	
Ondansetron, Tab, ODT & Solution	Phenergan Injection ^{AR}	
Prochlorperazine Oral & Rectal	Prochlorperazine Injection	
Promethazine (Injection) ^{AR}	Promethegan Rectal 50mg ^{AR, QL}	
Promethazine Oral ^{AR, QL}	Reglan	
Promethazine (Rectal – except 50mg) ^{AR, QL}	Sancuso Patch ^{QL}	
Transderm-Scop (Transdermal) ^{QL}	Tigan ^{QL}	
Trimethobenzamide Oral ^{QL} & Intramuscular	Varubi^{QL}	
	Zofran ^{QL}	
	Zuplenz ^{QL}	

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Clotrimazole Mucous Membrane Troche ^{QL}	Ancobon	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form
Fluconazole ^{QL}	Cresemba	
Griseofulvin Suspension	Diflucan ^{QL}	
Griseofulvin Ultramicrosized Tablet	Flucytosine	
Nystatin	Grifulvin V	
Terbinafine ^{QL}	Griseofulvin Microsize Tablet	
	Gris-Peg	
	Itraconazole ^{QL}	
	Ketoconazole ^{QL}	
	Lamisil Granule and Tablet ^{QL}	
	Noxafil ^{QL}	
	Onmel ^{QL}	
	Oravig ^{QL}	
	Sporanox ^{QL}	
	Vfend	
	Voriconazole	

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ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Athlete's Foot	Alevazol OTC	Link to PA Guidelines Link to PA Fax Form
Clotrimazole-Betamethasone Cream	Bensal HP	
Clotrimazole OTC	Ciclodan	
Desenex	Ciclopirox CR / Susp / Gel	
Ketoconazole Cream & Shampoo	Ciclopirox Shampoo	
Lamisil AT Cream, AT Gel & Spray	Ciclopirox Solution	
Miconazole OTC	Clotrimazole RX	
Nystatin	Clotrimazole-Betamethasone Lotion	
Terbinafine OTC	CNL 8	
Tolnaftate OTC	Econazole	
	Ertaczo	
	Exelderm	
	Extina	
	Fungoid, Fungoid Kit	
	Jublia	
	Kerydin	
	Loprox	
	Lotrisone	
	Luzu	
	Mentax	
	Naftin	
	Nizoral Shampoo	
	Nystatin-Triamcinolone Cream & Ointment	
	Nystatin Powder	
	Oxistat Cream, Lotion	
	Pediaderm AF	
	Penlac	
	Vusion	

ANTIHISTAMINES, MINIMALLY SEDATING

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cetirizine Solution OTC ^{QL}	Cetirizine Chewable OTC ^{QL}	Link to PA Guidelines Link to Quantity Limits List
Cetirizine Tablet OTC ^{QL}	Cetirizine-D OTC ^{AR, QL}	
Cetirizine Tablet Rx ^{QL}	Clarinx ^{QL}	
Loratadine ^{QL}	Clarinx-D ^{AR, QL}	
Loratadine-D ^{AR, QL}	Desloratadine ^{QL}	
	Desloratadine ODT ^{QL}	
	Fexofenadine ^{QL}	
	Fexofenadine-D ^{AR, QL}	
	Levocetirizine ^{QL}	
	Semprex D ^{AR, QL}	
	Xyzal ^{QL}	

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ANTIHYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents		Non-Preferred Agents		Prior Authorization
Catapres-TTS ^{QL}	Guanfacine ^{QL}	Catapres Tablet	Methyldopa/HCTZ	Link to PA Guidelines
Clonidine Tablet	Methyldopa	Clonidine Transdermal ^{QL}	Reserpine	Link to Quantity Limits List
		Clorpres	Tenex ^{QL}	Link to PA Fax Form

ANTIHYPERURICEMICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Allopurinol		Colchicine ^{QL}	Uloric ^{QL}	Link to PA Guidelines
Probenecid		Colcrys ^{QL}	Zyloprim	Link to Quantity Limits List
Probenecid-Colchicine				Link to PA Fax Form

ANTIMIGRAINE AGENTS, OTHER

Preferred Agents		Non-Preferred Agents		Prior Authorization
		Cafergot ^{QL}		Link to PA Guidelines
		Cambia ^{QL}		Link to Quantity Limits List
		Dihydroergotamine mesylate Injection & Nasal Spray		Link to PA Fax Form
		Migranal Nasal Spray ^{QL}		
		Nodolor ^{QL}		

ANTIMIGRAINE AGENTS, TRIPTANS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Imitrex Nasal Spray ^{QL}		Almotriptan ^{QL}		Link to PA Guidelines
Imitrex SQ Cartridge Kit ^{QL}		Alsuma ^{QL}		Link to Quantity Limits List
Imitrex SQ Pen Injector Kit ^{QL}		Amerge ^{QL}		Link to Triptans PA Fax Form
Relpax ^{QL} Rizatriptan, Rizatriptan ODT ^{QL}		Axert ^{QL}		
Sumatriptan Tablet ^{QL}		Frova ^{QL}		
Sumatriptan Vial ^{QL}		Imitrex Tablet ^{QL}		
		Imitrex Vial ^{QL}		
		Maxalt MLT ^{QL}		
		Maxalt Tablet ^{QL}		
		Naratriptan ^{QL}		
		Sumatriptan Nasal Spray ^{QL}		
		Sumatriptan SQ Cartridge Kit ^{QL}		
		Sumatriptan SQ Pen Injector Kit ^{QL}		
		Sumavel ^{QL}		
		Treximet ^{QL}		
		Zecuity Patch ^{QL}		
		Zolmitriptan, Zolmitriptan ODT ^{QL}		
		Zomig Nasal Spray, Tablet ^{QL}		
		Zomig ZMT ^{QL}		

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ANTIPARASITICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Eurax Cream Natroba Permethrin Permethrin OTC Piperonyl Butoxide/Pyrethrins Kit, Liquid & Shampoo OTC Ulesfia	Elimite Eurax Lotion Lindane Malathion Ovide Pip Butoxide/ Pyrethrins/Permethrin Kit OTC Sklice Spinosad	Link to PA Guidelines

ANTIPARKINSON'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amantadine Capsule, Syrup, Tablet Benzotropine ^{QL} Bromocriptine ^{QL} Carbidopa/Levodopa IR, ER Tablet ^{QL} Pramipexole IR Tablet ^{QL} Ropinirole IR Tablet ^{QL} Selegilene Tablet ^{QL} Stalevo ^{QL} Trihexyphenidyl Elixir, Tablet ^{QL}	Azilect ^{QL} Carbidopa ^{QL} Carbidopa/Levodopa ODT ^{QL} Carbidopa/Levodopa/ Entacapone ^{QL} Comtan ^{QL} Entacapone ^{QL} Lodosyn ^{QL} Mirapex ^{QL} Mirapex ER ^{QL} Neupro Patch ^{QL} Parlodel Capsule, Tablet Pramipexole ER Tablet ^{QL} Requip, Requip XL ^{QL} Ropinirole ER Tablet ^{QL} Rytary ER Capsule ^{QL} Selegilene Capsule ^{QL} Sinemet CR, IR Tablet ^{QL} Tasmar ^{QL} Tolcapone ^{QL} Zelapar ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

ANTIPSORIATICS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Soriatane ^{QL}	8-MOP Acitretin ^{QL} Methoxsalen Oxsoresalen-Ultra	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

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ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Calcipotriene Solution Dovonex Cream	Calcipotriene Cream, Ointment Calcipotriene/Betamethasone Ointment Calcitrene Calcitriol Ointment Sorilux Taclonex Ointment, Scalp Suspension Vectical	Link to PA Guidelines Link to PA Fax Form

ANTIPSYCHOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Abilify Tablet ^{AR, QL} Clozapine ^{AR, QL} Fluphenazine ^{AR} Fluphenazine Decanoate (Injection) ^{AR} Geodon Injection ^{R, QL} Haldol Injection ^{AR} Haloperidol ^{AR} Haloperidol Decanoate Injection ^{AR} Haloperidol Lactate (Injection) ^{AR} Invega Sustenna ^{AR, QL} Invega Trinza ^{AR, QL} Loxapine ^{AR} Orap ^{AR} Perphenazine ^{AR} Quetiapine ^{AR, QL} Risperdal Consta ^{AR, QL} Risperidone Tablet, Solution ^{AR, QL} Thioridazine ^{AR} Thiothixene ^{AR} Trifluoperazine ^{AR} Ziprasidone ^{AR, QL}	Abilify Discmelt, Solution ^{AR, QL} Abilify Injection Abilify Maintena ^{AR} Adasuve ^{QL} Amitriptyline / Perphenazine ^{AR} Aripiprazole ^{AR, QL} Chlorpromazine ^{AR} Clozapine ODT ^{AR, QL} Clozari ^{AR, QL} Fanapt ^{AR, QL} Fazaclo ^{AR, QL} Geodon Capsule ^{AR, QL} Haldol Decanoate Injection ^{AR} Invega Tablet ^{AR, QL} Latuda ^{AR, QL} Olanzapine Injection ^{AR, QL} Olanzapine ODT, Tablet ^{AR, QL} Olanzapine/Fluoxetine ^{AR, QL} Rexulti ^{AR, QL} Risperdal Solution, Tablet ^{AR, QL} Risperidone ODT ^{AR, QL} Saphris ^{AR, QL} Seroquel, Seroquel XR ^{AR, QL} Symbyax ^{AR, QL} Versacloz Zyprexa Tablet ^{AR, QL} Zyprexa Injection ^{AR, QL} Zyprexa Relprev (Intramuscular) ^{AR, QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

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ANXIOLYTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alprazolam Tablet ^{AR, QL} Buspirone ^{QL} Chlordiazepoxide ^{AR, QL} Clorazepate ^{AR, QL} Diazepam Tablet, Solution ^{AR, QL} Diazepam Vial Lorazepam Tablet, Intenso ^{AR, QL}	Alprazolam ER, Intenso ^{AR, QL} , ODT ^{AR, QL} Ativan Tablet ^{AR, QL} Diazepam Intenso ^{AR, QL} Diazepam Syringe Meprobamate ^{QL} Oxazepam ^{AR, QL} Tranxene T-Tab ^{AR, QL} Xanax Tablet ^{AR, QL} Xanax XR ^{AR, QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

ANTIVIRALS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Acyclovir Famciclovir ^{QL} Relenza ^{QL}	Tamiflu ^{QL} Tamiflu Suspension ^{QL} Valacyclovir ^{QL} Famvir ^{QL} Valtrex ^{QL} Zovirax Rimantadine Sitavig ^{QL}	Link to PA Guidelines Link to Quantity Limits List

ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Abreva ^{QL} Denavir ^{QL}	Zovirax Cream ^{QL} Acyclovir Ointment ^{QL} Xerese ^{QL} Zovirax Ointment ^{QL}	Link to PA Guidelines Link to Quantity Limits List

BETA-BLOCKERS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Atenolol Atenolol/Chlorthalidone Bisoprolol/HCTZ Carvedilol ^{QL} Inderal LA Labetalol	Metoprolol Metoprolol XL Propranolol Propranolol ER Sotalol Acebutolol Betapace Betaxolol Bisoprolol Bystolic ^{QL} Coreg ^{QL} Coreg CR ^{QL} Corgard, Corzide Hemangeol Innopran XL ^{QL} Levatol Lopressor, Lopressor HCT	Metoprolol/HCTZ Nadolol Nadolol/ Bendroflumethiazide Pindolol Propranolol HCTZ Sectral Sotylize Tenormin, Tenoretic Timolol Toprol XL Trandate Zebeta	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

BILE SALTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Actigall Capsule ^{QL} Cholbam ^{PA} Urso Tablet ^{QL} Urso Forte Tablet ^{QL}	Chenodal ^{QL} Ursodiol Capsule ^{QL} Ursodiol Tablet ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

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BLADDER RELAXANT PREPARATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Oxybutynin ^{QL}	Oxytrol ^{QL}	Detrol, Detrol LA ^{QL}	Myrbetriq ^{QL}	Link to PA Guidelines
Oxybutynin ER ^{QL}	Vesicare ^{QL}	Ditropan XL ^{QL}	Tolterodine, Tolterodine ER ^{QL}	Link to PA Fax Form
		Enablex ^{QL}	Toviaz ^{QL}	Link to Quantity Limits List
		Flavoxate	Trospium, Trospium ER ^{QL}	
		Gelnique ^{QL}		

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Actonel ^{QL}		Alendronate Solution ^{QL}		Link to PA Guidelines
Alendronate Tablet ^{QL}		Atelvia ^{QL}		Link to Evista PA Fax Form
Calcitonin Salmon (Nasal) ^{QL}		Binosto ^{QL}		Link to Oral Bone Resorption
Pamidronate Disodium (Intravenous)		Boniva ^{QL}		Suppression Agents PA
Zoledronic Acid (generic Zometa) (Intravenous)		Boniva (Intravenous) ^{QL}		Fax Form
		Etidronate Disodium		Link to Forteo PA Fax Form
		Evista ^{QL}		Link to Injectable Bone
		Forteo (Subcutaneous) ^{QL}		Resorption Suppression
		Fortical (Nasal) ^{QL}		Agents PA Fax Form
		Fosamax, Fosamax Plus D ^{QL}		Link to Quantity Limits List
		Ibandronate Tablet & Injection ^{QL}		
		Miacalcin Nasal & Injection ^{QL}		
		Prolia ^{QL}		
		Raloxifene ^{QL}		
		Reclast (Intravenous)		
		Risedronate ^{QL}		
		Xgeva (Sub-Q) ^{QL}		
		Zoledronic Acid (generic Reclast)		
		Zometa (Intravenous)		

BOTULINUM TOXINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Botox ^{PA,QL}	Xeomin ^{PA,QL}	Dysport ^{QL}	Myobloc ^{QL}	Link to PA Guidelines
				Link to PA Fax Form
				Link to Quantity Limits List

BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENT

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alfuzosin ^{QL}	Tamsulosin ^{QL}	Avodart ^{QL}	Jalyn ^{QL}	Link to PA Guidelines
Doxazosin ^{QL}	Terazosin ^{QL}	Cardura, Cardura XL ^{QL}	Proscar ^{QL}	Link to PA Fax Form
Finasteride ^{QL}		Cialis ^{QL}	Rapaflo ^{QL}	Link to Quantity Limits List
		Flomax ^{QL}	Uroxatral ^{QL}	

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BRONCHODILATORS, BETA AGONIST

Preferred Agents	Non-Preferred Agents	Prior Authorization
Albuterol Nebulizer Vials 2.5 mg/3 ml (0.083%)	Albuterol Syrup, Tablet, XR Tablet	Link to PA Guidelines
Albuterol Concentrate Solution 100 mg/20 ml (0.05%)	Albuterol Nebulizer Vials 0.63 mg/3 ml, 1.25 mg/3 ml	Link to PA Fax Form
Proair HFA ^{QL}	Arcapta Neohaler ^{QL}	Link to Quantity Limits List
Proventil HFA ^{QL}	Brovana Vial ^{QL}	
	Foradil Aerolizer ^{QL}	
	Levalbuterol Nebulizer Vial ^{QL}	
	Levalbuterol Concentrate Solution ^{QL}	
	Metaproterenol Syrup, Tablet	
	Perforomist Vial ^{QL}	
	Proair Respiclick ^{QL}	
	Serevent Diskus ^{QL}	
	Striverdi Respimat ^{QL}	
	Terbutaline Tablet	
	Ventolin HFA ^{QL}	
	Xopenex HFA ^{QL}	
	Xopenex Concentrate Solution ^{QL}	
	Xopenex Nebulizer Vials ^{QL}	

CALCIUM CHANNEL BLOCKERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amlodipine ^{QL}	Adalat CC ^{QL}	Link to PA Guidelines
Diltiazem IR Tablet	Calan Tablet	Link to PA Fax Form
Diltiazem ER 24 hr Capsule (except 360 mg) ^{QL}	Calan SR Tablet ^{QL}	Link to Quantity Limits List
Nicardipine ^{QL}	Cardizem Tablet	
Nifedipine Capsule ^{QL}	Cardizem CD Capsule ^{QL}	
Nifedipine ER Tablet ^{QL}	Cardizem LA Tablet ^{QL}	
Nimodipine	Diltiazem ER 24 hr 360mg Capsule^{QL}	
Verapamil Tablet	Diltiazem LA Tablet ^{QL}	
Verapamil ER Capsule (except 360 mg) ^{QL}	Felodipine ER ^{QL}	
Verelan PM Capsule ^{QL}	Isradipine ^{QL}	
	Nisoldipine ER ^{QL}	
	Norvasc ^{QL}	
	Nymalize Solution	
	Procardia Capsule	
	Procardia XL Tablet ^{QL}	
	Sular ER ^{QL}	
	Tiazac Capsule^{QL}	
	Verapamil 360mg Capsule ^{QL}	
	Verapamil ER PM Capsule ^{QL}	
	Verelan Capsule ^{QL}	

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CEPHALOSPORINS AND RELATED ANTIBIOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amoxicillin/Clav 200-28.5 mg/5 ml Suspension	Amoxicillin / Clav XR Tablet	Link to PA Guidelines
Amoxicillin/Clav 400-57 mg/5 ml Suspension	Amoxicillin / Clav 250-62.5/5 Suspension	
Amoxicillin/Clav 600-42.9 mg/5 ml Suspension	Augmentin XR Tablet	
Amoxicillin/Clav Chewable Tablet	Augmentin Suspension	
Amoxicillin/Clav Tablet	Cedax	
Cefadroxil Capsule	Cefaclor Capsule , Suspension	
Cefdinir Capsule	Cefaclor ER	
Cefdinir Suspension	Cefadroxil Suspension, Tablet	
Cefprozil Tablet , Suspension	Cefixime Suspension	
Cefuroxime	Cefpodoxime	
Cephalexin 250 mg, 500 mg Capsule	Ceftibuten	
Cephalexin Suspension	Ceftin	
Suprax Capsule	Cephalexin 750 mg Capsule	
	Cephalexin Tablet	
	Keflex	
	Suprax Chewable Tablet, Suspension	

COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Neulasta ^{QL, PA}	Granix	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
Neulasta Kit ^{PA}	Leukine	
Neupogen ^{PA}	Zarxio	

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CONTRACEPTIVES, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Monophasic		Monophasic		Link to PA Guidelines
				Link to PA Fax Form
Altavera	Levonorgestrel/Ethinyl	Balziva	Ocella	
Alyacen-28 1/35	Estradiol-28 0.15/30	Brevicon	Ogestrel	
Apri	(generic Nordette, Levlen)	Briellyn	Ortho-Novum-28 1/35	
Aubra	Levora	Desogen	Ovcon-35	
Aviane	Low-Ogestrel	Drospirenone/Ethinyl	Philith	
Blisovi Fe-28 1/20	Lutera	Estradiol (generic Yasmin)	Pimtreea	
Blisovi Fe-28 1.5/30	Marlissa	Femcon Fe chewable	Safyral	
Chateal	Microgestin Fe-28 1/20	Gildagia	Syeda	
Cryelle	Microgestin Fe-28	Kelnor	Vyfemla	
Cyclafem-28 1/35	1.5/30	Loestrin-21	Wera	
Cyred	Mono-Linyah	Loestrin FE-28	Yasmin	
Dasetta-28 1/35	MonoNessa	Microgestin-21 1/20	Zarah	
Delyla	Necon-28 0.5/35	Mlcrogestin-21 1.5/30	Zenchant	
Desogestrel/Ethinyl	Necon-28 1/35	Modicon	Zovia 1/35	
Estradiol-28 0.15/30	Necon-28 1/50	Norinyl-28 1/35		
(generic Desogen)	Norethindrone/Ethinyl	Norinyl-28 1/50		
Elinest	Estradiol-21 1/20	Nortrel-28 0.5/35		
Emoquette	(generic Loestrin-21	Nortrel-28 1/35		
Enskyce	1/20)			
Estarylla	Norethindrone/Ethinyl			
Falmina	Estradiol Fe-28 1/20			
Gildess-21 1/20	(generic Loestrin Fe-28			
Gildess-21 1.5/30	1/20)			
Gildess Fe-28 1/20	Norethindrone/Ethinyl			
Gildess Fe-28 1.5/30	Estradiol Fe-28 1.5/30			
Juleber	(generic Loestrin Fe-28			
Junel-21 1/20	1.5/30)			
Junel-21 1.5/30	Norgestimate/Ethinyl			
Junel Fe-28 1/20	Estradiol-28 (generic			
Junel Fe-28 1.5/30	Ortho-Cyclen)			
Kurvelo	Ortho-Cyclen			
Larin-21 1/20	Orsythia			
Larin-21 1.5.30	Pirmella-28 1/35			
Larin Fe-28 1/20	Portia			
Larin Fe-28 1.5/30	Previfem			
Lessina	Reclipsen			
Levonorgestrel/Ethinyl	Sprintec			
Estradiol-28 0.1/20	Sronyx			
(generic Alesse, Levite)	Tarina Fe 1/20			
	Vienva			
	Wymzya FE chewable			
	Zenchant FE chewable			
Biphasic		Biphasic		
Desogestrel/Ethinyl	Necon-28 10/11	Azurette	Kimidess	
Estradiol (generic		Bekyree	Mircette	
Mircette)		Kariva	Viorele	

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CONTRACEPTIVES, ORAL

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<p style="text-align: center;"><u>Triphasic</u></p> <p>Caziant Tri-Estarylla Cyclafem-28 7/7/7 Tri-Linyah Dasetta-28 7/7/7 Tri-Lo-Estarylla Levonest Tri-Lo-Marzia Levonorgestrel/Ethinyl Tri-Lo-Sprintec Estradiol (generic TriNessa TriPhasil, Tri-Levlen) TriNessa Lo Myzilra Tri-Previfem Necon-28 7/7/7 Tri-Sprintec Norgestimate/Ethinyl Velivet Estradiol lo-28 (generic Ortho Tri-Cyclen Lo) Norgestimate/Ethinyl Estradiol-28 (generic Ortho Tri-Cyclen)</p>	<p style="text-align: center;"><u>Triphasic</u></p> <p>Alyacen-28 7/7/7 Ortho Tri-Cyclen Aranelle Ortho Tri-Cyclen Lo Cyclessa Pimella-28 7/7/7 Enpresse Tilia Fe Estrostep Fe-28 Tri-Legest Fe Leena Tri-Norinyl Nortrel-28 7/7/7 Trivora Ortho-Novum-28 7/7/7</p>	
<p style="text-align: center;"><u>28-Day Extended Cycle</u></p> <p>Generess Fe chewable Microgestin 24 Fe 1/20 Kaitlib Fe chewable</p>	<p style="text-align: center;"><u>28-Day Extended Cycle</u></p> <p>Beyaz Lo Loestrin Fe-28 Blisovi 24 Fe Lomedia 24 Fe Gianvi Loryna Gildess 24 Fe Minastrin 24 Fe Junel 24 Fe Chewable Larin 24 Fe Nikki Layolis Fe chewable Vestura Yaz</p>	
<p style="text-align: center;"><u>3-Month Extended Cycle</u></p> <p>Loseasonique (3 month) Seasonique (3 month)</p>	<p style="text-align: center;"><u>3-Month Extended Cycle</u></p> <p>Amethia (3 month) Levonorgestrel/Ethinyl Amethia Lo (3 month) Estradiol 0.15/30 + EE Ashlyna (3 month) 10 (3 month) (generic Seasonique) Camrese (3 month) Levonorgestrel/Ethinyl Camrese Lo (3 month) Estradiol lo-91 0.1/20 + Daysee (3 month) EE 10 (3 month) Introvale (3 month) (generic Loseasonique) Jollessa (3 month) Quartette (3 month) Levonorgestrel/Ethinyl Quasense (3 month) Estradiol 0.15/30 (3 Setlakin (3 month) month) (generic Seasonale)</p>	
<p style="text-align: center;"><u>Progestin Only</u></p> <p>Deblitane Norylroc Lyza Sharobel Norethindrone-28 0.35</p>	<p style="text-align: center;"><u>Progestin Only</u></p> <p>Camila Jolivette Errin Micronor Heather Nora-Be Jencycla Nor-Q-D</p>	

AR = Age Restriction, Clinical Prior Authorization Required
Non-preferred medications require prior authorization
IR = immediate-release formulation
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PA = Clinical Prior Authorization Required
QL = Quantity Limit Applies
ER = extended-release formulation
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CONTRACEPTIVES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
	<u>Four-Phasic</u>	
	Natazia	
	<u>Continuous Cycle</u>	
	Amethyst-28	

CONTRACEPTIVES, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
Depo-SubQ Provera 104 Injection ^{QL}	Depo-Provera Injection Syringe ^{QL}	Link to PA Guidelines
Medroxyprogesterone Acetate Injection Syringe ^{QL}	Depo-Provera Injection Vial ^{QL}	Link to Quantity Limits List
Medroxyprogesterone Acetate Injection Vial ^{QL}	Liletta Intrauterine^{QL}	
Mirena Intrauterine ^{QL}	Skylla Intrauterine ^{QL}	
Nexplanon Implant ^{QL}		
Nuvaring ^{QL}		
Paragard T 380-A Intrauterine ^{QL}		
Xulane Patch ^{QL}		

COPD AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Atrovent HFA ^{QL}	Anoro Ellipta ^{QL}	Link to PA Guidelines
Combivent Respimat ^{QL}	Daliresp Tablet ^{QL}	Link to COPD Agents PA Fax Form
Ipratropium/Albuterol Nebulizer Vial ^{QL}	Incruse Ellipta ^{QL}	Form
Ipratropium Nebulizer Vial	Spiriva Respimat ^{QL}	Link to Daliresp PA Fax Form
Spiriva Handihaler ^{QL}	Stiolto Respimat ^{QL}	Link to Quantity Limits List
Tudorza Pressair ^{QL}		

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CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Enbrel ^{PA} Humira ^{PA}	Actemra ^{QL} Arcalyst ^{QL} Cimzia ^{QL} Cosentyx ^{QL} Entyvio ^{QL} Ilaris ^{QL} Kineret ^{QL} Orencia ^{QL} Otezla ^{QL} Remicade Simponi ^{QL} Simponi Aria Stelara ^{QL} Xeljanz ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to Actemra PA Fax Form Link to Arcalyst PA Fax Form Link to Cimzia PA Fax Form Link to Cosentyx PA Fax Form Link to Enbrel PA Fax Form Link to Entyvio PA Form Link to Humira PA Fax Form Link to Ilaris PA Fax Form Link to Kineret PA Fax Form Link to Orencia PA Fax Form Link to Otezla PA Fax Form Link to Remicade PA Fax Form Link to Stelara PA Fax Form Link to Simponi PA Fax Form Link to Xeljanz PA Fax Form Link to Quantity Limits List

DIABETIC METERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Abbott (Freestyle Lite, Freestyle Freedom Lite, Precision Xtra, Freestyle Insulin) ^{QL} LifeScan (OneTouch Ultra 2, OneTouch Ultra Mini, OneTouch Verio, Verio Flex, Verio IQ) ^{QL}	Agamatrix ^{QL} Arkray ^{QL} Bayer ^{QL} Becton Dickinson ^{QL} CCS ^{QL} Envision ^{QL}	HMD ^{QL} Home Diagnostics ^{QL} Roche ^{QL} TrueTrack ^{QL} US Diagnostics ^{QL} Vertex ^{QL}
		Link to PA Guidelines Link to Diabetic Meters and Strips PA Fax Form Link to Quantity Limits List

DIABETIC STRIPS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Abbott (Precision Xtra, Freestyle, Freestyle Lite, Freestyle Insulin, Precision XTR B-Ketone Test Strips) ^{QL} LifeScan (OneTouch Ultra Test Strips, OneTouch Verio) ^{QL}	Agamatrix ^{QL} Arkray ^{QL} Bayer ^{QL} Becton Dickinson ^{QL} CCS Medical ^{QL}	Diabetic Supply ^{QL} Dispense Express ^{QL} Home Diagnostics ^{QL} Solartek ^{QL} Roche ^{QL}
		Link to PA Guidelines Link to Diabetic Meters and Strips PA Fax Form Link to Quantity Limits List

EMOLLIENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ammonium Lactate Cream/Lotion OTC	Amlactin Ultra OTC Biafine Cerave PM OTC Eleton Emollient Combo #10 Cream	Emollient Combo #32 Cream HPR Plus Hydrogel HPR Plus-MB Hydrogel MB Hydrogel
		Link to PA Guidelines

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ENZYME REPLACEMENT, GAUCHERS DISEASE

Preferred Agents		Non-Preferred Agents	Prior Authorization
Cerdelga ^{QL}	Vpriv		Link to PA Guidelines
Cerezyme	Zavesca		Link to Quantity Limits List
Elelyso			

EPINEPHRINE, SELF-INJECTED

Preferred Agents		Non-Preferred Agents	Prior Authorization
Epinephrine injection	EpiPen Jr	Adrenaclick	Link to PA Guidelines
EpiPen		Auvi-Q	

ERYTHROPOIESIS STIMULATING PROTEINS

Preferred Agents		Non-Preferred Agents	Prior Authorization
Aranesp ^{PA}		Epogen	Link to PA Guidelines
Procrit ^{PA}			Link to PA Fax Form

FLUOROQUINOLONES, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Cipro Suspension	Ciprofloxacin IR	Avelox	Levofloxacin Solution	Link to PA Guidelines
Ciprofloxacin Suspension	Levofloxacin Tablet	Cipro Tablet	Moxifloxacin	Link to PA Fax Form
		Ciprofloxacin ER		

GI MOTILITY, CHRONIC

Preferred Agents		Non-Preferred Agents		Prior Authorization
Amitiza ^{QL, PA}	Linzzess ^{QL, PA}	Alosetron ^{QL}	Relistor ^{QL}	Link to PA Guidelines
		Lotronex ^{QL}	Viberzi ^{QL}	Link to GI Motility, Chronic – Constipation-Related PA Fax Form
		Movantik ^{QL}		Link to GI Motility, Chronic – Diarrhea-Related PA Fax Form
				Link to Quantity Limits List

GLUCOCORTICOIDS, INHALED

Preferred Agents		Non-Preferred Agents		Prior Authorization
Advair Diskus ^{QL}	Qvar ^{QL}	Advair HFA ^{QL}	Budesonide Respules ^{QL}	Link to PA Guidelines
Aerospan ^{QL}	Symbicort ^{QL}	Alvesco ^{QL}	Flovent Diskus ^{QL}	Link to PA Fax Form
Asmanex Twisthaler ^{QL}		Arnuity Ellipta ^{QL}	Pulmicort Flexhaler ^{QL}	Link to Quantity Limits List
Dulera ^{QL}		Asmanex HFA ^{QL}	Pulmicort Respules	
Flovent HFA ^{QL}		Breo Ellipta ^{QL}	0.25, 0.5 mg and 1 mg ^{QL}	

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GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Budesonide EC ^{QL}	Cortef	Link to PA Guidelines
Dexamethasone Solution, Tablet	Cortisone	Link to PA Fax Form
Hydrocortisone	Dexamethasone Elixir	Link to Quantity Limits List
Methylprednisolone Dosepak	Dexamethasone Intensol	
Methylprednisolone Tablet 4 mg, 32 mg	DexPak	
Prednisolone Sodium Phosphate Solution	Entocort EC ^{QL}	
Prednisolone Solution	Medrol	
Prednisone Tabs, Solution, Dosepak	Methylprednisolone 8 mg, 16 mg Tablet	
	Millipred	
	Orapred ODT	
	Pediapred	
	Prednisolone Sodium Phosphate ODT	
	Prednisone Intensol	
	Rayos	
	Veripred 20	

GROWTH FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Increlex ^{PA}		Link to PA Guidelines

GROWTH HORMONES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Norditropin ^{PA}	Genotropin	Link to PA Guidelines
Nutropin AQ ^{PA}	Serostim ^{QL}	Link to Quantity Limits List
	Humatrope	
	Tev-Tropin	
	Omnitrope	
	Saizen	
	Zomacton	
	Zorbtive	

H. PYLORI TREATMENT

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Lansoprazole-Amoxicillin-Clarithromycin	Link to PA Guidelines
	Omeclamox-Pak	Link to Quantity Limits List
	Prevpac ^{QL}	
	Pylera	

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HEPATITIS B AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Baraclude ^{QL} Epivir HBV ^{QL}	Hepsera ^{QL} Tyzeka ^{QL}	Adefovir Dipivoxil ^{QL} Entecavir ^{QL}	Lamivudine HBV ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

HEPATITIS C AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Daklinza ^{PA,QL} Harvoni ^{PA,QL} Pegasys ^{PA,QL} Peg-Intron ^{PA}	Ribavirin Capsule Sovaldi ^{PA,QL} Technivie ^{PA,QL} Viekira Pak ^{PA,QL} Zepatier ^{PA,QL}	Copegus Moderiba Dose Pack Moderiba Tablet Olysio ^{QL} Rebetol	Ribapak Ribasphere Tablet Ribavirin Tablet Ribavirin Dose Pack	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

HEREDITARY ANGIOEDEMA TREATMENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Berinert ^{PA}	Firazyr ^{PA}	Cinryze ^{QL}	Kalbitor ^{QL} Ruconest ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

HISTAMINE II RECEPTOR BLOCKERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Famotidine Injection Piggyback and Vial Famotidine Tablet RX, OTC ^{QL} Ranitidine Syrup Ranitidine Tablet RX, OTC ^{QL}		Cimetidine Famotidine Suspension Famotidine/Calcium Carbonate/Magnesium Hydroxide Nizatidine Pepcid ^{QL} Ranitidine Capsule Ranitidine Injection Zantac RX, OTC ^{QL}		Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

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HIV/AIDS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<p style="text-align: center;"><u>Protease Inhibitors</u></p> <p>Evotaz^{QL} Kaletra^{QL} Norvir^{QL} Prezista Suspension^{QL} Prezista Tablet^{QL} Reyataz^{QL} Reyataz Powder Pack^{QL}</p>	<p style="text-align: center;"><u>Protease Inhibitors</u></p> <p>Aptivus^{QL} Crixivan^{QL} Invirase^{QL} Lexiva^{QL} Prezcobix^{QL} Viracept^{QL}</p>	<p>Link to PA Guidelines</p> <p>Link to PA Fax Form</p> <p>Link to Quantity Limits List</p>
<p style="text-align: center;"><u>NRTIs</u></p> <p>Abacavir^{QL} Descovy^{QL} Didanosine DR^{QL} Emtriva^{QL} EpiVir^{QL} Epzicom^{QL} Lamivudine/Zidovudine^{QL} Stavudine Capsule^{QL} Truvada^{QL} Videx Solution^{QL} Viread^{QL} Ziagen^{QL} Zidovudine^{QL}</p>	<p style="text-align: center;"><u>NRTIs</u></p> <p>Combivir^{QL} Lamivudine Solution^{QL} Lamivudine Tablet^{QL} Retrovir^{QL} Stavudine Solution^{QL} Trizivir^{QL} Videx EC Capsule^{QL} Zerit^{QL}</p>	
<p style="text-align: center;"><u>NNRTIs</u></p> <p>Edurant^{QL} Nevirapine Tablet^{QL} Sustiva^{QL}</p>	<p style="text-align: center;"><u>NNRTIs</u></p> <p>Intelence^{QL} Nevirapine ER^{QL} Nevirapine Suspension^{QL} Rescriptor^{QL} Viramune Tablet^{QL} Viramune XR^{QL}</p>	
<p style="text-align: center;"><u>INSTIs</u></p> <p>Isentress^{QL} Tivicay^{QL} Viramune Suspension^{QL}</p>	<p style="text-align: center;"><u>INSTIs</u></p> <p>Isentress Powder Pack^{QL} Vitekta^{QL}</p>	
<p style="text-align: center;"><u>Complete Regimen Agents</u></p> <p>Atripla^{QL} Genvoya^{QL}</p>	<p style="text-align: center;"><u>Complete Regimen Agents</u></p> <p>Complera^{QL} Odefsey^{QL} Stribild^{QL} Triumeq^{QL}</p>	
	<p style="text-align: center;"><u>Miscellaneous Agents</u></p> <p>Fuzeon Injection^{QL} Selzentry^{QL} Tybost^{QL}</p>	

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HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents		Non-Preferred Agents	Prior Authorization
Acarbose ^{QL}	Glyset ^{QL}	Precose ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

HYPOGLYCEMICS, INCRETIN MIMETICS/ ENHANCERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
<u>Incretin Enhancer</u>	<u>Incretin Mimetic</u>	<u>Incretin Enhancer</u>	<u>Incretin Mimetic</u>	Link to PA Guidelines Link to Incretin Enhancers PA Fax Form Link to Incretin Mimetics Fax Form Link to Symlin PA Fax Form Link to Quantity Limits List
Jentadueto ^{PA,QL}	Bydureon ^{PA,QL}	Glyxambi ^{QL}	Tanzeum ^{QL}	
Kombiglyze XR ^{PA,QL}	Bydureon Pens ^{PA,QL}	Janumet ^{QL}	Trulicity ^{QL}	
Onglyza ^{PA,QL}	Byetta Pens ^{PA,QL}	Janumet XR ^{QL}		
Tradjenta ^{PA,QL}	Symlin Pens ^{PA,QL}	Januvia ^{QL}		
	Victoza^{PA,QL}	Kazano ^{QL}		
		Nesina ^{QL}		
		Oseni ^{QL}		

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HYPOGLYCEMICS, INSULIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
<p style="text-align: center;"><u>Rapid-Acting</u></p> <p>Humalog Vial NovoLog Cartridge NovoLog Flexpen NovoLog Vial6</p>	<p style="text-align: center;"><u>Rapid-Acting</u></p> <p>Apidra Solostar Pen Apidra Vial Humalog U-100 Kwikpen Humalog U-200 Kwikpen</p>	<p>Link to PA Guidelines Link to PA Fax Form</p>
<p style="text-align: center;"><u>Short-Acting</u></p> <p>Humulin R U-100 Vial Humulin R U-500 Vial Novolin R Vial</p>	<p style="text-align: center;"><u>Intermediate-Acting</u></p> <p>Humulin N Kwikpen</p>	
<p style="text-align: center;"><u>Intermediate-Acting</u></p> <p>Humulin N Vial Novolin N Vial</p>	<p style="text-align: center;"><u>Long-Acting (basal)</u></p> <p>Toujeo Solostar Tresiba FlexTouch U-100 Tresiba FlexTouch U-200</p>	
<p style="text-align: center;"><u>Long-Acting (basal)</u></p> <p>Lantus Solostar Pen Lantus Vial Levemir Flextouch Pen Levemir Vial</p>	<p style="text-align: center;"><u>Insulin Mixes</u></p> <p>Humalog Mix 50/50 Kwikpen Humalog Mix 75/25 Kwikpen Humulin 70/30 Kwikpen</p>	
<p style="text-align: center;"><u>Insulin Mixes</u></p> <p>Humalog Mix 50/50 Vial Humalog Mix 75/25 Vial Humulin 70/30 Vial Novolin 70/30 Vial NovoLog Mix 70/30 Flexpen NovoLog Mix 70/30 Vial</p>	<p style="text-align: center;"><u>Alternate Formulation</u></p> <p>Afrezza Powder</p>	

HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Repaglinide ^{QL}	<p>Nateglinide^{QL} Prandimet^{QL}</p> <p>Prandin^{QL} Repaglinide-Metformin^{QL} Starlix^{QL}</p>	<p>Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List</p>

HYPOGLYCEMICS, METFORMINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<p>Glipizide-Metformin^{QL} Glyburide-Metformin^{QL} Metformin IR Tablet^{QL} Metformin ER 500 mg, 750 mg Tablet (<i>generic Glucophage XR Tablet</i>)^{QL}</p>	<p>Fortamet^{QL} Glucophage IR Tablet^{QL} Glucophage XR Tablet (500 mg, 750 mg)^{QL} Glucovance^{QL} Glumetza^{QL} Metformin ER Tablet (<i>generic Fortamet</i>)^{QL} Metformin ER Tablet (<i>generic Glumetza</i>)^{QL} Riomet Suspension^{QL}</p>	<p>Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form</p>

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HYPOGLYCEMICS, SGLT2 INHIBITORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Invokana ^{PA,QL}		Farxiga ^{QL} Invokamet ^{QL}	Jardiance ^{QL} Synjardy ^{QL} Xigduo XR ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

HYPOGLYCEMICS, SULFONYLUREAS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Glimepiride ^{QL} Glipizide, Glipizide ER ^{QL}	Glyburide ^{QL} Glyburide Micronized ^{QL}	Amaryl ^{QL} Chlorpropamide ^{QL} Diabeta ^{QL}	Glucotrol, Glucotrol XL ^{QL} Tolazamide ^{QL} Tolbutamide ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

HYPOGLYCEMICS, TZDS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Pioglitazone ^{PA,QL}		Actos ^{QL} Actoplus Met ^{QL} Actoplus Met XR ^{QL} Avandamet ^{QL} Avandia ^{QL}	Avandaryl ^{QL} Duetact ^{QL} Pioglitazone/Glimepiride ^{QL} Pioglitazone/Metformin ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Esbriet ^{PA,QL}	Ofev ^{PA,QL}			Link to PA Guidelines Link to Quantity Limits List

IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Elidel		Protopic	Tacrolimus	Link to PA Guidelines Link to PA Fax Form

IMMUNOMODULATORS, TOPICAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Aldara		Imiquimod	Zyclara	Link to PA Guidelines Link to PA Fax Form

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IMMUNOSUPPRESSIVE, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azathioprine	Astagraf XL	Link to PA Guidelines Link to PA Fax Form
CellCept Suspension	Azasan	
Cyclosporine, Modified Softgel	CellCept Capsule, Tablet	
Gengraf (Modified) Capsule	Cyclosporine Capsule	
Gengraf (Modified) Solution	Envarsus XR	
Mycophenolate Mofetil Capsule & Tablet	Imuran	
Myfortic	Mycophenolate Mofetil Suspension	
Rapamune Solution	Mycophenolic Acid	
Sandimmune Capsule	Neoral Capsule	
Sandimmune Solution	Neoral Solution	
Sirolimus	Prograf	
Tacrolimus	Rapamune Tablet	
	Zortress	

INTRANASAL RHINITIS AGENTS

Preferred Agents	Non-Preferred Agents		Prior Authorization
Azelastine 0.1% (<i>generic Astelin</i>) ^{QL}	Astepro 0.15% ^{QL}	Olopatadine ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
Fluticasone ^{QL}	Atrovent ^{QL}	Omniaris ^{QL}	
Ipratropium ^{QL}	Azelastine 0.15% ^{QL}	Qnasl ^{QL}	
Nasonex ^{QL}	(<i>generic Astepro</i>) ^{QL}	Rhinocort Aqua ^{QL}	
Patanase ^{QL}	Beconase AQ ^{QL}	Triamcinolone ^{QL}	
	Budesonide ^{QL}	Veramyst ^{QL}	
	Dymista ^{QL}	Zetonna ^{QL}	
	Flonase OTC		
	Flunisolide ^{QL}		

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IRON, ORAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Ferate OTC	Active FE	Hematogen FA	Link to PA Guidelines
Fer-in-Sol Drops OTC	Bifera RX	Hemocyte	
Ferrimin 150	Corvita 150	Hemocyte Plus	
Ferrous Gluconate OTC	Corvite 150	Hemocyte-F	
Ferrous Sulfate OTC	Corvite FE	Integra	
Iron Carbonyl/Ascorbic Acid OTC	Feriva 21-7	Integra F	
Iron Polysaccharides OTC	Feriva FA	Integra Plus	
Iron Polysaccharides/B12/ Folic Acid	Ferralet 90 Dual-Iron	Iron Carbonyl	
Novaferrum Drops OTC	Ferraplus 90	Iron Carbonyl/Iron	
	Ferrous Fumarate OTC	Gluconate/Folic Acid/	
	Ferrous Fumarate/ Ascorbic Acid/B12/Folic Acid	B12/Ascorbic Acid/ Docusate	
	Ferrous Fumarate/Folic Acid/Multivitamins & Minerals	Iron	
	Ferrous Fumarate/Iron Polysaccharides/Folic Acid/Multivitamin	Polysaccharides/Heme Iron Polypeptide/Folic Acid/B12	
	Ferrous Sulfate/Ascorbic Acid/Folic Acid OTC	Irospan	
	Folivane-F	Nephron FA	
	Fusion OTC	Novaferrum 50 mg	
	Fusion Plus	Novaferrum 125 Liquid	
	Hematogen	Tandem Dual Action	
		Tandem Plus	
		Taron Forte	
		TL-HEM 150	
		Vitafof	

IRON, PARENTERAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ferrlecit	Feraheme	Link to PA Guidelines
INFeD	Injectafer	
Sodium Ferric Gluconate Complex in Sucrose	Venofer	Link to PA Fax Form

LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents		Prior Authorization
Montelukast Chewable Tablet ^{QL}	Accolate ^{QL}	Zafirlukast ^{QL}	Link to PA Guidelines
Montelukast Tablet ^{QL}	Montelukast Granules ^{QL}	Zyflo ^{QL}	
	Singulair ^{QL}	Zyflo CR ^{QL}	Link to PA Fax Form
			Link to Quantity Limits List

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LIPOTROPICS, OTHER THAN STATINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cholestyramine, Cholestyramine Lite	Antara ^{QL}	Link to PA Guidelines
Colestipol Tablet ^{QL}	Colestid ^{QL}	Link to Other Lipotropics PA Fax Form
Gemfibrozil ^{QL}	Colestipol Granules	
Niaspan	Fenofibrate Capsule (<i>generic Lipofen</i>) ^{QL}	Link to Juxtapid/Kynamro PA Fax Form
Prevalite	Fenofibrate Capsule, Micronized (<i>generic Antara, Lofibra</i>) ^{QL}	Link to PCSK9 PA Fax Form
Repatha ^{PA, QL}	Fenofibrate Tablet (<i>generic Lofibra, Fenoglide & Tricor</i>) ^{QL}	Link to Quantity Limits List
Tricor ^{QL}	Fenofibrate Tablet, Nanocrystalized (<i>generic Tricor</i>) ^{QL}	
Trilipix ^{QL}	Fenofibric Acid Tablet (<i>generic Fibracor</i>) ^{QL}	
Zetia ^{QL}	Fenofibric Acid (choline) DR Capsule (<i>generic Trilipix</i>) ^{QL}	
	Fenoglide ^{QL}	
	Fibracor ^{QL}	
	Juxtapid ^{QL}	
	Kynamro	
	Lipofen ^{QL}	
	Lofibra Capsule, Tablet ^{QL}	
	Lopid ^{QL}	
	Lovaza ^{QL}	
	Niacin ER OTC, Rx	
	Niacin OTC	
	Niacor	
	Omega-3 Acid Ethyl Esters	
	Praluent ^{QL}	
	Questran, Questran Lite	
	Triglide ^{QL}	
	Vascepa ^{QL}	
	Welchol ^{QL}	

LIPOTROPICS, STATINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Atorvastatin ^{QL}	Altoprev ^{QL}	Link to PA Guidelines
Crestor ^{QL}	Caduet ^{QL}	Link to PA Fax Form
Lovastatin ^{QL}	Fluvastatin ^{QL}	Link to Quantity Limits List
	Fluvastatin ER ^{QL}	
	Lescol ^{QL}	
	Lescol XL ^{QL}	
	Lipitor ^{QL}	
	Pravachol ^{QL}	
Pravastatin ^{QL}		
Simvastatin ^{QL}		

MACROLIDES/KETOLIDES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azithromycin	Biaxin	Link to PA Guidelines
PCE	Clarithromycin	
	Clarithromycin ER	
	E.E.S. 200 Suspension	
	E.E.S. 400 Tablet	Ery-Tab
	EryPed Suspension	Ketek
		Zithromax, Zmax
	Erythrocin (Erythromycin Stearate)	
	Erythromycin Base Cap DR	
	Erythromycin Base Tablet	

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MACULAR DEGENERATION AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Eylea ^{PA,QL} Lucentis ^{PA,QL}	Macugen ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

METHOTREXATES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Methotrexate Tablet Methotrexate Injection Vial, PF Vial	Otrexup ^{QL} Rasuvo ^{QL} Rheumatrex Trexall	Link to PA Guidelines Link to PA Fax Form

MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ampyra ^{PA,QL} Aubagio ^{PA,QL} Avonex ^{QL} Betaseron Copaxone Syringe (daily) ^{QL} Rebif ^{QL} Rebif Rebidose Pen Tecfidera ^{PA,QL}	Copaxone Syringe (weekly) Extavia Gilenya ^{QL} Glatopa ^{QL} Lemtrada Plegridy ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to Multiple Sclerosis Agents PA Fax Form Link to Ampyra PA Fax Form Link to Aubagio PA Fax Form Link to Gilenya PA Fax Form Link to Tecfidera PA Fax Form

NEUROPATHIC PAIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
Capsaicin Duloxetine 20 mg, 30 mg, 60 mg Capsule (<i>generic Cymbalta</i>) ^{QL} Gabapentin Capsule ^{QL} Lyrica Capsule ^{QL}	Cymbalta ^{QL} Duloxetine 40 mg Capsule (<i>generic Irenka</i>) ^{QL} Gabapentin Solution ^{QL} Gabapentin Tablet ^{QL} Gralise ^{QL} Horizant ^{QL} Irenka 40 mg Capsule ^{QL} Lidocaine Patch ^{QL} Lidoderm Patch ^{QL} Lyrica Solution ^{QL} Neurontin Capsule, Solution, Tablet ^{QL} Qutenza Patch ^{QL} Savella ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

NITROFURAN DERIVATIVES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Nitrofurantoin Macrocrystal Capsule ^{QL} Nitrofurantoin Monohydrate-Macro Capsule ^{QL}	Furadantin Suspension ^{QL} Macrobid Capsule ^{QL} Macrodantin Capsule ^{QL} Nitrofurantoin Suspension ^{QL}	Link to PA Guidelines Link to Quantity Limits List

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NSAIDS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Diclofenac Sodium Tablet ^{QL}	Advil ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to NSAIDs PA Fax Form Link to Ketorolac PA Fax Form
Flurbiprofen ^{QL}	Anaprox ^{QL}	
Ibuprofen OTC ^{QL}	Anaprox DS ^{QL}	
Ibuprofen RX ^{QL}	Arthrotec ^{QL}	
Indomethacin IR ^{QL}	Celebrex ^{QL}	
Ketoprofen IR ^{QL}	Celecoxib ^{QL}	
Ketorolac ^{PA,QL}	Daypro ^{QL}	
Meloxicam Tablet ^{QL}	Diclofenac Potassium Tablet ^{QL}	
Mobic Suspension ^{QL}	Diclofenac (topical) ^{QL}	
Nabumetone ^{QL}	Diclofenac/Misoprostol ^{QL}	
Naproxen Rx Tablet, EC Tablet, Suspension ^{QL}	Diflunisal ^{QL}	
Naproxen Sodium OTC ^{QL}	Duexis ^{QL}	
Sulindac ^{QL}	Etodolac IR ^{QL}	
Voltaren Gel ^{QL}	Etodolac SR ^{QL}	
	Feldene ^{QL}	
	Fenoprofen ^{QL}	
	Flector Patch ^{QL}	
	Indocin (Rectal) ^{QL}	
	Indocin Suspension ^{QL}	
	Indomethacin ER ^{QL}	
	Ketoprofen ER ^{QL}	
	Meclofenamate ^{QL}	
	Mefenamic Acid ^{QL}	
	Meloxicam Suspension ^{QL}	
	Mobic Tablet ^{QL}	
	Nalfon ^{QL}	
	Naprelan ^{QL}	
	Naprosyn ^{QL}	
	Naprosyn EC ^{QL}	
	Naproxen CR ^{QL}	
	Naproxen Sodium Rx ^{QL}	
	Oxaprozin ^{QL}	
	Pennsaid Pump ^{QL}	
	Pennsaid Solution ^{QL}	
	Piroxicam ^{QL}	
	Ponstel ^{QL}	
	Sprix ^{QL}	
	Tivorbex ^{QL}	
	Tolmetin ^{QL}	
	Vimovo ^{QL}	
	Voltaren Tablet ^{QL}	
	Voltaren XR ^{QL}	
	Zipsor ^{QL}	
	Zorvolex ^{QL}	

ONCOLOGY AGENTS, BREAST CANCER

Preferred Agents	Non-Preferred Agents	Prior Authorization
Anastrozole ^{QL}	Arimidex ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
Exemestane ^{QL}	Aromasin ^{QL}	
Letrozole ^{QL}	Fareston ^{QL}	
Tamoxifen Citrate ^{QL}	Femara ^{QL}	

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ONCOLOGY AGENTS, ORAL

Preferred Agents		Non-Preferred Agents	Prior Authorization
Afinitor, Afinitor Disperz ^{PA}	Sprycel ^{PA,QL}	Capecitabine	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form
Bicalutamide ^{PA,QL}	Stivarga ^{PA,QL}	Casodex ^{QL}	
Bosulif ^{PA,QL}	Sutent ^{PA,QL}	Temozolomide	
Caprelsa ^{PA,QL}	Tafinlar ^{PA,QL}		
Cometriq ^{PA,QL}	Tarceva ^{PA,QL}		
Erivedge ^{PA,QL}	Tasigna ^{PA,QL}		
Farydak ^{PA,QL}	Temodar ^{PA}		
Gilotrif ^{PA,QL}	Temozolomide (AG) ^{PA}		
Gleevac ^{PA,QL}	Tykerb ^{PA,QL}		
Ibrance ^{PA,QL}	Votrient ^{PA,QL}		
Iclusig ^{PA,QL}	Xalkor ^{PA,QL}		
Imbruvica ^{PA,QL}	Xeloda ^{PA}		
Inlyta ^{PA,QL}	Xtandi ^{PA,QL}		
Iressa ^{PA,QL}	Zelboraf ^{PA,QL}		
Jakafi ^{PA,QL}	Zolinza ^{PA,QL}		
Lenvima ^{PA,QL}	Zydelig ^{PA,QL}		
Lynparza ^{PA,QL}	Zykadia ^{PA,QL}		
Mekinist ^{PA,QL}	Zytiga ^{PA,QL}		
Nexavar ^{PA,QL}			

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

Preferred Agents		Non-Preferred Agents	Prior Authorization
Alrex	Pataday	Alocril	Link to PA Guidelines Link to PA Fax Form
Cromolyn Sodium	Pazeo	Alomide	
Ketotifen OTC	Zaditor OTC	Azelastine	
Naphcon-A		Bepreve	
Optivar		Elestat	

OPHTHALMIC ANTIBIOTICS

Preferred Agents		Non-Preferred Agents	Prior Authorization
Ciprofloxacin Solution	Polymyxin / Trimethoprim	AzaSite	Link to PA Guidelines
Erythromycin	Sulfacetamide Solution	Bacitracin	
Gentamicin Solution	Tobramycin	Bacitracin / Polymyxin	
Moxeza	Tobrex Ointment	Besivance	
Ofloxacin	Vigamox	Bleph-10	
		Ciloxan	
		Garamycin solution	
		Gatifloxacin	
		Gentamicin Ointment	
		Ilotycin	
		Levofloxacin	
		Natacyn	
		Neomycin-Bacitracin-Polymyxin	
		Neomycin-Polymyxin-Gramicidin	
		Ocuflox	
		Polytrim	
		Sulfacetamide Ointment	
		Tobrex Solution	
		Zymaxid	

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OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Blephamide		Blephamide S.O.P.		Link to PA Guidelines
Neomycin/Polymyxin/ Dexamethasone		Maxitrol		
Pred-G Ointment		Neomycin/Bacitracin/ Polymyxin/HC		
Pred-G Suspension		Neomycin/Polymyxin/HC		
Sulfacetamide/ Prednisolone		TobraDex ST		
TobraDex		Tobramycin/ Dexamethasone		
		Zylet		

OPHTHALMIC ANTI-INFLAMMATORIES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Dexamethasone	FML S.O.P.	Acular	Omnipred	Link to PA Guidelines
Diclofenac	Ketorolac, Ketorolac LS	Acular LS	Pred Forte	
Durezol	Lotemax Drops	Acuvail	Prednisolone Sodium Phosphate	
Flarex	Maxidex	Bromfenac	Prolensa	
Fluorometholone	Pred Mild	FML	Retisert	
Flurbiprofen	Prednisolone	Ilevro	Triesence ^{QL}	
FML Forte		Iluvien	Vexol	
		Lotemax Gel, Ointment		
		Nevanac		

OPHTHALMICS, GLAUCOMA AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alphagan P 0.15%	Isopto Carpine	Alphagan P 0.1%	Phospholine Iodide	Link to PA Guidelines
Apraclonidine	Latanoprost	Betagan	Timoptic Ocudose	
Azopt	Levobunolol	Betaxolol	Timoptic-XE GFS	
Betoptic S 0.25%	Metipranolol	Bimatoprost 0.03%	Travoprost	
Brimonidine 0.2%	Pilocarpine	Brimonidine P 0.15%	Trusopt	
Carteolol	Simbrinza	Cosopt, Cosopt PF	Xalatan	
Combigan	Timolol	lopidine	Zioptan	
Dorzolamide	Timolol GFS	Istalol		
Dorzolamide/Timolol	Timoptic	Lumigan 0.01%		
	Travatan Z			

OPIATE DEPENDENCE TREATMENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization		
Buprenorphine SL Tablet ^{PA,QL}		Bunavail Buccal Film ^{QL}		Link to PA Guidelines		
Naltrexone Tablet		Buprenorphine/Naloxone SL Tablet ^{QL}			Link to Quantity Limits List	
Suboxone SL Film ^{PA,QL}		Probuphine		Link to Opiate Dependence Treatments PA Fax Form		
Vivitrol Injection ^{PA,QL}		Zubsolv SL Tablet ^{QL}				Link to Probuphine PA Fax Form

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OPIATE OVERDOSE AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Naloxone Injection	Narcan Nasal Spray	Evzio		Link to PA Guidelines Link to PA Fax Form

OTIC ANTIBIOTIC PREPARATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Ciprodex	Neomycin/Polymyxin/HC	Cipro HC	Cortisporin-TC	Link to PA Guidelines
Ciprofloxacin Otic		Coly-Mycin S	Ofloxacin	

OTIC ANTI-INFECTIVES & ANESTHETICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Acetic Acid	Antipyrine/Benzocaine	Acetic Acid/Aluminum Acetic Acid HC	Otozin	Link to PA Guidelines

PAH (PULMONARY ARTERIAL HYPERTENSION) AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Letairis ^{QL}	Ventavis	Adcirca ^{QL}	Revatio ^{QL}	Link to PA Guidelines
Sildenafil ^{PA,QL}		Adempas ^{QL}	Tracleer ^{QL}	
		Opsumit ^{QL}	Tyvaso ^{QL}	Link to PA Fax Form
		Orenitram ER	Upravi ^{QL}	

PANCREATIC ENZYMES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Creon	Zenpep	Pancreaze	Ultresa	Link to PA Guidelines Link to PA Fax Form
Pancrelipase		Pertzye	Viokace	

PHOSPHATE BINDERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Calcium Acetate Tablet ^{QL}		Auryxia ^{QL}	Phos Lo ^{QL}	Link to PA Guidelines Link to Quantity Limits List
Renage ^{QL}		Calcium Acetate Capsule ^{QL}	Phoslyra ^{QL}	
Renvela Tablet ^{QL}		Eliphos ^{QL}	Renvela Powder Pack ^{QL}	Link to PA Fax Form
		Fosrenol ^{QL}	Sevelamer Carbonate ^{QL}	
		Fosrenol Powder Pack ^{QL}	Velphoro ^{QL}	

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PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred Agents	Prior Authorization
Leuprolide Acetate (SQ) Lupron Depot Kit ^{QL} Lupron Depot-Ped Kit 7.5, 11.25 & 15 mg 1-month ^{QL} Synarel (Nasal) ^{QL}	Eligard (SQ) ^{QL} Lupaneta Pack ^{QL} Lupron Depot-Ped Kit 11.25 & 30 mg 3-month ^{QL} Supprelin LA Kit (Implant) ^{QL} Trelstar ^{QL} Vantas Kit ^{QL} Zoladex ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Aggrenox ^{QL} Brilinta ^{QL} Clopidogrel ^{QL}	Dipyridamole ^{QL} Effient ^{QL} Persantine ^{QL} Plavix ^{QL} Ticlopidine ^{QL} Zontivity ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

PRENATAL VITAMINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Complete Natal DHA Dothelle DHA Softgel Elite-OB Caplet Preplus CA-FE-FA Tablet Pretab 29-1 Tablet Rulavite DHA Softgel Trinatal RX 1 Tablet Virt-Advance Tablet Virt-Nate Tablet Virt-Nate DHA Softgel Virt-PN DHA Softgel Virt-PN Tablet	Completenate Tablet Chewable Focalgin CA Combo Pack Folivane-OB Capsule Nexa Plus Softgel Niva-Plus Tablet OB Complete Caplet OB Complete + DHA Softgel OB Complete One Softgel OB Complete Petite Softgel OB Complete Premier Tablet O-Cal FA Tablet PNV 29-1 Tablet Provida OB Capsule Taron-C DHA Capsule Taron-Prex Prenatal DHA Capsule Triveen-Duo DHA Combo Pack Ultimatecare One Capsule Virtprex Capsule Virt-Select Capsule Vol-Nate Tablet Vol-Plus Tablet VP-PNV-DHA Capsule Zatean-PN DHA Capsule Zatean-PN Plus Softgel	Link to PA Guidelines Link to PA Fax Form

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PROGESTATIONAL AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Makena Injection ^{PA, QL} Medroxyprogesterone Acetate ^{QL} Norethindrone Acetate ^{QL} Progesterone Capsule ^{QL}	Aygestin ^{QL} Crinone Vaginal Depo-Provera Injection 400 mg/mL ^{QL} Progesterone IM Injection Prometrium ^{QL} Provera ^{QL}	Link to PA Guidelines Link to Makena PA Guidelines Link to Makena PA Fax Form Link to Progestational Agents PA Fax Form Link to Quantity Limits List

PROTON PUMP INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Nexium Suspension ^{QL} Omeprazole Rx ^{QL} Pantoprazole ^{QL} Protonix Suspension ^{QL}	Aciphex ^{QL} Aciphex Sprinkle ^{QL} Dexilant ^{QL} Esomeprazole Magnesium DR Capsule^{QL} Nexium OTC ^{QL} Omeprazole OTC ^{QL} Omeprazole-Sodium Bicarbonate Rx ^{QL} Prevacid Capsule Rx & OTC ^{QL} Prevacid Solutab ^{QL} Prilosec Capsule Rx ^{QL} Prilosec OTC ^{QL} Prilosec Suspension ^{QL} Protonix ^{QL} Rabeprazole ^{QL} Zegerid Rx ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Temazepam 15mg, 30mg ^{AR, QL} Zolpidem Tablet ^{QL}	Ambien, Ambien CR ^{QL} Belsomra ^{QL} Edluar ^{QL} Estazolam ^{AR, QL} Eszopiclone ^{QL} Flurazepam ^{AR, QL} Halcion ^{AR, QL} Hetlioz ^{QL} Intermezzo ^{QL} Lunesta ^{QL} Restoril ^{AR, QL} Rozerem ^{QL} Silenor ^{QL} Sonata ^{QL} Temazepam 7.5mg, 22.5mg ^{AR, QL} Triazolam ^{AR, QL} Zaleplon ^{QL} Zolpidem ER ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

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SKELETAL MUSCLE RELAXANTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Baclofen ^{QL}	Methocarbamol ^{QL}	Amrix ^{QL}	Orphenadrine ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form
Cyclobenzaprine ^{QL}	Tizanidine Tablet ^{QL}	Carisoprodol, Carisoprodol Compound ^{QL}	Parafon Forte ^{QL}	
Dantrolene Sodium ^{QL}		Chlorzoxazone ^{QL}	Robaxin ^{QL}	
		Dantrium ^{QL}	Skelaxin ^{QL}	
		Lorzone ^{QL}	Soma ^{QL}	
		Metaxalone ^{QL}	Tizanidine Capsule ^{QL}	
			Zanaflex ^{QL}	

SMOKING CESSATION AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bupropion SR ^{QL}		Nicoderm CQ Patch ^{QL}		Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
Chantix ^{QL}		Nicorette Gum OTC ^{QL}		
Nicotine Gum OTC ^{QL}		Nicorette Lozenge OTC ^{QL}		
Nicotine Lozenge OTC ^{QL}		Nicotrol Inhaler ^{QL}		
Nicotine Patch OTC ^{QL}		Nicotrol NS ^{QL}		
		Zyban ^{QL}		

STEROIDS, TOPICAL – LOW POTENCY

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alclometasone Dipropionate		Derma-Smoothe-FS		Link to PA Guidelines Link to Topical Steroids PA Fax Form
Hydrocortisone Cream, Ointment		Desonate		
Hydrocortisone OTC		Desonide Cream, Ointment, Lotion		
Hydrocortisone/Aloe Cream OTC		Desowen		
		Fluocinolone in Oil		
		Hydrocortisone Lotion		
		Hydrocortisone/Urea		
		Pediaderm HC, TA		
		Scalpicin OTC		
		Texacort		

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STEROIDS, TOPICAL – MEDIUM POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Elocon Solution	Betamethasone Valerate Foam	Link to PA Guidelines Link to Topical Steroids PA Fax Form
Fluticasone Cream, Ointment	Clocortolone Cream	
Hydrocortisone Butyrate Ointment (Rouses)	Cloderm	
Mometasone Furoate Cream, Ointment, Solution	Cordran Tape	
	Cutivate	
	Dermatop Ointment	
	Elocon Cream, Ointment	
	Fluocinolone	
	Fluticasone Propionate Lotion	
	Hydrocortisone Butyrate Cream, Emollient, Ointment, Solution	
	Hydrocortisone Valerate	
	Luxiq	
	Prednicarbate	
	Synalar	
	Synalar TS	

STEROIDS, TOPICAL – HIGH POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Betamethasone Dipropionate Lotion	Amcinonide	Link to PA Guidelines Link to Topical Steroids PA Fax Form
Betamethasone Valerate	Betamethasone Dipropionate, Augmented	
Triamcinolone Acetonide Cream, Lotion, Ointment	Betamethasone Dipropionate Cream, Ointment, Gel	
	Desoximetasone	
	Difflorasone Diacetate	
	Diprolene	
	Fluocinonide	
	Halog	
	Kenalog Aerosol	
	Topicort, Topicort LP	
	Triamcinolone Acetonide Aerosol	
	Trianex	
	Vanos	

STEROIDS, TOPICAL – VERY HIGH POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Clobetasol Emollient, Gel, Solution	ApexiCon E	Link to PA Guidelines Link to Topical Steroids PA Fax Form
Clobex	Clobetasol Cream, Foam, Lotion, Ointment, Shampoo, Spray	
Olux	Clodan Kit	
Temovate	Halobetasol	
	Olux-E	
	Ultravate	

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STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Adderall IR Tablet ^{AR, QL}	Amphetamine Salt Combo ER Capsule ^{AR, QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form Link to Provigil/Nuvigil PA Fax Form
Adderall XR ^{AR, QL}	Aptensio XR ^{AR, QL}	
Amphetamine Salt Combo Tablet ^{AR, QL}	Clonidine ER	
Daytrana Patch ^{AR, QL}	Concerta ^{AR, QL}	
Dextroamphetamine IR Tablet ^{AR, QL}	Desoxy ^{AR, QL}	
Focalin Tablet ^{AR, QL}	Dexedrine ^{AR, QL}	
Focalin XR Capsule ^{AR, QL}	Dexmethylphenidate IR Tablet ^{AR, QL}	
Guanfacine ER ^{AR, QL}	Dexmethylphenidate XR Capsule ^{QL}	
Metadate CD ^{AR, QL}	Dextroamphetamine ER Capsule ^{AR, QL}	
Methylphenidate IR Tablet ^{AR, QL}	Dextroamphetamine Solution ^{AR, QL}	
Methylphenidate ER/SR Tablet ^{AR, QL}	Evekeo ^{AR, QL}	
Methylphenidate ER 24-Hour Tablet (<i>generic Concerta</i>) ^{AR, QL} [AHP, Actavis Only]	Intuniv ^{AR, QL}	
Quillivant XR Suspension ^{AR, QL}	Kapvay ^{AR, QL}	
Strattera ^{AR, QL}	Methamphetamine Tablet ^{AR, QL}	
Vyvanse ^{AR, QL}	Methylin ^{AR, QL}	
	Methylphenidate Chewable Tablet, Solution ^{AR, QL}	
	Methylphenidate CD Capsule ^{AR, QL}	
	Methylphenidate ER Capsule (<i>generic Ritalin LA</i>) ^{AR, QL}	
	Methylphenidate ER 24-Hour Tablet (<i>generic Concerta</i>) ^{AR, QL} [except AHP, Actavis Only]	
	Modafinil ^{AR, QL}	
	Nuvigil ^{AR, QL}	
	Procentra Solution ^{AR, QL}	
	Provigil ^{AR, QL}	
	Ritalin ^{AR, QL}	
	Ritalin LA ^{AR, QL}	
	Zenzedi ^{AR, QL}	

TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

Preferred Agents	Non-Preferred Agents	Prior Authorization
Doxycycline Monohydrate 50 & 100mg Capsule	Adoxa	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
Doxycycline Monohydrate Tablet	Demeclocycline	
Minocycline Capsule	Doryx DR ^{QL}	
Vibramycin Suspension	Doxycycline Hyclate	
	Doxycycline Hyclate DR ^{QL}	
	Doxycycline Monohydrate 75 & 150mg Capsule	
	Minocycline ER ^{QL}	
	Minocycline Tablet	
	Morgidox capsule, kit ^{QL}	
	Oracea ^{QL}	
	Solodyn ER ^{QL}	
	Tetracycline	
	Vibramycin Capsule, Syrup	

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THALIDOMIDE AND DERIVATIVES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Pomalyst ^{PA,QL} Revlimid ^{PA,QL} Thalidomide ^{PA,QL}		Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

THYROID HORMONES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cytomel ^{QL} Levothyroxine Tablet Thyroid, Pork Tablet	Levothyroxine Sodium Injection Levoxyl Liothyronine Injection Liothyronine Tablet ^{QL} Synthroid Thyrolar Tirosint Triostat Injection Unithroid	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

ULCERATIVE COLITIS AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Apriso ^{QL} Canasa ^{QL} Delzicol^{QL} Sulfasalazine ^{QL} Sulfasalazine DR ^{QL}	Asacol HD ^{QL} Azulfidine ^{QL} Azulfidine DR ^{QL} Balsalazide ^{QL} Colazal ^{QL} Dipentum ^{QL}	Giazo ^{QL} Lialda ^{QL} Mesalamine (rectal) ^{QL} Pentasa^{QL} sfRowasa ^{QL} Uceris ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

VASODILATORS, CORONARY

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Isosorbide Dinitrate Sublingual Isosorbide Mononitrate Isosorbide Mononitrate SR Nitro-BID Ointment Nitroglycerin Transdermal Nitrostat	BiDil Dilatrate-SR Isordil Isosorbide Dinitrate ER Isosorbide Dinitrate Tablet Minitran Transdermal	Nitro-DUR Patch Nitroglycerin ER Nitroglycerin Translingual Nitrolingual Spray NitroMist	Link to PA Guidelines Link to PA Fax Form