

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Acanya Azelex ^{AR} BenzaClin Gel BenzaClin Gel Pump Benzoyl Peroxide <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) Differin 1% Cream, Lotion, Gel ^{AR} Differin 3% Gel Pump ^{AR} Epiduo ^{AR} Onexton Panoxyl-4 Wash OTC Panoxyl 10% Bar (OTC), Wash (OTC) Retin-A Cream, Gel ^{AR} Veltin	Aczone Gel Aczone Gel Pump Adapalene Atralin Avita Cream, Gel Benzamycin Gel BenzePro Foam Benzoyl Peroxide <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) Benzoyl Peroxide BP Wash 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 Gel Clindamycin-Benzoyl Peroxide Gel Pump Clindamycin-Tretinoin Gel Duac Epiduo Forte Erythromycin/Benzoyl Peroxide Erythromycin Gel, Solution, Swab/Pledget Evoclin Fabior Klaron Neuac 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} Ziana ^{AR}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

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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 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} Memantine Solution ^{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, OPIOID – LONG ACTING

Preferred Agents	Non-Preferred Agents	Prior Authorization
Embeda ^{AR, PA, QL} Fentanyl Patch 12, 25, 50,75, 100mcg/hr ^{AR,PA,QL} Kadian 10, 20, 30, 50, 60, 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} Exalgo ^{AR, QL} Fentanyl Patch 37.5, 62.5, 87.5mcg/hr ^{AR, QL} Hydromorphone ER ^{AR, QL} Hysingla ER ^{AR, QL} Kadian 40, 80 , 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} Xartemis XR ^{AR, QL} Xtampza ER^{AR, QL} Zohydro ER ^{AR, QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form - Opioids, Long Acting

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ANALGESICS, OPIOID – 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 - Opioids, Short Acting
Hydrocodone/APAP Tablet ^{AR, QL}	Actiq ^{AR, QL}	
Hydrocodone/Ibuprofen ^{AR, QL}	Butalbital/Caffeine/APAP w/Codeine ^{AR, QL}	
Morphine IR ^{AR, QL}	Butalbital Compound w/Codeine ^{AR, QL}	
Oxycodone IR Tablet ^{AR, QL}	Butorphanol Tartrate Nasal ^{AR, QL}	
Oxycodone/APAP Tablet ^{AR, QL}	Capital w/ Codeine ^{AR, QL}	
Tramadol IR ^{AR, QL}	Carisoprodol Compound/Codeine ^{AR, QL}	
	Codeine ^{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}	
	Hydromorphone Tablet ^{AR, QL}	
	Ibudone ^{AR, QL}	
	Levorphanol ^{AR, QL}	
	Meperidine ^{AR, QL}	
	Morphine Suppositories ^{AR, QL}	
	Norco ^{AR, QL}	
	Nucynta IR ^{AR, QL}	
	Opana IR ^{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}	

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ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Allzital	Link to PA Guidelines
	Bupap	Link to Quantity Limits List
	Butalbital/Acetaminophen 50/325 mg Tablet	Link to PA Fax Form
	Butalbital/Acetaminophen/Caffeine 50/300/40 mg Capsule	
	Butalbital/Acetaminophen/Caffeine 50/325/40 mg Capsule, Tablet	
	Butalbital/Aspirin/Caffeine 50/325/40 mg Capsule	
	Esgic Capsule, Tablet	
	Fioricet	
	Fiorinal	
	Vanatol Solution	
	Zebutal	

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Androgel ^{PA,QL}	Anadrol-50 ^{QL}	Link to PA Guidelines
Oxandrolone ^{PA,QL}	Androderm Patch ^{QL}	Link to Quantity Limits List
Testosterone Cypionate Injection ^{PA,QL}	Android ^{QL}	Link to PA Fax Form
	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
Captopril HCTZ ^{QL}	Accuretic ^{QL}	
Enalapril, Enalapril HCTZ ^{QL}	Altace ^{QL}	
Entresto^{PA, QL}	Atacand, Atacand HCTZ ^{QL}	
Fosinopril ^{QL}	Avapro, Avalide ^{QL}	
Irbesartan, Irbesartan HCTZ ^{QL}	Benazepril HCTZ ^{QL}	
Lisinopril, Lisinopril HCTZ ^{QL}	Benicar, Benicar HCTZ^{QL}	
Losartan, Losartan HCTZ ^{QL}	Candesartan, Candesartan HCTZ ^{QL}	
Quinapril ^{QL}	Captopril ^{QL}	
Ramipril ^{QL}	Cozaar, Hyzaar ^{QL}	
Valsartan ^{QL}	Diovan ^{QL}	
Valsartan/HCTZ ^{QL}	Diovan HCTZ ^{QL}	
	Edarbi, Edarbyclor ^{QL}	
	Epaned ^{QL}	
	Eprosartan ^{QL}	
	Fosinopril HCTZ ^{QL}	
	Lotensin ^{QL}	
	Lotensin HCTZ ^{QL}	
	Mavik ^{QL}	
	Micardis, Micardis HCTZ ^{QL}	
	Moexipril, Moexipril HCTZ ^{QL}	
	Olmesartan, Olmesartan HCTZ^{QL}	
	Perindopril ^{QL}	
	Prinivil ^{QL}	
	Qbrelis^{QL}	
	Quinapril HCTZ ^{QL}	
	Tekturna, Tekturna HCTZ ^{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}	Azor ^{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
Amlodipine/Olmesartan^{QL}	Byvalson ^{QL}	
Amlodipine/Valsartan^{QL}	Exforge ^{QL}	
Amlodipine/Valsartan HCTZ^{QL}	Exforge HCTZ ^{QL}	
	Lotrel ^{QL}	
	Olmesartan/Amlodipine/HCTZ^{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 AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alinia Suspension ^{QL} Metronidazole Tablet Neomycin Vancomycin HCl	Alinia Tablet ^{QL} Difucid ^{QL} Flagyl Flagyl ER ^{QL} Metronidazole Capsule Paromomycin Tindamax ^{QL} Tinidazole ^{QL} Vancocin Xifaxan ^{QL} Zinplava ^{NR}	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 Gentamicin Sulfate Mupirocin Ointment Neomycin/Polymyxin/ Pramoxine Triple Antibiotic Ointment OTC Triple Antibiotic Packet OTC	Altabax 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 Clindesse Metronidazole Vaginal Vandazole	Cleocin Cream Clindamycin Vaginal 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

ANTICONSULSANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Banzel Tablet ^{QL} Carbamazepine Tablet, Chewable Tablet, Suspension ^{QL} Carbamazepine ER Capsule ^{QL} Carbamazepine XR ^{QL} Celontin ^{QL} Clonazepam Tablet ^{QL} Diastat Rectal Gel Dilantin 30 mg Capsule ^{QL} Divalproex DR Tablet Divalproex ER Tablet Epitol ^{QL} Ethosuximide Capsule, Syrup ^{QL} Gabapentin Capsule, Tablet ^{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} Topamax Sprinkle ^{QL} Topiramate Sprinkle, Tablet ^{QL} Trileptal Suspension ^{QL} Valproic Acid ^{QL} Vimpat ^{QL} Zonisamide ^{QL}	Aptiom ^{QL} Banzel Suspension ^{QL} Briviact Tablet, Solution ^{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} Felbamate Felbatol Fycompa Suspension, Tablet ^{QL} Gabapentin Solution ^{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} Spritam Suspension ^{QL} Tegretol XR Tablet ^{QL} Tiagabine Topamax Tablet ^{QL} Trileptal Tablet ^{QL} Trokendi XR ^{QL} Zarontin Capsule, 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
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}	Viibryd ^{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}
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}

ANTIEMETICS/ANTIVERTIGO AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Aloxi (Intravenous) ^{QL}	Akynzeo ^{QL}	Link to PA Guidelines
Dimenhydrinate OTC	Anzemet ^{QL}	Link to Quantity Limits List
Dronabinol ^{QL}	Anzemet (Intravenous)	Link to Antiemetics / Antivertigo Agents PA Fax Form
Emend ^{QL}	Cesamet ^{QL}	Link to Cesamet PA Fax Form
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}	

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ANTIFUNGALS, ORAL

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

ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Athlete's Foot	Alevazol OTC		Link to PA Guidelines
Clotrimazole-Betamethasone Cream	Bensal HP		Link to PA Fax Form
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		
Nystatin Powder	Clotrimazole-Betamethasone Ointment		
Terbinafine OTC	CNL 8		
Tolnaftate OTC	Econazole		
	Ertaczo		
	Exelderm		
	Extina		
	Fungoid, Fungoid Kit		
	Jublia		
	Kerydin		
	Ketoconazole Foam		
	Loprox		
	Lotrisone		
	Luzu		
	Mentax		
	Naftin		
	Nizoral Shampoo		
	Nyamyc		
	Nystatin-Triamcinolone Cream		
	Nystatin-Triamcinolone Ointment		
	Nystop		
	Oxiconazole Cream		
	Oxistat Cream, Lotion		
	Pediaderm AF		
	Penlac		
	Vusion		

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ANTI-HISTAMINES, MINIMALLY SEDATING

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

ANTI-HYPERTENSIVES, SYMPATHOLYTIC

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

ANTI-HYPERURICEMICS

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

ANTI-MIGRAINE AGENTS, OTHER

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

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ANTIMIGRAINE AGENTS, TRIPTANS

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

ANTIPARASITICS, TOPICAL

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

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ANTIPARKINSON'S AGENTS

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

ANTIPSORIATICS, ORAL

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

ANTIPSORIATICS, TOPICAL

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

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ANTIPSYCHOTICS

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

ANXIOLYTICS

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

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ANTIVIRALS, ORAL

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

ANTIVIRALS, TOPICAL

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

BETA-BLOCKERS

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

BILE SALTS

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

BLADDER RELAXANT PREPARATIONS

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

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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BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alendronate Tablet ^{QL} Pamidronate Disodium (Intravenous) Risedronate ^{QL} Zoledronic Acid IV Btl 5 mg/100 ml	Actonel ^{QL} Alendronate Solution ^{QL} Atelvia ^{QL} Binosto ^{QL} Boniva ^{QL} Boniva (Intravenous) ^{QL} Calcitonin Salmon (Nasal) ^{QL} Etidronate Disodium Evista ^{QL} Forteo (Subcutaneous) ^{QL} Fortical (Nasal) ^{QL} Fosamax, Fosamax Plus D ^{QL} Ibandronate Tablet & Injection ^{QL} Miacalcin Nasal & Injection ^{QL} Prolia ^{QL} Raloxifene ^{QL} Reclast (Intravenous) Risedronate DR Tablet ^{QL} Xgeva (Sub-Q) ^{QL} Zoledronic Acid IV Piggyback 4 mg/100 ml Zoledronic Acid IV Vial 4 mg/5 ml Zoledronic Acid IV Piggyback 5 mg/100 ml Zometa (Intravenous)	Link to PA Guidelines Link to Evista PA Fax Form Link to Oral Bone Resorption Suppression Agents PA Fax Form Link to Forteo PA Fax Form Link to Injectable Bone Resorption Suppression Agents PA Fax Form Link to Quantity Limits List

BOTULINUM TOXINS

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

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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}	
Striverdi Respimat ^{QL}	Foradil Aerolizer ^{QL}	
	Levalbuterol Nebulizer Vial ^{QL}	
	Levalbuterol Concentrate Solution ^{QL}	
	Metaproterenol Syrup, Tablet	
	Perforomist Vial ^{QL}	
	Proair Respiclick ^{QL}	
	Serevent Diskus ^{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 ^{QL}	Calan SR Tablet ^{QL}	Link to Quantity Limits List
Felodipine ER ^{QL}	Cardizem Tablet	
Nicardipine ^{QL}	Cardizem CD Capsule ^{QL}	
Nifedipine Capsule ^{QL}	Cardizem LA Tablet ^{QL}	
Nifedipine ER Tablet ^{QL}	Diltiazem LA Tablet ^{QL}	
Nimodipine	Isradipine ^{QL}	
Verapamil Tablet	Nisoldipine ER ^{QL}	
Verapamil ER Capsule (except 360 mg) ^{QL}	Norvasc ^{QL}	
Verelan PM Capsule ^{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	
Cefpodoxime Tablet	Cefixime Suspension	
Cefprozil Tablet, Suspension	Cefpodoxime Suspension	
Cefuroxime	Ceftibuten	
Cephalexin 250 mg, 500 mg Capsule	Ceftin	
Cephalexin Suspension	Cephalexin 750 mg Capsule	
Suprax Capsule	Cephalexin Tablet	
	Keflex	
	Suprax Chewable Tablet, Suspension	

COLONY STIMULATING FACTORS

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

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CONTRACEPTIVES, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Monophasic		Monophasic		Link to PA Guidelines
Altavera	Levonorgestrel/Ethinyl	Balziva	Norinyl-28 1/35 & 1/50	Link to PA Fax Form
Alyacen-28 1/35	Estradiol-28 0.15/30	Brevicon	Nortrel-28 0.5/35	
Apri	(generic Nordette, Levlen)	Briellyn	Ocella	
Aubra	Levora	Desogen	Ogestrel	
Aviane	Lutera	Drospirenone/Ethinyl	Ortho-Novum-28 1/35	
Blisovi Fe-28 1/20	Marlissa	Estradiol (generic Yasmin)	Ovcon-35	
Blisovi Fe-28 1.5/30	Microgestin 21	Ethinodiol-ethinyl	Philith	
Chateal	Microgestin Fe-28 1/20	estradiol	Pimtree	
Cryelle	Microgestin Fe-28	Femcon Fe chewable	Safyral	
Cyclafem-28 1/35	1.5/30	Gildagia	Syeda	
Cyred	Mono-Linyah	Kelnor	Taytulla-28	
Dasetta-28 1/35	MonoNessa	Loestrin	Vyfemla	
Desogestrel/Ethinyl	Necon-28 0.5/35	Loestrin FE-28	Wera	
Estradiol-28 0.15/30	Necon-28 1/35	Low-Ogestrel	Wymzya FE chewable	
(generic Desogen)	Necon-28 1/50	Norethindrone/Ethinyl	Yasmin	
Elinest	Norethindrone/Ethinyl	Estradiol Fe 0.4-	Zarah	
Emoquette	Estradiol-21 1/20	0.035(21)-75	Zenchant	
Enskyce	(generic Loestrin-21 1/20)		Zovia 1/35, 1/50	
Estarylla	Norethindrone/Ethinyl			
Falmina	Estradiol Fe-28 1/20			
Femynor-28	(generic Loestrin Fe-28 1/20)			
Gildess-21 1/20	Norethindrone/Ethinyl			
Gildess-21 1.5/30	Estradiol Fe-28 1.5/30			
Gildess Fe-28 1/20	(generic Loestrin Fe-28 1.5/30)			
Gildess Fe-28 1.5/30				
Juleber	Norgestimate/Ethinyl			
Junel-21 1/20	Estradiol-28 (generic Ortho-Cyclen)			
Junel-21 1.5/30	Nortrel-28 1/35			
Junel Fe-28 1/20	Ortho-Cyclen			
Junel Fe-28 1.5/30	Orsythia			
Kurvelo	Pirmella-28 1/35			
Larin-21 1/20	Portia			
Larin-21 1.5.30	Previfem			
Larin Fe-28 1/20	Reclipsen			
Larin Fe-28 1.5/30	Sprintec			
Larissia-28	Sronyx			
Lessina	Tarina Fe 1/20			
Levonorgestrel/Ethinyl	Vienna			
Estradiol-28 0.1/20	Zenchant FE chewable			
(generic Alesse, Levlite)				
Biphasic		Biphasic		
Desogestrel/Ethinyl	Necon-28 10/11	Azurette	Mircette	
Estradiol (generic Mircette)		Bekyree	Pimtree	
		Kariva	Viorele	
		Kimidess		

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CONTRACEPTIVES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
<u>Triphasic</u>	<u>Triphasic</u>	
Alyacen-28 7/7/7	Nortrel-28 7/7/7	Cyclessa
Aranelle	Pirmella-28 7/7/7	Necon-28 7/7/7
Caziant	Tri-Estarylla	Tilia Fe
Cyclafem-28 7/7/7	Tri-Linyah	Ortho-Novum-28 7/7/7
Dasetta-28 7/7/7	Tri-Lo-Estarylla	Ortho Tri-Cyclen
Enpresse	Tri-Lo-Marzia	Ortho Tri-Cyclen Lo
Leena	Tri-Lo-Sprintec	Tri-Legest Fe
Levonest	TriNessa	Tri-Norinyl
Levonorgestrel/Ethinyl	TriNessa Lo	Trivora
Estradiol (generic)	Tri-Previfem	
TriPhasil, Tri-Levlen)	Tri-Sprintec	
Myzilra	Velivet	
Norgestimate/Ethinyl		
Estradiol lo-28 (generic)		
Ortho Tri-Cyclen Lo)		
Norgestimate/Ethinyl		
Estradiol-28 (generic)		
Ortho Tri-Cyclen)		
<u>Four-Phasic</u>	<u>Four-Phasic</u>	
Natazia		
<u>28-Day Extended Cycle</u>	<u>28-Day Extended Cycle</u>	
Generess Fe chewable	Kaitlib Fe chewable	Beyaz
		Lo Loestrin Fe-28
		Blisovi 24 Fe
		Lomedia 24 Fe
		Drospirenone/Ethinyl
		Loryna
		Estradiol
		Microgestin 24 Fe 1/20
		Drospirenone/Ethinyl
		Minastrin 24 Fe
		Estradiol/Levomef
		Chewable
		(generic Safyral)
		Nikki
		Gianvi
		Noethindrone/Ethinyl
		Gildess 24 Fe
		Estradiol/Fe
		Junel 24 Fe
		Rajani-28
		Larin 24 Fe
		Vestura
		Layolis Fe chewable
		Yaz
<u>3-Month Extended Cycle</u>	<u>3-Month Extended Cycle</u>	
Camrese (3 month)	Quasense (3 month)	Amethia (3 month)
Levonorgestrel/Ethinyl		Levonorgestrel/Ethinyl
Estadiol 0.15/30 + EE		Estradiol 0.15/30 + EE
Introvale (3 month)	Seasonique (3 month)	Amethia Lo (3 month)
10 (3 month) (generic)		Seasonique)
Loseasonique (3 month)	Setlakin (3 month)	Ashlyna (3 month)
		Camrese Lo (3 month)
		Daysee (3 month)
		Levonorgestrel/Ethinyl
		Estradiol lo-91 0.1/20
		+ EE 10 (3 month)
		(generic
		Loseasonique)
		Jolessa (3 month)
		Levonorgestrel/Ethinyl
		Estradiol 0.15/30 (3
		month) (generic
		Seasonale)
		Quartette (3 month)

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CONTRACEPTIVES, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
<u>Progestin Only</u>		<u>Progestin Only</u>		
Deblitane	Lyza	Camila	Micronor	
Errin	Nora-Be		Nor-Q-D	
Heather	Norethindrone-28 0.35			
Jencycla	Sharobel			
Jolivette				
<u>Continuous Cycle</u>		<u>Continuous Cycle</u>		
		Amethyst-28		
		Levonorgestrel/Ethinyl Estradiol 0.09/0.02		

CONTRACEPTIVES, OTHER

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

COPD AGENTS

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

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CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Enbrel ^{PA} Humira ^{PA} Xeljanz ^{PA, QL}	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} Taltz ^{QL} Xeljanz XR ^{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 Taltz 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 Insulinx) ^{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} True Metrix ^{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 Insulinx, 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} True Metrix ^{QL} Roche ^{QL}
		Link to PA Guidelines Link to Diabetic Meters and Strips PA Fax Form Link to Quantity Limits List

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EMOLLIENTS

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

ENZYME REPLACEMENT, GAUCHERS DISEASE

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

EPINEPHRINE, SELF-INJECTED

Preferred Agents	Non-Preferred Agents		Prior Authorization
Epinephrine injection (generic EpiPen – labeler 49502)	Adrenacllick Epinephrine injection (generic Adrenacllick – labeler 54505)	EpiPen EpiPen Jr	Link to PA Guidelines

ERYTHROPOIESIS STIMULATING PROTEINS

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

FLUOROQUINOLONES, ORAL

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

GI MOTILITY, CHRONIC

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

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GLUCOCORTICOIDS, INHALED

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

GLUCOCORTICOIDS, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Budesonide EC ^{QL}		Cortef		Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
Dexamethasone Elixir		Cortisone		
Dexamethasone Intensol		DexPak		
Dexamethasone Solution, Tablet		Entocort EC ^{QL}		
Hydrocortisone		Medrol		
Methylprednisolone Dosepak		Millipred		
Methylprednisolone Tab 4 mg, 8mg, 16mg, 32 mg		Orapred ODT		
Prednisolone Sodium Phosphate Solution		Pediapred		
Prednisolone Solution		Prednisolone Sodium Phosphate ODT		
Prednisone Tabs, Solution, Dosepak		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}	Nutropin AQ ^{PA}	Genotropin	Serostim ^{QL}	Link to PA Guidelines Link to Quantity Limits List
		Humatrope	Tev-Tropin	
		Omnitrope	Zomacton	
		Saizen	Zorbtive	

H. PYLORI TREATMENT

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

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HEPATITIS B AGENTS

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

HEPATITIS C AGENTS

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

HEREDITARY ANGIOEDEMA TREATMENTS

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

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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} Lopinavir/Ritonavir^{QL} Prezcobix^{QL} Viracept^{QL}</p>	<p>Link to PA Guidelines Link to PA Fax Form 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} Epzicom^{QL} Lamivudine Tablet^{QL} Lamivudine/Zidovudine^{QL} Stavudine Capsule^{QL} Truvada^{QL} Videx Solution^{QL} Viread^{QL} Zidovudine^{QL}</p>	<p style="text-align: center;"><u>NRTIs</u></p> <p>Abacavir/Lamivudine^{QL} Combivir^{QL} Epivir^{QL} Lamivudine Solution^{QL} Retrovir^{QL} Stavudine Solution^{QL} Trizivir^{QL} Videx EC Capsule^{QL} Zerit^{QL} Ziagen^{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 Suspension^{QL} Viramune Tablet^{QL} Viramune XR^{QL}</p>	
<p style="text-align: center;"><u>INSTIs</u></p> <p>Isentress^{QL} Tivicay^{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} Odefsey^{QL} Stribild^{QL}</p>	<p style="text-align: center;"><u>Complete Regimen Agents</u></p> <p>Complera^{QL} Triumeq^{QL}</p>	
<p style="text-align: center;"><u>Miscellaneous Agents</u></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
Incretin Enhancer	Incretin Mimetic	Incretin Enhancer	Incretin Mimetic	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}	Symmlin Pens ^{PA,QL}	Januvia ^{QL}		
	Victoza ^{PA,QL}	Kazano ^{QL}		
		Nesina ^{QL}		
		Oseni ^{QL}		

HYPOGLYCEMICS, INSULIN

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

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HYPOGLYCEMICS, INSULIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
<u>Insulin Mixes</u>	<u>Alternate Formulation</u>	
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	Afrezza Powder	

HYPOGLYCEMICS, MEGLITINIDES

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

HYPOGLYCEMICS, METFORMINS

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

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

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HYPOGLYCEMICS, TZDS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Pioglitazone ^{PA,QL}	Actos ^{QL} Actoplus Met ^{QL} Actoplus Met XR ^{QL} Avandia ^{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
Imiquimod	Aldara Zyclara	Link to PA Guidelines Link to PA Fax Form

IMMUNOSUPPRESSIVE, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azathioprine	Astagraf XL	Link to PA Guidelines
CellCept Suspension	Azasan	Link to PA Fax Form
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	

INTRAARTICULAR HYALURONATES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Hyalgan ^{PA}	Euflexxa	Link to PA Guidelines
Hymovis ^{PA}	Gel-One	Link to PA Fax Form
	Gelsyn-3	
	Genvisc 850	
	Monovisc	
	Orthovisc	
	Supartz FX	
	Synvisc	
	Synvisc-One	

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INTRANASAL RHINITIS AGENTS

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

IRON, ORAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Centratex Duofer EZFE 200 Ferlate OTC Fer-in-Sol Drops OTC Ferralet 90 Ferrimin 150 Ferrocite Plus Tablet Ferrous Gluconate OTC Ferrous Sulfate OTC Folivane-F Hematogen Hemotagen Forte Hemocyt-F Hemocyt Plus Integra Integra Plus Iron Carbonyl/Ascorbic Acid OTC Iron Polysaccharides OTC Iron Polysaccharides/B12/ Folic Acid Tandem Dual Action Tandem Plus TL Icon Tricon Trigels-F Forte Wee Care Susp	Active FE Bifera RX Corvita 150 Corvite 150 Corvite FE Fe C Feriva 21-7 Feriva FA Ferraplus 90 Ferrex Ferrous Fumarate OTC Ferrous Fumarate/ Ascorbic Acid/B12/Folic Acid Ferrous Fumarate/Folic Acid/Multivitamins & Minerals Ferrous Fumarate/Iron Polysaccharides/Folic Acid/Multivitamin Ferrous Sulfate/Ascorbic Acid/Folic Acid OTC Fusion OTC Fusion Plus	Hematogen FA Hemocyte Integra F Iron Carbonyl Iron Carbonyl/Iron Gluconate/Folic Acid/ B12/Ascorbic Acid/ Docusate Iron Polysaccharides/Heme Iron Polypeptide/Folic Acid/B12 Irospan Multigen Plus Nephron FA Taron Forte TL-HEM 150 Vitafof	Link to PA Guidelines

IRON, PARENTERAL

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

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LEUKOTRIENE MODIFIERS

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

LIPOTROPICS, OTHER THAN STATINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cholestyramine, Cholestyramine Lite Colestipol Tablet ^{QL} Fenofibrate 54 & 160 mg Tablet (<i>generic Lofibra, Fenoglide & Tricor</i>) ^{QL} Gemfibrozil ^{QL} Prevalite Repatha ^{PA, QL} Tricor ^{QL} Zetia ^{QL}	Antara ^{QL} Colestid ^{QL} Colestipol Granules Ezetimibe Tablet ^{QL} Fenofibrate Capsule (<i>generic Lipofen</i>) ^{QL} Fenofibrate Capsule, Micronized (<i>generic Antara, Lofibra</i>) ^{QL} Fenofibrate 40 & 120 mg Tablet (<i>generic Lofibra, Fenoglide & Tricor</i>) ^{QL} Fenofibrate Tablet, Nanocrystalized (<i>generic Tricor</i>) ^{QL} Fenofibric Acid Tablet (<i>generic Fibracor</i>) ^{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 OTC Niacin ER OTC, Rx Niacor Niaspan Omega-3 Acid Ethyl Esters Praluent ^{QL} Questran, Questran Lite Triglide ^{QL} Trilipix ^{QL} Vascepa ^{QL} Welchol ^{QL}	Link to PA Guidelines Link to Other Lipotropics PA Fax Form Link to Juxtapid/Kynamro PA Fax Form Link to PCSK9 PA Fax Form Link to Quantity Limits List

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LIPOTROPICS, STATINS

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

MACROLIDES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Azithromycin	PCE	Biaxin	Erythrocin (Erythromycin Stearate)	Link to PA Guidelines
Erythromycin Ethylsuccinate Susp 200mg/5 ml (Labeler 62559 only)		Clarithromycin	Erythromycin Base Cap DR	
		Clarithromycin ER	Erythromycin Base Tablet	
		E.E.S. 200 Suspension	Erythromycin Ethylsuccinate Susp	
		E.E.S. 400 Tablet	Ery-Tab	
		EryPed Suspension	Zithromax, Zmax	

MACULAR DEGENERATION AGENTS

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

METHOTREXATES

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

MULTIPLE SCLEROSIS AGENTS

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

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NEUROPATHIC PAIN

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

NITROFURAN DERIVATIVES

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

NSAIDS

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

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ONCOLOGY AGENTS, BREAST CANCER

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

ONCOLOGY AGENTS, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alecensa ^{PA,QL}	Ninlaro ^{PA,QL}	Capecitabine		Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form
Afinitor, Afinitor Disperz ^{PA}	Odomzo ^{PA,QL}	Casodex ^{QL}		
Bicalutamide ^{PA,QL}	Sprycel ^{PA,QL}	Imatinib ^{QL}		
Bosulif ^{PA,QL}	Stivarga ^{PA,QL}			
Cabometyx ^{PA,QL}	Sutent ^{PA,QL}			
Caprelsa ^{PA,QL}	Tafinlar ^{PA,QL}			
Cometriq ^{PA,QL}	Tagrisso ^{PA,QL}			
Cotellic ^{PA,QL}	Tarceva ^{PA,QL}			
Erivedge ^{PA,QL}	Tasigna ^{PA,QL}			
Farydak ^{PA,QL}	Temodar ^{PA}			
Gilotrif ^{PA,QL}	Temozolomide ^{PA}			
Gleevac ^{PA,QL}	Tykerb ^{PA,QL}			
Ibrance ^{PA,QL}	Venclexta ^{PA,QL}			
Iclusig ^{PA,QL}	Votrient ^{PA,QL}			
Imbruvica ^{PA,QL}	Xalkori ^{PA,QL}			
Inlyta ^{PA,QL}	Xeloda ^{PA}			
Iressa ^{PA,QL}	Xtandi ^{PA,QL}			
Jakafi ^{PA,QL}	Zelboraf ^{PA,QL}			
Lenvima ^{PA,QL}	Zolinza ^{PA,QL}			
Lonsurf ^{PA}	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	Olopatadine	Alocril	Emadine	Link to PA Guidelines Link to PA Fax Form
Cromolyn Sodium		Alomide	Epinastine	
Ketotifen OTC	Zaditor OTC	Azelastine	Lastacaft	
Naphcon-A		Bepreve	Pataday	
		Elestat	Patanol	
			Pazeo	

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OPHTHALMIC ANTIBIOTICS

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

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	Ilevro	Acular LS	Ozurdex	
Durezol	Ketorolac, Ketorolac LS	Acuvail	Pred Forte	
Flarex	Lotemax Drops	Bromfenac	Prolensa	
Fluorometholone	Maxidex	FML	Retisert	
Flurbiprofen	Pred Mild	Iluvien	Triesence ^{QL}	
FML Forte	Prednisolone	Lotemax Gel, Ointment	Vexol	
	Prednisolone Sodium Phosphate	Nevanac		

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OPHTHALMICS, GLAUCOMA AGENTS

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

OPHTHALMICS, IMMUNOMODULATORS

Preferred Agents		Non-Preferred Agents	Prior Authorization
Restasis		Xiidra	Link to PA Guidelines Link to PA Fax Form

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
			Link to Vivitrol PA Fax Form

OPIATE OVERDOSE AGENTS

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

OTIC ANTIBIOTIC PREPARATIONS

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

OTIC ANTI-INFECTIVES & ANESTHETICS

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

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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}	Link to Quantity Limits List
		Opsumit ^{QL}	Tyvaso ^{QL}	Link to PA Fax Form
		Orenitram ER	Uptravi ^{QL}	

PANCREATIC ENZYMES

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

PHOSPHATE BINDERS

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

PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents		Non-Preferred Agents		Prior Authorization
Eligard (SQ) ^{PA, QL}		Leuprolide Acetate (SQ) (00781400332, 47335093640)		Link to PA Guidelines
Leuprolide Acetate (SQ) ^{PA} (00703401418)		Lupaneta Pack ^{QL}		Link to Quantity Limits List
Lupron Depot Kit ^{PA, QL}		Lupron Depot-Ped Kit 11.25 & 30 mg 3-month ^{QL}		Link to PA Fax Form
Lupron Depot-Ped Kit 7.5, 11.25 & 15 mg 1-month ^{PA, QL}		Supprelin LA Kit (Implant) ^{QL}		
Synarel (Nasal) ^{PA, QL}				
Trelstar ^{PA, QL}				
Vantas Kit ^{PA, QL}				
Zoladex ^{PA, QL}				

PLATELET AGGREGATION INHIBITORS

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

PRENATAL VITAMINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Complete Natal DHA		Focalgin 90 DHA Combo Pack		Link to PA Guidelines
Completenate Tablet Chewable		Nexa Plus Softgel		Link to PA Fax Form
Dothelle DHA Softgel		OB Complete Caplet		
Elite-OB Caplet		OB Complete + DHA Softgel		
Focalgin CA Combo Pack		OB Complete Gold		
Folivane-OB Capsule		OB Complete One Softgel		

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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Preferred Agents	Non-Preferred Agents	Prior Authorization
Niva-Plus Tablet	OB Complete Petite Softgel	
PNV 29-1 Tablet	OB Complete Premier Tablet	
Preplus CA-FE-FA Tablet	O-Cal FA Tablet	
Rulavite DHA Softgel	Provida OB Capsule	
Taron-C DHA Capsule	Virt-Select Capsule	
Taron-Prex Prenatal DHA Capsule	VP-PNV-DHA Capsule	
Trinatal RX 1 Tablet		
Triveen-Duo DHA Combo Pack		
Ultimatecare One Capsule		
Virtprex Capsule		
Virt-Advance Tablet		
Virt Nate Tablet		
Virt-PN DHA Softgel		
Vol-Nate Tablet		
Zatean-PN DHA Capsule		
Zatean-PN Plus Softgel		

PROGESTATIONAL AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Makena Injection ^{PA,QL}	Aygestin ^{QL}	Link to PA Guidelines
Medroxyprogesterone Acetate ^{QL}	Crinone Vaginal	Link to Progestational Agents
Norethindrone Acetate ^{QL}	Depo-Provera Injection 400 mg/mL ^{QL}	PA Fax Form
Progesterone Capsule ^{QL}	Hydroxyprogesterone Caproate 1.25g/5mL ^{QL}	Link to Quantity Limits List
	Progesterone IM Injection	
	Prometrium ^{QL}	
	Provera ^{QL}	

PROTON PUMP INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Nexium Suspension ^{QL}	Aciphex ^{QL}	Link to PA Guidelines
Omeprazole Rx ^{QL}	Aciphex Sprinkle ^{QL}	Link to Quantity Limits List
Pantoprazole ^{QL}	Dexilant ^{QL}	Link to PA Fax Form
Protonix Suspension ^{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 Suspension ^{QL}	
	Protonix ^{QL}	
	Rabeprazole ^{QL}	
	Zegerid Rx ^{QL}	

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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} Zolpidem Sublingual Zolpimist ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

SKELETAL MUSCLE RELAXANTS

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

SMOKING CESSATION AGENTS

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

STEROIDS, TOPICAL – LOW POTENCY

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

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STERIODS, TOPICAL – MEDIUM POTENCY

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

STERIODS, TOPICAL – HIGH POTENCY

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

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STERIODS, TOPICAL – VERY HIGH POTENCY

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

STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Adderall XR ^{AR, QL}	Adderall IR Tablet ^{AR, QL}	Link to PA Guidelines
Adzenys XR ODT ^{AR, QL}	Amphetamine Salt Combo ER Capsule ^{AR, QL}	Link to Quantity Limits List
Amphetamine Salt Combo Tablet ^{AR, QL}	Clonidine ER	Link to PA Fax Form
Aptensio XR ^{AR, QL}	Concerta ^{AR, QL}	Link to Provigil/Nuvigil PA Fax Form
Daytrana Patch ^{AR, QL}	Desoxyn ^{AR, QL}	
Dextroamphetamine IR Tablet ^{AR, QL}	Dexedrine ^{AR, QL}	
Focalin Tablet ^{AR, QL}	Dexmethylphenidate IR Tablet ^{AR, QL}	
Focalin XR Capsule ^{AR, QL}	Dexmethylphenidate XR Capsule ^{QL}	
Guanfacine ER ^{AR, QL}	Dextroamphetamine ER Capsule ^{AR, QL}	
Metadate CD ^{AR, QL}	Dextroamphetamine Solution ^{AR, QL}	
Methylphenidate IR Tablet ^{AR, QL}	Dyanavel XR Suspension ^{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 (generic Ritalin LA) ^{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}	
	Quillichew ER ^{AR, QL}	
	Ritalin ^{AR, QL}	
	Ritalin LA ^{AR, QL}	
	Zenzedi ^{AR, QL}	

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TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

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

THALIDOMIDE AND DERIVATIVES

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

THYROID HORMONES

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

ULCERATIVE COLITIS AGENTS

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

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VASODILATORS, CORONARY

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