

# Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 18, 2016

## ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azelex <sup>AR</sup>	Acanya	<a href="#">Link to PA Guidelines</a>
BenzaClin Gel	Aczone	<a href="#">Link to Quantity Limits List</a>
Benzoyl Peroxide Benzoyl Peroxide	Adapalene	
<ul style="list-style-type: none"> <li>• 3% Cleanser (OTC)</li> <li>• 5% Gel (OTC)</li> <li>• 5% Lotion (OTC)</li> <li>• 5% Wash (OTC)</li> <li>• 10% Gel (OTC)</li> <li>• 10% Lotion (OTC)</li> <li>• 10% Wash (OTC)</li> </ul>	Atralin	
Differin 1% Cream, Lotion, Gel <sup>AR</sup>	Avita Cream, Gel	
Differin 3% Gel Pump <sup>AR</sup>	BenzaClin Gel Pump	
Duac	Benzamycin Gel	
Epiduo <sup>AR</sup>	BenzePrO Foam	
Erythromycin/Benzoyl Peroxide	Benzoyl Peroxide	
Panoxyl-4 Wash OTC	<ul style="list-style-type: none"> <li>• BPO 4% Gel (Rx)</li> <li>• BPO 4% Wash Pack (Rx)</li> <li>• 5.3% Foam (OTC)</li> <li>• 6% Cleanser (OTC)</li> <li>• 7% Wash (Rx)</li> <li>• BPO 8% Gel (Rx)</li> <li>• BPO 8% Wash Pack (Rx)</li> <li>• 9% Cleanser (OTC)</li> <li>• 9.8% Foam (Rx)</li> </ul>	
Panoxyl 10% Bar (OTC), Wash (OTC)	Benzoyl Peroxide BP Wash	
Retin-A Cream, Gel <sup>AR</sup>	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 <sup>AR</sup>	
	Sulfacetamide, Sodium Sulfacetamide	
	Sulfacetamide/Sulfur	
	Sumadan, Sumadin XLT <sup>QL</sup>	
	Sumaxin, Sumaxin CP, Sumaxin TS <sup>QL</sup>	
	Tazorac <sup>AR</sup>	
	Tretinoin Cream <sup>AR</sup>	
	Tretinoin Gel	
	Tretinoin Micro Gel, Gel Pump <sup>AR</sup>	
	Veltin	
	Ziana <sup>AR</sup>	

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## ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Donepezil Tablet <sup>AR,PA,QL</sup> Exelon Patch <sup>AR,PA,QL</sup> Memantine Tablet <sup>AR,PA,QL</sup>	Aricept ODT, Tablet <sup>AR, QL</sup> Donepezil ODT <sup>AR, QL</sup> Donepezil 23 mg Tablet <sup>AR, QL</sup> Exelon Capsule <sup>AR, QL</sup> Galantamine Solution, Tablet <sup>AR, QL</sup> Galantamine ER Capsule <sup>AR, QL</sup> Namenda Solution <sup>AR, QL</sup> Namenda XR Capsule <sup>AR, QL</sup> Namzaric <sup>AR, QL</sup> Razadyne IR Tablet <sup>AR, QL</sup> Razadyne ER Capsule <sup>AR, QL</sup> Rivastigmine Capsule, Patch <sup>AR, QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## ANALGESICS, NARCOTIC – LONG ACTING

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

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## ANALGESICS, NARCOTIC – SHORT ACTING

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

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## ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
AndroGel <sup>PA,QL</sup>	Anadrol-50 <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Oxandrolone <sup>PA,QL</sup>	Androderm Patch <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Testosterone Cypionate Injection <sup>PA,QL</sup>	Android <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
	<b>Androxy<sup>QL</sup></b>	
	Aveed <sup>QL</sup>	
	Axiron Gel <sup>QL</sup>	
	Depo-Testosterone Injection <sup>QL</sup>	
	Fortesta Gel <sup>QL</sup>	
	Methitest <sup>QL</sup>	
	Methyltestosterone Capsule <sup>QL</sup>	
	<b>Natesto Nasal Gel<sup>QL</sup></b>	
	Striant <sup>QL</sup>	
	Testim <sup>QL</sup>	
	<b>Testopel Implant Pellet<sup>QL</sup></b>	
	Testosterone Gel <sup>QL</sup>	
	Testosterone Enanthate Injection <sup>QL</sup>	
	Testred Gel <sup>QL</sup>	
	Vogelxo Gel <sup>QL</sup>	

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## ANGIOTENSIN MODULATORS

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

## ANGIOTENSIN MODULATOR COMBINATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amlodipine/Benazepril <sup>QL</sup>	Amlodipine/Valsartan <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Azor <sup>QL</sup>	Amlodipine/Valsartan HCTZ <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Exforge, Exforge HCT <sup>QL</sup>	Lotrel <sup>QL</sup>	<a href="#">Link to Angiotensin Modulator Combinations PA Fax Form</a>
	<b>Prestalia<sup>QL</sup></b>	<a href="#">Link to Entresto PA Fax Form</a>
	Tarka <sup>QL</sup>	<a href="#">Link to Aliskiren Agents PA Fax Form</a>
	Telmisartan/Amlodipine <sup>QL</sup>	
	Trandolapril/Verapamil <sup>QL</sup>	
	Tribenzor <sup>QL</sup>	
	Twynsta <sup>QL</sup>	

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## ANTI-ALLERGENS

Preferred Agents	Non-Preferred Agents	Prior Authorization
GRASTEK (Timothy grass pollen allergen extract) <sup>PA</sup> ORALAIR (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass mixed pollens allergen extract) <sup>PA</sup> RAGWITEK (Short Ragweed pollen allergen extract) <sup>PA</sup>		<a href="#">Link to PA Guidelines</a>

## ANTIBIOTICS, GI

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alinia Suspension <sup>QL</sup> Metronidazole Tablet	Neomycin Vancomycin HCl	Alinia Tablet <sup>QL</sup> Dificid <sup>QL</sup> Flagyl Flagyl ER <sup>QL</sup> Metronidazole Capsule Paromomycin
		Tindamax <sup>QL</sup> Tinidazole <sup>QL</sup> Vancocin Xifaxan <sup>QL</sup>
		<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Xifaxan PA Fax Form</a>

## ANTIBIOTICS, INHALED

Preferred Agents	Non-Preferred Agents	Prior Authorization
Bethkis <sup>QL</sup> Kitabis Pak <sup>QL</sup>	Cayston <sup>QL</sup> Tobi Podhaler <sup>QL</sup> Tobramycin Solution <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## 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	<a href="#">Link to PA Guidelines</a>

## ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cleocin Ovules Metronidazole Vaginal Vandazole	Cleocin Cream Clindamycin Vaginal	Clindesse MetroGel-Vaginal Nuessa
		<a href="#">Link to PA Guidelines</a>

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## ANTICOAGULANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Coumadin	Arixtra <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
<b>Eliquis<sup>QL, PA</sup></b>	Enoxaparin Syringe (AG) <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Enoxaparin Syringe <sup>QL</sup>	Fondaparinux <sup>QL</sup>	<a href="#">Link to Eliquis PA Fax Form</a>
Enoxaparin Vial <sup>QL</sup>	Lovenox Syringe and Vial <sup>QL</sup>	<a href="#">Link to Pradaxa PA Fax Form</a>
Fragmin Syringe & Vial <sup>QL</sup>	Savaysa <sup>QL</sup>	<a href="#">Link to Savaysa PA Fax Form</a>
Pradaxa <sup>QL, PA</sup>	Xarelto Dose Pack <sup>QL</sup>	<a href="#">Link to Xarelto PA Fax Form</a>
Warfarin		<a href="#">Link to Injectable</a>
Xarelto <sup>QL, PA</sup>		<a href="#">Anticoagulants PA Fax Form</a>

## ANTICONSULSANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Banzel Tablet <sup>QL</sup>	Aptiom <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Carbamazepine Chewable Tablet <sup>QL</sup>	Banzel Suspension <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Carbamazepine ER Capsule <sup>QL</sup>	Carbamazepine Suspension, Tablet <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Celontin <sup>QL</sup>	Carbamazepine XR <sup>QL</sup>	
Clonazepam Tablet <sup>QL</sup>	Carbatrol ER Capsule <sup>QL</sup>	
Diastat Rectal Gel	Clonazepam ODT <sup>QL</sup>	
Dilantin 30 mg Capsule <sup>QL</sup>	Depakene	
Divalproex DR Tablet	Depakote DR Tablet	
Divalproex ER Tablet	Depakote ER Tablet	
Ethosuximide Syrup <sup>QL</sup>	Depakote Sprinkle	
Gabapentin Capsule <sup>QL</sup>	Diazepam Rectal Gel	
Gabitril	Dilantin 100 mg Capsule <sup>QL</sup>	
Lamotrigine Tablet	Dilantin Infatab, Suspension <sup>QL</sup>	
Levetiracetam Solution, Tablet <sup>QL</sup>	Divalproex Sprinkle	
Lyrica Capsule <sup>QL</sup>	Equetro <sup>QL</sup>	
Onfi Tablet <sup>QL</sup>	Ethosuximide Capsule <sup>QL</sup>	
Oxcarbazepine Suspension, Tablet <sup>QL</sup>	Felbamate	
Peganone <sup>QL</sup>	Felbatol	
Phenobarbital	Fycompa <sup>QL</sup>	
Phenytoin Capsule, Chewable Tablet, Suspension <sup>QL</sup>	Gabapentin Solution, Tablet <sup>QL</sup>	
Phenytoin ER Capsule ( <i>generic Phenytek</i> ) <sup>QL</sup>		
Primidone <sup>QL</sup>		
Tegretol Suspension, IR Tablet <sup>QL</sup>		
Tegretol XR Tablet <sup>QL</sup>		
Topamax Sprinkle <sup>QL</sup>		
Topiramate Sprinkle, Tablet <sup>QL</sup>		
Trileptal Suspension <sup>QL</sup>		
Valproic Acid <sup>QL</sup>		
Vimpat <sup>QL</sup>		
Zarontin Capsule <sup>QL</sup>		
Zonisamide <sup>QL</sup>		

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## ANTIDEPRESSANTS, OTHER

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

## ANTIDEPRESSANTS, SSRIS

Preferred Agents	Non-Preferred Agents		Prior Authorization
Citaloprom Solution <sup>QL</sup>	Brisdelle <sup>QL</sup>	Paxil Tablet, Suspension <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>
Citalopram Tablet <sup>QL</sup>	Celexa <sup>QL</sup>	Paxil CR <sup>QL</sup>	
Escitalopram Tablet <sup>QL</sup>	Escitalopram Solution <sup>QL</sup>	Pexeva <sup>QL</sup>	
Fluoxetine IR Capsule, Solution, Tablet <sup>QL</sup>	Fluoxetine Capsule DR <sup>QL</sup>	Prozac Pulvule, Weekly <sup>QL</sup>	
Fluvoxamine IR Tablet <sup>QL</sup>	Fluvoxamine ER <sup>QL</sup>	Sarafem <sup>QL</sup>	
Paroxetine Tablet <sup>QL</sup>	Lexapro <sup>QL</sup>	Sertraline Concentrate <sup>QL</sup>	
Sertraline Tablet <sup>QL</sup>	Paroxetine CR <sup>QL</sup>	Zoloft <sup>QL</sup>	



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## ANTIEMETICS/ANTIVERTIGO AGENTS

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

## ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Clotrimazole Mucous Membrane Troche <sup>QL</sup>	Ancobon	<a href="#">Link to PA Guidelines</a>
Fluconazole <sup>QL</sup>	<b>Cresemba</b>	<a href="#">Link to Quantity Limits List</a>
Griseofulvin Suspension	Diflucan <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Griseofulvin Ultramicrosized Tablet	Flucytosine	
Nystatin	Grifulvin V	
Terbinafine <sup>QL</sup>	Griseofulvin Microsize Tablet	
	Gris-Peg	
	Itraconazole <sup>QL</sup>	
	Ketoconazole <sup>QL</sup>	
	Lamisil Granule and Tablet <sup>QL</sup>	
	Noxafil <sup>QL</sup>	
	Onmel <sup>QL</sup>	
	Oravig <sup>QL</sup>	
	Sporanox <sup>QL</sup>	
	Vfend	
	Voriconazole	

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## ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Athlete's Foot	Alevazol OTC	<a href="#">Link to PA Guidelines</a>
Clotrimazole-Betamethasone Cream	Bensal HP	<a href="#">Link to PA Fax Form</a>
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	<b>Clotrimazole-Betamethasone Lotion</b>	
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, <b>Lotion</b>	
	Pediaderm AF	
	Penlac	
	Vusion	

## ANTIHISTAMINES, MINIMALLY SEDATING

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cetirizine Solution OTC <sup>QL</sup>	Cetirizine Chewable OTC <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Cetirizine Tablet OTC <sup>QL</sup>	Cetirizine-D OTC <sup>AR, QL</sup>	<a href="#">Link to Quantity Limits List</a>
Cetirizine Tablet Rx <sup>QL</sup>	Clarinx <sup>QL</sup>	
Loratadine <sup>QL</sup>	Clarinx-D <sup>AR, QL</sup>	
Loratadine-D <sup>AR, QL</sup>	Desloratadine <sup>QL</sup>	
	Desloratadine ODT <sup>QL</sup>	
	Fexofenadine <sup>QL</sup>	
	Fexofenadine-D <sup>AR, QL</sup>	
	Levocetirizine <sup>QL</sup>	
	Semprex D <sup>AR, QL</sup>	
	Xyzal <sup>QL</sup>	

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## ANTIHYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents		Non-Preferred Agents		Prior Authorization
Catapres-TTS <sup>QL</sup>	Guanfacine <sup>QL</sup>	Catapres Tablet	Methyldopa/HCTZ	<a href="#">Link to PA Guidelines</a>
Clonidine Tablet	Methyldopa	Clonidine Transdermal <sup>QL</sup>	Reserpine	<a href="#">Link to Quantity Limits List</a>
		Clorpres	Tenex <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>

## ANTIHYPURICEMICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Allopurinol		Colchicine <sup>QL</sup>	Uloric <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Probenecid		Colcrys <sup>QL</sup>	Zyloprim	<a href="#">Link to Quantity Limits List</a>
Probenecid-Colchicine				<a href="#">Link to PA Fax Form</a>

## ANTIMIGRAINE AGENTS, OTHER

Preferred Agents		Non-Preferred Agents		Prior Authorization
		Cafergot <sup>QL</sup>		<a href="#">Link to PA Guidelines</a>
		Cambia <sup>QL</sup>		<a href="#">Link to Quantity Limits List</a>
		Dihydroergotamine mesylate Injection & Nasal Spray		<a href="#">Link to PA Fax Form</a>
		Migranal Nasal Spray <sup>QL</sup>		
		Nodolor <sup>QL</sup>		

## ANTIMIGRAINE AGENTS, TRIPTANS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Imitrex Nasal Spray <sup>QL</sup>		<b>Almotriptan<sup>QL</sup></b>		<a href="#">Link to PA Guidelines</a>
Imitrex SQ Cartridge Kit <sup>QL</sup>		Alsuma <sup>QL</sup>		<a href="#">Link to Quantity Limits List</a>
Imitrex SQ Pen Injector Kit <sup>QL</sup>		Amerge <sup>QL</sup>		<a href="#">Link to Triptans PA Fax Form</a>
Relpax <sup>QL</sup> /Rizatriptan, Rizatriptan ODT <sup>QL</sup>		Axert <sup>QL</sup>		
Sumatriptan Tablet <sup>QL</sup>		Frova <sup>QL</sup>		
Sumatriptan Vial <sup>QL</sup>		Imitrex Tablet <sup>QL</sup>		
		Imitrex Vial <sup>QL</sup>		
		Maxalt MLT <sup>QL</sup>		
		Maxalt Tablet <sup>QL</sup>		
		Naratriptan <sup>QL</sup>		
		Sumatriptan Nasal Spray <sup>QL</sup>		
		Sumatriptan SQ Cartridge Kit <sup>QL</sup>		
		Sumatriptan SQ Pen Injector Kit <sup>QL</sup>		
		Sumavel <sup>QL</sup>		
		Treximet <sup>QL</sup>		
		<b>Zecuity Patch<sup>QL</sup></b>		
		Zolmitriptan, Zolmitriptan ODT <sup>QL</sup>		
		Zomig Nasal Spray, Tablet <sup>QL</sup>		
		Zomig ZMT <sup>QL</sup>		

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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	<a href="#">Link to PA Guidelines</a>

## ANTIPARKINSON'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amantadine Capsule, Syrup, Tablet Benztropine <sup>QL</sup> Bromocriptine <sup>QL</sup> Carbidopa/Levodopa IR, ER Tablet <sup>QL</sup> Pramipexole IR Tablet <sup>QL</sup> Ropinirole IR Tablet <sup>QL</sup> Selegilene Tablet <sup>QL</sup> Stalevo <sup>QL</sup> Trihexyphenidyl Elixir, Tablet <sup>QL</sup>	Azilect <sup>QL</sup> Carbidopa <sup>QL</sup> Carbidopa/Levodopa ODT <sup>QL</sup> Carbidopa/Levodopa/ Entacapone <sup>QL</sup> Comtan <sup>QL</sup> Entacapone <sup>QL</sup> Lodosyn <sup>QL</sup> Mirapex <sup>QL</sup> Mirapex ER <sup>QL</sup> Neupro Patch <sup>QL</sup> Parlodel Capsule, Tablet Pramipexole ER Tablet <sup>QL</sup> Requip, Requip XL <sup>QL</sup> Ropinirole ER Tablet <sup>QL</sup> Rytary ER Capsule <sup>QL</sup> Selegilene Capsule <sup>QL</sup> Sinemet CR, IR Tablet <sup>QL</sup> Tasmar <sup>QL</sup> Tolcapone <sup>QL</sup> Zelapar <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## ANTIPSORIATICS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Soriatane <sup>QL</sup>	8-MOP Acitretin <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

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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	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>

## ANTIPSYCHOTICS

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

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## ANXIOLYTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alprazolam Tablet <sup>AR, QL</sup> Buspirone <sup>QL</sup> Chlordiazepoxide <sup>AR, QL</sup> Clorazepate <sup>AR, QL</sup> Diazepam Tablet, Solution <sup>AR, QL</sup> Diazepam Vial Lorazepam Tablet, Intenso <sup>AR, QL</sup>	Alprazolam ER, Intenso <sup>AR, QL</sup> Ativan Tablet <sup>AR, QL</sup> Diazepam Intenso <sup>AR, QL</sup> Diazepam Syringe Meprobamate <sup>QL</sup> Oxazepam <sup>AR, QL</sup> Tranxene T-Tab <sup>AR, QL</sup> Xanax Tablet <sup>AR, QL</sup> Xanax XR <sup>AR, QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## ANTIVIRALS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Acyclovir Famciclovir <sup>QL</sup> Relenza <sup>QL</sup>	Tamiflu <sup>QL</sup> Tamiflu Suspension <sup>QL</sup> Valacyclovir <sup>QL</sup> Famvir <sup>QL</sup> Rimantadine Sitavig <sup>QL</sup> Valtrex <sup>QL</sup> Zovirax	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>

## ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Abreva <sup>QL</sup> Denavir <sup>QL</sup>	Zovirax Cream <sup>QL</sup> Acyclovir Ointment <sup>QL</sup> Xerese <sup>QL</sup> Zovirax Ointment <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>

## BETA-BLOCKERS

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

## BILE SALTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Actigall Capsule <sup>QL</sup> Cholbam <sup>PA</sup> Urso Tablet <sup>QL</sup> Urso Forte Tablet <sup>QL</sup>	Chenodal <sup>QL</sup> Ursodiol Capsule <sup>QL</sup> Ursodiol Tablet <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

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## BLADDER RELAXANT PREPARATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Oxybutynin <sup>QL</sup>	Oxytrol <sup>QL</sup>	Detrol, Detrol LA <sup>QL</sup>	Myrbetriq <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Oxybutynin ER <sup>QL</sup>	Vesicare <sup>QL</sup>	Ditropan XL <sup>QL</sup>	Tolterodine, Tolterodine ER <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
		Enablex <sup>QL</sup>	Toviaz <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
		Flavoxate	Trospium, Trospium ER <sup>QL</sup>	
		Gelnique <sup>QL</sup>		

## BONE RESORPTION SUPPRESSION AND RELATED AGENTS

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

## BOTULINUM TOXINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Botox <sup>PA,QL</sup>	Xeomin <sup>PA,QL</sup>	Dysport <sup>QL</sup>	Myobloc <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
				<a href="#">Link to PA Fax Form</a>
				<a href="#">Link to Quantity Limits List</a>

## BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENT

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alfuzosin <sup>QL</sup>	Tamsulosin <sup>QL</sup>	Avodart <sup>QL</sup>	Jalyn <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Doxazosin <sup>QL</sup>	Terazosin <sup>QL</sup>	Cardura, Cardura XL <sup>QL</sup>	Proscar <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Finasteride <sup>QL</sup>		Cialis <sup>QL</sup>	Rapaflo <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
		Flomax <sup>QL</sup>	Uroxatral <sup>QL</sup>	

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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	<a href="#">Link to PA Guidelines</a>
Albuterol Concentrate Solution 100 mg/20 ml (0.05%)	Albuterol Nebulizer Vials 0.63 mg/3 ml, 1.25 mg/3 ml	<a href="#">Link to PA Fax Form</a>
Proair HFA <sup>QL</sup>	Arcapta Neohaler <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Proventil HFA <sup>QL</sup>	Brovana Vial <sup>QL</sup>	
	Foradil Aerolizer <sup>QL</sup>	
	Levalbuterol Nebulizer Vial <sup>QL</sup>	
	Levalbuterol Concentrate Solution <sup>QL</sup>	
	Metaproterenol Syrup, Tablet	
	Perforomist Vial <sup>QL</sup>	
	Proair Respiclick <sup>QL</sup>	
	Serevent Diskus <sup>QL</sup>	
	Striverdi Respimat <sup>QL</sup>	
	Terbutaline Tablet	
	Ventolin HFA <sup>QL</sup>	
	Xopenex HFA <sup>QL</sup>	
	Xopenex Concentrate Solution <sup>QL</sup>	
	Xopenex Nebulizer Vials <sup>QL</sup>	

## CALCIUM CHANNEL BLOCKERS

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



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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	<a href="#">Link to PA Guidelines</a>
Amoxicillin/Clav 400-57 mg/5 ml Suspension	<b>Amoxicillin / Clav 250-62.5/5 Suspension</b>	
Amoxicillin/Clav 600-42.9 mg/5 ml Suspension	Augmentin XR Tablet	
Amoxicillin/Clav Chewable Tablet	<b>Augmentin Suspension</b>	
Amoxicillin/Clav Tablet	Cedax	
Cefadroxil Capsule	<b>Cefaclor Capsule</b> , Suspension	
<b>Cefdinir Capsule</b>	Cefaclor ER	
Cefdinir Suspension	Cefadroxil Suspension, Tablet	
<b>Cefprozil Tablet</b> , Suspension	Cefixime Suspension	
Cefuroxime	Cefpodoxime	
Cephalexin 250 mg, 500 mg Capsule	Ceftibuten	
Cephalexin Suspension	Ceftin	
Suprax Capsule	<b>Cephalexin 750 mg Capsule</b>	
	Cephalexin Tablet	
	Keflex	
	Suprax Chewable Tablet, <b>Suspension</b>	

## COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Neulasta <sup>QL, PA</sup>	Granix	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>
Neulasta Kit <sup>PA</sup>	Leukine	
Neupogen <sup>PA</sup>	Zarxio	

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## CONTRACEPTIVES, ORAL

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

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## CONTRACEPTIVES, ORAL

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

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## CONTRACEPTIVES, ORAL

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

## CONTRACEPTIVES, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
Depo-SubQ Provera 104 Injection <sup>QL</sup>	Depo-Provera Injection Syringe <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Medroxyprogesterone Acetate Injection Syringe <sup>QL</sup>	Depo-Provera Injection Vial <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Medroxyprogesterone Acetate Injection Vial <sup>QL</sup>	<b>Liletta Intrauterine<sup>QL</sup></b>	
Mirena Intrauterine <sup>QL</sup>	Skyla Intrauterine <sup>QL</sup>	
Nexplanon Implant <sup>QL</sup>		
Nuvaring <sup>QL</sup>		
Paragard T 380-A Intrauterine <sup>QL</sup>		
Xulane Patch <sup>QL</sup>		

## COPD AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Atrovent HFA <sup>QL</sup>	Anoro Ellipta <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Combivent Respimat <sup>QL</sup>	Daliresp Tablet <sup>QL</sup>	<a href="#">Link to COPD Agents PA Fax Form</a>
Ipratropium/Albuterol Nebulizer Vial <sup>QL</sup>	Incruse Ellipta <sup>QL</sup>	<a href="#">Form</a>
Ipratropium Nebulizer Vial	Spiriva Respimat <sup>QL</sup>	<a href="#">Link to Daliresp PA Fax Form</a>
Spiriva Handihaler <sup>QL</sup>	Stiolto Respimat <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Tudorza Pressair <sup>QL</sup>		

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## CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Enbrel <sup>PA</sup> Humira <sup>PA</sup>	Actemra <sup>QL</sup> Arcalyst <sup>QL</sup> Cimzia <sup>QL</sup> Cosentyx <sup>QL</sup> Entyvio <sup>QL</sup> Ilaris <sup>QL</sup> Kineret <sup>QL</sup> Orencia <sup>QL</sup> Otezla <sup>QL</sup> Remicade Simponi <sup>QL</sup> Simponi Aria Stelara <sup>QL</sup> Xeljanz <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Actemra PA Fax Form</a> <a href="#">Link to Arcalyst PA Fax Form</a> <a href="#">Link to Cimzia PA Fax Form</a> <a href="#">Link to Cosentyx PA Fax Form</a> <a href="#">Link to Enbrel PA Fax Form</a> <a href="#">Link to Entyvio PA Form</a> <a href="#">Link to Humira PA Fax Form</a> <a href="#">Link to Ilaris PA Fax Form</a> <a href="#">Link to Kineret PA Fax Form</a> <a href="#">Link to Orencia PA Fax Form</a> <a href="#">Link to Otezla PA Fax Form</a> <a href="#">Link to Remicade PA Fax Form</a> <a href="#">Link to Stelara PA Fax Form</a> <a href="#">Link to Simponi PA Fax Form</a> <a href="#">Link to Xeljanz PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## DIABETIC METERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Abbott (Freestyle Lite, Freestyle Freedom Lite, Precision Xtra, Freestyle Insulin) <sup>QL</sup> LifeScan (OneTouch Ultra 2, OneTouch Ultra Mini, OneTouch Verio IQ) <sup>QL</sup>	Agamatrix <sup>QL</sup> Arkray <sup>QL</sup> Bayer <sup>QL</sup> Becton Dickinson <sup>QL</sup> CCS <sup>QL</sup> Envision <sup>QL</sup>	HMD <sup>QL</sup> Home Diagnostics <sup>QL</sup> Roche <sup>QL</sup> TrueTrack <sup>QL</sup> US Diagnostics <sup>QL</sup> Vertex <sup>QL</sup>

## DIABETIC STRIPS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Abbott (Precision Xtra, Freestyle, Freestyle Lite, Freestyle Insulin, Precision XTR B-Ketone Test Strips) <sup>QL</sup> LifeScan (OneTouch Ultra Test Strips, OneTouch Verio) <sup>QL</sup>	Agamatrix <sup>QL</sup> Arkray <sup>QL</sup> Bayer <sup>QL</sup> Becton Dickinson <sup>QL</sup> CCS Medical <sup>QL</sup>	Diabetic Supply <sup>QL</sup> Dispense Express <sup>QL</sup> Home Diagnostics <sup>QL</sup> Solartek <sup>QL</sup> Roche <sup>QL</sup>

## EMOLLIENTS

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

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## ENZYME REPLACEMENT, GAUCHERS DISEASE

Preferred Agents		Non-Preferred Agents	Prior Authorization
Cerdelga <sup>QL</sup>	Vpriv		<a href="#">Link to PA Guidelines</a>
Cerezyme	Zavesca		<a href="#">Link to Quantity Limits List</a>
Elelyso			

## EPINEPHRINE, SELF-INJECTED

Preferred Agents		Non-Preferred Agents	Prior Authorization
Epinephrine injection	EpiPen Jr	Adrenaclick	<a href="#">Link to PA Guidelines</a>
EpiPen		Auvi-Q	

## ERYTHROPOIESIS STIMULATING PROTEINS

Preferred Agents		Non-Preferred Agents	Prior Authorization
Aranesp <sup>PA</sup>		Epogen	<a href="#">Link to PA Guidelines</a>
Procrit <sup>PA</sup>			<a href="#">Link to PA Fax Form</a>

## FLUOROQUINOLONES, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Cipro Suspension	Ciprofloxacin IR	Avelox	Levofloxacin Solution	<a href="#">Link to PA Guidelines</a>
Ciprofloxacin Suspension	Levofloxacin Tablet	Cipro Tablet	Moxifloxacin	<a href="#">Link to PA Fax Form</a>
		Ciprofloxacin ER		

## GI MOTILITY, CHRONIC

Preferred Agents		Non-Preferred Agents		Prior Authorization
Amitiza <sup>QL, PA</sup>	Linzess <sup>QL, PA</sup>	Alosetron <sup>QL</sup>	Relistor <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
		Lotronex <sup>QL</sup>	Viberzi <sup>QL</sup>	<a href="#">Link to GI Motility, Chronic – Constipation-Related PA Fax Form</a>
		Movantik <sup>QL</sup>		<a href="#">Link to GI Motility, Chronic – Diarrhea-Related PA Fax Form</a>
				<a href="#">Link to Quantity Limits List</a>

## GLUCOCORTICOIDS, INHALED

Preferred Agents		Non-Preferred Agents		Prior Authorization
Advair Diskus <sup>QL</sup>	Qvar <sup>QL</sup>	Advair HFA <sup>QL</sup>	Budesonide Respules <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Aerospan <sup>QL</sup>	Symbicort <sup>QL</sup>	Alvesco <sup>QL</sup>	Flovent Diskus <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Asmanex Twisthaler <sup>QL</sup>		Arnuity Ellipta <sup>QL</sup>	Pulmicort Flexhaler <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Dulera <sup>QL</sup>		Asmanex HFA <sup>QL</sup>	Pulmicort Respules	
Flovent HFA <sup>QL</sup>		Breo Ellipta <sup>QL</sup>	0.25, 0.5 mg and 1 mg <sup>QL</sup>	

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## GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Budesonide EC <sup>QL</sup>	Cortef	<a href="#">Link to PA Guidelines</a>
Dexamethasone Solution, Tablet	Cortisone	<a href="#">Link to PA Fax Form</a>
Hydrocortisone	Dexamethasone Elixir	<a href="#">Link to Quantity Limits List</a>
Methylprednisolone Dosepak	Dexamethasone Intensol	
Methylprednisolone Tablet 4 mg, 32 mg	DexPak	
Prednisolone Sodium Phosphate Solution	Entocort EC <sup>QL</sup>	
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 <sup>PA</sup>		<a href="#">Link to PA Guidelines</a>

## GROWTH HORMONES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Norditropin <sup>PA</sup>	Genotropin	<a href="#">Link to PA Guidelines</a>
Nutropin AQ <sup>PA</sup>	Humatrope	<a href="#">Link to Quantity Limits List</a>
	Omnitrope	
	Saizen	
	Serostim <sup>QL</sup>	
	Tev-Tropin	
	Zomacton	
	Zorbtive	

## H. PYLORI TREATMENT

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Lansoprazole-Amoxicillin-Clarithromycin	<a href="#">Link to PA Guidelines</a>
	Omeclamox-Pak	<a href="#">Link to Quantity Limits List</a>
	Prevpac <sup>QL</sup>	
	Pylera	

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## HEPATITIS B AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Baraclude <sup>QL</sup>	Hepsera <sup>QL</sup>	Adefovir Dipivoxil <sup>QL</sup>	Lamivudine HBV <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Epivir HBV <sup>QL</sup>	Tyzeka <sup>QL</sup>	Entecavir <sup>QL</sup>		<a href="#">Link to PA Fax Form</a>
				<a href="#">Link to Quantity Limits List</a>

## HEPATITIS C AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Daklinza <sup>PA,QL</sup>	Ribavirin Capsule	Copegus	Ribapak	<a href="#">Link to PA Guidelines</a>
Harvoni <sup>PA,QL</sup>	<b>Sovaldi</b> <sup>PA,QL</sup>	Moderiba Dose Pack	Ribasphere Tablet	<a href="#">Link to PA Fax Form</a>
Pegasys <sup>PA,QL</sup>	Technivie <sup>PA,QL</sup>	Moderiba Tablet	<b>Ribavirin Tablet</b>	<a href="#">Link to Quantity Limits List</a>
Peg-Intron <sup>PA</sup>	Viekira Pak <sup>PA,QL</sup>	Olysio <sup>QL</sup>	Ribavirin Dose Pack	
	<b>Zepatier</b> <sup>PA,QL</sup>	Rebetol		

## HEREDITARY ANGIOEDEMA TREATMENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Berinert <sup>PA</sup>	Firazyr <sup>PA</sup>	Cinryze <sup>QL</sup>	Kalbitor <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
			Ruconest <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
				<a href="#">Link to Quantity Limits List</a>

## HISTAMINE II RECEPTOR BLOCKERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Famotidine Injection Piggyback and Vial		Cimetidine		<a href="#">Link to PA Guidelines</a>
Famotidine Tablet RX, OTC <sup>QL</sup>		Famotidine Suspension		<a href="#">Link to PA Fax Form</a>
Ranitidine Syrup		Famotidine/Calcium Carbonate/Magnesium Hydroxide		<a href="#">Link to Quantity Limits List</a>
Ranitidine Tablet RX, OTC <sup>QL</sup>		Nizatidine		
		Pepcid <sup>QL</sup>		
		Ranitidine Capsule		
		Ranitidine Injection		
		Zantac RX, OTC <sup>QL</sup>		



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## HIV/AIDS

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

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## HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents		Non-Preferred Agents	Prior Authorization
Acarbose <sup>QL</sup>	Glyset <sup>QL</sup>	Precose <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## HYPOGLYCEMICS, INCRETIN MIMETICS/ ENHANCERS

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

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## HYPOGLYCEMICS, INSULIN

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

## HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents	Non-Preferred Agents	Prior Authorization
<p>Repaglinide<sup>QL</sup></p>	<p>Nateglinide<sup>QL</sup> Prandimet<sup>QL</sup></p> <p>Prandin<sup>QL</sup> Repaglinide-Metformin<sup>QL</sup> Starlix<sup>QL</sup></p>	<p><a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a></p>

## HYPOGLYCEMICS, METFORMINS

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

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## HYPOGLYCEMICS, SGLT2 INHIBITORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Invokana <sup>PA,QL</sup>		Farxiga <sup>QL</sup> Invokamet <sup>QL</sup>	Jardiance <sup>QL</sup> Synjardy <sup>QL</sup> Xigduo XR <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## HYPOGLYCEMICS, SULFONYLUREAS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Glimepiride <sup>QL</sup> Glipizide, Glipizide ER <sup>QL</sup>	Glyburide <sup>QL</sup> Glyburide Micronized <sup>QL</sup>	Amaryl <sup>QL</sup> Chlorpropamide <sup>QL</sup> Diabeta <sup>QL</sup>	Glucotrol, Glucotrol XL <sup>QL</sup> Tolazamide <sup>QL</sup> Tolbutamide <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## HYPOGLYCEMICS, TZDS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Pioglitazone <sup>PA,QL</sup>		Actos <sup>QL</sup> Actoplus Met <sup>QL</sup> Actoplus Met XR <sup>QL</sup> Avandamet <sup>QL</sup> Avandia <sup>QL</sup>	Avandaryl <sup>QL</sup> Duetact <sup>QL</sup> Pioglitazone/Glimepiride <sup>QL</sup> Pioglitazone/Metformin <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Esbriet <sup>PA,QL</sup>	Ofev <sup>PA,QL</sup>			<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>

## IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Elidel		Protopic	Tacrolimus	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>

## IMMUNOMODULATORS, TOPICAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Aldara		Imiquimod	Zyclara	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>

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## IMMUNOSUPPRESSIVE, ORAL

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

## INTRANASAL RHINITIS AGENTS

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

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## IRON, ORAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Ferate OTC	Active FE	Hematogen FA	<a href="#">Link to PA Guidelines</a>
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		<a href="#">Link to PA Guidelines</a>
INFeD	Injectafer		
Sodium Ferric Gluconate Complex in Sucrose	Venofer		<a href="#">Link to PA Fax Form</a>

## LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents		Prior Authorization
Montelukast Chewable Tablet <sup>QL</sup>	Accolate <sup>QL</sup>	Zafirlukast <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Montelukast Tablet <sup>QL</sup>	Montelukast Granules <sup>QL</sup>	Zyflo <sup>QL</sup>	
	Singulair <sup>QL</sup>	Zyflo CR <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
			<a href="#">Link to Quantity Limits List</a>

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## LIPOTROPICS, OTHER THAN STATINS

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

## LIPOTROPICS, STATINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Atorvastatin <sup>QL</sup>	Pravastatin <sup>QL</sup>	Altoprev <sup>QL</sup>	Lescol <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Crestor <sup>QL</sup>	Simvastatin <sup>QL</sup>	Caduet <sup>QL</sup>	Lescol XL <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Lovastatin <sup>QL</sup>		Fluvastatin <sup>QL</sup>	Lipitor <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
		<b>Fluvastatin ER</b> <sup>QL</sup>	Pravachol <sup>QL</sup>	

## MACROLIDES/KETOLIDES

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

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## MACULAR DEGENERATION AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Eylea <sup>PA,QL</sup> Lucentis <sup>PA,QL</sup>	Macugen <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## METHOTREXATES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Methotrexate Tablet Methotrexate Injection Vial, PF Vial	Otrexup <sup>QL</sup> Rasuvo <sup>QL</sup>	Rheumatrex Trexall
		<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>

## MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ampyra <sup>PA,QL</sup> Aubagio <sup>PA,QL</sup> Avonex <sup>QL</sup> Betaseron Copaxone Syringe (daily) <sup>QL</sup> Rebif <sup>QL</sup> Rebif Rebidosse Pen Tecfidera <sup>PA,QL</sup>	Copaxone Syringe (weekly) Extavia Gilenya <sup>QL</sup> Glatopa <sup>QL</sup> Lemtrada Plegridy <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Multiple Sclerosis Agents PA Fax Form</a> <a href="#">Link to Ampyra PA Fax Form</a> <a href="#">Link to Aubagio PA Fax Form</a> <a href="#">Link to Gilenya PA Fax Form</a> <a href="#">Link to Tecfidera PA Fax Form</a>

## NEUROPATHIC PAIN

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

## NITROFURAN DERIVATIVES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Nitrofurantoin Macrocrystal Capsule <sup>QL</sup> Nitrofurantoin Monohydrate-Macro Capsule <sup>QL</sup>	Furadantin Suspension <sup>QL</sup> Macrobid Capsule <sup>QL</sup> Macrodantin Capsule <sup>QL</sup> Nitrofurantoin Suspension <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>



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## NSAIDS

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

## ONCOLOGY AGENTS, BREAST CANCER

Preferred Agents		Non-Preferred Agents		Prior Authorization
Anastrozole <sup>QL</sup>	Letrozole <sup>QL</sup>	Arimidex <sup>QL</sup>	Fareston <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>
Exemestane <sup>QL</sup>	Tamoxifen Citrate <sup>QL</sup>	Aromasin <sup>QL</sup>	Femara <sup>QL</sup>	

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## ONCOLOGY AGENTS, ORAL

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

## OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alrex	Pataday	Alocril	Emadine	<a href="#">Link to PA Guidelines</a>
Cromolyn Sodium	Pazeo	Alomide	Epinastine	<a href="#">Link to PA Fax Form</a>
Ketotifen OTC	Zaditor OTC	Azelastine	Lastacaft	
Naphcon-A		Bepreve	Patanol	
Optivar		Elestat		

## OPHTHALMIC ANTIBIOTICS

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

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## OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

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

## OPHTHALMIC ANTI-INFLAMMATORIES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Dexamethasone Diclofenac Durezol Flarex Fluorometholone Flurbiprofen FML Forte	FML S.O.P. Ketorolac, Ketorolac LS Lotemax Drops Maxidex Pred Mild Prednisolone	Acular Acular LS Acuvail Bromfenac FML Ilevro Iluvien Lotemax Gel, Ointment Nevanac
	Omnipred Pred Forte Prednisolone Sodium Phosphate Prolensa Retisert Triesence <sup>QL</sup> Vexol	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>

## OPHTHALMICS, GLAUCOMA AGENTS

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

## OPIATE DEPENDENCE TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Buprenorphine SL Tablet <sup>PA,QL</sup> Naltrexone Tablet Suboxone SL Film <sup>PA,QL</sup> Vivitrol Injection <sup>PA,QL</sup>	Bunavail Buccal Film <sup>QL</sup> Buprenorphine/Naloxone SL Tablet <sup>QL</sup> Zubsolv SL Tablet <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Opiate Dependence Treatments PA Fax Form</a> <a href="#">Link to Vivitrol PA Fax Form</a>

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## OPIATE OVERDOSE AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Naloxone Injection	Narcan Nasal Spray	Evzio		<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>

## OTIC ANTIBIOTIC PREPARATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Ciprodex	Neomycin/Polymyxin/HC	Cipro HC	Cortisporin-TC	<a href="#">Link to PA Guidelines</a>
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	<a href="#">Link to PA Guidelines</a>

## PAH (PULMONARY ARTERIAL HYPERTENSION) AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Letairis <sup>QL</sup>	Ventavis	Adcirca <sup>QL</sup>	Revatio <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Sildenafil <sup>PA,QL</sup>		Adempas <sup>QL</sup>	Tracleer <sup>QL</sup>	
		Opsumit <sup>QL</sup>	Tyvaso <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
		Orenitram ER	Upravi <sup>QL</sup>	

## PANCREATIC ENZYMES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Creon	Zenpep	Pancreaze	Ultresa	<a href="#">Link to PA Guidelines</a>
Pancrelipase		Pertzye	Viokace	<a href="#">Link to PA Fax Form</a>

## PHOSPHATE BINDERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Calcium Acetate Tablet <sup>QL</sup>		Auryxia <sup>QL</sup>	Phos Lo <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Renage <sup>QL</sup>		Calcium Acetate Capsule <sup>QL</sup>	Phoslyra <sup>QL</sup>	
Renvela Tablet <sup>QL</sup>		Eliphos <sup>QL</sup>	Renvela Powder Pack <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
		Fosrenol <sup>QL</sup>	Sevelamer Carbonate <sup>QL</sup>	
		Fosrenol Powder Pack <sup>QL</sup>	Velphoro <sup>QL</sup>	

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## PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred Agents	Prior Authorization
Leuprolide Acetate (SQ) Lupron Depot Kit <sup>QL</sup> Lupron Depot-Ped Kit 7.5, 11.25 & 15 mg 1-month <sup>QL</sup> Synarel (Nasal) <sup>QL</sup>	Eligard (SQ) <sup>QL</sup> Lupaneta Pack <sup>QL</sup> Lupron Depot-Ped Kit 11.25 & 30 mg 3-month <sup>QL</sup> Supprelin LA Kit (Implant) <sup>QL</sup> Trelstar <sup>QL</sup> Vantas Kit <sup>QL</sup> Zoladex <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Aggrenox <sup>QL</sup> Brilinta <sup>QL</sup> Clopidogrel <sup>QL</sup>	Dipyridamole <sup>QL</sup> Effient <sup>QL</sup> Persantine <sup>QL</sup> Plavix <sup>QL</sup> Ticlopidine <sup>QL</sup> Zontivity <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## 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	<b>Completenate Tablet Chewable</b> <b>Focalgin CA Combo Pack</b> <b>Folivane-OB Capsule</b> 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 <b>PNV 29-1 Tablet</b> Provida OB Capsule <b>Taron-C DHA Capsule</b> Taron-Prex Prenatal DHA Capsule <b>Triveen-Duo DHA Combo Pack</b> <b>Ultimatecare One Capsule</b> <b>Virtprex Capsule</b> <b>Virt-Select Capsule</b> <b>Vol-Nate Tablet</b> Vol-Plus Tablet VP-PNV-DHA Capsule <b>Zatean-PN DHA Capsule</b> <b>Zatean-PN Plus Softgel</b>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>

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## PROGESTATIONAL AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Makena Injection <sup>PA, QL</sup> Medroxyprogesterone Acetate <sup>QL</sup> Norethindrone Acetate <sup>QL</sup> Progesterone Capsule <sup>QL</sup>	Aygestin <sup>QL</sup> Crinone Vaginal Depo-Provera Injection 400 mg/mL <sup>QL</sup> Progesterone IM Injection Prometrium <sup>QL</sup> Provera <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Makena PA Guidelines</a> <a href="#">Link to Makena PA Fax Form</a> <a href="#">Link to Progestational Agents PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## PROTON PUMP INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Nexium Suspension <sup>QL</sup> Omeprazole Rx <sup>QL</sup> Pantoprazole <sup>QL</sup> Protonix Suspension <sup>QL</sup>	Aciphex <sup>QL</sup> Aciphex Sprinkle <sup>QL</sup> Dexilant <sup>QL</sup> <b>Esomeprazole Magnesium DR Capsule<sup>QL</sup></b> Nexium OTC <sup>QL</sup> Omeprazole OTC <sup>QL</sup> Omeprazole-Sodium Bicarbonate Rx <sup>QL</sup> Prevacid Capsule Rx & OTC <sup>QL</sup> Prevacid Solutab <sup>QL</sup> Prilosec Capsule Rx <sup>QL</sup> Prilosec OTC <sup>QL</sup> Prilosec Suspension <sup>QL</sup> Protonix <sup>QL</sup> Rabeprazole <sup>QL</sup> Zegerid Rx <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Temazepam 15mg, 30mg <sup>AR, QL</sup> Zolpidem Tablet <sup>QL</sup>	Ambien, Ambien CR <sup>QL</sup> Belsomra <sup>QL</sup> Edluar <sup>QL</sup> Estazolam <sup>AR, QL</sup> Eszopiclone <sup>QL</sup> Flurazepam <sup>AR, QL</sup> Halcion <sup>AR, QL</sup> Hetlioz <sup>QL</sup> Intermezzo <sup>QL</sup> Lunesta <sup>QL</sup> Restoril <sup>AR, QL</sup> Rozerem <sup>QL</sup> Silenor <sup>QL</sup> Sonata <sup>QL</sup> Temazepam 7.5mg, 22.5mg <sup>AR, QL</sup> Triazolam <sup>AR, QL</sup> Zaleplon <sup>QL</sup> Zolpidem ER <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

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## SKELETAL MUSCLE RELAXANTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Baclofen <sup>QL</sup>	Methocarbamol <sup>QL</sup>	Amrix <sup>QL</sup>	Orphenadrine <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Cyclobenzaprine <sup>QL</sup>	Tizanidine Tablet <sup>QL</sup>	Carisoprodol,	Parafon Forte <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Dantrolene Sodium <sup>QL</sup>		Carisoprodol Compound <sup>QL</sup>	Robaxin <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
		Chlorzoxazone <sup>QL</sup>	Skelaxin <sup>QL</sup>	
		Dantrium <sup>QL</sup>	Soma <sup>QL</sup>	
		Lorzone <sup>QL</sup>	Tizanidine Capsule <sup>QL</sup>	
		Metaxalone <sup>QL</sup>	Zanaflex <sup>QL</sup>	

## SMOKING CESSATION AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bupropion SR <sup>QL</sup>		Nicoderm CQ Patch <sup>QL</sup>		<a href="#">Link to PA Guidelines</a>
Chantix <sup>QL</sup>		Nicorette Gum OTC <sup>QL</sup>		<a href="#">Link to PA Fax Form</a>
Nicotine Gum OTC <sup>QL</sup>		Nicorette Lozenge OTC <sup>QL</sup>		<a href="#">Link to Quantity Limits List</a>
Nicotine Lozenge OTC <sup>QL</sup>		Nicotrol Inhaler <sup>QL</sup>		
Nicotine Patch OTC <sup>QL</sup>		Nicotrol NS <sup>QL</sup>		
		Zyban <sup>QL</sup>		

## STERIODS, TOPICAL – LOW POTENCY

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alclometasone Dipropionate		Derma-Smoothe-FS		<a href="#">Link to PA Guidelines</a>
Hydrocortisone Cream, Ointment		Desonate		<a href="#">Link to Topical Steroids PA Fax Form</a>
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	<a href="#">Link to PA Guidelines</a>
Fluticasone Cream, Ointment	Clocortolone Cream	<a href="#">Link to Topical Steroids PA Fax Form</a>
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	<a href="#">Link to PA Guidelines</a>
Betamethasone Valerate	Betamethasone Dipropionate, Augmented	<a href="#">Link to Topical Steroids PA Fax Form</a>
Triamcinolone Acetonide Cream, Lotion, Ointment	Betamethasone Dipropionate Cream, Ointment, Gel	
	Desoximetasone	
	Diflorasone 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	<a href="#">Link to PA Guidelines</a>
Clobex	Clobetasol Cream, Foam, Lotion, Ointment, Shampoo, Spray	<a href="#">Link to Topical Steroids PA Fax Form</a>
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 <sup>AR, QL</sup>	Amphetamine Salt Combo ER Capsule <sup>AR, QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Provigil/Nuvigil PA Fax Form</a>
Adderall XR <sup>AR, QL</sup>	Aptensio XR <sup>AR, QL</sup>	
Amphetamine Salt Combo Tablet <sup>AR, QL</sup>	Clonidine ER	
Daytrana Patch <sup>AR, QL</sup>	Concerta <sup>AR, QL</sup>	
Dextroamphetamine IR Tablet <sup>AR, QL</sup>	Desoxyn <sup>AR, QL</sup>	
Focalin Tablet <sup>AR, QL</sup>	Dexedrine <sup>AR, QL</sup>	
Focalin XR Capsule <sup>AR, QL</sup>	Dexmethylphenidate IR Tablet <sup>AR, QL</sup>	
Guanfacine ER <sup>AR, QL</sup>	Dexmethylphenidate XR Capsule <sup>QL</sup>	
Metadate CD <sup>AR, QL</sup>	Dextroamphetamine ER Capsule <sup>AR, QL</sup>	
Methylphenidate IR Tablet <sup>AR, QL</sup>	Dextroamphetamine Solution <sup>AR, QL</sup>	
Methylphenidate ER/SR Tablet <sup>AR, QL</sup>	Evekeo <sup>AR, QL</sup>	
Methylphenidate ER 24-Hour Tablet ( <i>generic Concerta</i> ) <sup>AR, QL</sup> [AHP, Actavis Only]	Intuniv <sup>AR, QL</sup>	
Quillivant XR Suspension <sup>AR, QL</sup>	Kapvay <sup>AR, QL</sup>	
Strattera <sup>AR, QL</sup>	Methamphetamine Tablet <sup>AR, QL</sup>	
Vyvanse <sup>AR, QL</sup>	Methylin <sup>AR, QL</sup>	
	Methylphenidate Chewable Tablet, Solution <sup>AR, QL</sup>	
	Methylphenidate CD Capsule <sup>AR, QL</sup>	
	Methylphenidate ER Capsule (generic Ritalin LA) <sup>AR, QL</sup>	
	Methylphenidate ER 24-Hour Tablet ( <i>generic Concerta</i> ) <sup>AR, QL</sup> [except AHP, Actavis Only]	
	Modafinil <sup>AR, QL</sup>	
	Nuvigil <sup>AR, QL</sup>	
	Procentra Solution <sup>AR, QL</sup>	
	Provigil <sup>AR, QL</sup>	
	Ritalin <sup>AR, QL</sup>	
	Ritalin LA <sup>AR, QL</sup>	
	Zenzedi <sup>AR, QL</sup>	

## TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

Preferred Agents	Non-Preferred Agents	Prior Authorization
Doxycycline Monohydrate 50 & 100mg Capsule	Adoxa	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>
Doxycycline Monohydrate Tablet	Demeclocycline	
Minocycline Capsule	Doryx DR <sup>QL</sup>	
<b>Vibramycin Suspension</b>	Doxycycline Hyclate	
	Doxycycline Hyclate DR <sup>QL</sup>	
	Doxycycline Monohydrate 75 & 150mg Capsule	
	Minocycline ER <sup>QL</sup>	
	Minocycline Tablet	
	Morgidox capsule, kit <sup>QL</sup>	
	Oracea <sup>QL</sup>	
	Solodyn ER <sup>QL</sup>	
	<b>Tetracycline</b>	
	Vibramycin Capsule, Syrup	

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## THALIDOMIDE AND DERIVATIVES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Pomalyst <sup>PA,QL</sup> Revlimid <sup>PA,QL</sup> Thalidomide <sup>PA,QL</sup>		<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## THYROID HORMONES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cytome <sup>QL</sup> Levothyroxine Tablet Thyroid, Pork Tablet	Levothyroxine Sodium Injection <b>LevoxyI</b> Liothyronine Injection Liothyronine Tablet <sup>QL</sup> Synthroid Thyrolar Tirosint Triostat Injection <b>Unithroid</b>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## ULCERATIVE COLITIS AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Apriso <sup>QL</sup> Canasa <sup>QL</sup> <b>Delzicol<sup>QL</sup></b> Sulfasalazine <sup>QL</sup> Sulfasalazine DR <sup>QL</sup>	Asacol HD <sup>QL</sup> Azulfidine <sup>QL</sup> Azulfidine DR <sup>QL</sup> Balsalazide <sup>QL</sup> Colazal <sup>QL</sup> Dipentum <sup>QL</sup>	Giazo <sup>QL</sup> Lialda <sup>QL</sup> Mesalamine (rectal) <sup>QL</sup> <b>Pentasa<sup>QL</sup></b> sfRowasa <sup>QL</sup> Uceris <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## VASODILATORS, CORONARY

Preferred Agents	Non-Preferred Agents	Prior Authorization	
<b>Isosorbide Dinitrate Sublingual</b> Isosorbide Mononitrate Isosorbide Mononitrate SR Nitro-BID Ointment Nitroglycerin Transdermal Nitrostat	BiDil Dilatrate-SR Isordil Isosorbide Dinitrate ER <b>Isosorbide Dinitrate Tablet</b> <b>Minitran Transdermal</b>	Nitro-DUR Patch Nitroglycerin ER Nitroglycerin Translingual Nitrolingual Spray NitroMist	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>