

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

Effective January 31, 2017

## ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azelex <sup>AR</sup>	Acanya	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>
BenzaClin Gel	Aczone	
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 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> <b>Memantine Solution<sup>AR, QL</sup></b> 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, <b>Patch<sup>AR, QL</sup></b>	<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>	Belbuca Film <sup>AR, QL</sup> 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> Kadian 40, 200 mg <sup>AR, QL</sup> 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>

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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> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form - Narcotics, Short Acting in Recipients ≥21 Years</a> <a href="#">Link to PA Fax Form - Narcotics in Recipients &lt; 21 Years</a>
Hydrocodone/APAP Tablet <sup>AR, QL</sup>	Actiq <sup>AR, QL</sup>	
Hydrocodone/Ibuprofen <sup>AR, QL</sup>	Butalbital/Caffeine/APAP w/Codeine <sup>AR, QL</sup>	
Hydromorphone Tablet <sup>PA, AR, QL</sup>	Butalbital Compound w/Codeine <sup>AR, QL</sup>	
Ibudone <sup>AR, QL</sup>	Butorphanol Tartrate Nasal <sup>AR, QL</sup>	
Morphine IR <sup>AR, QL</sup>	Capital w/ Codeine <sup>AR, QL</sup>	
Oxycodone IR Tablet <sup>AR, QL</sup>	Carisoprodol Compound/Codeine <sup>AR, QL</sup>	
Oxycodone/APAP Tablet <sup>AR, QL</sup>	Codeine <sup>AR, QL</sup>	
Tramadol IR <sup>AR, QL</sup>	Demerol <sup>AR, QL</sup>	
	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>	
	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>	
	Xartemis XR <sup>AR, QL</sup>	

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## ANALGESICS, NON-NARCOTIC BARBITURATE COMBINATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Allzital	<a href="#">Link to PA Guidelines</a>
	Bupap	<a href="#">Link to Quantity Limits List</a>
	Butalbital/Acetaminophen 50/325 mg Tablet	<a href="#">Link to PA Fax Form</a>
	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 <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>
	Androxy <sup>QL</sup>	
	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>	
	Natesto Nasal Gel <sup>QL</sup>	
	Striant <sup>QL</sup>	
	Testim <sup>QL</sup>	
	Testopel Implant Pellet <sup>QL</sup>	
	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> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Angiotensin Modulators PA Fax Form</a> <a href="#">Link to Aliskiren PA Fax Form</a>
Benicar, Benicar HCT <sup>QL</sup>	Accuretic <sup>QL</sup>	
Captopril HCTZ <sup>QL</sup>	Altace <sup>QL</sup>	
Enalapril, Enalapril HCTZ <sup>QL</sup>	Atacand, Atacand HCT <sup>QL</sup>	
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>	
	Entresto <sup>QL</sup>	
	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>	
	Olmesartan, Olmesartan HCTZ <sup>QL,NR</sup>	
	Perindopril <sup>QL</sup>	
	Prinivil <sup>QL</sup>	
	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/Olmesartan <sup>QL,NR</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Angiotensin Modulator Combinations PA Fax Form</a> <a href="#">Link to Entresto PA Fax Form</a> <a href="#">Link to Aliskiren Agents PA Fax Form</a>
Azor <sup>QL</sup>	Amlodipine/Valsartan <sup>QL</sup>	
Exforge, Exforge HCT <sup>QL</sup>	Amlodipine/Valsartan HCTZ <sup>QL</sup>	
	Byvalson <sup>QL, NR</sup>	
	Lotrel <sup>QL</sup>	
	Olmesartan/Amlodipine/HCTZ <sup>QL,NR</sup>	
	Prestalia <sup>QL</sup>	
	Tarka <sup>QL</sup>	
	Telmisartan/Amlodipine <sup>QL,NR</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 AND RELATED AGENTS

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> Zinplava <sup>NR</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 Nuversa
		<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>
Eliquis <sup>QL, PA</sup>	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>

## ANTICONVULSANTS

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

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

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## ANTIDEPRESSANTS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
Bupropion IR Tablet <sup>QL</sup>	Aplenzin <sup>QL</sup>	Nefazodone
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>
	Khedezla <sup>QL</sup>	Viibryd <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>
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>

## 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>
Dronabinol <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	Varubi <sup>QL</sup>	
	Zofran <sup>QL</sup>	
	Zuplenz <sup>QL</sup>	



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## ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Clotrimazole Mucous Membrane Troche <sup>QL</sup>	Ancobon	Noxafil <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>
Fluconazole <sup>QL</sup>	Cresemba	Onmel <sup>QL</sup>	
Griseofulvin Suspension	Diflucan <sup>QL</sup>	Oravig <sup>QL</sup>	
Griseofulvin Ultramicrosize Tablet	Flucytosine	Sporanox <sup>QL</sup>	
Nystatin	Griseofulvin Microsize Tablet	Vfend	
Terbinafine <sup>QL</sup>	Gris-Peg	Voriconazole	
	Itraconazole <sup>QL</sup>		
	Ketoconazole <sup>QL</sup>		
	Lamisil Granule and Tablet <sup>QL</sup>		

## ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Athlete's Foot	Alevazol OTC		<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>
Clotrimazole-Betamethasone Cream	Bensal HP		
Clotrimazole OTC	Ciclodan		
Desenex	Ciclopirox CR / Susp / Gel		
Ketoconazole Cream, Foam & Shampoo	Ciclopirox Shampoo		
Lamisil AT Cream, AT Gel & Spray	Ciclopirox Solution		
Miconazole OTC	Clotrimazole RX		
Nystatin	Clotrimazole-Betamethasone Lotion		
Terbinafine OTC	CNL 8		
Tolnaftate OTC	Econazole		
	Ertaczo		
	Exelderm		
	Extina		
	Fungoid, Fungoid Kit		
	Jublia		
	Kerydin		
	Loprox		
	Lotrisone		
	Luzu		
	Mentax		
	Naftin		
	Nizoral Shampoo		
	Nystatin-Triamcinolone Cream & Ointment		
	Nystatin Powder		
	Oxiconazole Cream <sup>NR</sup>		
	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 <sup>QL</sup> Cetirizine Tablet OTC <sup>QL</sup> Cetirizine Tablet Rx <sup>QL</sup> Loratadine <sup>QL</sup> Loratadine-D <sup>AR, QL</sup>	Cetirizine Chewable OTC <sup>QL</sup> Cetirizine-D OTC <sup>AR, QL</sup> Clarinet <sup>QL</sup> Clarinet-D <sup>AR, QL</sup> Desloratadine <sup>QL</sup> Desloratadine ODT <sup>QL</sup> Fexofenadine <sup>QL</sup> <b>Fexofenadine-D<sup>AR, QL</sup></b> Levocetirizine <sup>QL</sup> Semprex D <sup>AR, QL</sup> Xyzal <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>

## ANTI-HYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents	Non-Preferred Agents	Prior Authorization
Catapres-TTS <sup>QL</sup> Clonidine Tablet	Guanfacine <sup>QL</sup> Methyldopa Catapres Tablet Clonidine Transdermal <sup>QL</sup> Clorpres	Methyldopa/HCTZ Tenex <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>

## ANTI-HYPERURICEMICS

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

## ANTI-MIGRAINE AGENTS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Cafergot <sup>QL</sup> Cambia <sup>QL</sup> Dihydroergotamine mesylate Injection & Nasal Spray Migranal Nasal Spray <sup>QL</sup> Nodolor <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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## ANTIMIGRAINE AGENTS, TRIPTANS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Imitrex Nasal Spray <sup>QL</sup>	Almotriptan <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Triptans PA Fax Form</a>
Imitrex SQ Cartridge Kit <sup>QL</sup>	Alsuma <sup>QL</sup>	
Imitrex SQ Pen Injector Kit <sup>QL</sup>	Amerge <sup>QL</sup>	
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>	
	Onzetra Xsail <sup>QL,NR</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>	
	Zecuity Patch <sup>QL</sup>	
	Zembrace <sup>QL,NR</sup>	
	Zolmitriptan, Zolmitriptan ODT <sup>QL</sup>	
	Zomig Nasal Spray, Tablet <sup>QL</sup>	
	Zomig ZMT <sup>QL</sup>	

## ANTIPARASITICS, TOPICAL

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

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## ANTIPARKINSON'S AGENTS

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

## ANTIPSORIATICS, ORAL

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

## ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Calcipotriene Solution	Calcipotriene Cream, Ointment	<a href="#">Link to PA Guidelines</a>
Dovonex Cream	Calcipotriene/ Betamethasone Ointment	<a href="#">Link to PA Fax Form</a>
	Calcitrene	
	Calcitriol Ointment	
	<b>Enstilar Foam</b>	
	Sorilux	
	Taclonex Ointment, Scalp Suspension	
	Vectical	

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## ANTIPSYCHOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Aripiprazole <sup>AR, QL</sup>	Abilify Tablet <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>
Clozapine <sup>AR, QL</sup>	Abilify Maintena <sup>AR</sup>	
Fluphenazine <sup>AR</sup>	Adasuve <sup>QL</sup>	
Fluphenazine Decanoate (Injection) <sup>AR</sup>	Amitriptyline / Perphenazine <sup>AR</sup>	
Geodon Injection <sup>R, QL</sup>	Aripiprazole ODT <sup>AR, QL</sup>	
Haldol Injection <sup>AR</sup>	Aristada <sup>QL</sup>	
Haloperidol <sup>AR</sup>	Chlorpromazine <sup>AR</sup>	
Haloperidol Decanoate Injection <sup>AR</sup>	Clozapine ODT <sup>AR, QL</sup>	
Haloperidol Lactate (Injection) <sup>AR</sup>	Clozaril <sup>AR, QL</sup>	
Invega Sustenna <sup>AR, QL</sup>	Fanapt <sup>AR, QL</sup>	
Invega Trinza <sup>AR, QL</sup>	Fazaclo <sup>AR, QL</sup>	
Loxapine <sup>AR</sup>	Geodon Capsule <sup>AR, QL</sup>	
Orap <sup>AR</sup>	Haldol Decanoate Injection <sup>AR</sup>	
Perphenazine <sup>AR</sup>	Invega Tablet <sup>AR, QL</sup>	
Quetiapine <sup>AR, QL</sup>	Latuda <sup>AR, QL</sup>	
Risperdal Consta <sup>AR, QL</sup>	Molindone <sup>QL</sup>	
Risperidone Tablet, Solution <sup>AR, QL</sup>	Nuplazid	
Thioridazine <sup>AR</sup>	Olanzapine Injection <sup>AR, QL</sup>	
Thiothixene <sup>AR</sup>	Olanzapine ODT, Tablet <sup>AR, QL</sup>	
Trifluoperazine <sup>AR</sup>	Olanzapine/Fluoxetine <sup>AR, QL</sup>	
Ziprasidone <sup>AR, QL</sup>	Paliperidone ER	
	Pimozide	
	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	
	Vraylar <sup>QL</sup>	
	Zyprexa Tablet <sup>AR, QL</sup>	
	Zyprexa Injection <sup>AR, QL</sup>	
	Zyprexa Relprevv (Intramuscular) <sup>AR, QL</sup>	

## ANXIOLYTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alprazolam Tablet <sup>AR, QL</sup>	Alprazolam ER, IntenSol, ODT <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>
Bupirone <sup>QL</sup>	Ativan Tablet <sup>AR, QL</sup>	
Chlordiazepoxide <sup>AR, QL</sup>	Clorazepate <sup>AR, QL</sup>	
Diazepam Tablet, Solution <sup>AR, QL</sup>	Diazepam IntenSol <sup>AR, QL</sup>	
Diazepam Vial	Diazepam Syringe	
Lorazepam Tablet, IntenSol <sup>AR, QL</sup>	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>	

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## ANTIVIRALS, ORAL

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

## ANTIVIRALS, TOPICAL

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

## BETA-BLOCKERS

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

## BILE SALTS

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

## BLADDER RELAXANT PREPARATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Oxybutynin <sup>QL</sup>	Oxytrol for Women <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>	Oxytrol <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
		Enablex <sup>QL</sup>	Tolterodine, Tolterodine ER <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
		Flavoxate	Toviaz <sup>QL</sup>	
		Gelnique <sup>QL</sup>	Trospium, Trospium ER <sup>QL</sup>	

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## 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> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>
Albuterol Concentrate Solution 100 mg/20 ml (0.05%)	Albuterol Nebulizer Vials 0.63 mg/3 ml, 1.25 mg/3 ml	
Proair HFA <sup>QL</sup>	Arcapta Neohaler <sup>QL</sup>	
Proventil HFA <sup>QL</sup>	Brovana Vial <sup>QL</sup>	
Striverdi Respimat <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>	
	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> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>
Diltiazem IR Tablet	Calan Tablet	
Diltiazem ER 24 hr Capsule (except 360 mg) <sup>QL</sup>	Calan SR Tablet <sup>QL</sup>	
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	Diltiazem ER 24 hr 360mg Capsule <sup>QL</sup>	
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>	
	Tiazac Capsule <sup>QL</sup>	
	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	Amoxicillin / Clav 250-62.5/5 Suspension	
Amoxicillin/Clav 600-42.9 mg/5 ml Suspension	Augmentin XR Tablet	
Amoxicillin/Clav Chewable Tablet	Augmentin Suspension	
Amoxicillin/Clav Tablet	Cedax	
Cefadroxil Capsule	Cefaclor Capsule, Suspension	
Cefdinir Capsule	Cefaclor ER	
Cefdinir Suspension	Cefadroxil Suspension, Tablet	
Cefprozil Tablet, Suspension	Cefixime Suspension	
Cefuroxime	Cefpodoxime	
Cephalexin 250 mg, 500 mg Capsule	Ceftibuten	
Cephalexin Suspension	Ceftin	
Suprax Capsule	Cephalexin 750 mg Capsule	
	Cephalexin Tablet	
	Keflex	
	Suprax Chewable Tablet, Suspension	

## COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Neulasta <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><u>Monophasic</u></b>		<b><u>Monophasic</u></b>		<a href="#">Link to PA Guidelines</a>
Altavera	Levonorgestrel/Ethinyl	Balziva	Ocella	<a href="#">Link to PA Fax Form</a>
Alyacen-28 1/35	Estradiol-28 0.15/30	Brevicon	Ogestrel	
Apri	(generic Nordette, Levlen)	Briellyn	Ortho-Novum-28 1/35	
Aubra	Levora	Desogen	Ovcon-35	
Aviane	Low-Ogestrel	Drospirenone/Ethinyl	Philith	
Blisovi Fe-28 1/20	Lutera	Estradiol (generic Yasmin)	Pimtrea	
Blisovi Fe-28 1.5/30	Marlissa	Femcon Fe chewable	Rajani-28 <sup>NR</sup>	
Chateal	Microgestin Fe-28 1/20	Femynor-28 <sup>NR</sup>	Safyral	
Cryelle	Microgestin Fe-28 1.5/30	Gildagia	Syeda	
Cyclafem-28 1/35	Mono-Linyah	Kelnor	Taytulla-28 <sup>NR</sup>	
Cyred	MonoNessa	Larin 24 Fe	Vyfemla	
Dasetta-28 1/35	Necon-28 0.5/35	Larissia-28 <sup>NR</sup>	Wera	
Delyla	Necon-28 1/35	Loestrin-21	Yasmin	
Desogestrel/Ethinyl	Necon-28 1/50	Loestrin FE-28	Zarah	
Estradiol-28 0.15/30 (generic Desogen)	Norethindrone/Ethinyl	Microgestin-21 1/20	Zenchant	
Elinest	Estradiol-21 1/20	Mlcrogestin-21 1.5/30	Zovia 1/35	
Emoquette	(generic Loestrin-21 1/20)	Modicon		
Enskyce	Norethindrone/Ethinyl	Norethindrone/Ethinyl		
Estarylla	Estradiol Fe-28 1/20	Estradiol Fe 0.4- 0.035(21)-75 <sup>NR</sup>		
Falmina	(generic Loestrin Fe-28 1/20)	Norinyl-28 1/35		
Gildess-21 1/20	Norethindrone/Ethinyl	Norinyl-28 1/50		
Gildess-21 1.5/30	Estradiol Fe-28 1.5/30	Nortrel-28 0.5/35		
Gildess Fe-28 1/20	(generic Loestrin Fe-28 1.5/30)	Nortrel-28 1/35		
Gildess Fe-28 1.5/30				
Juleber	Norgestimate/Ethinyl			
Junel-21 1/20	Estradiol-28 (generic Ortho-Cyclen)			
Junel-21 1.5/30	Ortho-Cyclen			
Junel Fe-28 1/20	Orsythia			
Junel Fe-28 1.5/30	Pirmella-28 1/35			
Kurvelo	Portia			
Larin-21 1/20	Previfem			
Larin-21 1.5.30	Reclipsen			
Larin Fe-28 1/20	Sprintec			
Larin Fe-28 1.5/30	Sronyx			
Lessina	Tarina Fe 1/20			
Levonorgestrel/Ethinyl	Vienna			
Estradiol-28 0.1/20 (generic Alesse, Levlite)	Wymzya FE chewable			
	Zenchant FE chewable			
<b><u>Biphasic</u></b>		<b><u>Biphasic</u></b>		
Desogestrel/Ethinyl	Necon-28 10/11	Azurette	Kimidess	
Estradiol (generic Mircette)		Bekyree	Mircette	
		Kariva	Pimtrea	
			Viorele	

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## CONTRACEPTIVES, ORAL

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

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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>	Kyleena <sup>QL,NR</sup>	
Mirena Intrauterine <sup>QL</sup>	Liletta Intrauterine <sup>QL</sup>	
Nexplanon Implant <sup>QL</sup>	Skylla Intrauterine <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
Anoro Ellipta <sup>QL</sup>	Bevespi Aerosphere <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Atrovent HFA <sup>QL</sup>	Daliresp Tablet <sup>QL</sup>	<a href="#">Link to COPD Agents PA Fax Form</a>
Combivent Respimat <sup>QL</sup>	Spiriva Respimat <sup>QL</sup>	<a href="#">Form</a>
Incruse Ellipta <sup>QL</sup>	Stiolto Respimat <sup>QL</sup>	<a href="#">Link to Daliresp PA Fax Form</a>
Ipratropium/Albuterol Nebulizer Vial <sup>QL</sup>	Tudorza Pressair <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Ipratropium Nebulizer Vial		
Spiriva Handihaler <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> Xeljanz <sup>PA, QL</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> Taltz <sup>QL</sup> Xeljanz XR <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 Simponi PA Fax Form</a> <a href="#">Link to Taltz 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 Insulinx) <sup>QL</sup> LifeScan (OneTouch Ultra 2, OneTouch Ultra Mini, OneTouch Verio, Verio Flex, 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> True Metrix <sup>QL</sup> TrueTrack <sup>QL</sup> US Diagnostics <sup>QL</sup> Vertex <sup>QL</sup>
		<a href="#">Link to PA Guidelines</a> <a href="#">Link to Diabetic Meters and Strips PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## DIABETIC STRIPS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Abbott (Precision Xtra, Freestyle, Freestyle Lite, Freestyle Insulinx, 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> True Metrix <sup>QL</sup> Roche <sup>QL</sup>
		<a href="#">Link to PA Guidelines</a> <a href="#">Link to Diabetic Meters and Strips PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

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

## ENZYME REPLACEMENT, GAUCHERS DISEASE

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

## EPINEPHRINE, SELF-INJECTED

Preferred Agents	Non-Preferred Agents		Prior Authorization
Epinephrine injection (generic Adrenaclik – labeler 54505) EpiPen	EpiPen Jr	Adrenaclik Epinephrine injection (generic EpiPen – labeler 49502) <sup>NR</sup>	<a href="#">Link to PA Guidelines</a>

## ERYTHROPOIESIS STIMULATING PROTEINS

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

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

## GI MOTILITY, CHRONIC

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

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## 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> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>
Asmanex Twisthaler <sup>QL</sup>	Symbicort <sup>QL</sup>	Aerospan <sup>QL</sup>	Flovent Diskus <sup>QL</sup>	
Dulera <sup>QL</sup>		Alvesco <sup>QL</sup>	Pulmicort Flexhaler <sup>QL</sup>	
Flovent HFA <sup>QL</sup>		Arnuity Ellipta <sup>QL</sup>	Pulmicort Respules 0.25, 0.5 mg and 1 mg <sup>QL</sup>	
		Asmanex HFA <sup>QL</sup>		
		Breo Ellipta <sup>QL</sup>		

## GLUCOCORTICOIDS, ORAL

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

## H. PYLORI TREATMENT

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

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## HEPATITIS B AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Baraclude <sup>QL</sup> EpiVir HBV <sup>QL</sup>	Hepsera <sup>QL</sup> Tyzeka <sup>QL</sup>	Adefovir Dipivoxil <sup>QL</sup> Entecavir <sup>QL</sup>	Lamivudine HBV <sup>QL</sup> Vemlidy <sup>QL,NR</sup>	<a href="#">Link to PA Guidelines</a> <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
Epclusa <sup>PA, QL</sup> Harvoni <sup>PA, QL</sup> Pegasys <sup>PA, QL</sup> Peg-Intron <sup>PA</sup>	Ribavirin Capsule, Tablet Sovaldi <sup>PA, QL</sup> Technivie <sup>PA, QL</sup> Viekira Pak <sup>PA, QL</sup> Viekira XR <sup>PA, QL</sup> Zepatier <sup>PA, QL</sup>	Copegus Daklinza <sup>QL</sup> Moderiba Dose Pack Moderiba Tablet Olysio <sup>QL</sup> Rebetol	Ribapak Ribasphere Tablet Ribavirin Dose Pack	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## 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> Ruconest <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>

## HISTAMINE II RECEPTOR BLOCKERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Famotidine Injection Piggyback and Vial Famotidine Tablet RX, OTC <sup>QL</sup> Ranitidine Syrup Ranitidine Tablet RX, OTC <sup>QL</sup>		Cimetidine Famotidine Suspension Famotidine/Calcium Carbonate/Magnesium Hydroxide Nizatidine Pepcid <sup>QL</sup> Ranitidine Capsule Ranitidine Injection Zantac RX, OTC <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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## HIV/AIDS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<p style="text-align: center;"><b><u>Protease Inhibitors</u></b></p> <p>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></p>	<p style="text-align: center;"><b><u>Protease Inhibitors</u></b></p> <p>Aptivus<sup>QL</sup> Crixivan<sup>QL</sup> Invirase<sup>QL</sup> Lexiva<sup>QL</sup> Lopinavir/Ritonavir<sup>QL,NR</sup> Prezcobix<sup>QL</sup> Viracept<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>
<p style="text-align: center;"><b><u>NRTIs</u></b></p> <p>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></p>	<p style="text-align: center;"><b><u>NRTIs</u></b></p> <p>Abacavir/Lamivudine<sup>QL,NR</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></p>	
<p style="text-align: center;"><b><u>NNRTIs</u></b></p> <p>Edurant<sup>QL</sup> Nevirapine Tablet<sup>QL</sup> Sustiva<sup>QL</sup></p>	<p style="text-align: center;"><b><u>NNRTIs</u></b></p> <p>Intelence<sup>QL</sup> Nevirapine ER<sup>QL</sup> Nevirapine Suspension<sup>QL</sup> Rescriptor<sup>QL</sup> Viramune Suspension<sup>QL</sup> Viramune Tablet<sup>QL</sup> Viramune XR<sup>QL</sup></p>	
<p style="text-align: center;"><b><u>INSTIs</u></b></p> <p>Isentress<sup>QL</sup> Tivicay<sup>QL</sup></p>	<p style="text-align: center;"><b><u>INSTIs</u></b></p> <p>Isentress Powder Pack<sup>QL</sup> Vitekta<sup>QL</sup></p>	
<p style="text-align: center;"><b><u>Complete Regimen Agents</u></b></p> <p>Atripla<sup>QL</sup> Genvoya<sup>QL</sup> Stribild<sup>QL</sup></p>	<p style="text-align: center;"><b><u>Complete Regimen Agents</u></b></p> <p>Complera<sup>QL</sup> Odefsey<sup>QL</sup> Triumeq<sup>QL</sup></p>	
	<p style="text-align: center;"><b><u>Miscellaneous Agents</u></b></p> <p>Fuzeon Injection<sup>QL</sup> Selzentry<sup>QL</sup> Tybost<sup>QL</sup></p>	

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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> 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> Avandia <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>
CellCept Suspension	Azasan	
Cyclosporine, Modified Softgel	CellCept Capsule, Tablet	
Gengraf (Modified) Capsule	Cyclosporine Capsule	
Gengraf (Modified) Solution	Envarsus XR	
Mycophenolate Mofetil Capsule & Tablet	Imuran	
Myfortic	Mycophenolate Mofetil Suspension	
Rapamune Solution	Mycophenolic Acid	
Sandimmune Capsule	Neoral Capsule	
Sandimmune Solution	Neoral Solution	
Sirolimus	Prograf	
Tacrolimus	Rapamune Tablet	
	Zortress	

## INTRANASAL RHINITIS AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azelastine 0.1% ( <i>generic Astelin</i> ) <sup>QL</sup>	Astepro 0.15% <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>	
Ipratropium <sup>QL</sup>	Azelastine 0.15% ( <i>generic Astepro</i> ) <sup>QL</sup>	
Patanase <sup>QL</sup>	Beconase AQ <sup>QL</sup>	
	Budesonide <sup>QL</sup>	
	Dymista <sup>QL</sup>	
	Flonase OTC	
	Flunisolide <sup>QL</sup>	
	Mometasone <sup>QL</sup>	
	Nasonex <sup>QL</sup>	
	Olopatadine <sup>QL</sup>	
	Omnaris <sup>QL</sup>	
	Qnasl <sup>QL</sup>	
	Triamcinolone <sup>QL</sup>	
	Veramyst <sup>QL</sup>	
	Zetonna <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	
	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	Tandem Dual Action	
	Fusion Plus	Tandem Plus	
	Hematogen	Taron Forte	
		TL-HEM 150	
		Vitafol	

## 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	Ezetimibe <sup>QL, NR</sup>	<a href="#">Link to Juxtapid/Kynamro PA</a>
Prevalite	Fenofibrate Capsule ( <i>generic Lipofen</i> ) <sup>QL</sup>	<a href="#">Fax Form</a>
Repatha <sup>PA, QL</sup>	Fenofibrate Capsule, Micronized ( <i>generic Antara, Lofibra</i> ) <sup>QL</sup>	<a href="#">Link to PCSK9 PA Fax Form</a>
Tricor <sup>QL</sup>	Fenofibrate Tablet ( <i>generic Lofibra, Fenoglide &amp; Tricor</i> ) <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Trilipix <sup>QL</sup>	Fenofibrate Tablet, Nanocrystalized ( <i>generic Tricor</i> ) <sup>QL</sup>	
Zetia <sup>QL</sup>	Fenofibric Acid Tablet ( <i>generic Fibracor</i> ) <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>	
	Kynamro	
	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	
	Praluent <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>	Altoprev <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Crestor <sup>QL</sup>	Caduet <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Lovastatin <sup>QL</sup>	Fluvastatin <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
	Fluvastatin ER <sup>QL</sup>	
	Lescol XL <sup>QL</sup>	
	Lipitor <sup>QL</sup>	
	Livalo <sup>QL</sup>	
	Pravachol <sup>QL</sup>	
	Rosuvastatin <sup>QL, NR</sup>	
	Zocor <sup>QL</sup>	

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## MACROLIDES/KETOLIDES

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

## MACULAR DEGENERATION AGENTS

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

## MULTIPLE SCLEROSIS AGENTS

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



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## NEUROPATHIC PAIN

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

## NITROFURAN DERIVATIVES

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

## NSAIDS

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

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## 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>
Exemestane <sup>QL</sup>	Tamoxifen Citrate <sup>QL</sup>	Aromasin <sup>QL</sup>	Femara <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
			Soltamox Solution <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>

## ONCOLOGY AGENTS, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alecensa <sup>PA,QL</sup>	Ninlaro <sup>PA,QL</sup>	Capecitabine		<a href="#">Link to PA Guidelines</a>
Afinitor, Afinitor Disperz <sup>PA</sup>	Odomzo <sup>PA,QL</sup>	Casodex <sup>QL</sup>		<a href="#">Link to Quantity Limits List</a>
Bicalutamide <sup>PA,QL</sup>	Sprycel <sup>PA,QL</sup>	Imatinib <sup>QL</sup>		<a href="#">Link to PA Fax Form</a>
Bosulif <sup>PA,QL</sup>	Stivarga <sup>PA,QL</sup>			
Cabometyx <sup>PA,QL</sup>	Sutent <sup>PA,QL</sup>			
Caprelsa <sup>PA,QL</sup>	Tafinlar <sup>PA,QL</sup>			
Cometriq <sup>PA,QL</sup>	Tagrisso <sup>PA,QL</sup>			
Cotellic <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 <sup>PA</sup>			
Gleevac <sup>PA,QL</sup>	Tykerb <sup>PA,QL</sup>			
Ibrance <sup>PA,QL</sup>	Venclexta <sup>PA,QL</sup>			
Iclusig <sup>PA,QL</sup>	Votrient <sup>PA,QL</sup>			
Imbruvica <sup>PA,QL</sup>	Xalkori <sup>PA,QL</sup>			
Inlyta <sup>PA,QL</sup>	Xeloda <sup>PA</sup>			
Iressa <sup>PA,QL</sup>	Xtandi <sup>PA,QL</sup>			
Jakafi <sup>PA,QL</sup>	Zelboraf <sup>PA,QL</sup>			
Lenvima <sup>PA,QL</sup>	Zolinza <sup>PA,QL</sup>			
Lonsurf <sup>PA</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	Olopatadine	Alocril	Emadine	<a href="#">Link to PA Guidelines</a>
Cromolyn Sodium		Alomide	Epinastine	<a href="#">Link to PA Fax Form</a>
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
<b>Ciloxan</b>	Sulfacetamide Solution	AzaSite	<b>Moxeza</b>	<a href="#">Link to PA Guidelines</a>
Ciprofloxacin Solution	Tobramycin	Bacitracin	Natacyn	
Erythromycin	Tobrex Ointment	Bacitracin / Polymyxin	Neomycin-Bacitracin-Polymyxin	
Polymyxin / Trimethoprim	Vigamox	Besivance	Neomycin-Polymyxin-Gramicidin	
		Bleph-10	Ocuflox	
		Gatifloxacin	<b>Ofloxacin</b>	
		Gentamicin Ointment	Polytrim	
		<b>Gentamicin Solution</b>	Sulfacetamide Ointment	
		Ilotycin	Tobrex Solution	
		Levofloxacin	Zymaxid	

## OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

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

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## OPHTHALMICS, GLAUCOMA AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
<b>Alphagan P 0.1%</b>	Latanoprost	Betagan	Phospholine Iodide	<a href="#">Link to PA Guidelines</a>
Alphagan P 0.15%	Levobunolol	Betaxolol	<b>Simbrinza</b>	<a href="#">Link to PA Fax Form</a>
Apraclonidine	Metipranolol	Bimatoprost 0.03%	<b>Timolol Gel</b>	
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	Iopidine	Travoprost	
Carteolol	Timoptic	<b>Isopto Carpine</b>	Trusopt	
Combigan	Travatan Z	Istalol	Xalatan	
Dorzolamide		Lumigan 0.01%	Zioptan	
Dorzolamide/Timolol				

## OPHTHALMICS, IMMUNOMODULATORS

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

## OPIATE OVERDOSE AGENTS

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

## OTIC ANTIBIOTIC PREPARATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
<b>Cipro HC</b>	<b>Coly-Mycin S</b>	Cortisporin-TC	<b>Otiprio</b>	<a href="#">Link to PA Guidelines</a>
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	<a href="#">Link to PA Guidelines</a>

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## 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> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>
Sildenafil <sup>PA,QL</sup>		Adempas <sup>QL</sup>	Tracleer <sup>QL</sup>	
		Opsumit <sup>QL</sup>	Tyvaso <sup>QL</sup>	
		Orenitram ER	Uptravi <sup>QL</sup>	

## PANCREATIC ENZYMES

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

## PHOSPHATE BINDERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Calcium Acetate Tablet <sup>QL</sup>		Auryxia <sup>QL</sup>	Phoslyra <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>
Renage <sup>QL</sup>		Calcium Acetate Capsule <sup>QL</sup>	Renvela Powder Pack <sup>QL</sup>	
Renvela Tablet <sup>QL</sup>		Eliphos <sup>QL</sup>	Velphoro <sup>QL</sup>	
		Fosrenol <sup>QL</sup>		
		Fosrenol Powder Pack <sup>QL</sup>		

## PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents		Non-Preferred Agents		Prior Authorization
Leuprolide Acetate (SQ) <sup>PA</sup>		Eligard (SQ) <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>
Lupron Depot Kit <sup>PA, QL</sup>		Lupaneta Pack <sup>QL</sup>		
Lupron Depot-Ped Kit 7.5, 11.25 & 15 mg 1-month <sup>PA, QL</sup>		Lupron Depot-Ped Kit 11.25 & 30 mg 3-month <sup>QL</sup>		
Synarel (Nasal) <sup>PA,QL</sup>		Supprelin LA Kit (Implant) <sup>QL</sup>		
		Trelstar <sup>QL</sup>		
		Vantas Kit <sup>QL</sup>		
		Zoladex <sup>QL</sup>		

## PLATELET AGGREGATION INHIBITORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Aggrenox <sup>QL</sup>	Dipyridamole <sup>QL</sup>	Persantine <sup>QL</sup>	Ticlopidine <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>
Brilinta <sup>QL</sup>	Effient <sup>QL</sup>	Plavix <sup>QL</sup>	Zontivity <sup>QL</sup>	
Clopidogrel <sup>QL</sup>				

## PRENATAL VITAMINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Complete Natal DHA		Completenate Tablet Chewable		<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>
Dothelle DHA Softgel		Focalgin CA Combo Pack		
Elite-OB Caplet		Folivane-OB Capsule		
Preplus CA-FE-FA Tablet		Nexa Plus Softgel		
Rulavite DHA Softgel		Niva-Plus Tablet		
Trinatal RX 1 Tablet		OB Complete Caplet		

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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## PRENATAL VITAMINS

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

## 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> Hydroxyprogesterone Caproate 1.25g/5ml <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 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> Esomeprazole Magnesium DR Capsule <sup>QL</sup> 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 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>

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## 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> <b>Zolpidem Sublingual</b> <b>Zolpimist</b> <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>

## SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization		
Baclofen <sup>QL</sup> Cyclobenzaprine <sup>QL</sup> Dantrolene Sodium <sup>QL</sup>	Methocarbamol <sup>QL</sup> Tizanidine Tablet <sup>QL</sup>	Amrix <sup>QL</sup> Carisoprodol, Carisoprodol Compound <sup>QL</sup> Chlorzoxazone <sup>QL</sup> Dantrium <sup>QL</sup> Lorzone <sup>QL</sup> Metaxalone <sup>QL</sup>	Orphenadrine <sup>QL</sup> Parafon Forte <sup>QL</sup> Robaxin <sup>QL</sup> Skelaxin <sup>QL</sup> Soma <sup>QL</sup> Tizanidine Capsule <sup>QL</sup> Zanaflex <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>

## SMOKING CESSATION AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Bupropion SR <sup>QL</sup> Chantix <sup>QL</sup> Nicotine Gum OTC <sup>QL</sup> Nicotine Lozenge OTC <sup>QL</sup> Nicotine Patch OTC <sup>QL</sup>	Nicoderm CQ Patch <sup>QL</sup> Nicorette Gum OTC <sup>QL</sup> Nicorette Lozenge OTC <sup>QL</sup> Nicotrol Inhaler <sup>QL</sup> Nicotrol NS <sup>QL</sup> Zyban <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>

## STEROIDS, TOPICAL – LOW POTENCY

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

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## STEROIDS, 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, <b>Solution</b> Fluocinolone <b>Flurandrenolide Cream</b> Fluticasone Propionate Lotion Hydrocortisone Butyrate Cream, Emollient, Ointment, Solution <b>Hydrocortisone Butyrate Ointment (Rouses)</b> Hydrocortisone Valerate Luxiq Prednicarbate Synalar Synalar TS	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Topical Steroids PA Fax Form</a>

## STEROIDS, 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 <b>Betamethasone Dipropionate Lotion</b> Desoximetasone Diflorasone Diacetate Diprolene Fluocinonide Halog Kenalog Aerosol <b>Sernivo Spray</b> Topicort, Topicort LP Triamcinolone Acetonide Aerosol Trianex Vanos	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Topical Steroids PA Fax Form</a>

## STEROIDS, TOPICAL – VERY HIGH POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Clobetasol <b>Cream</b> , Emollient, Gel, Solution, <b>Ointment</b> Clobex Olux	ApexiCon E Clobetasol Foam, Lotion, Shampoo, Spray Clodan Kit Halobetasol Olux-E <b>Temovate</b> Ultravate Cream, Ointment, <b>Lotion</b>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Topical Steroids PA Fax Form</a>



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## STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Adderall XR <sup>AR, QL</sup> Adzenys XR ODT <sup>AR, QL</sup> Amphetamine Salt Combo Tablet <sup>AR, QL</sup> Aptensio XR <sup>AR, QL</sup> Daytrana Patch <sup>AR, QL</sup> Dextroamphetamine IR Tablet <sup>AR, QL</sup> Focalin Tablet <sup>AR, QL</sup> Focalin XR Capsule <sup>AR, QL</sup> Guanfacine ER <sup>AR, QL</sup> Metadate CD <sup>AR, QL</sup> Methylphenidate IR Tablet <sup>AR, QL</sup> Methylphenidate ER/SR Tablet <sup>AR, QL</sup> Methylphenidate ER 24-Hour Tablet ( <i>generic Concerta</i> ) <sup>AR, QL</sup> [AHP, Actavis Only] Quillivant XR Suspension <sup>AR, QL</sup> Strattera <sup>AR, QL</sup> Vyvanse <sup>AR, QL</sup>	Adderall IR Tablet <sup>AR, QL</sup> Amphetamine Salt Combo ER Capsule <sup>AR, QL</sup> Clonidine ER Concerta <sup>AR, QL</sup> Desoxyn <sup>AR, QL</sup> Dexedrine <sup>AR, QL</sup> Dexmethylphenidate IR Tablet <sup>AR, QL</sup> Dexmethylphenidate XR Capsule <sup>QL</sup> Dextroamphetamine ER Capsule <sup>AR, QL</sup> Dextroamphetamine Solution <sup>AR, QL</sup> Dyanavel XR Suspension <sup>AR, QL</sup> Evekeo <sup>AR, QL</sup> Intuniv <sup>AR, QL</sup> Kapvay <sup>AR, QL</sup> Methamphetamine Tablet <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> Quillichew ER <sup>AR, QL</sup> Ritalin <sup>AR, QL</sup> Ritalin LA <sup>AR, QL</sup> Zenedi <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>

## TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

Preferred Agents	Non-Preferred Agents	Prior Authorization
Doxycycline Monohydrate 50 & 100mg Capsule Doxycycline Monohydrate Tablet Minocycline Capsule Vibramycin Suspension	Adoxa Demeclocycline Doryx DR <sup>QL</sup> 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> Tetracycline Vibramycin Capsule, Syrup	<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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## 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
Cytomel <sup>QL</sup> Levothyroxine Tablet Thyroid, Pork Tablet	Levothyroxine Sodium Injection Levoxyl Liothyronine Injection Liothyronine Tablet <sup>QL</sup> Synthroid Thyrolar Tirosint Triostat Injection Unithroid	<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> Delzicol <sup>QL</sup> 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> Pentasa <sup>QL</sup> 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
Isosorbide Mononitrate Isosorbide Mononitrate SR Nitro-BID Ointment Nitroglycerin Transdermal Nitrostat	BiDil Dilatrate-SR Isordil Isosorbide Dinitrate ER Isosorbide Dinitrate Tablet Minitran Transdermal	Nitro-DUR Patch Nitroglycerin ER Nitroglycerin Translingual Nitrolingual Spray NitroMist
		<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>