

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ACNE AGENTS, TOPICAL

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ALZHEIMER'S AGENTS

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

ANALGESICS, OPIOID – LONG ACTING

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANALGESICS, OPIOID – SHORT ACTING

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS

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

ANDROGENIC AGENTS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANGIOTENSIN MODULATORS

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

ANGIOTENSIN MODULATOR COMBINATIONS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANTI-ALLERGENS

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

ANTIBIOTICS, GI AND RELATED AGENTS

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

ANTIBIOTICS, INHALED

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

ANTIBIOTICS, TOPICAL

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

ANTIBIOTICS, VAGINAL

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANTICOAGULANTS

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

ANTICONSULSANTS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANTIDEPRESSANTS, OTHER

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

ANTIDEPRESSANTS, SSRIS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANTIEMETICS/ANTIVERTIGO AGENTS

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

ANTIFUNGALS, ORAL

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

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Effective July 25, 2017

ANTIFUNGALS, TOPICAL

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

ANTI-HISTAMINES, MINIMALLY SEDATING

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANTIHYPERTENSIVES, SYMPATHOLYTIC

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

ANTIHYPERURICEMICS

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

ANTIMIGRAINE AGENTS, OTHER

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANTIMIGRAINE AGENTS, TRIPTANS

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

ANTIPARASITICS, TOPICAL

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANTIPARKINSON'S AGENTS

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

ANTIPSORIATICS, ORAL

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

ANTIPSORIATICS, TOPICAL

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANTIPSYCHOTICS

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

ANXIOLYTICS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ANTIVIRALS, ORAL

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

ANTIVIRALS, TOPICAL

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

BETA-BLOCKERS

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

BILE SALTS

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

BLADDER RELAXANT PREPARATIONS

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

AR = Age Restriction, Clinical Prior Authorization Required
 Non-preferred medications require prior authorization
 IR = immediate-release formulation
 July 25, 2017

PA = Clinical Prior Authorization Required
 QL = Quantity Limit Applies
 ER = extended-release formulation
 Page 15 of 43

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

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

BOTULINUM TOXINS

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

BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENT

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

BRONCHODILATORS, BETA AGONIST

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

CALCIUM CHANNEL BLOCKERS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

CEPHALOSPORINS AND RELATED ANTIBIOTICS

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

COLONY STIMULATING FACTORS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

CONTRACEPTIVES, ORAL

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

CONTRACEPTIVES, ORAL

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

CONTRACEPTIVES, ORAL

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

CONTRACEPTIVES, OTHER

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

COPD AGENTS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

CYTOKINE AND CAM ANTAGONISTS

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

DIABETIC METERS

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

DIABETIC STRIPS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

EMOLLIENTS

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

ENZYME REPLACEMENT, GAUCHERS DISEASE

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

EPINEPHRINE, SELF-INJECTED

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

ERYTHROPOIESIS STIMULATING PROTEINS

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

FLUOROQUINOLONES, ORAL

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

GI MOTILITY, CHRONIC

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

GLUCOCORTICOIDS, INHALED

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

GLUCOCORTICOIDS, ORAL

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

GROWTH FACTORS

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

GROWTH HORMONES

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

H. PYLORI TREATMENT

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

HEPATITIS B AGENTS

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

HEPATITIS C AGENTS

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

HEREDITARY ANGIOEDEMA TREATMENTS

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

HISTAMINE II RECEPTOR BLOCKERS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

HIV/AIDS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

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

HYPOGLYCEMICS, INCRETIN MIMETICS/ ENHANCERS

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

HYPOGLYCEMICS, INSULIN

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

HYPOGLYCEMICS, INSULIN

| Preferred Agents | Non-Preferred Agents | Prior Authorization |
|---|------------------------------|---------------------|
| <u>Insulin Mixes</u> | <u>Alternate Formulation</u> | |
| Humalog Mix 50/50 Vial Humalog Mix 75/25 Vial Humulin 70/30 Vial Novolin 70/30 Vial NovoLog Mix 70/30 Flexpen NovoLog Mix 70/30 Vial | Afrezza Powder | |

HYPOGLYCEMICS, MEGLITINIDES

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

HYPOGLYCEMICS, METFORMINS

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

HYPOGLYCEMICS, SGLT2 INHIBITORS

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

HYPOGLYCEMICS, SULFONYLUREAS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

HYPOGLYCEMICS, TZDS

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

IDIOPATHIC PULMONARY FIBROSIS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

IMMUNOMODULATORS, TOPICAL

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

IMMUNOSUPPRESSIVE, ORAL

| Preferred Agents | Non-Preferred Agents | Prior Authorization |
|--|----------------------------------|---------------------|
| Azathioprine | Astagraf XL | |
| 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 | |

INTRAARTICULAR HYALURONATES

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

AR = Age Restriction, Clinical Prior Authorization Required
 Non-preferred medications require prior authorization
 IR = immediate-release formulation
 July 25, 2017

PA = Clinical Prior Authorization Required
 QL = Quantity Limit Applies
 ER = extended-release formulation
 Page 29 of 43

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

INTRANASAL RHINITIS AGENTS

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

IRON, ORAL

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

IRON, PARENTERAL

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

LEUKOTRIENE MODIFIERS

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

LIPOTROPICS, OTHER THAN STATINS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

LIPOTROPICS, STATINS

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

MACROLIDES

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

MACULAR DEGENERATION AGENTS

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

METHOTREXATES

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

MULTIPLE SCLEROSIS AGENTS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

NEUROPATHIC PAIN

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

NITROFURAN DERIVATIVES

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

NSAIDS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

ONCOLOGY AGENTS, BREAST CANCER

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

ONCOLOGY AGENTS, ORAL

| Preferred Agents | | Non-Preferred Agents | | Prior Authorization |
|--|----------------------------|------------------------|--|--|
| Alecensa ^{PA,QL} | Ninlaro ^{PA,QL} | Capecitabine | | Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form |
| Afinitor, Afinitor Disperz ^{PA} | Odomzo ^{PA,QL} | Casodex ^{QL} | | |
| Bicalutamide ^{PA,QL} | Sprycel ^{PA,QL} | Imatinib ^{QL} | | |
| Bosulif ^{PA,QL} | Stivarga ^{PA,QL} | | | |
| Cabometyx ^{PA,QL} | Sutent ^{PA,QL} | | | |
| Caprelsa ^{PA,QL} | Tafinlar ^{PA,QL} | | | |
| Cometriq ^{PA,QL} | Tagrisso ^{PA,QL} | | | |
| Cotellic ^{PA,QL} | Tarceva ^{PA,QL} | | | |
| Erivedge ^{PA,QL} | Tasigna ^{PA,QL} | | | |
| Farydak ^{PA,QL} | Temodar ^{PA} | | | |
| Gilotrif ^{PA,QL} | Temozolomide ^{PA} | | | |
| Gleevac ^{PA,QL} | Tykerb ^{PA,QL} | | | |
| Ibrance ^{PA,QL} | Venclexta ^{PA,QL} | | | |
| Iclusig ^{PA,QL} | Votrient ^{PA,QL} | | | |
| Imbruvica ^{PA,QL} | Xalkori ^{PA,QL} | | | |
| Inlyta ^{PA,QL} | Xeloda ^{PA} | | | |
| Iressa ^{PA,QL} | Xtandi ^{PA,QL} | | | |
| Jakafi ^{PA,QL} | Zelboraf ^{PA,QL} | | | |
| Lenvima ^{PA,QL} | Zolinza ^{PA,QL} | | | |
| Lonsurf ^{PA} | Zydelig ^{PA,QL} | | | |
| Lynparza ^{PA,QL} | Zykadia ^{PA,QL} | | | |
| Mekinist ^{PA,QL} | Zytiga ^{PA,QL} | | | |
| Nexavar ^{PA,QL} | | | | |

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

| Preferred Agents | | Non-Preferred Agents | | Prior Authorization |
|------------------|-------------|----------------------|------------|--|
| Alrex | Olopatadine | Alocril | Emadine | Link to PA Guidelines Link to PA Fax Form |
| Cromolyn Sodium | Zaditor OTC | Alomide | Epinastine | |
| Ketotifen OTC | | Azelastine | Lastacaft | |
| Naphcon-A | | Bepreve | Pataday | |
| | | Elestat | Patanol | |
| | | | Pazeo | |

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

OPHTHALMIC ANTIBIOTICS

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

OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

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

OPHTHALMIC ANTI-INFLAMMATORIES

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

OPHTHALMICS, GLAUCOMA AGENTS

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

OPHTHALMICS, IMMUNOMODULATORS

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

OPIATE DEPENDENCE TREATMENTS

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

OPIATE OVERDOSE AGENTS

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

OTIC ANTIBIOTIC PREPARATIONS

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

OTIC ANTI-INFECTIVES & ANESTHETICS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

PAH (PULMONARY ARTERIAL HYPERTENSION) AGENTS

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

PANCREATIC ENZYMES

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

PHOSPHATE BINDERS

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

PITUITARY SUPPRESSIVE AGENTS, LHRH

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

PLATELET AGGREGATION INHIBITORS

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

PRENATAL VITAMINS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

PRENATAL VITAMINS

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

PROGESTATIONAL AGENTS

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

PROTON PUMP INHIBITORS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

SEDATIVE HYPNOTICS

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

SKELETAL MUSCLE RELAXANTS

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

SMOKING CESSATION AGENTS

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

STEROIDS, TOPICAL – LOW POTENCY

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

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, Solution Fluocinolone Flurandrenolide Cream Fluticasone Propionate Lotion Hydrocortisone Butyrate Cream, Emollient, Ointment, Solution Hydrocortisone Butyrate Ointment (Rouses) Hydrocortisone Valerate Luxiq Prednicarbate Synalar Synalar TS | Link to PA Guidelines Link to Topical Steroids PA Fax Form |

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 Betamethasone Dipropionate Lotion Desoximetasone Diflorasone Diacetate Diprolene Fluocinonide Halog Kenalog Aerosol Sernivo Spray Topicort, Topicort LP Triamcinolone Acetonide Aerosol Trianex Vanos | Link to PA Guidelines Link to Topical Steroids PA Fax Form |

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

STEROIDS, TOPICAL – VERY HIGH POTENCY

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

STIMULANTS AND RELATED AGENTS

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 25, 2017

TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

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

THALIDOMIDE AND DERIVATIVES

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

THYROID HORMONES

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

ULCERATIVE COLITIS AGENTS

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

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Effective July 25, 2017

VASODILATORS, CORONARY

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