

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

Effective January 8, 2018

## ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Acanya	Aczone Gel	<a href="#">Link to PA Guidelines</a>
Azelex <sup>AR</sup>	Aczone Gel Pump	<a href="#">Link to Quantity Limits List</a>
BenzaClin Gel	Adapalene	<a href="#">Link to PA Fax Form</a>
BenzaClin Gel Pump	Atralin	
Benzoyl Peroxide	Avita Cream, Gel	
<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>	Benzamycin Gel	
Differin 1% Cream, Lotion, Gel <sup>AR</sup>	BenzePro Foam	
Differin 3% Gel Pump <sup>AR</sup>	Benzoyl Peroxide	
Epiduo <sup>AR</sup>	<ul style="list-style-type: none"> <li>• BPO 4% Gel (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>	
Erythromycin Solution	Benzoyl Peroxide BP Wash	
Onexton	BP 10-1 Wash	
Panoxyl-4 Wash OTC	Cleocin T Gel, Lotion, Solution, Swab	
Panoxyl 10% Bar (OTC), Wash (OTC)	Clindacin ETZ Swab, Kit	
Retin-A Cream, Gel <sup>AR</sup>	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, Swab/Pledget	
	Evoclin	
	Fabior	
	Klaron	
	Neuac	
	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>	
	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> Memantine Solution <sup>AR, QL</sup> Namenda Solution, Tablet <sup>AR, QL</sup> Namenda XR Capsule <sup>AR, QL</sup> Namzaric <sup>AR, QL</sup> Razadyne IR Tablet <sup>AR, QL</sup> Razadyne ER Capsule <sup>AR, QL</sup> Rivastigmine Capsule, Patch <sup>AR, QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## ANALGESICS, OPIOID – LONG ACTING

Preferred Agents	Non-Preferred Agents	Prior Authorization
Embeda <sup>AR, PA, QL</sup> Fentanyl Patch 12, 25, 50,75, 100mcg/hr <sup>AR, PA, QL</sup> Kadian 10, 20, 30, 50, 60, 100, mg <sup>AR, PA, QL</sup> Morphine ER Tablet <sup>AR, PA, 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> 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, 80, 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> Xartemis XR <sup>AR, QL</sup> Xtampza 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 - Opioids, Long Acting</a>

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## ANALGESICS, OPIOID – 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 - Opioids, Short Acting</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>	
Morphine IR <sup>AR, QL</sup>	Butalbital Compound w/Codeine <sup>AR, QL</sup>	
Oxycodone IR Tablet <sup>AR, QL</sup>	Butorphanol Tartrate Nasal <sup>AR, QL</sup>	
Oxycodone/APAP Tablet <sup>AR, QL</sup>	Capital w/ Codeine <sup>AR, QL</sup>	
Tramadol IR <sup>AR, QL</sup>	Carisoprodol Compound/Codeine <sup>AR, QL</sup>	
	Codeine <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>	
	Hydromorphone Tablet <sup>AR, QL</sup>	
	Ibudone <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>	

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## ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS

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

## ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<b>Androderm Patch</b> <sup>PA,QL</sup>	Anadrol-50 <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Androgel <sup>PA,QL</sup>	Android <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
<b>Methitest</b> <sup>PA,QL</sup>	Androxy <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Oxandrolone <sup>PA,QL</sup>	Aveed <sup>QL</sup>	
Testosterone Cypionate Injection <sup>PA,QL</sup>	Axiron Gel <sup>QL</sup>	
	Depo-Testosterone Injection <sup>QL</sup>	
	Fortesta Gel <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>
Captopril HCTZ <sup>QL</sup>	Accuretic <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Enalapril, Enalapril HCTZ <sup>QL</sup>	Altace <sup>QL</sup>	<a href="#">Link to Angiotensin Modulators PA Fax Form</a>
Entresto <sup>PA, QL</sup>	Atacand, Atacand HCTZ <sup>QL</sup>	<a href="#">Link to Aliskiren PA Fax Form</a>
Fosinopril <sup>QL</sup>	Avapro, Avalide <sup>QL</sup>	
Irbesartan, Irbesartan HCTZ <sup>QL</sup>	Benazepril HCTZ <sup>QL</sup>	
Lisinopril, Lisinopril HCTZ <sup>QL</sup>	Benicar, Benicar HCTZ <sup>QL</sup>	
Losartan, Losartan HCTZ <sup>QL</sup>	Candesartan, Candesartan HCTZ <sup>QL</sup>	
Quinapril <sup>QL</sup>	Captopril <sup>QL</sup>	
Ramipril <sup>QL</sup>	Cozaar, Hyzaar <sup>QL</sup>	
Valsartan <sup>QL</sup>	Diovan <sup>QL</sup>	
Valsartan/HCTZ <sup>QL</sup>	Diovan HCTZ <sup>QL</sup>	
	Edarbi, Edarbyclor <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</sup>	
	Perindopril <sup>QL</sup>	
	Prinivil <sup>QL</sup>	
	Qbrelis <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>	Azor <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Amlodipine/Olmesartan <sup>QL</sup>	Byvalson <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Amlodipine/Valsartan <sup>QL</sup>	Exforge <sup>QL</sup>	<a href="#">Link to Angiotensin Modulator Combinations PA Fax Form</a>
Amlodipine/Valsartan HCTZ <sup>QL</sup>	Exforge HCTZ <sup>QL</sup>	<a href="#">Link to Entresto PA Fax Form</a>
	Lotrel <sup>QL</sup>	<a href="#">Link to Aliskiren Agents PA Fax Form</a>
	Olmesartan/Amlodipine/HCTZ <sup>QL</sup>	
	Prestalia <sup>QL</sup>	
	Tarka <sup>QL</sup>	
	Telmisartan/Amlodipine <sup>QL</sup>	
	Trandolapril/Verapamil <sup>QL</sup>	
	Tribenzor <sup>QL</sup>	
	Twynsta <sup>QL</sup>	

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## ANTI-ALLERGENS

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

## ANTIBIOTICS, GI 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> Difcid <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>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Xifaxan PA Fax Form</a> <a href="#">Link to Zinplava 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 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	<a href="#">Link to PA Guidelines</a>

## ANTIBIOTICS, VAGINAL

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

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## ANTICOAGULANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Coumadin	Arixtra <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Eliquis <sup>QL, PA</sup>	Fondaparinux <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
<b>Enoxaparin Syringe<sup>QL</sup></b>	Lovenox Syringe and Vial <sup>QL</sup>	<a href="#">Link to Eliquis PA Fax Form</a>
Enoxaparin Vial <sup>QL</sup>	Savaysa <sup>QL</sup>	<a href="#">Link to Pradaxa PA Fax Form</a>
Fragmin Syringe & Vial <sup>QL</sup>	Xarelto Dose Pack <sup>QL</sup>	<a href="#">Link to Savaysa PA Fax Form</a>
Pradaxa <sup>QL, PA</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
<b>Banzel Suspension<sup>QL</sup></b>	Aptiom <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Banzel Tablet <sup>QL</sup>	Briviact Tablet, Solution <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Carbamazepine Tablet, Chewable Tablet, Suspension <sup>QL</sup>	Carbatrol ER Capsule <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Carbamazepine ER Capsule <sup>QL</sup>	Clonazepam ODT <sup>QL</sup>	
Carbamazepine XR <sup>QL</sup>	Depakene	
Celontin <sup>QL</sup>	Depakote DR Tablet	
Clonazepam Tablet <sup>QL</sup>	Depakote ER Tablet	
Diastat Rectal Gel	Depakote Sprinkle	
Dilantin 30 mg Capsule <sup>QL</sup>	Diazepam Rectal Gel	
Divalproex DR Tablet	Dilantin 100 mg Capsule <sup>QL</sup>	
Divalproex ER Tablet	Dilantin Infatab, Suspension <sup>QL</sup>	
Divalproex Sprinkle	Equetro <sup>QL</sup>	
Epitol <sup>QL</sup>	Felbamate	
Ethosuximide Capsule, Syrup <sup>QL</sup>	Felbatol	
Gabapentin Capsule, Tablet <sup>QL</sup>	Fycompa Suspension, Tablet <sup>QL</sup>	
Gabitril	Gabapentin Solution <sup>QL</sup>	
Lamotrigine Tablet		
Levetiracetam Solution, Tablet <sup>QL</sup>		
Lyrica Capsule <sup>QL</sup>		
Onfi Tablet <sup>QL</sup>		
Oxcarbazepine Suspension, Tablet <sup>QL</sup>		
Peganone <sup>QL</sup>		
Phenobarbital		
Phenytoin Capsule, Chewable Tablet, Suspension <sup>QL</sup>		
Phenytoin ER Capsule ( <i>generic Phenytek</i> ) <sup>QL</sup>		
Primidone <sup>QL</sup>		
Tegretol Suspension, IR Tablet <sup>QL</sup>		
Topamax Sprinkle <sup>QL</sup>		
Topiramate Sprinkle, Tablet <sup>QL</sup>		
Trileptal Suspension <sup>QL</sup>		
Valproic Acid <sup>QL</sup>		
Vimpat <sup>QL</sup>		
Zonisamide <sup>QL</sup>		
	Keppra <sup>QL</sup>	
	Keppra XR <sup>QL</sup>	
	Klonopin <sup>QL</sup>	
	Lamictal Tablet	
	Lamictal ODT	
	Lamictal XR	
	Lamotrigine ODT	
	Lamotrigine XR	
	Levetiracetam ER <sup>QL</sup>	
	Lyrica Solution <sup>QL</sup>	
	Mysoline <sup>QL</sup>	
	Neurontin <sup>QL</sup>	
	Onfi suspension <sup>QL</sup>	
	Oxtellar XR <sup>QL</sup>	
	Phenytek <sup>QL</sup>	
	Potiga <sup>QL</sup>	
	Qudexy XR <sup>QL</sup>	
	Sabrii <sup>QL</sup>	
	Spritam Suspension <sup>QL</sup>	
	Tegretol XR Tablet <sup>QL</sup>	
	Tiagabine	
	Topamax Tablet <sup>QL</sup>	
	Topiramate ER Caps <sup>QL</sup>	
	Trileptal Tablet <sup>QL</sup>	
	Trokendi XR <sup>QL</sup>	
	Zarontin Capsule, Syrup <sup>QL</sup>	
	Zonegran <sup>QL</sup>	

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## ANTIDEPRESSANTS, OTHER

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

## ANTIDEPRESSANTS, SSRIS

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



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## ANTIEMETICS/ANTIVERTIGO AGENTS

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

## ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Clotrimazole Mucous Membrane Troche <sup>QL</sup>	Ancobon	Noxafil <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Fluconazole <sup>QL</sup>	Cresemba <sup>QL</sup>	Onmel <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Griseofulvin Suspension	Diflucan <sup>QL</sup>	Oravig <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
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>		

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## ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Athlete's Foot	Alevazol OTC	<a href="#">Link to PA Guidelines</a>
Clotrimazole-Betamethasone Cream	Bensal HP	<a href="#">Link to PA Fax Form</a>
Clotrimazole OTC	Ciclodan	
Desenex	Ciclopirox CR / Susp / Gel	
Ketoconazole Cream & Shampoo	Ciclopirox Shampoo	
Lamisil AT Cream, AT Gel & Spray	Ciclopirox Solution	
Miconazole OTC	Clotrimazole Rx	
Nystatin	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 <sup>QL</sup>	Cetirizine Chewable OTC <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Cetirizine Tablet OTC <sup>QL</sup>	Cetirizine-D OTC <sup>AR, QL</sup>	<a href="#">Link to Quantity Limits List</a>
Cetirizine Tablet Rx <sup>QL</sup>	Clarinx <sup>QL</sup>	
Loratadine <sup>QL</sup>	Clarinx-D <sup>AR, QL</sup>	
Loratadine-D <sup>AR, QL</sup>	Desloratadine <sup>QL</sup>	
	Desloratadine ODT <sup>QL</sup>	
	Fexofenadine <sup>QL</sup>	
	Fexofenadine-D <sup>AR, QL</sup>	
	Levocetirizine <sup>QL</sup>	
	Semprex D <sup>AR, QL</sup>	
	Xyzal <sup>QL</sup>	

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## ANTIHYPERTENSIVES, SYMPATHOLYTIC

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

## ANTIHYPERURICEMICS

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

## ANTIMIGRAINE AGENTS, OTHER

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

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## ANTIMIGRAINE AGENTS, TRIPTANS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Rizatriptan, Rizatriptan ODT <sup>QL</sup>	Almotriptan <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Sumatriptan Nasal Spray <sup>QL</sup>	Alsuma <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Sumatriptan SQ Cartridge Kit <sup>QL</sup>	Amerge <sup>QL</sup>	<a href="#">Link to Triptans PA Fax Form</a>
Sumatriptan SQ Pen Injector Kit <sup>QL</sup>	Axert <sup>QL</sup>	
Sumatriptan Tablet <sup>QL</sup>	Frova <sup>QL</sup>	
Sumatriptan Vial <sup>QL</sup>	Frovatriptan Tablet <sup>QL</sup>	
	Imitrex Nasal Spray <sup>QL</sup>	
	Imitrex SQ Cartridge Kit <sup>QL</sup>	
	Imitrex SQ Pen Injector Kit <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</sup>	
	Relpax <sup>QL</sup>	
	Sumavel <sup>QL</sup>	
	Treximet <sup>QL</sup>	
	Zecuity Patch <sup>QL</sup>	
	Zembrace <sup>QL</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	
Sklice	Pip Butoxide/ Pyrethrins/Permethrin Kit OTC	
	Spinosad	

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## ANTIPARKINSON'S AGENTS

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

## ANTIPSORIATICS, ORAL

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

## ANTIPSORIATICS, TOPICAL

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

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## ANTIPSYCHOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<b>Abilify Maintena</b> <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>
Aripiprazole <sup>AR, QL</sup>	Adasuve <sup>AR, QL</sup>	
Clozapine <sup>AR, QL</sup>	Amitriptyline / Perphenazine <sup>AR</sup>	
Fluphenazine <sup>AR</sup>	Aripiprazole ODT, Solution <sup>AR, QL</sup>	
Fluphenazine Decanoate (Injection) <sup>AR</sup>	Aristada <sup>AR, QL</sup>	
Geodon Injection <sup>AR, QL</sup>	Chlorpromazine <sup>AR</sup>	
Haldol Injection <sup>AR</sup>	Clozapine ODT <sup>AR, QL</sup>	
Haloperidol <sup>AR</sup>	Clozaril <sup>AR, QL</sup>	
Haloperidol Decanoate Injection <sup>AR</sup>	Fanapt <sup>AR, QL</sup>	
Haloperidol Lactate (Injection) <sup>AR</sup>	Fazaclor <sup>AR, QL</sup>	
Invega Sustenna <sup>AR, QL</sup>	Geodon Capsule <sup>AR, QL</sup>	
Invega Trinza <sup>AR, QL</sup>	Haldol Decanoate Injection <sup>AR</sup>	
Loxapine <sup>AR</sup>	Invega Tablet <sup>AR, QL</sup>	
Orap <sup>AR</sup>	Latuda <sup>AR, QL</sup>	
Perphenazine <sup>AR</sup>	Molindone <sup>AR, QL</sup>	
Quetiapine <sup>AR, QL</sup>	Nuplazid <sup>AR</sup>	
<b>Quetiapine ER</b> <sup>QL</sup>	Olanzapine Injection <sup>AR, QL</sup>	
Risperdal Consta <sup>AR, QL</sup>	Olanzapine ODT, Tablet <sup>AR, QL</sup>	
Risperidone Tablet, Solution <sup>AR, QL</sup>	Olanzapine/Fluoxetine <sup>AR, QL</sup>	
Thioridazine <sup>AR</sup>	Paliperidone ER <sup>AR, QL</sup>	
Thiothixene <sup>AR</sup>	Pimozide <sup>AR</sup>	
Trifluoperazine <sup>AR</sup>	Rexulti <sup>AR, QL</sup>	
Ziprasidone <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 <sup>AR</sup>	
	Vraylar <sup>AR, 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>	Sitavig <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Famciclovir <sup>QL</sup>	Tamiflu Suspension <sup>QL</sup>	Oseltamivir <sup>QL</sup>	Valtrex <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Relenza <sup>QL</sup>	Valacyclovir <sup>QL</sup>	Rimantadine	Zovirax	

## 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	Pindolol	Betaxolol	Nadolol/ Bendroflumethiazide	<a href="#">Link to PA Fax Form</a>
Bisoprolol/HCTZ	Propranolol	Bystolic <sup>QL</sup>	Sectral	
Carvedilol <sup>QL</sup>	Propranolol ER	Coreg <sup>QL</sup>	Sotylize	
Labetalol	Propranolol HCTZ	Coreg CR <sup>QL</sup>	Tenormin, Tenoretic	
	Sotalol	Corgard, Corzide	Timolol	
		Hemangeol	Toprol XL	
		Inderal LA	Zebeta	
		Innopran XL <sup>QL</sup>		
		Levatol		
		Lopressor, Lopressor HCT		

## BILE SALTS

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

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## BONE RESORPTION SUPPRESSION AND RELATED AGENTS

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

## BOTULINUM TOXINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Botox <sup>PA, QL</sup> Dysport <sup>PA, QL</sup>	Xeomin <sup>PA, 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> Doxazosin <sup>QL</sup> Finasteride <sup>QL</sup>	Tamsulosin <sup>QL</sup> Terazosin <sup>QL</sup> Avodart <sup>QL</sup> Cardura, Cardura XL <sup>QL</sup> Cialis <sup>QL</sup> Dutasteride <sup>QL</sup> Dutasteride /Tamsulosin <sup>QL</sup> Flomax <sup>QL</sup> Jalyn <sup>QL</sup> Proscar <sup>QL</sup> Rapaflo <sup>QL</sup> Uroxatral <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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## BRONCHODILATORS, BETA AGONIST

Preferred Agents	Non-Preferred Agents	Prior Authorization
Albuterol Nebulizer Vials 2.5 mg/3 ml (0.083%)	Albuterol Syrup, Tablet, XR Tablet	<a href="#">Link to PA Guidelines</a>
Albuterol Concentrate Solution 100 mg/20 ml (0.05%)	Albuterol Nebulizer Vials 0.63 mg/3 ml, 1.25 mg/3 ml	<a href="#">Link to PA Fax Form</a>
Proair HFA <sup>QL</sup>	Arcapta Neohaler <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Proventil HFA <sup>QL</sup>	Brovana Vial <sup>QL</sup>	
<b>Serevent Diskus<sup>QL</sup></b>	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>	
	<b>Striverdi Respimat<sup>QL</sup></b>	
	Terbutaline Tablet	
	Ventolin HFA <sup>QL</sup>	
	Vospire ER <sup>QL</sup>	
	Xopenex HFA <sup>QL</sup>	
	Xopenex Concentrate Solution <sup>QL</sup>	
	Xopenex Nebulizer Vials <sup>QL</sup>	

## CALCIUM CHANNEL BLOCKERS

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

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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> <a href="#">Link to PA Fax Form</a>
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)				
<b><u>Biphasic</u></b>		<b><u>Biphasic</u></b>		
Desogestrel/Ethinyl	Necon-28 10/11	Azurette	Mircette	
Estradiol (generic Mircette)		Bekyree	Pimtree	
		Kariva	Viorele	
		Kimidess		

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## CONTRACEPTIVES, ORAL

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

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## CONTRACEPTIVES, ORAL

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

## 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>
Kyleena <sup>QL</sup>	Depo-Provera Injection Vial <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Liletta Intrauterine <sup>QL</sup>		
Medroxyprogesterone Acetate Injection Syringe <sup>QL</sup>		
Medroxyprogesterone Acetate Injection Vial <sup>QL</sup>		
Mirena Intrauterine <sup>QL</sup>		
Nexplanon Implant <sup>QL</sup>		
Nuvaring <sup>QL</sup>		
Paragard T 380-A Intrauterine <sup>QL</sup>		
Skyla Intrauterine <sup>QL</sup>		
Xulane Patch <sup>QL</sup>		

## COPD AGENTS

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

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## CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cosentyx <sup>PA, QL</sup>	Actemra <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Humira <sup>PA, QL</sup>	Arcalyst <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Xeljanz <sup>PA, QL</sup>	Cimzia <sup>QL</sup>	<a href="#">Link to Actemra PA Fax Form</a>
	Enbrel <sup>QL</sup>	<a href="#">Link to Arcalyst PA Fax Form</a>
	Entyvio <sup>QL</sup>	<a href="#">Link to Cimzia PA Fax Form</a>
	Ilaris <sup>QL</sup>	<a href="#">Link to Cosentyx PA Fax Form</a>
	Inflectra	<a href="#">Link to Enbrel PA Fax Form</a>
	Kevzara <sup>QL</sup>	<a href="#">Link to Entyvio PA Form</a>
	Kineret <sup>QL</sup>	<a href="#">Link to Humira &amp; Biosimilars PA Fax Form</a>
	Orencia <sup>QL</sup>	<a href="#">Link to Ilaris PA Fax Form</a>
	Otezla <sup>QL</sup>	<a href="#">Link to Kevzara PA Fax Form</a>
	Remicade	<a href="#">Link to Kineret PA Fax Form</a>
	Renflexis	<a href="#">Link to Orencia PA Fax Form</a>
	Siliq <sup>QL</sup>	<a href="#">Link to Otezla PA Fax Form</a>
	Simponi <sup>QL</sup>	<a href="#">Link to Remicade &amp; Biosimilars PA Fax Form</a>
	Simponi Aria	<a href="#">Link to Siliq PA Fax Form</a>
	Stelara <sup>QL</sup>	<a href="#">Link to Stelara PA Fax Form</a>
	Taltz <sup>QL</sup>	<a href="#">Link to Simponi PA Fax Form</a>
	Tremfya <sup>QL</sup>	<a href="#">Link to Taltz PA Fax Form</a>
	Xeljanz XR <sup>QL</sup>	<a href="#">Link to Tremfya 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
LifeScan (OneTouch Ultra 2, OneTouch Ultra Mini, OneTouch Verio, Verio IQ) <sup>QL</sup>	Abbott (Freestyle Lite, Freestyle Freedom Lite, Precision Xtra, Freestyle Insulinx) <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
True Metrix <sup>QL</sup>	HMD <sup>QL</sup>	<a href="#">Link to Diabetic Meters and Strips PA Fax Form</a>
	Home Diagnostics <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
	Roche <sup>QL</sup>	
	TrueTrack <sup>QL</sup>	
	US Diagnostics <sup>QL</sup>	
	Vertex <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>	

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## DIABETIC STRIPS

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

## EMOLLIENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ammonium Lactate Cream/Lotion OTC	Amlactin Ultra OTC Biafine Cerave PM OTC Eleton Emollient Combo #10 Cream	Emollient Combo #32 Cream HPR Plus Hydrogel HPR Plus-MB Hydrogel MB Hydrogel
		<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 EpiPen – labeler 49502)	Adrenaclick Epinephrine injection (generic Adrenaclick – labeler 54505)	EpiPen EpiPen Jr
		<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>

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## GI MOTILITY, CHRONIC

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amitiza <sup>QL, PA</sup>	Alosetron <sup>QL</sup> Linzess <sup>QL</sup> Lotronex <sup>QL</sup> Movantik <sup>QL</sup>	<a href="#">Trulance<sup>QL</sup></a> <a href="#">Relistor<sup>QL</sup></a> 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>

## GLUCOCORTICOIDS, INHALED

Preferred Agents	Non-Preferred Agents	Prior Authorization
Advair Diskus <sup>QL</sup> Dulera <sup>QL</sup> Flovent HFA <sup>QL</sup>	Pulmicort Flexhaler <sup>QL</sup> Symbicort <sup>QL</sup>  Advair HFA <sup>QL</sup> Aerospan <sup>QL</sup> Airduo Respiclick <sup>QL</sup> Alvesco <sup>QL</sup> Armonair Respiclick <sup>QL</sup> Arnuity Ellipta <sup>QL</sup> Asmanex HFA <sup>QL</sup> Asmanex Twisthaler <sup>QL</sup> Breo Ellipta <sup>QL</sup> Budesonide Respules <sup>QL</sup> Budesonide Nebulizer <sup>QL</sup>	Flovent Diskus <sup>QL</sup> Fluticasone-salmeterol Powder Inhalation <sup>QL</sup> Pulmicort Nebulizer <sup>QL</sup> Pulmicort Respules 0.25, 0.5 mg and 1 mg <sup>QL</sup> Qvar <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>

## GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Budesonide EC <sup>QL</sup> Dexamethasone Elixir Dexamethasone Intensol Dexamethasone Solution, Tablet Hydrocortisone Methylprednisolone Dosepak Methylprednisolone Tab 4 mg, 8mg, 16mg, 32 mg Prednisolone Sodium Phosphate Solution Prednisolone Solution Prednisone Tabs, Solution, Dosepak	Cortef Cortisone DexPak Entocort EC <sup>QL</sup> Medrol Millipred Orapred ODT Pediapred Prednisolone Sodium Phosphate ODT Prednisone Intensol Rayos Veripred 20	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## GROWTH FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Increlex <sup>PA</sup>		<a href="#">Link to PA Guidelines</a>



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## GROWTH HORMONES

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

## H. PYLORI TREATMENT

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

## HEPATITIS B AGENTS

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

## HEPATITIS C AGENTS

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

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## HEREDITARY ANGIOEDEMA TREATMENTS

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

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## HIV/AIDS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<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</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> Epzicom<sup>QL</sup> Lamivudine Tablet<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> Zidovudine<sup>QL</sup></p>	<p style="text-align: center;"><b><u>NRTIs</u></b></p> <p>Abacavir/Lamivudine<sup>QL</sup> Combivir<sup>QL</sup> EpiVir<sup>QL</sup> Lamivudine Solution<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> Ziagen<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> Odefsey<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> Triumeq<sup>QL</sup></p>	
<p style="text-align: center;"><b><u>Miscellaneous Agents</u></b></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>	Miglitol <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>Incretin Enhancer</b>	<b>Incretin Mimetic</b>	<b>Incretin Enhancer</b>	<b>Incretin Mimetic</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>
Glyxambi <sup>PA, QL</sup> Janumet <sup>PA, QL</sup> Januvia <sup>PA, QL</sup> Jentadueto <sup>PA, QL</sup> Jentadueto XR <sup>PA, QL</sup> Tradjenta <sup>PA, QL</sup>	Bydureon <sup>PA, QL</sup> Bydureon Pens <sup>PA, QL</sup> Symlin Pens <sup>PA, QL</sup> Victoza <sup>PA, QL</sup>	Janumet XR <sup>QL</sup> Kazano <sup>QL</sup> Kombiglyze XR <sup>QL</sup> Nesina <sup>QL</sup> Onglyza <sup>QL</sup>	Adlyxin <sup>QL</sup> Byetta Pens <sup>QL</sup> Oseni <sup>QL</sup> Tanzeum <sup>QL</sup> Trulicity <sup>QL</sup>	

## HYPOGLYCEMICS, INSULIN

Preferred Agents		Non-Preferred Agents		Prior Authorization
<b><u>Rapid-Acting</u></b>		<b><u>Rapid-Acting</u></b>		<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>
Humalog Vial NovoLog Cartridge NovoLog Flexpen NovoLog Vial6		Apidra Solostar Pen Apidra Vial Humalog U-100 Kwikpen Humalog U-200 Kwikpen		
<b><u>Short-Acting</u></b>		<b><u>Short-Acting</u></b>		
Humulin R U-100 Vial Humulin R U-500 Vial Humulin N Kwikpen Humulin R Kwikpen		Afrezza Novolin R Vial		
<b><u>Intermediate-Acting</u></b>		<b><u>Intermediate-Acting</u></b>		
Humulin N Vial		Novolin N Vial		
<b><u>Long-Acting (basal)</u></b>		<b><u>Long-Acting (basal)</u></b>		
Lantus Solostar Pen Lantus Vial Levemir FlexTouch Pen Levemir Vial		Basaglar Kwikpen Toujeo Solostar Tresiba FlexTouch U-100 Tresiba FlexTouch U-200		

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## HYPOGLYCEMICS, INSULIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
<u>Insulin Mixes</u>	<u>Insulin Mixes</u>	
Humalog Mix 50/50 Vial Humalog Mix 75/25 Vial Humulin 70/30 Vial NovoLog Mix 70/30 Flexpen NovoLog Mix 70/30 Vial	Humalog Mix 50/50 Kwikpen Humalog Mix 75/25 Kwikpen Humulin 70/30 Kwikpen <b>Novolin 70/30 Vial</b>	
<u>Alternate Formulations</u>	<u>Alternate Formulations</u>	
	Afrezza Powder Soliqua Xultophy	

## HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Repaglinide <sup>QL</sup>	Nateglinide <sup>QL</sup> Prandimet <sup>QL</sup>	Prandin <sup>QL</sup> Repaglinide-Metformin <sup>QL</sup> Starlix <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, METFORMINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
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>	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> <b>Metformin ER Tablet (<i>generic Glumetza</i>)<sup>QL</sup></b> Riomet Suspension <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to PA Fax Form</a>

## HYPOGLYCEMICS, SGLT2 INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<b>Farxiga<sup>PA,QL</sup></b> <b>Jardiance<sup>PA,QL</sup></b> <b>Synjardy<sup>PA,QL</sup></b>	<b>Synjardy XR<sup>PA,QL</sup></b> <b>Xigduo XR<sup>PA,QL</sup></b>	<b>Invokana<sup>QL</sup></b> <b>Invokamet<sup>QL</sup></b> <b>Invokamet XR<sup>QL</sup></b>
		<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>

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

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

## INTRAARTICULAR HYALURONATES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Hyalgan <sup>PA, QL</sup>	Euflexxa <sup>QL</sup>	Orthovisc <sup>QL</sup>
Hymovis <sup>PA, QL</sup>	Gel-One <sup>QL</sup>	Supartz FX <sup>QL</sup>
	Gelsyn-3 <sup>QL</sup>	Synvisc <sup>QL</sup>
	Genvisc 850 <sup>QL</sup>	Synvisc-One <sup>QL</sup>
	Monovisc <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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## 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>	Mometasone <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Budesonide OTC <sup>QL</sup>	Atrovent <sup>QL</sup>	Nasonex <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Cromolyn Sodium OTC	Azelastine 0.15% ( <i>generic Astepro</i> ) <sup>QL</sup>	Olopatadine <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Dymista <sup>QL</sup>	Beconase AQ <sup>QL</sup>	Omnares <sup>QL</sup>	
Fluticasone <sup>QL</sup>	Budesonide <sup>QL</sup>	Qnasl <sup>QL</sup>	
Ipratropium <sup>QL</sup>	Flonase OTC	Triamcinolone <sup>QL</sup>	
Patanase <sup>QL</sup>	Flunisolide <sup>QL</sup>	Veramyst <sup>QL</sup>	
		Zetonna <sup>QL</sup>	

## IRON, ORAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Centratex	Active FE	Hematogen FA	<a href="#">Link to PA Guidelines</a>
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	Multigen Plus	
Hemotagen Forte	Acid	Nephron FA	
Hemocyt-F	Ferrous Fumarate/Folic	Taron Forte	
Hemocyt Plus	Acid/Multivitamins & Minerals	TL-HEM 150	
Integra	Ferrous Fumarate/Iron	Vitafo	
Integra Plus	Polysaccharides/Folic		
Iron Carbonyl/Ascorbic Acid OTC	Acid/Multivitamin		
Iron Polysaccharides OTC	Ferrous Sulfate/Ascorbic		
Iron Polysaccharides/B12/ Folic Acid	Acid/Folic Acid OTC		
Tandem Dual Action	Fusion OTC		
Tandem Plus	Fusion Plus		
TL Icon			
Tricon			
Trigels-F Forte			
Wee Care Susp			

## IRON, PARENTERAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Ferrlecit	Feraheme <sup>QL</sup>		<a href="#">Link to PA Guidelines</a>
INFeD	Injectafer		<a href="#">Link to PA Fax Form</a>
Sodium Ferric Gluconate Complex in Sucrose			<a href="#">Link to Quantity Limits List</a>
Venofer <sup>QL</sup>			

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## LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Montelukast Chewable Tablet <sup>QL</sup> Montelukast Tablet <sup>QL</sup>	Accolate <sup>QL</sup> Montelukast Granules <sup>QL</sup> Singulair <sup>QL</sup>	Zafirlukast <sup>QL</sup> <b>Zileuton ER<sup>QL</sup></b> Zyflo <sup>QL</sup> Zyflo CR <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>

## LIPOTRONICS, OTHER THAN STATINS

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



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## LIPOTROPICS, STATINS

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

## MACROLIDES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Azithromycin	PCE	Biaxin	Erythrocin (Erythromycin Stearate)	<a href="#">Link to PA Guidelines</a>
		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 <sup>PA,QL</sup>	Lucentis <sup>PA,QL</sup>	Macugen <sup>QL</sup>		<a href="#">Link to PA Guidelines</a>
	Visudyne <sup>PA,QL</sup>			<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>

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## MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ampyra <sup>PA,QL</sup>	Aubagio <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Avonex <sup>QL</sup>	Copaxone 40 mg Syringe <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Betaseron	Extavia	<a href="#">Link to Multiple Sclerosis Agents PA Fax Form</a>
Copaxone 20 mg Syringe <sup>QL</sup>	Glatopa <sup>QL</sup>	
Gilenya <sup>QL</sup>	Lemtrada <sup>QL</sup>	<a href="#">Link to Ampyra PA Fax Form</a>
Rebif <sup>QL</sup>	Ocrevus <sup>QL</sup>	<a href="#">Link to Aubagio PA Fax Form</a>
Rebif Rebidose Pen	Plegridy <sup>QL</sup>	<a href="#">Link to Gilenya PA Fax Form</a>
Tecfidera <sup>PA,QL</sup>	Zinbryta <sup>QL</sup>	<a href="#">Link to Ocrevus PA Fax Form</a>
Tysabri <sup>PA,QL</sup>		<a href="#">Link to Tecfidera PA Fax Form</a>
		<a href="#">Link to Zinbryta PA Fax Form</a>

## 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 Cymbalta</i> ) <sup>QL</sup>	Duloxetine 40 mg Capsule ( <i>generic Irenka</i> ) <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Gabapentin Capsule, Tablet <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>
	Macrodantin Capsule <sup>QL</sup>	
	Nitrofurantoin Suspension <sup>QL</sup>	

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## NSAIDS

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

## ONCOLOGY AGENTS, BREAST CANCER

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

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## 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	Naphcon-A	Alocril	Epinastine	<a href="#">Link to PA Guidelines</a>
Cromolyn Sodium	<b>Pazeo</b>	Alomide	Lastacaft	<a href="#">Link to PA Fax Form</a>
Ketotifen OTC	Zaditor OTC	Azelastine	<b>Olopatadine</b>	
		Bepreve	Pataday	
		Elestat	Patanol	
		Emadine		

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## OPHTHALMIC ANTIBIOTICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Ciloxan	Sulfacetamide Solution	AzaSite	Moxeza	<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	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.		<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	Ilevro	Acular LS	Ozurdex	
Durezol	Ketorolac, Ketorolac LS	Acuvail	Pred Forte	
Flarex	Lotemax Drops	Bromfenac	Prolensa	
Fluorometholone	Maxidex	<b>Bromsite</b>	Retisert	
Flurbiprofen	Pred Mild	FML	Triesence <sup>QL</sup>	
FML Forte	Prednisolone	Iluvien	Vexol	
	Prednisolone Sodium Phosphate	Lotemax Gel, Ointment		
		Nevanac		

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## OPHTHALMICS, GLAUCOMA AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alphagan P 0.1%	Latanoprost	Betagan	Phospholine Iodide	<a href="#">Link to PA Guidelines</a>
Alphagan P 0.15%	Levobunolol	Betaxolol	Simbrinza	<a href="#">Link to PA Fax Form</a>
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 <sup>QL</sup>		Xiidra <sup>QL</sup>	<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>		<b>Probuphine<sup>QL</sup></b>	<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
Cipro HC	Coly-Mycin S	<b>Ciprofloxacin Otic</b>	Otiprio	<a href="#">Link to PA Guidelines</a>
Ciprodex	Neomycin/Polymyxin/HC <b>Ofloxacin</b>	Cortisporin-TC <b>Floxin Drops</b>	<b>Otovel</b>	

## OTIC ANTI-INFECTIVES & ANESTHETICS

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

## PANCREATIC ENZYMES

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

## PHOSPHATE BINDERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Calcium Acetate <sup>QL</sup>		Auryxia <sup>QL</sup>	Renvela Powder Pack <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Calphron		Eliphos <sup>QL</sup>	Sevelamer <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Phoslyra <sup>QL</sup>		Fosrenol <sup>QL</sup>	Velphoro <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Renagel <sup>QL</sup>		Fosrenol Powder Pack <sup>QL</sup>		
Renvela Tablet <sup>QL</sup>				

## PITUITARY SUPPRESSIVE AGENTS, LHRH

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

## PLATELET AGGREGATION INHIBITORS

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

## PRENATAL VITAMINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Complete Natal DHA		Focalgin 90 DHA Combo Pack		<a href="#">Link to PA Guidelines</a>

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## PRENATAL VITAMINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Completenate Tablet Chewable	Nexa Plus Softgel	<a href="#">Link to PA Fax Form</a>
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	
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 <sup>PA,QL</sup>	Aygestin <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Medroxyprogesterone Acetate <sup>QL</sup>	Crinone Vaginal	
Norethindrone Acetate <sup>QL</sup>	Depo-Provera Injection 400 mg/mL <sup>QL</sup>	<a href="#">Link to Progestational Agents PA Fax Form</a>
Progesterone Capsule <sup>QL</sup>	Hydroxyprogesterone Caproate 1.25g/5ml <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Progesterone IM Injection	Prometrium <sup>QL</sup>	
	Provera <sup>QL</sup>	

## PROTON PUMP INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Nexium Suspension <sup>QL</sup>	Aciphex <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Omeprazole Rx <sup>QL</sup>	Aciphex Sprinkle <sup>QL</sup>	
Pantoprazole <sup>QL</sup>	Dexilant <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
Protonix Suspension <sup>QL</sup>	Esomeprazole Magnesium DR Capsule <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
	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>	



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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> Zolpidem Sublingual <sup>QL</sup> Zolpimist <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>

## STERIODS, 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	<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, Solution Fluocinolone Flurandrenolide Cream Fluticasone Propionate Lotion Hydrocortisone Butyrate Cream, Emollient, Ointment, Solution Hydrocortisone Butyrate Ointment (Rouses) 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 Betamethasone Dipropionate Lotion Desoximetasone Diflorasone Diacetate Diprolene Fluocinonide Halog Kenalog Aerosol Sernivo Spray 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>

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## STEROIDS, TOPICAL – VERY HIGH POTENCY

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

## STIMULANTS AND RELATED AGENTS

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

## TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

Preferred Agents	Non-Preferred Agents	Prior Authorization
Doxycycline Hyclate Capsules	Demeclocycline	<a href="#">Link to PA Guidelines</a>
Doxycycline Hyclate 50 & 100 mg Tablets	Doryx DR <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>

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## TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

Preferred Agents	Non-Preferred Agents	Prior Authorization
Doxycycline Monohydrate 50 & 100mg Capsule Doxycycline Monohydrate Tablet Minocycline Capsule Vibramycin Suspension	Doxycycline Hyclate 75 & 150 mg Tablets Doxycycline Hyclate DR <sup>QL</sup> 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 Quantity Limits List</a>

## 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
CytomeI <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> <b>Balsalazide<sup>QL</sup></b> Canasa <sup>QL</sup> DelzicoI <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> Colazal <sup>QL</sup> Dipentum <sup>QL</sup> Giazo <sup>QL</sup>	Lialda <sup>QL</sup> Mesalamine (rectal) <sup>QL</sup> <b>Mesalamine DR</b> Pentasa <sup>QL</sup> <b>Rowasa</b> sfRowasa <sup>QL</sup> Uceris <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

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## VASODILATORS, CORONARY

Preferred Agents	Non-Preferred Agents		Prior Authorization
Isosorbide Mononitrate	BiDil	Nitro-DUR Patch	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>
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		