

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 23, 2018

ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Acanya	Aczone	Link to PA Guidelines
Azelex ^{AR}	Adapalene	Link to Quantity Limits List
Benzoyl Peroxide	Adapalene-Benzoyl Peroxide Gel	Link to PA Fax Form
<ul style="list-style-type: none"> • 2.5% Gel (OTC) • 5% Gel (OTC) • 5% Wash (OTC) • 10% Gel (OTC) • 10% Wash (OTC) 	Atralin	
Clindamycin-Benzoyl Peroxide Gel 1.2 (1)-5% (generic Duac)	Avita	
Differin (Rx) ^{AR}	BenzaClin Gel, Gel Pump	
Epiduo ^{AR}	Benzamycin Gel	
Onexton	Benzoyl Peroxide	
Panoxyl-4 Wash OTC	<ul style="list-style-type: none"> • 3% Cleanser (OTC) • 5.3% Foam (OTC) • 6% Cleanser (OTC) • 9% Cleanser (OTC) • 9.8% Foam (Rx) 	
Panoxyl 10% Bar (OTC), Wash (OTC)	Cleocin T	
Retin-A Cream, Gel ^{AR}	Clindacin ETZ	
	Clindacin P	
	Clindacin Pac	
	Clindamycin	
	Clindamycin-Benzoyl Peroxide Gel, Gel Pump	
	Clindamycin-Tretinoin Gel	
	Dapsone Gel	
	Duac	
	Epiduo Forte	
	Ery Pads	
	Erygel	
	Erythromycin/Benzoyl Peroxide	
	Erythromycin	
	Evoclin	
	Fabior	
	Klaron	
	Neuac	
	Retin-A Micro Gel, Gel Pump ^{AR}	
	Sulfacetamide, Sodium Sulfacetamide	
	Sulfacetamide/Sulfur	
	Sumadan, Sumadin XLT ^{QL}	
	Sumaxin, Sumaxin CP, Sumaxin TS ^{QL}	
	Tazarotene^{AR}	
	Tazorac ^{AR}	
	Tretinoin Cream, Gel ^{AR}	
	Tretinoin Micro Gel, Gel Pump ^{AR}	
	Ziana ^{AR}	

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ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Donepezil Tablet ^{AR, PA, QL} Exelon Patch ^{AR, PA, QL} Memantine Tablet ^{AR, PA, QL}	Aricept Tablet ^{AR, QL} Donepezil ODT ^{AR, QL} Donepezil 23 mg Tablet ^{AR, QL} Exelon Capsule ^{AR, QL} Galantamine Solution, Tablet ^{AR, QL} Galantamine ER Capsule ^{AR, QL} Memantine Solution ^{AR, QL} Namenda Solution, 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, NON-OPIOID BARBITURATE COMBINATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Butalbital/Acetaminophen/Caffeine Tablet ^{PA, QL} Butalbital/Aspirin/Caffeine Tablet ^{PA, QL}	Allzital ^{QL} Bupap ^{QL} Butalbital/Acetaminophen Tablet ^{QL} Butalbital/Acetaminophen/Caffeine Capsule ^{QL} Butalbital/Aspirin/Caffeine Capsule ^{QL} Esgic Capsule, Tablet ^{QL} Fioricet ^{QL} Fiorinal ^{QL} Vanatol Solution ^{QL} Zebutal ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

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ANALGESICS, OPIOID – LONG ACTING

Preferred Agents	Non-Preferred Agents	Prior Authorization
Embeda ^{AR, PA, QL}	Arymo ER^{AR, QL}	Link to PA Guidelines
Fentanyl Patch 12, 25, 50, 75, 100 mcg/hr ^{AR, PA, QL}	Belbuca Film ^{AR, QL}	Link to Quantity Limits List
Morphine ER Tablet ^{AR, PA, QL}	Buprenorphine Patch ^{AR, QL}	Link to PA Fax Form - Opioids, Long Acting
	Butrans Patch ^{AR, QL}	
	Dolophine ^{AR, QL}	
	Duragesic Patch ^{AR, QL}	
	Exalgo ^{AR, QL}	
	Fentanyl Patch 37.5, 62.5, 87.5 mcg/hr ^{AR, QL}	
	Hydromorphone ER ^{AR, QL}	
	Hysingla ER ^{AR, QL}	
	Kadian^{AR, QL}	
	Methadone ^{AR, QL}	
	Morphabond ER^{AR, QL}	
	Morphine ER Capsule ^{AR, QL}	
	MS Contin ^{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}	
	Xtampza ER ^{AR, QL}	
	Zohydro ER ^{AR, QL}	

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ANALGESICS, OPIOID – SHORT ACTING

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

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ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Androderm Patch ^{PA, QL} AndroGel ^{PA, QL} Methitest ^{PA, QL} Oxandrolone ^{PA, QL} Testosterone Cypionate Injection ^{PA, QL}	Anadrol-50 ^{QL} Android ^{QL} Aveed ^{QL} Axiron Gel ^{QL} Depo-Testosterone Injection ^{QL} Fortesta Gel ^{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}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

ANGIOTENSIN MODULATORS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Benazepril ^{QL} Captopril HCTZ ^{QL} Enalapril, Enalapril HCTZ ^{QL} Entresto ^{PA, QL} Fosinopril ^{QL} Irbesartan, Irbesartan HCTZ ^{QL} Lisinopril, Lisinopril HCTZ ^{QL} Losartan, Losartan HCTZ ^{QL} Quinapril ^{QL} Ramipril ^{QL} Valsartan ^{QL} Valsartan/HCTZ ^{QL}	Accupril ^{QL} Accuretic ^{QL} Altace ^{QL} Atacand, Atacand HCT ^{QL} Avapro, Avalide ^{QL} Benazepril HCTZ ^{QL} Benicar, Benicar HCT ^{QL} Candesartan, Candesartan HCTZ ^{QL} Captopril ^{QL} Cozaar, Hyzaar ^{QL} Diovan ^{QL} Diovan HCT ^{QL} Edarbi, Edarbyclor ^{QL} Epaned ^{QL} Eprosartan ^{QL} Fosinopril HCTZ ^{QL}	Lotensin ^{QL} Lotensin HCT ^{QL} Micardis, Micardis HCT ^{QL} Moexipril, Moexepiril 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}	Link to PA Guidelines Link to Quantity Limits List Link to Angiotensin Modulators PA Fax Form Link to Aliskiren PA Fax Form Link to Entresto PA Fax Form

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ANGIOTENSIN MODULATOR COMBINATIONS

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

ANTI-ALLERGENS

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

ANTIBIOTICS, GI AND RELATED AGENTS

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

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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	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 Nuversa Link to PA Guidelines

ANTICOAGULANTS

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

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ANTICONVULSANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Banzel Suspension ^{QL}	Aptiom ^{QL}	Lamictal Tablet
Banzel Tablet ^{QL}	Briviact Tablet, Solution ^{QL}	Lamictal ODT
Carbamazepine Tablet, Chewable Tablet, Suspension ^{QL}	Carbatrol ER Capsule ^{QL}	Lamictal XR
Carbamazepine ER Capsule ^{QL}	Clonazepam ODT ^{QL}	Lamotrigine ODT
Carbamazepine XR ^{QL}	Depakene	Lamotrigine XR
Celontin ^{QL}	Depakote DR Tablet	Levetiracetam ER ^{QL}
Clonazepam Tablet ^{QL}	Depakote ER Tablet	Lyrica Solution ^{QL}
Diastat Rectal Gel	Depakote Sprinkle	Mysoline ^{QL}
Dilantin 30 mg Capsule ^{QL}	Diazepam Rectal Gel	Neurontin ^{QL}
Divalproex DR Tablet	Dilantin 100 mg Capsule ^{QL}	Onfi suspension ^{QL}
Divalproex ER Tablet	Dilantin Infatab, Suspension ^{QL}	Oxtellar XR ^{QL}
Divalproex Sprinkle	Equetro ^{QL}	Phenytek ^{QL}
Epitol ^{QL}	Felbamate	Potiga ^{QL}
Ethosuximide Capsule, Syrup ^{QL}	Felbatol	Qudexy XR ^{QL}
Gabapentin Capsule, Tablet ^{QL}	Fycompa Suspension, Tablet ^{QL}	Sabril ^{QL}
Gabitril	Gabapentin Solution ^{QL}	Spritam Suspension ^{QL}
Lamotrigine Tablet	Keppra ^{QL}	Tegretol XR Tablet ^{QL}
Levetiracetam Solution, Tablet ^{QL}	Keppra XR ^{QL}	Tiagabine
Lyrica Capsule ^{QL}	Klonopin ^{QL}	Topamax Tablet ^{QL}
Onfi Tablet ^{QL}		Topiramate ER Caps ^{QL}
Oxcarbazepine Suspension, Tablet ^{QL}		Trileptal Tablet ^{QL}
Peganone ^{QL}		Trokendi XR ^{QL}
Phenobarbital		Zarontin Capsule, Syrup ^{QL}
Phenytoin Capsule, Chewable Tablet, Suspension ^{QL}		Zonegran ^{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}		

[Link to PA Guidelines](#)
[Link to Quantity Limits List](#)
[Link to PA Fax Form](#)

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ANTIDEPRESSANTS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
Bupropion IR Tablet ^{QL}	Aplenzin ^{QL}	Nefazodone
Bupropion SR Tablet ^{QL}	Cymbalta ^{QL}	Parnate
Bupropion XL Tablet ^{QL}	Desvenlafaxine ER ^{QL}	Phenelzine
Duloxetine 20 mg, 30 mg, 60 mg Capsule (generic Cymbalta) ^{QL}	Desvelafaxine fumarate ER ^{QL}	Pristiq ^{QL}
Mirtazapine Tablet ^{QL}	Duloxetine 40 mg Capsule (generic Irenka) ^{QL}	Remeron ^{QL}
Trazodone	Effexor XR ^{QL}	Tranlycypromine Sulfate
Venlafaxine ER Capsule ^{QL}	Emsam Patch ^{QL}	Trintellix ^{QL}
	Fetzima ^{QL}	Venlafaxine IR Tablet ^{QL}
	Forfivo XL ^{QL}	Venlafaxine ER Tablet ^{QL}
	Khedezla ^{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}
Citalopram Tablet ^{QL}	Celexa ^{QL}	Paxil CR ^{QL}
Escitalopram Tablet ^{QL}	Escitalopram Solution ^{QL}	Pexeva ^{QL}
Fluoxetine IR Capsule, Solution, Tablet ^{QL}	Fluoxetine Capsule DR ^{QL}	Prozac Pulvule, Weekly ^{QL}
Fluvoxamine IR Tablet ^{QL}	Fluvoxamine ER ^{QL}	Sarafem ^{QL}
Paroxetine Tablet ^{QL}	Lexapro ^{QL}	Sertraline Concentrate ^{QL}
Sertraline Tablet ^{QL}	Paroxetine CR ^{QL}	Zoloft ^{QL}

ANTIEMETICS/ANTIVERTIGO AGENTS

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

AR = Age Restriction, Clinical Prior Authorization Required
 Non-preferred medications require prior authorization
 IR = immediate-release formulation
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PA = Clinical Prior Authorization Required
 QL = Quantity Limit Applies
 ER = extended-release formulation
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ANTIFUNGALS, ORAL

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

ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents		Prior Authorization
Clotrimazole OTC	Alevazol OTC	Ketoconazole Foam	Link to PA Guidelines
Clotrimazole-Betamethasone Cream	Bensal HP	Loprox	Link to PA Fax Form
Desenex	Butenafine Cream	Lotrisone	
Ketoconazole Cream & Shampoo	Ciclodan	Luzu	
Lamisil OTC	Ciclopirox	Mentax	
Miconazole OTC	Clotrimazole Rx	Naftifine	
Nystatin Cream, Ointment, Powder	Clotrimazole-Betamethasone Lotion	Naftin	
Nystatin Powder	Econazole	Nizoral Shampoo	
Terbinafine OTC	Ertaczo	Nystatin-Triamcinolone Cream, Ointment	
Tolnaftate OTC	Exelderm	Nystop	
	Extina	Oxiconazole	
	Fungoid, Fungoid Kit	Oxistat	
	Jublia	Penlac	
	Kerydin	Vusion	

ANTIHISTAMINES, 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}		Link to Quantity Limits List
Cetirizine Tablet Rx ^{QL}	Clarinet ^{QL}		Link to PA Fax Form
Loratadine ^{QL}	Clarinet-D ^{AR, QL}		
Loratadine-D ^{AR, QL}	Desloratadine ^{QL}		
	Desloratadine ODT ^{QL}		
	Fexofenadine ^{QL}		
	Fexofenadine-D ^{AR, QL}		
	Levocetirizine ^{QL}		
	Semprex D ^{AR, QL}		

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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}		Link to Quantity Limits List
				Link to PA Fax Form

ANTIHYPERURICEMICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Allopurinol		Colchicine Tablet ^{QL}	Uloric ^{QL}	Link to PA Guidelines
Colchicine Capsule ^{PA, QL}		Colcrys ^{QL}	Zurampic ^{QL}	Link to Quantity Limits List
Probenecid		Mitigare ^{QL}	Zyloprim	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		Link to PA Fax Form
		Dihydroergotamine Mesylate Nasal Spray ^{QL}		
		Ergomar ^{QL}		
		Migranal Nasal Spray ^{QL}		

ANTIMIGRAINE AGENTS, TRIPTANS

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

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ANTIPARASITICS, TOPICAL

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

ANTIPARKINSON'S AGENTS

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

ANTIPSORIATICS, ORAL

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

ANTIPSORIATICS, TOPICAL

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

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ANTIPSYCHOTICS

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

ANXIOLYTICS

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

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ANTIVIRALS, ORAL

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

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	Innopran XL ^{QL}	Link to PA Guidelines
Atenolol/Chlorthalidone	Metoprolol XL	Betapace	Lopressor	Link to Quantity Limits List
Bisoprolol	Pindolol	Betaxolol	Metoprolol/HCTZ	Link to PA Fax Form
Bisoprolol/HCTZ	Propranolol	Bystolic ^{QL}	Nadolol	
Carvedilol ^{QL}	Propranolol ER	Carvedilol ER^{QL}	Nadolol/ Bendroflumethiazide	
Labetalol	Propranolol HCTZ	Coreg ^{QL}	Sotylize	
	Sotalol	Coreg CR ^{QL}	Tenormin, Tenoretic	
		Corgard, Corzide	Timolol	
		Hemangeol	Toprol XL	
		Inderal LA, Inderal XL ^{QL}	Ziac	

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}	Gelnique ^{QL}	Link to PA Guidelines
Oxybutynin ER ^{QL}	Toviaz ^{QL}	Detrol, Detrol LA ^{QL}	Myrbetriq ^{QL}	Link to PA Fax Form
	Vesicare ^{QL}	Ditropan XL ^{QL}	Oxytrol ^{QL}	Link to Quantity Limits List
		Enablex ^{QL}	Tolterodine, Tolterodine ER ^{QL}	
		Flavoxate	Trospium, Trospium ER ^{QL}	

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BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alendronate Tablet ^{QL}	Actonel ^{QL}	Link to PA Guidelines
Ibandronate Tablet ^{QL}	Alendronate Solution ^{QL}	Link to Evista PA Fax Form
Pamidronate Disodium (Intravenous)	Atelvia ^{QL}	Link to Bone Resorption
Risedronate ^{QL}	Binosto ^{QL}	Suppression Agents PA
Zoledronic Acid ^{QL}	Boniva ^{QL}	Fax Form
	Boniva (Intravenous) ^{QL}	Link to Forteo & Tymlos PA Fax
	Calcitonin Salmon (Nasal) ^{QL}	Form
	Etidronate Disodium	Link to Injectable Bone
	Evista ^{QL}	Resorption Suppression
	Forteo (Subcutaneous) ^{QL}	Agents PA Fax Form
	Fosamax, Fosamax Plus D ^{QL}	Link to Quantity Limits List
	Ibandronate Injection ^{QL}	
	Miacalcin Injection ^{QL}	
	Prolia ^{QL}	
	Raloxifene ^{QL}	
	Reclast (Intravenous) ^{QL}	
	Risedronate DR Tablet ^{QL}	
	Tymlos ^{QL}	
	Xgeva (Sub-Q) ^{QL}	
	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}	Avodart ^{QL}	Link to PA Guidelines
Doxazosin ^{QL}	Cardura, Cardura XL ^{QL}	Link to PA Fax Form
Finasteride ^{QL}	Cialis ^{QL}	Link to Quantity Limits List
	Dutasteride ^{QL}	
	Dutasteride /Tamsulosin ^{QL}	
	Jalyn ^{QL}	
	Proscar ^{QL}	
	Rapaflo ^{QL}	
	Uroxatral ^{QL}	

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BRONCHODILATORS, BETA AGONIST

Preferred Agents	Non-Preferred Agents	Prior Authorization
Albuterol Nebulizer Vials 2.5 mg/3 ml (0.083%)	Albuterol Syrup, Tablet, XR Tablet	Link to PA Guidelines 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}	
Serevent Diskus ^{QL}	Foradil Aerolizer ^{QL}	
	Levalbuterol Nebulizer Vial ^{QL}	
	Levalbuterol Concentrate Solution ^{QL}	
	Metaproterenol Syrup, Tablet	
	Perforomist Vial ^{QL}	
	Proair Respiclick ^{QL}	
	Striverdi Respimat ^{QL}	
	Terbutaline Tablet	
	Ventolin HFA ^{QL}	
	Xopenex HFA ^{QL}	
	Xopenex Concentrate Solution ^{QL}	
	Xopenex Nebulizer Vials ^{QL}	

CALCIUM CHANNEL BLOCKERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amlodipine ^{QL}	Adalat CC ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
Diltiazem IR Tablet ^{QL}	Calan Tablet	
Diltiazem ER/CD 24 hr Capsule ^{QL}	Calan SR Tablet ^{QL}	
Felodipine ER ^{QL}	Cardizem Tablet ^{QL}	
Nifedipine Capsule ^{QL}	Cardizem CD Capsule ^{QL}	
Nifedipine ER Tablet ^{QL}	Cardizem LA Tablet ^{QL}	
Nimodipine	Diltiazem ER 12 hr Capsule^{QL}	
Verapamil Tablet	Diltiazem LA Tablet ^{QL}	
Verapamil ER Capsule, Tablet ^{QL}	Isradipine ^{QL}	
Verelan PM Capsule ^{QL}	Nicardipine^{QL}	
	Nisoldipine ER ^{QL}	
	Norvasc ^{QL}	
	Nymalize Solution	
	Procardia Capsule	
	Procardia XL ^{QL}	
	Sular ER ^{QL}	
	Tiazac ^{QL}	
	Verapamil ER PM Capsule ^{QL}	
	Verelan Capsule ^{QL}	

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CEPHALOSPORINS AND RELATED ANTIBIOTICS

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

COLONY STIMULATING FACTORS

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

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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	Levora	Balziva	
Alyacen-28 1/35	Lillow	Brevicon	
Apri	Lutera	Briellyn	
Aubra	Marlissa	Drospirenone/Ethinyl Estradiol (generic Yasmin)	
Aviane	Microgestin 21	Drospirenone/Ethinyl Estradiol/Levomefolate	
Blisovi Fe-28 1/20	Microgestin Fe-28 1/20	Ethinodiol-ethinyl estradiol	
Blisovi Fe-28 1.5/30	Microgestin Fe-28 1.5/30	Femcon Fe chewable	
Chateal	Mono-Linyah	Gildagia	
Cryelle	MonoNessa	Kelnor	
Cyclafem-28 1/35	Necon-28 0.5/35	Loestrin	
Cyred	Necon-28 1/35	Loestrin FE-28	
Dasetta-28 1/35	Necon-28 1/50	Low-Ogestrel	
Desogestrel/Ethinyl Estradiol-28 0.15/30 (generic Desogen)	Norethindrone/Ethinyl Estradiol-21 1/20 (generic Loestrin-21 1/20)	Norethindrone/Ethinyl Estradiol Fe 0.4-0.035(21)-75	
Elinest	Norethindrone/Ethinyl Estradiol Fe-28 1/20 (generic Loestrin Fe-28 1/20)	Norinyl-28 1/35	
Emoquette	Norethindrone/Ethinyl Estradiol Fe-28 1.5/30 (generic Loestrin Fe-28 1.5/30)	Nortrel-28 0.5/35	
Enskyce	Norgestimate/Ethinyl Estradiol-28 (generic Ortho-Cyclen)	Ocella	
Estarylla	Ortho-Cyclen	Ogestrel	
Falmina	Nortrel-28 1/35	Ortho-Novum-28 1/35	
Femynor-28	Orsythia	Safyral	
Isibloom	Ortho-Cyclen	Syeda	
Juleber	Philith	Taytulla-28	
Junel-21 1/20	Pirmella-28 1/35	Tydemy	
Junel-21 1.5/30	Portia	Vylibra	
Junel Fe-28 1/20	Previfem	Wera	
Junel Fe-28 1.5/30	Reclipsen	Wymzya FE chewable	
Kurvelo	Sprintec	Yasmin	
Larin-21 1/20	Sronyx	Zarah	
Larin-21 1.5.30	Tarina Fe 1/20	Zenchant	
Larin Fe-28 1/20	Vienna	Zovia 1/35	
Larin Fe-28 1.5/30	Vyfemla		
Larissia-28			
Lessina			
Levonorgestrel/Ethinyl Estradiol-28 0.1/20 (generic Alesse, Levlite)			
Levonorgestrel/Ethinyl Estradiol-28 0.15/30 (generic Nordette, Leven)			
<u>Biphasic</u>		<u>Biphasic</u>	
Azurette	Kariva	Mircette	
Bekyree	Kimidess		
Desogestrel/Ethinyl Estradiol 21/2/5 (generic Mircette)	Pimtrea		
	Viorele		

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COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<u>Progestin Only</u>	<u>Progestin Only</u>	
Camila Deblitane Errin Heather Jencycla Jolivette Lyza Nora-Be Norethindrone-28 0.35 Norlyda Sharobel	Micronor	
<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
Atrovent HFA ^{QL} Bevespi Aerosphere ^{QL} Ipratropium/Albuterol Nebulizer Vial ^{QL} Ipratropium Nebulizer Vial Spiriva Handihaler ^{QL}	Anoro Ellipta ^{QL} Combivent Respimat ^{QL} Daliresp Tablet ^{QL} Incruse Ellipta ^{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

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CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cosentyx ^{PA, QL} Humira ^{PA, QL} Xeljanz ^{PA, QL}	Actemra ^{QL} Arcalyst ^{QL} Cimzia ^{QL} Enbrel ^{QL} Entyvio ^{QL} Ilaris ^{QL} Inflectra Kevzara ^{QL} Kineret ^{QL} Orencia ^{QL} Otezla ^{QL} Remicade Renflexis Siliq ^{QL} 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 & Biosimilars PA Fax Form Link to Ilaris PA Fax Form Link to Kevzara PA Fax Form Link to Kineret PA Fax Form Link to Orencia PA Fax Form Link to Otezla PA Fax Form Link to Remicade & Biosimilars PA Fax Form Link to Siliq PA Fax Form Link to Stelara PA Fax Form Link to Simponi PA Fax Form Link to Taltz PA Fax Form Link to Tremfya PA Fax Form Link to Xeljanz PA Fax Form

DIABETIC METERS

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

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EMOLLIENTS

Preferred Agents	Non-Preferred Agents		Prior Authorization
Ammonium Lactate Cream/Lotion OTC	Amlactin Ultra OTC Biafine Cerave PM OTC	Eletone Emollient Combo #10 Cream	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)	Adrenaclick Epinephrine injection (generic Adrenaclick – labeler 54505)	EpiPen EpiPen Jr	Link to PA Guidelines Link to PA Fax Form

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 Baxdela Cipro Tablet Ciprofloxacin ER	Levaquin 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}	Alosetron ^{QL} Linzess ^{QL} Lotronex ^{QL} Movantik ^{QL}	Trulance ^{QL} Relistor ^{QL} Viberzi ^{QL}	Link to PA Guidelines Link to GI Motility, Chronic – Constipation-Related PA Fax Form Link to GI Motility, Chronic – Diarrhea-Related PA Fax Form Link to Quantity Limits List

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GLUCOCORTICOIDS, INHALED

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

GLUCOCORTICOIDS, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Budesonide EC ^{QL}		Cortef		Link to PA Guidelines
Dexamethasone Elixir, Intensol, Solution, Tablet		Cortisone		Link to PA Fax Form
Hydrocortisone		DexPak		Link to Quantity Limits List
Methylprednisolone Dosepak, Tablet		Emflaza Tablet, Oral Suspension ^{QL}		
Prednisolone Sodium Phosphate Solution		Entocort EC ^{QL}		
Prednisolone Solution		Medrol		
Prednisone Tablet, Solution, Dosepak		Millipred		
		Orapred ODT		
		Prednisolone Sodium Phosphate ODT		
		Prednisone Intensol		
		Rayos		
		Taperdex		
		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
Genotropin ^{PA}		Humatrope	Serostim ^{QL}	Link to PA Guidelines
Norditropin ^{PA}		Nutropin AQ	Tev-Tropin	Link to Quantity Limits List
		Omnitrope	Zomacton	
		Saizen	Zorbtive	

H. PYLORI TREATMENT

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

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HEPATITIS B AGENTS

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

HEPATITIS C AGENTS

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

HEREDITARY ANGIOEDEMA TREATMENTS

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

HISTAMINE II RECEPTOR BLOCKERS

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

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HIV/AIDS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<p style="text-align: center;"><u>Protease Inhibitors</u></p> <p>Evotaz^{QL} Kaletra^{QL} Norvir^{QL} Prezista^{QL} Reyataz^{QL}</p>	<p style="text-align: center;"><u>Protease Inhibitors</u></p> <p>Aptivus^{QL} Atazanavir^{QL} Crixivan^{QL} Fosamprenavir^{QL} Invirase^{QL} Lexiva^{QL} Lopinavir/Ritonavir^{QL} Prezcobix^{QL} Ritonavir^{QL} Viracept^{QL}</p>	<p>Link to PA Guidelines</p> <p>Link to PA Fax Form</p> <p>Link to Quantity Limits List</p>
<p style="text-align: center;"><u>NRTIs</u></p> <p>Abacavir Tablet, Solution^{QL} Abacavir/Lamivudine/Zidovudine Cimduo^{QL} Descovy^{QL} Didanosine DR^{QL} Emtriva^{QL} EpiVir Solution^{QL} Epzicom^{QL} Lamivudine Tablet^{QL} Lamivudine/Zidovudine^{QL} Stavudine Capsule^{QL} Truvada^{QL} Videx Solution^{QL} Viread^{QL} Ziagen Solution^{QL} Zidovudine^{QL}</p>	<p style="text-align: center;"><u>NRTIs</u></p> <p>Abacavir/Lamivudine^{QL} Combivir^{QL} EpiVir^{QL} Lamivudine Solution^{QL} Retrovir^{QL} Tenofovir disoproxil fumarate^{QL} Trizivir^{QL} Videx EC Capsule^{QL} Zerit^{QL} Ziagen^{QL}</p>	
<p style="text-align: center;"><u>NNRTIs</u></p> <p>Edurant^{QL} Nevirapine Tablet^{QL} Sustiva^{QL}</p>	<p style="text-align: center;"><u>NNRTIs</u></p> <p>Efavirenz^{QL} Intelence^{QL} Nevirapine ER^{QL} Nevirapine Suspension^{QL} Rescriptor^{QL} Viramune^{QL} Viramune XR^{QL}</p>	
<p style="text-align: center;"><u>INSTIs</u></p> <p>Isentress Chewable, Tablet^{QL} Tivicay^{QL}</p>	<p style="text-align: center;"><u>INSTIs</u></p> <p>Isentress HD^{QL} Isentress Powder Pack^{QL}</p>	

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HIV/AIDS

Preferred Agents		Non-Preferred Agents		Prior Authorization
<u>Complete Regimen Agents</u>		<u>Complete Regimen Agents</u>		
Atripla ^{QL} Biktarvy ^{QL} Complera ^{QL} Genvoya ^{QL} Odefsey ^{QL} Stribild ^{QL} Symfi ^{QL} Symfi Lo ^{QL}		Juluca ^{QL} Triumeq ^{QL}		
<u>Miscellaneous Agents</u>		<u>Miscellaneous Agents</u>		
		Fuzeon Injection ^{QL} Selzentry Tablet, Solution ^{QL} Tybost ^{QL}		

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Acarbose ^{QL}	Glyset ^{QL}	Miglitol ^{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
Glyxambi ^{PA, QL} Janumet ^{PA, QL} Januvia ^{PA, QL} Jentadueto ^{PA, QL} Jentadueto XR ^{PA, QL} Tradjenta ^{PA, QL}	Bydureon ^{PA, QL} Bydureon Pen ^{PA, QL} Symlin Pen ^{PA, QL} Victoza ^{PA, QL}	Janumet XR ^{QL} Kazano ^{QL} Kombiglyze XR ^{QL} Nesina ^{QL} Onglyza ^{QL}	Adlyxin ^{QL} Byetta Pens ^{QL} Oseni ^{QL} Tanzeum ^{QL} Trulicity ^{QL}	

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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 Link to Quantity Limits List
Humalog Vial NovoLog Cartridge NovoLog Flexpen NovoLog Vial	Apidra Solostar Pen Apidra Vial Humalog U-100 Kwikpen Humalog U-200 Kwikpen	
<u>Short-Acting</u>	<u>Short-Acting</u>	
Humulin R U-100 Vial Humulin R U-500 Vial Humulin R Kwikpen	Novolin R Vial	
<u>Intermediate-Acting</u>	<u>Intermediate-Acting</u>	
Humulin N Vial	Novolin N Vial Humulin N Kwikpen	
<u>Long-Acting (basal)</u>	<u>Long-Acting (basal)</u>	
Lantus Solostar Pen Lantus Vial Levemir Flextouch Pen Levemir Vial	Basaglar Kwikpen Toujeo Solostar Tresiba FlexTouch U-100 Tresiba FlexTouch U-200	
<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 Novolin 70/30 Vial	
<u>Alternate Formulations</u>	<u>Alternate Formulations</u>	
	Afrezza Powder Soliqua ^{QL} Xultophy ^{QL}	

HYPOGLYCEMICS, MEGLITINIDES

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

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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	
Farxiga ^{PA, QL} Jardiance ^{PA, QL} Synjardy ^{PA, QL}	Synjardy XR ^{PA, QL} Xigduo XR ^{PA, QL}	Invokana ^{QL} Invokamet ^{QL} Invokamet 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}	Glucotrol, Glucotrol XL ^{QL} Tolazamide ^{QL} Tolbutamide ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

HYPOGLYCEMICS, TZDS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Pioglitazone ^{PA, 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 Eucrisa ^{PA} Protopic	Dupixent ^{QL} Tacrolimus	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

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IMMUNOMODULATORS, TOPICAL

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

IMMUNOSUPPRESSIVE, ORAL

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

INTRAARTICULAR HYALURONATES

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

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
Budesonide OTC ^{QL}	Azelastine 0.15% (<i>generic Astepro</i>) ^{QL}	Nasonex ^{QL}	Link to PA Fax Form
Cromolyn Sodium OTC	Beconase AQ ^{QL}	Olopatadine ^{QL}	Link to Quantity Limits List
Dymista ^{QL}	Budesonide ^{QL}	Omnaris ^{QL}	
Fluticasone ^{QL}	Flonase OTC	Qnasl ^{QL}	
Ipratropium ^{QL}	Flunisolide ^{QL}	Triamcinolone ^{QL}	
Patanase ^{QL}		Zetonna ^{QL}	

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IRON, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Centratex	Iferec Forte	Active FE	Hematogen FA	Link to PA Guidelines
EZFE 200	Integra	Bifera RX	Hemocyt	
Ferate OTC	Integra Plus	Corvita 150	Integra F	
Fer-in-Sol Drops OTC	Purevit DualFe Plus Capsule	Corvite 150	Iron Chews Pediatric	
Ferrimin 150	Tandem Dual Action	Corvite FE	Irospan	
Ferrocite Plus Tablet	Tandem Plus	Feriva 21-7	Multigen	
Ferrous Gluconate OTC	TL Icon	Feriva FA	Multigen Folic	
Ferrous Sulfate OTC	Tricon	Ferralet 90	Multigen Plus	
Folivane-F	Trigels-F Forte	Ferraplus 90	Nephron FA	
Hematogen		Ferrex	Niferex	
Hemotagen Forte		Ferrous Fumarate OTC	Nufera	
Hemocyt-F		Focalgin DSS	Se-Tan Plus	
Hemocyt Plus		Folitab 500	Taron Forte	
Iferec		Folivane-Plus	TL-HEM 150	
		Fusion	Triferic	
		Fusion Plus	Vitafo	
		Fusion Sprinkles		

IRON, PARENTERAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ferrlecit	Feraheme ^{QL}	Link to PA Guidelines
INFeD	Injectafer	Link to PA Fax Form
Sodium Ferric Gluconate Complex in Sucrose		Link to Quantity Limits List
Venofer ^{QL}		

LEUKOTRIENE MODIFIERS

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

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LIPOTROPICS, OTHER THAN STATINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cholestyramine, Cholestyramine Lite	Antara ^{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
Colestipol Tablet ^{QL}	Colestid ^{QL}	
Ezetimibe Tablet^{QL}	Colestipol Granules	
Fenofibrate 54 & 160 mg Tablet (<i>generic Lofibra</i>) ^{QL}	Fenofibrate Capsule (<i>generic Lipofen</i>) ^{QL}	
Fenofibrate 48 & 145 mg Tablet, Nanocrystalized (<i>generic Tricor</i>)^{QL}	Fenofibrate Capsule, Micronized (<i>generic Antara</i>) ^{QL}	
Gemfibrozil ^{QL}	Fenofibrate 40 & 120 mg Tablet (<i>generic Fenoglide</i>) ^{QL}	
Omega-3 Acid Ethyl Esters^{QL}	Fenofibric Acid Tablet (<i>generic Fibracor</i>) ^{QL}	
Praluent^{PA, QL}	Fenofibric Acid (choline) DR Capsule (<i>generic Trilipix</i>) ^{QL}	
Prevalite	Fenoglide ^{QL}	
Repatha ^{PA, QL}	Fibracor ^{QL}	
Welchol Powder Pack^{QL}	Juxtapid ^{QL}	
	Kynamro	
	Lipofen ^{QL}	
	Lopid ^{QL}	
	Lovaza ^{QL}	
	Niacin OTC	
	Niacin ER OTC, Rx	
	Niacor	
	Niaspan	
	Questran, Questran Lite	
	Tricor^{QL}	
	Triglide ^{QL}	
	Trilipix ^{QL}	
	Vascepa ^{QL}	
	Welchol Tablet ^{QL}	
	Zetia^{QL}	

LIPOTROPICS, STATINS

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

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MABS – ANTI-IL, ANTI-IGE

Preferred Agents		Non-Preferred Agents		Prior Authorization
Nucala ^{PA, QL}	Xolair ^{PA, QL}	Cinqair	Fasenra	Link to PA Guidelines Link to Cinqair PA Fax Form Link to Fasenra PA Fax Form Link to Nucala PA Fax Form Link to Xolair PA Fax Form Link to Quantity Limits List

MACROLIDES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Azithromycin	PCE	Clarithromycin Clarithromycin ER E.E.S. 200 Suspension E.E.S. 400 Tablet EryPed Suspension Erythrocin (Erythromycin Stearate)	Erythromycin Base Cap DR Erythromycin Base Tablet Erythromycin Ethylsuccinate Susp Ery-Tab Zithromax	Link to PA Guidelines

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	Methotrexate Injection Vial, PF Vial	Otrexup ^{QL}	Rasuvo ^{QL}	Trexall	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

MULTIPLE SCLEROSIS AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Ampyra ^{PA, QL}	Avonex ^{QL}	Betaseron	Copaxone 40 mg Syringe ^{QL}	Link to PA Guidelines Link to Quantity Limits List
Copaxone 20 mg Syringe ^{QL}	Gilenya ^{PA, QL}	Rebif ^{QL}	Extavia	Link to Multiple Sclerosis Agents PA Fax Form
Rebif Rebidose Pen	Tecfidera ^{PA, QL}	Tysabri ^{PA, QL}	Glatopa ^{QL}	Link to Ampyra PA Fax Form
			Lemtrada ^{QL}	Link to Aubagio PA Fax Form
			Ocrevus ^{QL}	Link to Gilenya PA Fax Form
			Plegridy ^{QL}	Link to Ocrevus PA Fax Form
			Zinbryta ^{QL}	Link to Tecfidera PA Fax Form Link to Zinbryta PA Fax Form

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NEUROPATHIC PAIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
Capsaicin	Cymbalta ^{QL}	Link to PA Guidelines
Duloxetine 20 mg, 30 mg, 60 mg Capsule (<i>generic 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
Lidocaine Patch ^{QL}	Gralise ^{QL}	
Lyrica Capsule ^{QL}	Horizant ^{QL}	
Savella Tablet^{QL}	Lidoderm Patch ^{QL}	
	Lyrica CR^{QL}	
	Lyrica Solution ^{QL}	
	Neurontin ^{QL}	
	Qutenza Patch ^{QL}	
	Savella Titration Pack	

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
Celecoxib^{QL}	Arthrotec ^{QL}	Mefenamic Acid ^{QL}	Link to PA Guidelines
Diclofenac 1.5% (Topical) Solution^{QL}	Celebrex ^{QL}	Mobic Tablet ^{QL}	Link to Quantity Limits List
Diclofenac Sodium Tablet ^{QL}	Daypro ^{QL}	Nalfon ^{QL}	Link to NSAIDs PA Fax Form
Diclofenac Sodium ER Tablet ^{QL}	Diclofenac Potassium Tablet ^{QL}	Naprelan ^{QL}	Link to Ketorolac PA Fax Form
Flector Patch^{QL}	Diclofenac Gel ^{QL}	Naprosyn EC ^{QL}	
Flurbiprofen ^{QL}	Diclofenac/Misoprostol ^{QL}	Naproxen Sodium Rx ^{QL}	
Ibuprofen OTC ^{QL}	Diffunisal ^{QL}	Oxaprozin ^{QL}	
Ibuprofen RX ^{QL}	Duexis ^{QL}	Pennsaid Pump ^{QL}	
Indomethacin IR ^{QL}	Etodolac IR ^{QL}	Piroxicam ^{QL}	
Ketoprofen IR ^{QL}	Etodolac SR ^{QL}	Tivorbex ^{QL}	
Ketorolac ^{PA, QL}	Feldene ^{QL}	Tolmetin ^{QL}	
Meloxicam Tablet ^{QL}	Fenoprofen ^{QL}	Vimovo ^{QL}	
Nabumetone ^{QL}	Indocin (Rectal) ^{QL}	Vivlodex ^{QL}	
Naproxen CR ^{QL}	Indocin Suspension ^{QL}	Zipsor ^{QL}	
Naproxen Rx Tablet, EC Tablet, Suspension^{QL}	Indomethacin ER ^{QL}	Zorvolex ^{QL}	
Naproxen Sodium OTC ^{QL}	Ketoprofen ER ^{QL}		
Naproxen Sodium DS^{QL}	Lodine ^{QL}		
Sulindac ^{QL}	Meclofenamate ^{QL}		
Voltaren Gel ^{QL}			

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ONCOLOGY AGENTS, BREAST CANCER

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

ONCOLOGY AGENTS, ORAL

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

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

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

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OPHTHALMIC ANTIBIOTICS

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

OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

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

OPHTHALMIC ANTI-INFLAMMATORIES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Dexamethasone	FML S.O.P.	Acular	Omnipred	Link to PA Guidelines
Diclofenac	Ilevro	Acular LS	Ozurdex	
Durezol	Ketorolac, Ketorolac LS	Acuvail	Pred Forte	
Flarex	Lotemax Drops	Bromfenac	Prolensa	
Fluorometholone	Maxidex	Bromsite	Retisert	
Flurbiprofen	Pred Mild	FML	Triesence ^{QL}	
FML Forte	Prednisolone	Iluvien		
	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	Link to PA Guidelines
Alphagan P 0.15%	Levobunolol	Betaxolol	Simbrinza	Link to PA Fax Form
Apraclonidine	Pilocarpine	Bimatoprost 0.03%	Timolol Gel	
Azopt	Timolol Drops	Brimonidine P 0.15%	Timoptic Ocudose	
Betoptic S 0.25%	Timolol GFS	Cosopt, Cosopt PF	Timoptic-XE GFS	
Brimonidine 0.2%	Timoptic	lopidine	Trusopt	
Carteolol	Travatan Z	Isopto Carpine	Xalatan	
Combigan		Istalol	Zioptan	
Dorzolamide		Lumigan 0.01%		
Dorzolamide/Timolol				

OPHTHALMICS, IMMUNOMODULATORS

Preferred Agents		Non-Preferred Agents	Prior Authorization
Restasis ^{QL}		Xiidra ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

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 ^{QL}	Link to Opiate Dependence Treatments PA Fax Form
Vivitrol Injection ^{PA, QL}		Zubsolv SL Tablet ^{QL}	Link to Probuphine 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	Ciprofloxacin Otic	Otiprio	Link to PA Guidelines
Ciprodex	Neomycin/Polymyxin/HC	Cortisporin-TC	Otovel	
	Ofloxacin			

OTIC ANTI-INFECTIVES & ANESTHETICS

Preferred Agents		Non-Preferred Agents	Prior Authorization
Acetic Acid		Hydrocortisone-Acetic Acid	Link to PA Guidelines

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PAH (PULMONARY ARTERIAL HYPERTENSION) AGENTS

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

PANCREATIC ENZYMES

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

PHOSPHATE BINDERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Calcium Acetate ^{QL}		Auryxia ^{QL}	Renvela Powder Pack ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form
Calphron		Eliphos ^{QL}	Sevelamer ^{QL}	
Phoslyra ^{QL}		Fosrenol ^{QL}	Velphoro ^{QL}	
Renage ^{QL}		Fosrenol Powder Pack ^{QL}		
Renvela Tablet ^{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 Link to Quantity Limits List Link to PA Fax Form
Leuprolide Acetate (SQ) ^{PA} (00703401418)		Lupaneta Pack ^{QL}		
Lupron Depot Kit ^{PA, QL}		Lupron Depot-Ped Kit 11.25 & 30 mg 3-month ^{QL}		
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}	Aspirin/Dipyridamole	Ticlopidine ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form
Brilinta ^{QL}	Effient ^{QL}	ER ^{QL}	Yosprala ^{QL}	
Clopidogrel ^{QL}		Plavix ^{QL}	Zontivity ^{QL}	

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PRENATAL VITAMINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Complete Natal DHA	Focalgin 90 DHA Combo Pack	Link to PA Guidelines Link to PA Fax Form
Completenate Tablet Chewable	Dothelle DHA Softgel	
Niva-Plus Tablet	Elite-OB Caplet	
O-Cal FA Tablet	Folivane-OB Capsule	
PNV 29-1 Tablet	OB Complete Caplet	
Preplus CA-FE-FA Tablet	OB Complete + DHA Softgel	
Trinatal RX 1 Tablet	OB Complete Gold Softgel	
Triveen-Duo DHA Combo Pack	OB Complete One Softgel	
Virtprex Capsule	OB Complete Petite Softgel	
Virt-Advance Tablet	OB Complete Premier Tablet	
Virt Nate Tablet	Provida DHA Capsule	
Virt-PN DHA Softgel	Provida OB Capsule	
Vol-Nate Tablet	Taron-C DHA Capsule	
Vol-Plus Tablet	Taron-Prex Prenatal DHA Capsule	
	Ultimatecare One Capsule	
	Virt-Nate DHA	
	Virt-Select Capsule	
	VP-PNV-DHA Capsule	
	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 Link to Progestational Agents PA Fax Form
Medroxyprogesterone Acetate ^{QL}	Crinone Vaginal	
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 Link to Quantity Limits List
Omeprazole Rx ^{QL}	Dexilant ^{QL}	
Pantoprazole ^{QL}	Esomeprazole Magnesium DR Capsule ^{QL}	Link to PA Fax Form
Protonix Suspension ^{QL}	Nexium OTC ^{QL}	
	Omeprazole OTC ^{QL}	
	Omeprazole-Sodium Bicarbonate Rx ^{QL}	
	Prevacid Capsule Rx & OTC ^{QL}	
	Prevacid Solutab ^{QL}	
	Prilosec Suspension ^{QL}	
	Protonix Tablet ^{QL}	
	Rabeprazole ^{QL}	
	Zegerid Rx ^{QL}	

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SEDATIVE HYPNOTICS

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

STEROIDS, TOPICAL – MEDIUM POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Fluticasone Cream, Ointment	Betamethasone Valerate Foam	Link to PA Guidelines

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STEROIDS, TOPICAL – MEDIUM POTENCY

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

STEROIDS, TOPICAL – HIGH POTENCY

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

STEROIDS, TOPICAL – VERY HIGH POTENCY

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

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STIMULANTS AND RELATED AGENTS

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

TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

Preferred Agents	Non-Preferred Agents	Prior Authorization
Doxycycline Hyclate Capsule	Demeclocycline	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
Doxycycline Hyclate 20 & 100 mg Tablet	Doryx DR ^{QL}	
Doxycycline Monohydrate 50 & 100mg Capsule	Doxycycline Hyclate 75 & 150 mg Tablet	
Doxycycline Monohydrate Suspension, Tablet	Doxycycline Hyclate DR ^{QL}	
Minocycline Capsule	Doxycycline Monohydrate 75 & 150 mg Capsule	
	Minocycline ER ^{QL}	
	Minocycline Tablet	
	Morgidox Capsule, Kit ^{QL}	
	Oracea ^{QL}	
	Solodyn ER ^{QL}	
	Tetracycline	
	Vibramycin Capsule, Suspension, Syrup	
	Ximino ER ^{QL}	

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THALIDOMIDE AND DERIVATIVES

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

THYROID HORMONES

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

ULCERATIVE COLITIS AGENTS

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

VASODILATORS, CORONARY

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

VMAT2 INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Xenazine ^{PA, QL}	Austedo ^{QL} Ingrezza ^{QL} Tetrabenazine ^{QL}	Link to PA Guidelines Link to Austedo PA Fax Form Link to Ingrezza PA Fax Form Link to Xenazine (Tetrabenazine) PA Fax Form Link to Quantity Limits List