

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

Effective January 28, 2019

## ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Acanya	Aczone	<a href="#">Link to PA Guidelines</a>
Azelex <sup>AR</sup>	Adapalene	<a href="#">Link to Quantity Limits List</a>
Benzoyl Peroxide	Adapalene-Benzoyl Peroxide Gel	<a href="#">Link to PA Fax Form</a>
<ul style="list-style-type: none"> <li>• 2.5% Gel (OTC)</li> <li>• 5% Gel (OTC)</li> <li>• 5% Wash (OTC)</li> <li>• 10% Gel (OTC)</li> <li>• 10% Wash (OTC)</li> </ul>	Atralin	
Clindamycin-Benzoyl Peroxide Gel 1.2 (1)-5% ( <i>generic Duac</i> )	Avita	
Differin (Rx) <sup>AR</sup>	BenzaClin Gel, Gel Pump	
Epiduo <sup>AR</sup>	Benzamycin Gel	
Onexton	Benzoyl Peroxide	
Panoxyl-4 Wash OTC	<ul style="list-style-type: none"> <li>• 3% Cleanser (OTC)</li> <li>• 5.3% Foam (OTC)</li> <li>• 6% Cleanser (OTC)</li> <li>• 9.8% Foam (Rx)</li> </ul>	
Panoxyl 10% Bar (OTC), Wash (OTC)	Cleocin T	
Retin-A Cream, Gel <sup>AR</sup>	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 <sup>AR</sup>	
	Sulfacetamide, Sodium Sulfacetamide	
	Sulfacetamide-Sulfur	
	Sumadan, Sumadin XLT <sup>QL</sup>	
	Sumaxin, Sumaxin CP, Sumaxin TS <sup>QL</sup>	
	Tazarotene <sup>AR</sup>	
	Tazorac <sup>AR</sup>	
	Tretinoin Cream, Gel <sup>AR</sup>	
	Tretinoin Micro Gel, Gel Pump <sup>AR</sup>	
	Ziana <sup>AR</sup>	

## ALZHEIMER'S AGENTS

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

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

Effective January 28, 2019

## ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Memantine Solution <sup>AR, QL</sup> <b>Memantine ER Capsule<sup>AR, QL</sup></b> Namenda, Namenda XR <sup>AR, QL</sup> Namzaric <sup>AR, QL</sup> Razadyne, Razadyne ER <sup>AR, QL</sup> Rivastigmine <sup>AR, QL</sup>	

## ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Butalbital-Acetaminophen-Caffeine Tablet <sup>PA, QL</sup> Butalbital-Aspirin-Caffeine Tablet <sup>PA, QL</sup>	Allzital <sup>QL</sup> Bupap <sup>QL</sup> Butalbital-Acetaminophen Tablet <sup>QL</sup> Butalbital-Acetaminophen-Caffeine Capsule <sup>QL</sup> Butalbital-Aspirin-Caffeine 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>	<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, 100 mcg-hr <sup>AR, PA, QL</sup> Morphine ER Tablet <sup>AR, PA, QL</sup>	Arymo ER <sup>AR, QL</sup> Belbuca Film <sup>AR, QL</sup> Buprenorphine Patch <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, 87.5 mcg-hr <sup>AR, QL</sup> Hydromorphone ER <sup>AR, QL</sup> Hysingla ER <sup>AR, QL</sup> Kadian <sup>AR, QL</sup> Methadone <sup>AR, QL</sup> Morphabond ER <sup>AR, QL</sup> Morphine ER Capsule <sup>AR, QL</sup> MS Contin <sup>AR, QL</sup> Nucynta 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> 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>

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

Effective January 28, 2019

## 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-Codeine <sup>AR, QL</sup>	
Morphine IR <sup>AR, QL</sup>	Butalbital Compound with 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>	Carisoprodol-ASA-Codeine <sup>AR, QL</sup>	
Tramadol IR <sup>AR, QL</sup>	Codeine <sup>AR, QL</sup>	
	Demerol <sup>AR, QL</sup>	
	Dilaudid <sup>AR, QL</sup>	
	Fentanyl Buccal <sup>AR, QL</sup>	
	Fentora <sup>AR, QL</sup>	
	Fiorinal with Codeine <sup>AR, QL</sup>	
	Hydrocodone-APAP Solution <sup>AR, QL</sup>	
	Hydromorphone <sup>AR, QL</sup>	
	Ibudone <sup>AR, QL</sup>	
	Levorphanol <sup>AR, QL</sup>	
	Meperidine <sup>AR, QL</sup>	
	Morphine Suppository <sup>AR, QL</sup>	
	Norco <sup>AR, QL</sup>	
	Nucynta IR <sup>AR, QL</sup>	
	Opana IR <sup>AR, QL</sup>	
	Oxaydo <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>	
	Panlor <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>	

## ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Androderm Patch <sup>PA, QL</sup>	Anadrol-50 <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>
AndroGel <sup>PA, QL</sup>	Android <sup>QL</sup>	
Methitest <sup>PA, QL</sup>	Aveed <sup>QL</sup>	
Oxandrolone <sup>PA, QL</sup>	Depo-Testosterone Injection <sup>QL</sup>	
Testosterone Cypionate Injection <sup>PA, QL</sup>	Fortesta Gel <sup>QL</sup>	
	Methyltestosterone Capsule <sup>QL</sup>	
	Striant <sup>QL</sup>	
	Testim <sup>QL</sup>	

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

Effective January 28, 2019

## ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Testopel Implant Pellet <sup>QL</sup> Testosterone Enanthate Injection <sup>QL</sup> Testosterone Gel <sup>QL</sup> Testred Capsule <sup>QL</sup> Vogelxo Gel <sup>QL</sup>	

## ANGIOTENSIN MODULATORS

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

## ANGIOTENSIN MODULATOR COMBINATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Amlodipine-Benazepril <sup>QL</sup> Amlodipine-Olmesartan <sup>QL</sup> Amlodipine-Valsartan <sup>QL</sup> Amlodipine-Valsartan HCTZ <sup>QL</sup>	Azor <sup>QL</sup> Byvalson <sup>QL</sup> Exforge, Exforge HCT <sup>QL</sup> Lotrel <sup>QL</sup> 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>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Angiotensin Modulator Combinations PA Fax Form</a>

## ANTI-ALLERGENS

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

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

Effective January 28, 2019

## ANTIBIOTICS, GI AND RELATED AGENTS

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

## ANTIBIOTICS, INHALED

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

## ANTIBIOTICS, TOPICAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bacitracin		Centany		<a href="#">Link to PA Guidelines</a>
Bacitracin-Polymyxin		Double Antibiotic Ointment OTC		
Gentamicin Sulfate		Mupirocin Cream		
Mupirocin Ointment		Triple Antibiotic Plus Ointment		
Triple Antibiotic Ointment OTC				

## ANTIBIOTICS, VAGINAL

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

## 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>
Enoxaparin Syringe, Vial <sup>QL</sup>		Lovenox Syringe, Vial <sup>QL</sup>		<a href="#">Link to Eliquis PA Fax Form</a>
Fragmin Syringe, Vial <sup>QL</sup>		Savaysa <sup>QL</sup>		<a href="#">Link to Pradaxa PA Fax Form</a>
Pradaxa <sup>QL, PA</sup>				<a href="#">Link to Savaysa PA Fax Form</a>
Warfarin				<a href="#">Link to Xarelto PA Fax Form</a>
Xarelto <sup>QL, PA</sup>				<a href="#">Link to Injectable</a>
				<a href="#">Anticoagulants PA Fax Form</a>

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

Effective January 28, 2019

## ANTICONVULSANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Banzel Suspension, Tablet <sup>QL</sup>	Aptiom <sup>QL</sup>	Levetiracetam ER <sup>QL</sup>
Carbamazepine Chewable Tablet, Suspension, Tablet <sup>QL</sup>	Briviact Solution, Tablet <sup>QL</sup>	Lyrica Solution <sup>QL</sup>
Carbamazepine ER Capsule <sup>QL</sup>	Carbatrol ER Capsule <sup>QL</sup>	Mysoline <sup>QL</sup>
Carbamazepine XR Tablet <sup>QL</sup>	Clonazepam ODT <sup>QL</sup>	Neurontin <sup>QL</sup>
Celontin <sup>QL</sup>	Depakene	Onfi Suspension <sup>ql</sup>
Clonazepam Tablet <sup>QL</sup>	Depakote DR Sprinkle, Tablet	Oxtellar XR <sup>QL</sup>
<b>Diazepam Rectal Gel</b>	Depakote ER Tablet	Phenytek <sup>QL</sup>
Dilantin 30 mg Capsule <sup>QL</sup>	<b>Diastat, Diastat Acudial Rectal Gel</b>	Qudexy XR <sup>QL</sup>
Divalproex DR Sprinkle, Tablet	Dilantin 100 mg Capsule <sup>QL</sup>	Sabriil <sup>QL</sup>
Divalproex ER Tablet	Dilantin Infatab, Suspension <sup>QL</sup>	Spritam Tablet for Suspension <sup>QL</sup>
Epitol <sup>QL</sup>	Equetro <sup>QL</sup>	Tegretol XR Tablet <sup>QL</sup>
Ethosuximide Capsule, Syrup <sup>QL</sup>	Felbamate	Tiagabine
Gabapentin Capsule, Tablet <sup>QL</sup>	Felbatol	<b>Topamax Sprinkle<sup>QL</sup></b>
Gabitril	Fycompa Suspension, Tablet <sup>QL</sup>	Topamax Tablet <sup>QL</sup>
Lamotrigine Chewable Tablet, Tablet	Gabapentin Solution <sup>QL</sup>	Topiramate ER Sprinkle <sup>QL</sup>
Levetiracetam Solution, Tablet <sup>QL</sup>	Keppra <sup>QL</sup>	<b>Trileptal Suspension<sup>QL</sup></b>
Lyrica Capsule <sup>QL</sup>	Keppra XR <sup>QL</sup>	Trileptal <sup>QL</sup>
Onfi Tablet <sup>QL</sup>	Klonopin <sup>QL</sup>	Trokendi XR <sup>QL</sup>
Oxcarbazepine Suspension, Tablet <sup>QL</sup>	Lamictal	<b>Vigabatrin<sup>QL</sup></b>
Peganone <sup>QL</sup>	Lamotrigine Starter Kit	Zarontin Capsule, Syrup <sup>QL</sup>
Phenobarbital	Lamotrigine ODT	Zonegran <sup>QL</sup>
Phenytoin Capsule, Chewable Tablet, Suspension <sup>QL</sup>	Lamotrigine XR	
Phenytoin ER Capsule ( <i>generic Phenytek</i> ) <sup>QL</sup>		
Primidone <sup>QL</sup>		
Tegretol IR Suspension, Tablet <sup>QL</sup>		
Topiramate IR Sprinkle, Tablet <sup>QL</sup>		
Valproic Acid <sup>QL</sup>		
Vimpat <sup>QL</sup>		
Zonisamide <sup>QL</sup>		

## ANTIDEPRESSANTS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
Bupropion, Bupropion SR <sup>QL</sup>	Aplenzin <sup>QL</sup>	Marplan
Bupropion XL 150 mg, 300 mg Tablet ( <i>generic Wellbutrin XL</i> ) <sup>QL</sup>	Cymbalta <sup>QL</sup>	Mirtazapine ODT <sup>QL</sup>
Duloxetine 20 mg, 30 mg, 60 mg Capsule ( <i>generic Cymbalta</i> ) <sup>QL</sup>	Desvenlafaxine ER <sup>QL</sup>	Nardil
Mirtazapine Tablet <sup>QL</sup>	Desvelafaxine Fumarate ER <sup>QL</sup>	Nefazodone
Trazodone	Desvelafaxine Succinate ER ( <i>generic Pristiq</i> ) <sup>QL</sup>	Parnate
<b>Trintellix<sup>QL</sup></b>	Duloxetine 40 mg Capsule ( <i>generic Irenka</i> ) <sup>QL</sup>	Phenelzine
Venlafaxine ER Capsule <sup>QL</sup>	Effexor XR <sup>QL</sup>	Pristiq <sup>QL</sup>
<b>Venlafaxine IR Tablet<sup>QL</sup></b>	Emsam Patch <sup>QL</sup>	Remeron <sup>QL</sup>
	Fetzima <sup>QL</sup>	Tranlycypromine Sulfate
	Forfivo XL <sup>QL</sup>	Venlafaxine ER Tablet <sup>QL</sup>
	Khedeza <sup>QL</sup>	Viiibryd <sup>QL</sup>
		Wellbutrin SR, Wellbutrin XL <sup>QL</sup>

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

Effective January 28, 2019

## ANTIDEPRESSANTS, SSRIS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Citalopram <sup>QL</sup> Escitalopram Tablet <sup>QL</sup> Fluoxetine IR Capsule, Solution, Tablet <sup>QL</sup> Fluvoxamine IR Tablet <sup>QL</sup> Paroxetine IR Tablet <sup>QL</sup> Sertraline Tablet <sup>QL</sup>	Brisdelle <sup>QL</sup> Celexa <sup>QL</sup> Escitalopram Solution <sup>QL</sup> Fluoxetine Capsule DR <sup>QL</sup> Fluvoxamine ER <sup>QL</sup> Lexapro <sup>QL</sup> Paroxetine CR <sup>QL</sup>	<b>Paroxetine Mesylate Capsule<sup>QL</sup></b> Paxil, Paxil CR <sup>QL</sup> Pexeva <sup>QL</sup> Prozac <sup>QL</sup> Sarafem <sup>QL</sup> Sertraline Concentrate <sup>QL</sup> Zoloft <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>

## ANTIEMETICS-ANTIVERTIGO AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Aloxi Injection <sup>QL</sup> <b>Cinvanti Vial</b> Dimenhydrinate OTC Dronabinol <sup>QL</sup> Emend Capsule <sup>QL</sup> Granisetron Injection <b>Granisetron Tablet<sup>QL</sup></b> Meclizine OTC & Rx Metoclopramide Solution, Tablet Metoclopramide Syringe, Vial Ondansetron Syringe, Vial Ondansetron ODT, Solution, Tablet Prochlorperazine Oral, Rectal Promethazine Injection <sup>AR</sup> Promethazine Oral <sup>AR, QL</sup> Promethazine Rectal <sup>AR, QL</sup> <b>Promethegan Rectal<sup>AR, QL</sup></b> Transderm-Scop <sup>QL</sup> Trimethobenzamide <sup>QL</sup>	Akynzeo Capsule, <b>Vial<sup>QL</sup></b> Anzemet <sup>QL</sup> Aprepitant <sup>QL</sup> <b>Bonjesta Tablet<sup>QL</sup></b> Cesamet <sup>QL</sup> Compro (Rectal) Diclegis <sup>QL</sup> Dimenhydrinate Injection <b>Emend Injection<sup>QL</sup></b> Marinol <sup>QL</sup> Metoclopramide ODT	<b>Palonosetron Syringe, Vial<sup>QL</sup></b> Phenergan Injection <sup>AR</sup> Prochlorperazine Injection Reglan Sancuso Patch <sup>QL</sup> Sustol <sup>QL</sup> <b>Syndros<sup>QL</sup></b> Tigan <sup>QL</sup> Varubj <sup>QL</sup> Zofran <sup>QL</sup> Zuplenz <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Antiemetics - Antivertigo Agents PA Fax Form</a> <a href="#">Link to Cesamet PA Fax Form</a>

## ANTIFUNGALS, ORAL

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

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

Effective January 28, 2019

## ANTIFUNGALS, TOPICAL

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

## ANTIHISTAMINES, MINIMALLY SEDATING

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

## 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 Patch <sup>QL</sup>		<a href="#">Link to Quantity Limits List</a>
				<a href="#">Link to PA Fax Form</a>

## ANTIHYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents	Non-Preferred Agents		Prior Authorization
Allopurinol	Colcrys <sup>QL</sup>	Uloric <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
Colchicine Capsule, <b>Tablet</b> <sup>PA, QL</sup>	<b>Duzallo</b> <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 Antihyperuricemics PA Fax Form</a>
Probenecid-Colchicine			<a href="#">Link to Zurampic-Duzallo PA Fax Form</a>

## ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non-Preferred Agents		Prior Authorization
	Cafergot <sup>QL</sup>		<a href="#">Link to PA Guidelines</a>
	Dihydroergotamine Mesylate Injection		<a href="#">Link to Quantity Limits List</a>
	Dihydroergotamine Mesylate Nasal Spray <sup>QL</sup>		<a href="#">Link to Antimigraine Agents.</a>



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

Effective January 28, 2019

## ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Ergomar <sup>QL</sup> Migranal Nasal Spray <sup>QL</sup>	<a href="#">Other – Acute Treatments PA Fax Form</a>

## ANTIMIGRAINE AGENTS, TRIPTANS

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

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

## ANTIPARKINSON'S AGENTS

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

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

Effective January 28, 2019

## ANTIPSORIATICS, ORAL

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

## ANTIPSORIATICS, TOPICAL

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

## ANTIPSYCHOTICS

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

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

Effective January 28, 2019

## ANXIOLYTICS

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

## ANTIVIRALS, ORAL

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

## ANTIVIRALS, TOPICAL

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

## BETA-BLOCKERS

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

## BILE SALTS

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

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

Effective January 28, 2019

## BLADDER RELAXANT PREPARATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Oxybutynin, Oxybutynin ER <sup>QL</sup>	Toviaz <sup>QL</sup> Vesicare <sup>QL</sup>	Darifenacin ER <sup>QL</sup> Detrol, Detrol LA <sup>QL</sup> Ditropan XL <sup>QL</sup> Enablex <sup>QL</sup> Flavoxate	Gelnique <sup>QL</sup> Myrbetriq <sup>QL</sup> Oxytrol <sup>QL</sup> Tolterodine, Tolterodine ER <sup>QL</sup> Tropium, Tropium ER <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>

## BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alendronate Tablet <sup>QL</sup> Ibandronate Tablet <sup>QL</sup> Pamidronate Disodium 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> Calcitonin Salmon (Nasal) <sup>QL</sup> Etidronate Disodium Evista <sup>QL</sup> Forteo <sup>QL</sup>	Fosamax, Fosamax Plus D <sup>QL</sup> Ibandronate Injection <sup>QL</sup> Miacalcin Injection <sup>QL</sup> Prolia <sup>QL</sup> Raloxifene <sup>QL</sup> Reclast <sup>QL</sup> Risedronate DR Tablet <sup>QL</sup> Tymlos <sup>QL</sup> Xgeva <sup>QL</sup> Zometa	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Bone Resorption Suppression Agents PA Fax Form</a> <a href="#">Link to Evista 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>	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>

## BRONCHODILATORS, BETA AGONIST

Preferred Agents		Non-Preferred Agents		Prior Authorization
Albuterol Nebulizer Vial 2.5 mg/3 ml (0.083%) Albuterol Concentrate Solution 100 mg/20 ml (0.05%) Proair HFA <sup>QL</sup> <b>Proair Respiclick<sup>QL</sup></b> Proventil HFA <sup>QL</sup> Serevent Diskus <sup>QL</sup>		Albuterol Syrup, Tablet, XR Tablet Albuterol Nebulizer Vial 0.63 mg/3 ml, 1.25 mg/3 ml Arcapta Neohaler <sup>QL</sup> Brovana Vial <sup>QL</sup> Levalbuterol HFA <sup>QL</sup> Levalbuterol Nebulizer Concentrate Solution, Vial <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>

AR = Age Restriction, Clinical Prior Authorization Required  
Non-preferred medications require prior authorization  
IR = immediate-release formulation  
January 28, 2019

PA = Clinical Prior Authorization Required  
QL = Quantity Limit Applies  
ER = extended-release formulation  
Page 12 of 37

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

Effective January 28, 2019

## BRONCHODILATORS, BETA AGONIST

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Metaproterenol Syrup, Tablet Perforomist Vial <sup>QL</sup> Striverdi Respimat <sup>QL</sup> Terbutaline Tablet Ventolin HFA <sup>QL</sup> Xopenex HFA <sup>QL</sup> Xopenex Nebulizer Concentrate Solution, Vial <sup>QL</sup>	

## CALCIUM CHANNEL BLOCKERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amlodipine <sup>QL</sup> Diltiazem IR Tablet <sup>QL</sup> Diltiazem ER/CD 24 hr Capsule <sup>QL</sup> Felodipine ER <sup>QL</sup> Nifedipine Capsule <sup>QL</sup> Nifedipine ER Tablet <sup>QL</sup> Nimodipine Verapamil Tablet Verapamil ER Capsule, ER Tablet <sup>QL</sup> Verelan PM Capsule <sup>QL</sup>	Adalat CC <sup>QL</sup> Calan, Calan SR <sup>QL</sup> Cardizem Tablet <sup>QL</sup> Cardizem CD Capsule <sup>QL</sup> Cardizem LA Tablet <sup>QL</sup> Diltiazem ER 12 hr Capsule <sup>QL</sup> Diltiazem LA Tablet <sup>QL</sup> Isradipine <sup>QL</sup> Nicardipine <sup>QL</sup>	Nisoldipine ER <sup>QL</sup> Norvasc <sup>QL</sup> Nymalize Solution Procardia Capsule Procardia XL <sup>QL</sup> Sular ER <sup>QL</sup> Tiazac <sup>QL</sup> Verapamil ER PM Capsule <sup>QL</sup> Verelan Capsule <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>

## CEPHALOSPORINS AND RELATED ANTIBIOTICS

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

## COLONY STIMULATING FACTORS

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

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

Effective January 28, 2019

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

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

Effective January 28, 2019

<u>Triphasic</u>		<u>Triphasic</u>	
Alyacen-28 7-7-7	Nortrel-28 7-7-7	Cyclessa	
Aranelle	Pirmella-28 7-7-7	Estrostep Fe-28	
Caziant	Tri-Estarylla	Ortho-Novum-28 7-7-7	
Cyclafem-28 7-7-7	Tri-Femynor	Ortho Tri-Cyclen	
Dasetta-28 7-7-7	Tri-Linyah	Ortho Tri-Cyclen Lo	
Enpresse	Tri-Lo-Estarylla	Necon-28 7-7-7	
Leena	Tri-Lo-Marzia	Tilia Fe	
Levonest	Tri-Lo-Sprintec	Tri-Legest Fe	
Levonorgestrel-Ethinyl	TriNessa	Tri-Norinyl	
Estradiol (generic	TriNessa Lo	Tri-Vylibra	
TriPhasil, Tri-Levlen)	Tri-Previfem	Trivora	
Myzilra	Tri-Sprintec		
Norgestimate-Ethinyl	Velivet		
Estradiol lo-28 (generic			
Ortho Tri-Cyclen Lo)			
Norgestimate-Ethinyl			
Estradiol-28 (generic			
Ortho Tri-Cyclen)			
<u>Four-Phasic</u>		<u>Four-Phasic</u>	
Natazia			
<u>28-Day Extended Cycle</u>		<u>28-Day Extended Cycle</u>	
Generess Fe chewable		Beyaz	Loryna
		Blisovi 24 Fe	Melodetta 24 FE Chew
		Drospirenone-Ethinyl	Mibelas 24 FE Chew
		Estradiol	Microgestin 24 Fe 1-20
		Drospirenone-Ethinyl	Minastrin 24 Fe
		Estradiol-Levomefolate	Chewable
		Gianvi	Nikki
		Junel 24 Fe	Noethindrone-Ethinyl
		Kaitlib Fe chewable	Estradiol-Fe
		Larin 24 Fe	Rajani-28
		Layolis Fe chewable	Vestura
		Lo Loestrin Fe-28	Yaz
<u>3-Month Extended Cycle</u>		<u>3-Month Extended Cycle</u>	
Introvale (3 month)	Quasense (3 month)	Amethia (3 month)	Levonorgestrel-Ethinyl
Jolessa (3 month)	Seasonique (3 month)	Amethia Lo (3 month)	Estradiol (3 month)
Loseasonique (3 month)	Setlakin (3 month)	Ashlyna (3 month)	Levonorgestrel-Ethinyl
		Camrese (3 month)	Estradiol + EE (3
		Camrese Lo (3 month)	month
		Daysee (3 month)	Quartette (3 month)
		Fayosim (3 month)	Rivelsa (3 month)

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

Effective January 28, 2019

## CONTRACEPTIVES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
<p style="text-align: center;"><b><u>Progestin Only</u></b></p> <p>Camila                      Lyza                      Deblitane                  Nora-Be                      Errin                         Norethindrone-28 0.35                      Heather                    Norlyda                      Jencycla                    Sharobel                      Jolivette</p>	<p style="text-align: center;"><b><u>Progestin Only</u></b></p> <p>Micronor</p>	
<p style="text-align: center;"><b><u>Continuous Cycle</u></b></p>	<p style="text-align: center;"><b><u>Continuous Cycle</u></b></p> <p>Amethyst-28                      Levonorgestrel-Ethinyl                      Estradiol 0.09-0.02</p>	

## CONTRACEPTIVES, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
Depo-SubQ Provera 104 Injection <sup>QL</sup> Kyleena <sup>QL</sup> 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>	Depo-Provera Injection Syringe <sup>QL</sup> Depo-Provera Injection Vial <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>

## COPD AGENTS

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



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

Effective January 28, 2019

## 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>
	<b>Ilumya<sup>QL</sup></b>	<a href="#">Link to Enbrel PA Fax Form</a>
	Inflectra	<a href="#">Link to Entyvio PA Form</a>
	Kevzara <sup>QL</sup>	<a href="#">Link to Humira &amp; Biosimilars PA Fax Form</a>
	Kineret <sup>QL</sup>	<a href="#">Link to Ilaris PA Fax Form</a>
	<b>Olumiant<sup>QL</sup></b>	<a href="#">Link to Ilumya PA Fax Form</a>
	Orencia <sup>QL</sup>	<a href="#">Link to Kevzara PA Fax Form</a>
	Otezla <sup>QL</sup>	<a href="#">Link to Kineret PA Fax Form</a>
	Remicade	<a href="#">Link to Olumiant 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 Simponi PA Fax Form</a>
	Taltz <sup>QL</sup>	<a href="#">Link to Stelara 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>

## DIABETIC METERS

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

## DIABETIC STRIPS

Preferred Agents	Non-Preferred Agents	Prior Authorization
LifeScan (OneTouch Ultra Test Strips, OneTouch Verio) <sup>QL</sup>	Abbott (Precision Xtra, Diabetic Supply <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
True Metrix <sup>QL</sup>	Freestyle, Freestyle Dispense Express <sup>QL</sup>	<a href="#">Link to Diabetic Meters and Strips PA Fax Form</a>
	Lite, Freestyle Insulinx, Home Diagnostics <sup>QL</sup>	<a href="#">Link to Quantity Limits List</a>
	Precision XTR B-Ketone Test Strips) <sup>QL</sup> Solartek <sup>QL</sup>	
	Agamatrix <sup>QL</sup> Roche <sup>QL</sup>	
	Arkray <sup>QL</sup>	
	Bayer <sup>QL</sup>	

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

Effective January 28, 2019

## DIABETIC STRIPS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Becton Dickinson <sup>QL</sup> CCS Medical <sup>QL</sup>	

## EMOLLIENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ammonium Lactate Cream, Lotion	Amlactin Ultra OTC Biafine Cerave PM OTC	Eleton Emollient Combo #10 Cream  <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> <a href="#">Link to PA Fax Form</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 Baxdela Cipro Tablet Ciprofloxacin ER
		Levaquin Levofloxacin Solution Moxifloxacin   <a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>

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

Effective January 28, 2019

## GI MOTILITY, CHRONIC

Preferred Agents		Non-Preferred Agents		Prior Authorization
Amitiza <sup>QL, PA</sup>		Alosetron <sup>QL</sup>	Relistor <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>
Linzess <sup>QL, PA</sup>		Lotronex <sup>QL</sup>	Symproic <sup>QL</sup>	
Movantik <sup>QL, PA</sup>		Trulance <sup>QL</sup>	Viberzi <sup>QL</sup>	

## GLUCOCORTICOIDS, INHALED

Preferred Agents		Non-Preferred Agents		Prior Authorization
Advair Diskus <sup>QL</sup>	Pulmicort Flexhaler <sup>QL</sup>	Aerospan <sup>QL</sup>	Breo Ellipta <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>
Advair HFA <sup>QL</sup>	Symbicort <sup>QL</sup>	Airduo Respiclick <sup>QL</sup>	Budesonide Respule <sup>QL</sup>	
Dulera <sup>QL</sup>		Alvesco <sup>QL</sup>	Fluticasone-Salmeterol Powder Inhalation <sup>QL</sup>	
Flovent Diskus <sup>QL</sup>		Armonair Respiclick <sup>QL</sup>	Pulmicort Respule <sup>QL</sup>	
Flovent HFA <sup>QL</sup>		Arnuity Ellipta <sup>QL</sup>	Qvar Redihaler <sup>QL</sup>	
		Asmanex HFA <sup>QL</sup>		
		Asmanex Twisthaler <sup>QL</sup>		

## GLUCOCORTICOIDS, ORAL

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

## GROWTH FACTORS

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

## GROWTH HORMONES

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

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

Effective January 28, 2019

## H. PYLORI TREATMENT

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

## HEPATITIS B AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Baraclude Solution <sup>QL</sup> Entecavir <sup>QL</sup> Epivir HBV Solution <sup>QL</sup> Hepsera <sup>QL</sup>	Lamivudine HBV <sup>QL</sup> Viread <sup>QL</sup>	Adefovir Dipivoxil <sup>QL</sup> Baraclude Tablet <sup>QL</sup>	Epivir HBV Tablet <sup>QL</sup> Tenofovir Disoproxil Fumarate <sup>QL</sup> Vemlidy <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>

## HEPATITIS C AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Epclusa <sup>PA, QL</sup> Harvoni <sup>PA, QL</sup> Mavyret <sup>PA, QL</sup>	Ribavirin Capsule, Tablet Zepatier <sup>PA, QL</sup>	Daklinza <sup>QL</sup> Moderiba Dose Pack Moderiba Tablet Pegasys <sup>QL</sup> Peg-Intron Rebetol	Ribasphere Tablet Ribavirin Dose Pack Sovaldi <sup>QL</sup> Technivie <sup>QL</sup> Viekira Pak <sup>QL</sup> Viekira XR <sup>QL</sup> Vosevi <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>

## HEREDITARY ANGIOEDEMA TREATMENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Berinert <sup>PA</sup> Firazyr <sup>PA, QL</sup>	Haegarda <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 Famotidine Tablet <sup>QL</sup> Ranitidine Syrup Ranitidine Tablet <sup>QL</sup>		Cimetidine Famotidine Suspension Famotidine-Calcium Carbonate-Magnesium Hydroxide Nizatidine Pepcid <sup>QL</sup> Ranitidine Capsule <sup>QL</sup> Ranitidine Injection <sup>QL</sup> Zantac <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>

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

Effective January 28, 2019

## HIV-AIDS

Preferred Agents		Non-Preferred Agents		Prior Authorization
<b><u>Protease Inhibitors</u></b>		<b><u>Protease Inhibitors</u></b>		<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>
Evotaz <sup>QL</sup>	Prezista <sup>QL</sup>	Aptivus <sup>QL</sup>	Lexiva <sup>QL</sup>	
Kaletra <sup>QL</sup>	Reyataz <sup>QL</sup>	Atazanavir <sup>QL</sup>	Lopinavir-Ritonavir <sup>QL</sup>	
Norvir <sup>QL</sup>		Crixivan <sup>QL</sup>	Prezcobix <sup>QL</sup>	
		Fosamprenavir <sup>QL</sup>	Ritonavir <sup>QL</sup>	
		Invirase <sup>QL</sup>	Viracept <sup>QL</sup>	
<b><u>NRTIs</u></b>		<b><u>NRTIs</u></b>		
Abacavir Tablet, Solution <sup>QL</sup>	Lamivudine Tablet <sup>QL</sup>	Abacavir-Lamivudine <sup>QL</sup>	Trizivir <sup>QL</sup>	
Abacavir-Lamivudine-Zidovudine	Lamivudine-Zidovudine <sup>QL</sup>	Combivir <sup>QL</sup>	Videx EC Capsule <sup>QL</sup>	
Cimduo <sup>QL</sup>	Stavudine Capsule <sup>QL</sup>	Epivir <sup>QL</sup>	Zerit <sup>QL</sup>	
Descovy <sup>QL</sup>	Truvada <sup>QL</sup>	Lamivudine Solution <sup>QL</sup>	Ziagen <sup>QL</sup>	
Didanosine DR <sup>QL</sup>	Videx Solution <sup>QL</sup>	Retrovir <sup>QL</sup>		
Emtriva <sup>QL</sup>	Viread <sup>QL</sup>	Tenofovir Disoproxil Fumarate <sup>QL</sup>		
Epivir Solution <sup>QL</sup>	Ziagen Solution <sup>QL</sup>			
Epzicom <sup>QL</sup>	Zidovudine <sup>QL</sup>			
<b><u>NNRTIs</u></b>		<b><u>NNRTIs</u></b>		
Edurant <sup>QL</sup>	Sustiva <sup>QL</sup>	Efavirenz <sup>QL</sup>	Rescriptor <sup>QL</sup>	
Nevirapine Tablet <sup>QL</sup>		Intelence <sup>QL</sup>	Viramune <sup>QL</sup>	
		Nevirapine ER <sup>QL</sup>	Viramune XR <sup>QL</sup>	
		Nevirapine Suspension <sup>QL</sup>		
<b><u>INSTIs</u></b>		<b><u>INSTIs</u></b>		
Isentress Chewable Tablet, Tablet <sup>QL</sup>	Tivicay <sup>QL</sup>	Isentress HD <sup>QL</sup>		
		Isentress Powder Pack <sup>QL</sup>		
<b><u>Complete Regimen Agents</u></b>		<b><u>Complete Regimen Agents</u></b>		
Atripla <sup>QL</sup>	Odefsey <sup>QL</sup>	Juluca <sup>QL</sup>		
Biktarvy <sup>QL</sup>	Stribild <sup>QL</sup>	Triumeq <sup>QL</sup>		
Complera <sup>QL</sup>	Symfi <sup>QL</sup>			
Genvoya <sup>QL</sup>	Symfi Lo <sup>QL</sup>			
<b><u>Miscellaneous Agents</u></b>		<b><u>Miscellaneous Agents</u></b>		
		Fuzeon Injection <sup>QL</sup>	Tybost <sup>QL</sup>	
		Selzentry Tablet, Solution <sup>QL</sup>		

## 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>

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

Effective January 28, 2019

## HYPOGLYCEMICS, INCRETIN MIMETICS- ENHANCERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
<b><u>Incretin Enhancers</u></b>	<b><u>Incretin Mimetics</u></b>	<b><u>Incretin Enhancers</u></b>	<b><u>Incretin Mimetics</u></b>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Incretin Enhancers PA Fax Form</a> <a href="#">Link to Incretin Mimetics PA Fax Form</a> <a href="#">Link to Symlin PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>
Janumet <sup>PA, QL</sup>	Bydureon <sup>PA, QL</sup>	Alogliptin <sup>QL</sup>	Adlyxin <sup>QL</sup>	
Januvia <sup>PA, QL</sup>	Symmlin Pen <sup>PA, QL</sup>	Alogliptin-Metformin <sup>QL</sup>	Bydureon BCise <sup>QL</sup>	
Jentadueto <sup>PA, QL</sup>	Victoza <sup>PA, QL</sup>	Alogliptin-Pioglitazone <sup>QL</sup>	Byetta <sup>QL</sup>	
Jentadueto XR <sup>PA, QL</sup>		Janumet XR <sup>QL</sup>	Ozempic <sup>QL</sup>	
Tradjenta <sup>PA, QL</sup>		Kazano <sup>QL</sup>	Tanzeum <sup>QL</sup>	
		Kombiglyze XR <sup>QL</sup>	Trulicity <sup>QL</sup>	
		Nesina <sup>QL</sup>		
		Onglyza <sup>QL</sup>		
		Oseni <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> <a href="#">Link to Quantity Limits List</a>
Humalog Vial		Admelog Solostar		
NovoLog Cartridge		Admelog Vial		
NovoLog Flexpen		Apidra Solostar		
NovoLog Vial		Apidra Vial		
		Fiasp Flextouch		
		Fiasp Vial		
		Humalog Junior Kwikpen		
		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 R U-500 Kwikpen				
Novolin R Vial				
<b><u>Intermediate-Acting</u></b>		<b><u>Intermediate-Acting</u></b>		
Humulin N Vial		Novolin N Vial		
		Humulin N Kwikpen		
<b><u>Long-Acting (basal)</u></b>		<b><u>Long-Acting (basal)</u></b>		
Lantus Solostar		Basaglar Kwikpen		
Lantus Vial		Toujeo Solostar		
Levemir Flextouch		Toujeo Max Solostar		
Levemir Vial		Tresiba U-100 FlexTouch		
		Tresiba U-200 FlexTouch		
<b><u>Insulin Mixes</u></b>		<b><u>Insulin Mixes</u></b>		
Humalog Mix 50-50 Vial		Humalog Mix 50-50 Kwikpen		
Humalog Mix 75-25 Vial		Humalog Mix 75-25 Kwikpen		
Humulin 70-30 Vial		Humulin 70-30 Kwikpen		
NovoLog Mix 70-30 Flexpen		Novolin 70-30 Vial		
NovoLog Mix 70-30 Vial				

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

Effective January 28, 2019

## HYPOGLYCEMICS, INSULIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
<u>Alternate Formulations</u>	<u>Alternate Formulations</u>	
	Afrezza Powder Soliqua <sup>QL</sup> Xultophy <sup>QL</sup>	

## HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Repaglinide <sup>QL</sup>	Nateglinide <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> Glumetza <sup>QL</sup> Metformin ER Tablet ( <i>generic Fortamet</i> ) <sup>QL</sup> Metformin ER Tablet ( <i>generic Glumetza</i> ) <sup>QL</sup> Riomet Suspension <sup>QL</sup>	<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
Glyxambi <sup>PA, QL</sup> Jardiance <sup>PA, QL</sup>	Synjardy, Synjardy XR <sup>PA, QL</sup> Farxiga <sup>QL</sup> Invokana <sup>QL</sup> Invokamet, Invokamet XR <sup>QL</sup> Qtern <sup>QL</sup>	Segluromet <sup>QL</sup> Steglatro <sup>QL</sup> Steglujan <sup>QL</sup> Xigduo XR <sup>QL</sup>
		<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>

## HYPOGLYCEMICS, SULFONYLUREAS

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

## HYPOGLYCEMICS, TZDS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Pioglitazone <sup>PA, QL</sup>	Actoplus Met, 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>

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

Effective January 28, 2019

## 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 Eucrisa <sup>PA</sup> Protopic	Dupixent <sup>QL</sup> Tacrolimus	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Immunomodulators, Atopic Dermatitis PA Fax Form</a> <a href="#">Link to Dupixent PA Fax Form</a> <a href="#">Link to Quantity Limits List</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 CellCept Suspension Cyclosporine Capsule Cyclosporine (Modified) Softgel, Solution Gengraf (Modified) Capsule Mycophenolate Mofetil Capsule, Tablet Mycophenolic Acid Myfortic Rapamune Solution Sandimmune Sirolimus Tacrolimus	Astagraf XL Azasan CellCept Capsule, Tablet Envarsus XR Gengraf (Modified) Solution Imuran Mycophenolate Mofetil Suspension Neoral Capsule Neoral Solution Prograf 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> Hymovis <sup>PA, QL</sup>	Euflexxa <sup>QL</sup> Gel-One <sup>QL</sup> Gelsyn-3 <sup>QL</sup> Genvisc 850 <sup>QL</sup> Monovisc <sup>QL</sup>	Orthovisc <sup>QL</sup> Supartz FX <sup>QL</sup> Synvisc <sup>QL</sup> Synvisc-One <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>



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

Effective January 28, 2019

## 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>	Nasonex <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>
Budesonide OTC <sup>QL</sup>	Azelastine 0.15% ( <i>generic Astepro</i> ) <sup>QL</sup>	Olopatadine <sup>QL</sup>	
Cromolyn Sodium OTC	Beconase AQ <sup>QL</sup>	Omniaris <sup>QL</sup>	
Dymista <sup>QL</sup>	Flonase OTC <sup>QL</sup>	<b>Patanase<sup>QL</sup></b>	
Fluticasone Rx <sup>QL</sup>	Flonase Sensimist <sup>QL</sup>	Qnasl <sup>QL</sup>	
Ipratropium <sup>QL</sup>	Flunisolide <sup>QL</sup>	<b>Sinuva</b>	
	Fluticasone OTC <sup>QL</sup>	Triamcinolone <sup>QL</sup>	
	Mometasone <sup>QL</sup>	<b>Xhance<sup>QL</sup></b>	
		Zetonna <sup>QL</sup>	

## IRON, ORAL

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

## IRON, PARENTERAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ferrlecit	Feraheme <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>
INFeD	Injectafer	
Sodium Ferric Gluconate Complex in Sucrose Venofer <sup>QL</sup>		

## LEUKOTRIENE MODIFIERS

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

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

Effective January 28, 2019

## LIPOTROPICS, OTHER THAN STATINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cholestyramine, Cholestyramine Lite	Antara <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Lipotropics, Other 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>
Colestipol Tablet <sup>QL</sup>	Colestid <sup>QL</sup>	
Ezetimibe Tablet <sup>QL</sup>	Colestipol Granule	
Fenofibrate 54 mg, 160 mg Tablet ( <i>generic Lofibra</i> ) <sup>QL</sup>	Fenofibrate Capsule ( <i>generic Lipofen</i> ) <sup>QL</sup>	
Fenofibrate 48 mg, 145 mg Tablet, Nanocrystallized ( <i>generic Tricor</i> ) <sup>QL</sup>	Fenofibrate Capsule, Micronized ( <i>generic Antara</i> ) <sup>QL</sup>	
Gemfibrozil <sup>QL</sup>	Fenofibrate 40 mg, 120 mg Tablet ( <i>generic Fenoglide</i> ) <sup>QL</sup>	
Omega-3 Acid Ethyl Esters <sup>QL</sup>	Fenofibric Acid Tablet ( <i>generic Fibracor</i> ) <sup>QL</sup>	
Praluent <sup>PA, QL</sup>	Fenofibric Acid (Choline) DR Capsule ( <i>generic Trilipix</i> ) <sup>QL</sup>	
Prevalite	Fenoglide <sup>QL</sup>	
Repatha <sup>PA, QL</sup>	Fibracor <sup>QL</sup>	
Welchol Powder Pack <sup>QL</sup>	Juxtapid <sup>QL</sup>	
	Lipofen <sup>QL</sup>	
	Lopid <sup>QL</sup>	
	Lovaza <sup>QL</sup>	
	Niacin OTC	
	Niacin ER OTC, Rx	
	Niacor	
	Niaspan	
	Questran, Questran Lite	
	Tricor <sup>QL</sup>	
	Triglide <sup>QL</sup>	
	Trilipix <sup>QL</sup>	
	Vascepa <sup>QL</sup>	
	Welchol Tablet <sup>QL</sup>	
	Zetia <sup>QL</sup>	

## LIPOTROPICS, STATINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Atorvastatin <sup>QL</sup>	Rosuvastatin <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>
Lovastatin <sup>QL</sup>	Simvastatin <sup>QL</sup>	
Pravastatin <sup>QL</sup>	Vytorin <sup>QL</sup>	
	Altoprev <sup>QL</sup>	
	Lescol XL <sup>QL</sup>	
	Atorvastatin-Amlodipine <sup>QL</sup>	
	Lipitor <sup>QL</sup>	
	Caduet <sup>QL</sup>	
	Crestor <sup>QL</sup>	
	Ezetimibe-Simvastatin <sup>QL</sup>	
	Fluvastatin, Fluvastatin ER <sup>QL</sup>	
	Livalo <sup>QL</sup>	
	Pravachol <sup>QL</sup>	
	Zocor <sup>QL</sup>	

## MABS – ANTI-IL, ANTI-IGE

Preferred Agents	Non-Preferred Agents	Prior Authorization
Nucala <sup>PA, QL</sup>	Xolair <sup>PA, QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Cinqair PA Fax Form</a> <a href="#">Link to Fasentra PA Fax Form</a> <a href="#">Link to Nucala PA Fax Form</a> <a href="#">Link to Xolair PA Fax Form</a> <a href="#">Link to Quantity Limits List</a>
	Cinqair	
	Fasentra <sup>QL</sup>	

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

Effective January 28, 2019

## MACROLIDES

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

## MACULAR DEGENERATION AGENTS

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

## METHOTREXATES

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

## MULTIPLE SCLEROSIS AGENTS

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

## NEUROPATHIC PAIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
Capsaicin Duloxetine 20 mg, 30 mg, 60 mg Capsule ( <i>generic Cymbalta</i> ) <sup>QL</sup> Gabapentin Capsule, Tablet <sup>QL</sup> Lidocaine Patch <sup>QL</sup> Lyrica Capsule <sup>QL</sup>	Cymbalta <sup>QL</sup> Duloxetine 40 mg Capsule ( <i>generic Irenka</i> ) <sup>QL</sup> Gabapentin Solution <sup>QL</sup> Gralise <sup>QL</sup> Horizant <sup>QL</sup> Lidoderm Patch <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>

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

Effective January 28, 2019

## NEUROPATHIC PAIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
Savella Tablet <sup>QL</sup>	Lyrica CR <sup>QL</sup> Lyrica Solution <sup>QL</sup> Neurontin <sup>QL</sup> Qutenza Patch <sup>QL</sup>	

## NITROFURAN DERIVATIVES

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

## NSAIDS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Celecoxib <sup>QL</sup> Diclofenac 1.5% (Topical) Solution <sup>QL</sup> Diclofenac Sodium Tablet, Diclofenac Sodium ER Tablet <sup>QL</sup> Flector Patch <sup>QL</sup> Flurbiprofen <sup>QL</sup> Ibuprofen <sup>QL</sup> Indomethacin IR <sup>QL</sup> Ketoprofen IR <sup>QL</sup> Ketorolac <sup>PA, QL</sup> Meloxicam Tablet <sup>QL</sup> Nabumetone <sup>QL</sup> Naproxen CR <sup>QL</sup> Naproxen Rx Tablet, EC Tablet, Suspension <sup>QL</sup> Naproxen Sodium OTC <sup>QL</sup> Naproxen Sodium DS <sup>QL</sup> Sulindac <sup>QL</sup> Voltaren Gel <sup>QL</sup>	Arthrotec <sup>QL</sup> Cambia <sup>QL</sup> Celebrex <sup>QL</sup> Daypro <sup>QL</sup> Diclofenac Potassium Tablet <sup>QL</sup> Diclofenac Gel <sup>QL</sup> Diclofenac-Misoprostol <sup>QL</sup> Diflunisal <sup>QL</sup> Duexis <sup>QL</sup> Etodolac, Etodolac SR <sup>QL</sup> Feldene <sup>QL</sup> Fenoprofen <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> Mobic <sup>QL</sup> Nalfon <sup>QL</sup> Naprelan <sup>QL</sup> Naproxen Sodium Rx <sup>QL</sup> Oxaprozin <sup>QL</sup> Pennsaid Pump <sup>QL</sup> Piroxicam <sup>QL</sup> Tivorbex <sup>QL</sup> Tolmetin <sup>QL</sup> Vimovo <sup>QL</sup> Vivlodex <sup>QL</sup> Zipsor <sup>QL</sup> Zorvolex <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>

## ONCOLOGY AGENTS, BREAST CANCER

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Anastrozole <sup>QL</sup> Exemestane <sup>QL</sup>	Letrozole <sup>PA, QL</sup> Tamoxifen Citrate <sup>QL</sup>	Arimidex <sup>QL</sup> Aromasin <sup>QL</sup> Fareston <sup>QL</sup> Femara <sup>QL</sup> Soltamox Solution <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>

## ONCOLOGY AGENTS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Afinitor, Afinitor Disperz <sup>PA, QL</sup> Alecensa <sup>PA, QL</sup> Alunbrig <sup>PA, QL</sup>	Nerlynx <sup>PA, QL</sup> Nexavar <sup>PA, QL</sup> Ninlaro <sup>PA, QL</sup>	Capecitabine Casodex <sup>QL</sup> Imatinib <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>

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

Effective January 28, 2019

## ONCOLOGY AGENTS, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bicalutamide <sup>PA, QL</sup>	Odomzo <sup>PA, QL</sup>			
Bosulif <sup>PA, QL</sup>	Rubraca <sup>PA, QL</sup>			
Cabometyx <sup>PA, QL</sup>	Rydapt <sup>PA, QL</sup>			
Calquence <sup>PA, QL</sup>	Sprycel <sup>PA, QL</sup>			
Caprelsa <sup>PA, QL</sup>	Stivarga <sup>PA, QL</sup>			
Cometriq <sup>PA, QL</sup>	Sutent <sup>PA, QL</sup>			
Cotellic <sup>PA, QL</sup>	Tafinlar <sup>PA, QL</sup>			
Erivedge <sup>PA, QL</sup>	Tagrisso <sup>PA, QL</sup>			
Erleada <sup>PA, QL</sup>	Tarceva <sup>PA, QL</sup>			
Farydak <sup>PA, QL</sup>	Tasigna <sup>PA, QL</sup>			
Gilotrif <sup>PA, QL</sup>	Temodar <sup>PA</sup>			
Gleevac <sup>PA, QL</sup>	Temozolomide <sup>PA</sup>			
Ibrance <sup>PA, QL</sup>	Tykerb <sup>PA, QL</sup>			
Iclusig <sup>PA, QL</sup>	Venclexta <sup>PA, QL</sup>			
IDHIFA <sup>PA, QL</sup>	Verzenio <sup>PA, QL</sup>			
Imbruvica <sup>PA, QL</sup>	Votrient <sup>PA, QL</sup>			
Inlyta <sup>PA, QL</sup>	Xalkori <sup>PA, QL</sup>			
Iressa <sup>PA, QL</sup>	Xeloda <sup>PA</sup>			
Jakafi <sup>PA, QL</sup>	Xtandi <sup>PA, QL</sup>			
Kisqali <sup>PA, QL</sup>	Zejula <sup>PA, QL</sup>			
Kisqali Femara <sup>PA, QL</sup>	Zelboraf <sup>PA, QL</sup>			
Lenvima <sup>PA, QL</sup>	Zolinza <sup>PA, QL</sup>			
Lonsurf <sup>PA, QL</sup>	Zydelig <sup>PA, QL</sup>			
Lynparza <sup>PA, QL</sup>	Zykadia <sup>PA, QL</sup>			
Mekinist <sup>PA, QL</sup>	Zytiga <sup>PA, QL</sup>			

## 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	Pazeo	Alomide	Lastacaft	<a href="#">Link to PA Fax Form</a>
Ketotifen OTC	Zaditor OTC	Azelastine	Olopatadine	
		Bepreve	Pataday	
		Elestat	Patanol	
		Emadine		

## OPHTHALMIC ANTIBIOTICS

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

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

Effective January 28, 2019

## OPHTHALMIC ANTIBIOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Moxifloxacin	

## OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

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

## OPHTHALMIC ANTI-INFLAMMATORIES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alrex Dexamethasone Diclofenac Durezol Flarex Fluorometholone Flurbiprofen FML Forte FML S.O.P. Ilevro Ketorolac, Ketorolac LS Lotemax Drops Maxidex Pred Mild Prednisolone Prednisolone Sodium Phosphate	Acular, Acular LS Acuvail Bromfenac Bromsite FML Suspension Iluvien Lotemax Gel, Ointment Nevanac	Omnipred Ozurdex Pred Forte Prolensa Retisert Triesence <sup>QL</sup>

## OPHTHALMICS, GLAUCOMA AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Alphagan P 0.1% Alphagan P 0.15% Apraclonidine Azopt Betoptic S 0.25% Brimonidine 0.2% Carteolol Combigan Dorzolamide Dorzolamide-Timolol Drop (generic Cosopt)	Latanoprost Levobunolol Pilocarpine Simbrinza Timolol Drop (generic Timoptic) Timoptic Travatan Z	Betagan Betaxolol Bimatoprost 0.03% Brimonidine P 0.15% Cosopt, Cosopt PF Dorzolamide-Timolol Droperette (generic Cosopt PF) Iopidine Isopto Carpine Istalol Lumigan 0.01%

## OPHTHALMICS, IMMUNOMODULATORS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Restasis <sup>QL</sup>	Restasis Multidose <sup>QL</sup> Xiidra <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>

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

Effective January 28, 2019

## OPIATE DEPENDENCE TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Buprenorphine SL Tablet <sup>PA, QL</sup> Clonidine Tablet Naltrexone Tablet Suboxone SL Film <sup>QL</sup> Vivitrol Injection <sup>PA, QL</sup>	Bunavail Buccal Film <sup>QL</sup> Buprenorphine-Naloxone SL Tablet <sup>QL</sup> Lu cemrya <sup>QL</sup> Probuphine <sup>QL</sup> Sublocade <sup>QL</sup> Zubsolv SL Tablet <sup>QL</sup>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a> <a href="#">Link to Opiate Dependence Treatments (Oral) PA Fax Form</a> <a href="#">Link to Probuphine PA Fax Form</a> <a href="#">Link to Sublocade 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 Ciprodex	Coly-Mycin S Neomycin-Polymyxin-HC Ofloxacin	Ciprofloxacin Otic      Otiprio Otovel
		<a href="#">Link to PA Guidelines</a>

## OTIC ANTI-INFECTIVES & ANESTHETICS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Acetic Acid	Hydrocortisone-Acetic Acid	<a href="#">Link to PA Guidelines</a>

## PAH (PULMONARY ARTERIAL HYPERTENSION) AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Letairis <sup>QL</sup> Sildenafil <sup>PA, QL</sup> Tracleer Tablet <sup>QL</sup>	Ventavis	Adcirca <sup>QL</sup> Ade m pas <sup>QL</sup> Opsumit <sup>QL</sup> Orenitram ER Revatio <sup>QL</sup>
		Tadalafil <sup>QL</sup> Tracleer Tablet for Suspension <sup>QL</sup> Tyvaso <sup>QL</sup> Upravi <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>

## PANCREATIC ENZYMES

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

## PHOSPHATE BINDERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Calcium Acetate <sup>QL</sup> Calphron	Auryxia <sup>QL</sup> Fosrenol <sup>QL</sup>	Lanthanum Carbonate Chewable <sup>QL</sup>
		<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>

AR = Age Restriction, Clinical Prior Authorization Required  
Non-preferred medications require prior authorization  
IR = immediate-release formulation  
January 28, 2019

PA = Clinical Prior Authorization Required  
QL = Quantity Limit Applies  
ER = extended-release formulation  
Page 31 of 37

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

Effective January 28, 2019

## PHOSPHATE BINDERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Phoslyra <sup>QL</sup> Renegel <sup>QL</sup> Renvela Tablet <sup>QL</sup>	Renvela Powder Packet <sup>QL</sup> Sevelamer <sup>QL</sup> Velphoro <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>

## PITUITARY SUPPRESSIVE AGENTS, LHRH

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

## PLATELET AGGREGATION INHIBITORS

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

## PRENATAL VITAMINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Complete Natal DHA Completenate Tablet Chewable Niva-Plus Tablet O-Cal FA Tablet PNV 29-1 Tablet Preplus CA-FE-FA Tablet Trinatal RX 1 Tablet Triveen-Duo DHA Combo Pack Virtprex Capsule Virt-Advance Tablet Virt Nate Tablet Virt-PN DHA Softgel Vol-Nate Tablet Vol-Plus Tablet	Focalgin 90 DHA Combo Pack Dothelle DHA Softgel Elite-OB Caplet Folivane-OB Capsule OB Complete Caplet OB Complete + DHA Softgel OB Complete Gold Softgel OB Complete One Softgel OB Complete Petite Softgel OB Complete Premier Tablet Provida DHA Capsule Provida OB Capsule Taron-C DHA Capsule 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	<a href="#">Link to PA Guidelines</a> <a href="#">Link to PA Fax Form</a>



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

Effective January 28, 2019

## PROGESTATIONAL AGENTS

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

## PROTON PUMP INHIBITORS

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

## SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Temazepam 15mg, 30mg <sup>AR, QL</sup> Zolpidem Tablet <sup>QL</sup>	Ambien, Ambien CR <sup>QL</sup> Belsomra <sup>QL</sup> Edluar <sup>QL</sup> Estazolam <sup>AR, QL</sup> Eszopiclone <sup>QL</sup> Flurazepam <sup>AR, QL</sup> Halcion <sup>AR, QL</sup> Hetlioz <sup>QL</sup> Intermezzo <sup>QL</sup> Lunesta <sup>QL</sup>	Restoril <sup>AR, QL</sup> Rozerem <sup>QL</sup> Silenor <sup>QL</sup> Sonata <sup>QL</sup> Temazepam 7.5mg, 22.5mg <sup>AR, QL</sup> Triazolam <sup>AR, QL</sup> Zaleplon <sup>QL</sup> Zolpidem ER <sup>QL</sup> 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> 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>

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

Effective January 28, 2019

## SMOKING CESSATION AGENTS

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

## STEROIDS, TOPICAL – LOW POTENCY

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

## STEROIDS, TOPICAL – MEDIUM POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Fluticasone Cream, Ointment Mometasone Furoate Cream, Ointment, Solution	Betamethasone Valerate Foam Clo cortolone 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	<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 Dipropionate Cream, Lotion Betamethasone Valerate Triamcinolone Acetonide Cream, Lotion, Ointment	Amcinonide Betamethasone Dipropionate, Augmented Betamethasone Dipropionate Ointment, Gel Desoximetasone Diflorasone Diacetate Diprolene	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Topical Steroids PA Fax Form</a>

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

Effective January 28, 2019

## STEROIDS, TOPICAL – HIGH POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Fluocinonide Halog Kenalog Aerosol Sernivo Spray Topicort Triamcinolone Acetonide Aerosol Trianex Vanos	

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

## STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<b>Amphetamine Salt Combo ER Capsule (generic Adderall XR)<sup>AR, QL</sup></b>	Adderall IR Tablet <sup>AR, QL</sup> <b>Adderall XR<sup>AR, QL</sup></b>	<a href="#">Link to PA Guidelines</a> <a href="#">Link to Quantity Limits List</a>
Amphetamine Salt Combo Tablet (generic Adderall) <sup>AR, QL</sup>	<b>Adzenys ER Suspension<sup>AR, QL</sup></b> <b>Adzenys XR-ODT<sup>AR, QL</sup></b>	<a href="#">Link to Stimulants and Related Agents PA Fax Form</a>
Aptensio XR <sup>AR, QL</sup>	Clonidine ER Concerta <sup>AR, QL</sup>	<a href="#">Link to Provigil-Nuvigil PA Fax Form</a>
Armodafinil <sup>AR, PA, QL</sup>	<b>Cotempla XR ODT<sup>AR, QL</sup></b>	
Atomoxetine <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>	
Methylphenidate IR Tablet <sup>AR, QL</sup>	Intuniv <sup>AR, QL</sup>	
Methylphenidate ER/SR Tablet <sup>AR, QL</sup>	Kapvay <sup>AR, QL</sup>	
Methylphenidate ER 24-Hour Tablet (generic Concerta) <sup>AR, QL</sup>	Methamphetamine Tablet <sup>AR, QL</sup>	
Quillichew ER <sup>AR, QL</sup>	Methylin <sup>AR, QL</sup>	
Quillivant XR Suspension <sup>AR, QL</sup>	Methylphenidate Chewable Tablet, Solution <sup>AR, QL</sup>	
Vyvance <sup>AR, QL</sup>	Methylphenidate CD Capsule <sup>AR, QL</sup>	
	Methylphenidate ER Capsule (generic Ritalin LA) <sup>AR, QL</sup>	
	<b>Methylphenidate ER 72 mg Tablet<sup>AR, QL</sup></b>	
	Modafinil <sup>AR, PA, QL</sup>	

AR = Age Restriction, Clinical Prior Authorization Required  
 Non-preferred medications require prior authorization  
 IR = immediate-release formulation  
 January 28, 2019

PA = Clinical Prior Authorization Required  
 QL = Quantity Limit Applies  
 ER = extended-release formulation  
 Page 35 of 37

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

Effective January 28, 2019

## STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Mydayis <sup>AR, QL</sup> Nuvigil <sup>AR, PA, QL</sup> Procentra Solution <sup>AR, QL</sup> Provigil <sup>AR, PA, QL</sup> Relexxii ER 24 HR <sup>AR, QL</sup> Ritalin <sup>AR, QL</sup> Ritalin LA <sup>AR, QL</sup> Strattera <sup>AR, QL</sup> Zenzedj <sup>AR, QL</sup>	

## TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

Preferred Agents	Non-Preferred Agents	Prior Authorization
Doxycycline Hyclate Capsule	Demeclocycline	<a href="#">Link to PA Guidelines</a>
Doxycycline Hyclate 20 mg, 100 mg Tablet	Doryx DR <sup>QL</sup>	<a href="#">Link to PA Fax Form</a>
Doxycycline Monohydrate 50 mg, 100mg Capsule	Doxycycline Hyclate 75 mg, 150 mg Tablet	<a href="#">Link to Quantity Limits List</a>
Doxycycline Monohydrate Suspension, Tablet	Doxycycline Hyclate DR <sup>QL</sup>	
Minocycline Capsule	Doxycycline Monohydrate 75 mg, 150 mg Capsule	
	Minocycline ER <sup>QL</sup>	
	Minocycline Tablet	
	Morgidox Capsule, Kit <sup>QL</sup>	
	Oracea <sup>QL</sup>	
	Solodyn ER <sup>QL</sup>	
	Tetracycline	
	Vibramycin Capsule, Suspension, Syrup	
	Ximino ER <sup>QL</sup>	

## THALIDOMIDE AND DERIVATIVES

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

## THYROID HORMONES

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

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

Effective January 28, 2019

## ULCERATIVE COLITIS AGENTS

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

## VASODILATORS, CORONARY

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

## VMAT2 INHIBITORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Xenazine <sup>PA,QL</sup>		Austedo <sup>QL</sup>	Tetrabenazine <sup>QL</sup>	<a href="#">Link to PA Guidelines</a>
		Ingrezza <sup>QL</sup>		<a href="#">Link to Austedo PA Fax Form</a>
				<a href="#">Link to Ingrezza PA Fax Form</a>
				<a href="#">Link to Xenazine (Tetrabenazine) PA Fax Form</a>
				<a href="#">Link to Quantity Limits List</a>