

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

ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Donepezil Tablet ^{AR, PA, QL}	Aricept ^{AR, QL}	Link to PA Guidelines
Exelon Patch ^{AR, PA, QL}	Donepezil 23 mg Tablet ^{AR, QL}	Link to Quantity Limits List
Memantine Tablet ^{AR, PA, QL}	Donepezil ODT ^{AR, QL}	Link to PA Fax Form
	Galantamine, Galantamine ER ^{AR, QL}	

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ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Memantine Solution ^{AR, QL} Memantine ER Capsule^{AR, QL} Namenda, Namenda XR ^{AR, QL} Namzaric ^{AR, QL} Razadyne, Razadyne ER ^{AR, QL} Rivastigmine ^{AR, QL}	

ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS

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

ANALGESICS, OPIOID – LONG ACTING

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

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ANALGESICS, OPIOID – SHORT ACTING

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

ANDROGENIC AGENTS

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

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ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Testopel Implant Pellet ^{QL} Testosterone Enanthate Injection ^{QL} Testosterone Gel ^{QL} Testred Capsule ^{QL} Vogelxo Gel ^{QL}	

ANGIOTENSIN MODULATORS

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

ANGIOTENSIN MODULATOR COMBINATIONS

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

ANTI-ALLERGENS

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

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ANTIBIOTICS, GI AND RELATED AGENTS

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

ANTIBIOTICS, INHALED

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

ANTIBIOTICS, TOPICAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bacitracin		Centany		Link to PA Guidelines
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	Link to PA Guidelines
Clindesse	Vandazole	Clindamycin Vaginal	Nuessa	

ANTICOAGULANTS

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

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ANTICONVULSANTS

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

ANTIDEPRESSANTS, OTHER

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

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ANTIDEPRESSANTS, SSRIS

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

ANTIEMETICS-ANTIVERTIGO AGENTS

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

ANTIFUNGALS, ORAL

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

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ANTIFUNGALS, TOPICAL

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

ANTIHISTAMINES, MINIMALLY SEDATING

Preferred Agents	Non-Preferred Agents		Prior Authorization
Cetirizine Solution, Tablet ^{QL}	Cetirizine Chewable ^{QL}	Fexofenadine ^{QL}	Link to PA Guidelines
Loratadine ^{QL}	Cetirizine-D ^{AR, QL}	Fexofenadine-D ^{AR, QL}	Link to Quantity Limits List
Loratadine-D ^{AR, QL}	Clarinet ^{QL}	Levocetirizine ^{QL}	Link to PA Fax Form
	Clarinet-D ^{AR, QL}	Semprex D ^{AR, QL}	
	Desloratadine ^{QL}		

ANTIHYPERTENSIVES, SYMPATHOLYTIC

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

ANTIHYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents	Non-Preferred Agents		Prior Authorization
Allopurinol	Colcrys ^{QL}	Uloric ^{QL}	Link to PA Guidelines
Colchicine Capsule, Tablet ^{PA, QL}	Duzallo ^{QL}	Zurampic ^{QL}	Link to Quantity Limits List
Probenecid	Krystexxa ^{QL}	Zyloprim	Link to Antihyperuricemics PA Fax Form
Probenecid-Colchicine	Mitigare ^{QL}		Link to Zurampic-Duzallo PA Fax Form

ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non-Preferred Agents		Prior Authorization
	Cafergot ^{QL}		Link to PA Guidelines
	Dihydroergotamine Mesylate Injection		Link to Quantity Limits List
	Dihydroergotamine Mesylate Nasal Spray ^{QL}		Link to Antimigraine Agents.

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ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Ergomar ^{QL} Migranal Nasal Spray ^{QL}	Other – Acute Treatments PA Fax Form

ANTIMIGRAINE AGENTS, TRIPTANS

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

ANTIPARASITICS, TOPICAL

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

ANTIPARKINSON'S AGENTS

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

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ANTIPSORIATICS, ORAL

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

ANTIPSORIATICS, TOPICAL

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

ANTIPSYCHOTICS

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

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ANXIOLYTICS

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

ANTIVIRALS, ORAL

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

ANTIVIRALS, TOPICAL

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

BETA-BLOCKERS

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

BILE SALTS

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

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BLADDER RELAXANT PREPARATIONS

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

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alendronate Tablet ^{QL} Ibandronate Tablet ^{QL} Pamidronate Disodium Risedronate ^{QL} Zoledronic Acid ^{QL}		Actonel ^{QL} Alendronate Solution ^{QL} Atelvia ^{QL} Binosto ^{QL} Boniva ^{QL} Calcitonin Salmon (Nasal) ^{QL} Etidronate Disodium Evista ^{QL} Forteo ^{QL}	Fosamax, Fosamax Plus D ^{QL} Ibandronate Injection ^{QL} Miacalcin Injection ^{QL} Prolia ^{QL} Raloxifene ^{QL} Reclast ^{QL} Risedronate DR Tablet ^{QL} Tymlos ^{QL} Xgeva ^{QL} Zometa	Link to PA Guidelines Link to Bone Resorption Suppression Agents PA Fax Form Link to Evista PA Fax Form Link to Forteo & Tymlos PA Fax Form Link to Injectable Bone Resorption Suppression Agents PA Fax Form Link to Quantity Limits List

BOTULINUM TOXINS

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

BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENT

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

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 ^{QL} Proair Respiclick^{QL} Proventil HFA ^{QL} Serevent Diskus ^{QL}		Albuterol Syrup, Tablet, XR Tablet Albuterol Nebulizer Vial 0.63 mg/3 ml, 1.25 mg/3 ml Arcapta Neohaler ^{QL} Brovana Vial ^{QL} Levalbuterol HFA ^{QL} Levalbuterol Nebulizer Concentrate Solution, Vial ^{QL}		Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

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

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Metaproterenol Syrup, Tablet Perforomist Vial ^{QL} Striverdi Respimat ^{QL} Terbutaline Tablet Ventolin HFA ^{QL} Xopenex HFA ^{QL} Xopenex Nebulizer Concentrate Solution, Vial ^{QL}	

CALCIUM CHANNEL BLOCKERS

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

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	Link to PA Guidelines

COLONY STIMULATING FACTORS

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

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CONTRACEPTIVES, ORAL

Preferred Agents		Non-Preferred Agents	Prior Authorization
<u>Monophasic</u>		<u>Monophasic</u>	Link to PA Guidelines
Altavera	Levora	Balziva	Link to PA Fax Form
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		Ortho-Novum-28 1-35	
Femynor-28	Norethindrone-Ethinyl Estradiol Fe-28 1.5-30 (generic Loestrin Fe-28 1.5-30)	Safyral	
Isibloom		Syeda	
Juleber		Taytulla-28	
Junel-21 1-20	Norgestimate-Ethinyl Estradiol-28 (generic Ortho-Cyclen)	Tydemy	
Junel-21 1.5-30		Vylibra	
Junel Fe-28 1-20		Wera	
Junel Fe-28 1.5-30	Nortrel-28 1-35	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		
	Sronyx		
	Tarina Fe 1-20		
Levonorgestrel-Ethinyl Estradiol-28 0.15-30 (generic Nordette, Levlen)	Vienna		
	Vyfemla		
<u>Biphasic</u>		<u>Biphasic</u>	
Azurette	Kariva	Mircette	
Bekyree	Pimtrea		
Desogestrel-Ethinyl Estradiol 21-2-5 (generic Mircette)	Viorele		

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<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	Tri-Previfem	Tri-Norinyl	
Estradiol (generic)	Tri-Sprintec	Tri-Vylibra	
TriPhasil, Tri-Levlen)	Velivet	Trivora	
Myzilra			
Norgestimate-Ethinyl			
Estradiol lo-28 (generic)			
Ortho Tri-Cyclen Lo)			
Norgestimate-Ethinyl			
Estradiol-28 (generic)			
Ortho Tri-Cyclen)			
<u>Four-Phasic</u>		<u>Four-Phasic</u>	
Natazia			
<u>28-Day Extended Cycle</u>		<u>28-Day Extended Cycle</u>	
Generess Fe chewable		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)	Seasonique (3 month)	Amethia (3 month)	Levonorgestrel-Ethinyl
Jolessa (3 month)	Setlakin (3 month)	Amethia Lo (3 month)	Estradiol (3 month)
Loseasonique (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)

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CONTRACEPTIVES, ORAL

Preferred Agents		Non-Preferred Agents	Prior Authorization
<u>Progestin Only</u>		<u>Progestin Only</u>	
Camila	Lyza	Micronor	
Deblitane	Nora-Be		
Errin	Norethindrone-28 0.35		
Heather	Norlyda		
Jencycla	Sharobel		
Jolivette			
<u>Continuous Cycle</u>		<u>Continuous Cycle</u>	
		Amethyst-28 Levonorgestrel-Ethinyl Estradiol 0.09-0.02	

CONTRACEPTIVES, OTHER

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

COPD AGENTS

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

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CYTOKINE AND CAM ANTAGONISTS

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

DIABETIC METERS

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

DIABETIC STRIPS

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

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DIABETIC STRIPS

Preferred Agents	Non-Preferred Agents	Prior Authorization
	Becton Dickinson ^{QL} CCS Medical ^{QL}	

EMOLLIENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ammonium Lactate Cream, Lotion	Amlactin Ultra OTC Biafine Cerave PM OTC	Eleton Emollient Combo #10 Cream Link to PA Guidelines

ENZYME REPLACEMENT, GAUCHERS DISEASE

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

EPINEPHRINE, SELF-INJECTED

Preferred Agents	Non-Preferred Agents	Prior Authorization
Epinephrine injection (generic EpiPen – labeler 49502)	Adrenaclick Epinephrine injection (generic Adrenaclick – labeler 54505) EpiPen, EpiPen Jr	 Link to PA Guidelines Link to PA Fax Form

ERYTHROPOIESIS STIMULATING PROTEINS

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

FLUOROQUINOLONES, ORAL

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

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GI MOTILITY, CHRONIC

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

GLUCOCORTICOIDS, INHALED

Preferred Agents		Non-Preferred Agents		Prior Authorization
Advair Diskus ^{QL}	Pulmicort Flexhaler ^{QL}	Aerospan ^{QL}	Breo Ellipta ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
Advair HFA ^{QL}	Symbicort ^{QL}	Airduo Respiclick ^{QL}	Budesonide Respule ^{QL}	
Dulera ^{QL}		Alvesco ^{QL}	Fluticasone-Salmeterol Powder Inhalation ^{QL}	
Flovent Diskus ^{QL}		Armonair Respiclick ^{QL}	Pulmicort Respule ^{QL}	
Flovent HFA ^{QL}		Arnuity Ellipta ^{QL}	Qvar Redihaler ^{QL}	
		Asmanex HFA ^{QL}	Asmanex Twisthaler ^{QL}	

GLUCOCORTICOIDS, ORAL

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

GROWTH FACTORS

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

GROWTH HORMONES

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

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H. PYLORI TREATMENT

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

HEPATITIS B AGENTS

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

HEPATITIS C AGENTS

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

HEREDITARY ANGIOEDEMA TREATMENTS

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

HISTAMINE II RECEPTOR BLOCKERS

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

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HIV-AIDS

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

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

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

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HYPOGLYCEMICS, INCRETIN MIMETICS- ENHANCERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
<u>Incretin Enhancers</u>	<u>Incretin Mimetics</u>	<u>Incretin Enhancers</u>	<u>Incretin Mimetics</u>	Link to PA Guidelines Link to Incretin Enhancers PA Fax Form Link to Incretin Mimetics PA Fax Form Link to Symlin PA Fax Form Link to Quantity Limits List
Janumet ^{PA, QL}	Bydureon ^{PA, QL}	Alogliptin ^{QL}	Adlyxin ^{QL}	
Januvia ^{PA, QL}	Symmlin Pen ^{PA, QL}	Alogliptin-Metformin ^{QL}	Bydureon BCise ^{QL}	
Jentadueto ^{PA, QL}	Victoza ^{PA, QL}	Alogliptin-Pioglitazone ^{QL}	Byetta ^{QL}	
Jentadueto XR ^{PA, QL}		Janumet XR ^{QL}	Ozempic ^{QL}	
Tradjenta ^{PA, QL}		Kazano ^{QL}	Tanzeum ^{QL}	
		Kombiglyze XR ^{QL}	Trulicity ^{QL}	
		Nesina ^{QL}		
		Onglyza ^{QL}		
		Oseni ^{QL}		

HYPOGLYCEMICS, INSULIN

Preferred Agents		Non-Preferred Agents		Prior Authorization
<u>Rapid-Acting</u>		<u>Rapid-Acting</u>		Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List
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		
<u>Short-Acting</u>		<u>Short-Acting</u>		
Humulin R U-100 Vial				
Humulin R U-500 Vial				
Humulin R U-500 Kwikpen				
Novolin R Vial				
<u>Intermediate-Acting</u>		<u>Intermediate-Acting</u>		
Humulin N Vial		Novolin N Vial		
		Humulin N Kwikpen		
<u>Long-Acting (basal)</u>		<u>Long-Acting (basal)</u>		
Lantus Solostar		Basaglar Kwikpen		
Lantus Vial		Toujeo Solostar		
Levemir Flextouch		Toujeo Max Solostar		
Levemir Vial		Tresiba U-100 FlexTouch		
		Tresiba U-200 FlexTouch		
<u>Insulin Mixes</u>		<u>Insulin Mixes</u>		
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				

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HYPOGLYCEMICS, INSULIN

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

HYPOGLYCEMICS, MEGLITINIDES

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

HYPOGLYCEMICS, METFORMINS

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

HYPOGLYCEMICS, SGLT2 INHIBITORS

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

HYPOGLYCEMICS, SULFONYLUREAS

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

HYPOGLYCEMICS, TZDS

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

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IDIOPATHIC PULMONARY FIBROSIS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

IMMUNOMODULATORS, TOPICAL

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

IMMUNOSUPPRESSIVE, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azathioprine 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	Link to PA Guidelines Link to PA Fax Form

INTRAARTICULAR HYALURONATES

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

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INTRANASAL RHINITIS AGENTS

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

IRON, ORAL

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

IRON, PARENTERAL

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

LEUKOTRIENE MODIFIERS

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

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LIPOTROPICS, OTHER THAN STATINS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cholestyramine, Cholestyramine Lite	Antara ^{QL}	Link to PA Guidelines Link to Lipotropics, Other PA Fax Form Link to Juxtapid-Kynamro PA Fax Form Link to PCSK9 PA Fax Form Link to Quantity Limits List
Colestipol Tablet ^{QL}	Colestid ^{QL}	
Ezetimibe Tablet ^{QL}	Colestipol Granule	
Fenofibrate 54 mg, 160 mg Tablet (<i>generic Lofibra</i>) ^{QL}	Fenofibrate Capsule (<i>generic Lipofen</i>) ^{QL}	
Fenofibrate 48 mg, 145 mg Tablet, Nanocrystalized (<i>generic Tricor</i>) ^{QL}	Fenofibrate Capsule, Micronized (<i>generic Antara</i>) ^{QL}	
Gemfibrozil ^{QL}	Fenofibrate 40 mg, 120 mg Tablet (<i>generic Fenoglide</i>) ^{QL}	
Omega-3 Acid Ethyl Esters ^{QL}	Fenofibric Acid Tablet (<i>generic Fibracor</i>) ^{QL}	
Praluent ^{PA, QL}	Fenofibric Acid (Choline) DR Capsule (<i>generic Trilipix</i>) ^{QL}	
Prevalite	Fenoglide ^{QL}	
Repatha ^{PA, QL}	Fibracor ^{QL}	
Welchol Powder Pack ^{QL}	Juxtapid ^{QL}	
	Lipofen ^{QL}	
	Lopid ^{QL}	
	Lovaza ^{QL}	
	Niacin OTC	
	Niacin ER OTC, Rx	
	Niacor	
	Niaspan	
	Questran, Questran Lite	
	Tricor ^{QL}	
	Triglide ^{QL}	
	Trilipix ^{QL}	
	Vascepa ^{QL}	
	Welchol Tablet ^{QL}	
	Zetia ^{QL}	

LIPOTROPICS, STATINS

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

MABS – ANTI-IL, ANTI-IGE

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

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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
		Link to PA Guidelines

MACULAR DEGENERATION AGENTS

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

METHOTREXATES

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

MULTIPLE SCLEROSIS AGENTS

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

NEUROPATHIC PAIN

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

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NEUROPATHIC PAIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
Savella Tablet ^{QL}	Lyrica CR ^{QL} Lyrica Solution ^{QL} Neurontin ^{QL} Qutenza Patch ^{QL}	

NITROFURAN DERIVATIVES

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

NSAIDS

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

ONCOLOGY AGENTS, BREAST CANCER

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

ONCOLOGY AGENTS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Afinitor, Afinitor Disperz ^{PA, QL} Alecensa ^{PA, QL} Alunbrig ^{PA, QL}	Nerlynx ^{PA, QL} Nexavar ^{PA, QL} Ninlaro ^{PA, QL}	Capecitabine Casodex ^{QL} Imatinib ^{QL}	Link to PA Guidelines Link to Quantity Limits List Link to PA Fax Form

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ONCOLOGY AGENTS, ORAL

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

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

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

OPHTHALMIC ANTIBIOTICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
AK-Poly-Bac Ointment	Ofloxacin	AzaSite	Neomycin-Bacitracin-Polymyxin Ointment	Link to PA Guidelines
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	
Gentamicin Solution	Tobrex Ointment	Bleph-10	Sulfacetamide Ointment	
Moxeza		Ciloxan Solution	Tobrex Solution	
		Gatifloxacin	Vigamox	
		Gentamicin Ointment	Zymaxid	
		Levofloxacin		

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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	Link to PA Guidelines

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 ^{QL}

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 ^{QL}	Restasis Multidose ^{QL} Xiidra ^{QL}	Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List

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OPIATE DEPENDENCE TREATMENTS

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

OPIATE OVERDOSE AGENTS

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

OTIC ANTIBIOTIC PREPARATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cipro HC Ciprodex	Coly-Mycin S Neomycin-Polymyxin-HC Ofloxacin	Ciprofloxacin Otic Otiprio Otovel
		Link to PA Guidelines

OTIC ANTI-INFECTIVES & ANESTHETICS

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

PAH (PULMONARY ARTERIAL HYPERTENSION) AGENTS

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

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Creon Zenpep	Pancreaze Viokace Pertyze	Link to PA Guidelines Link to PA Fax Form

PHOSPHATE BINDERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Calcium Acetate ^{QL} Calphron	Auryxia ^{QL} Fosrenol ^{QL}	Lanthanum Carbonate Chewable ^{QL}
		Link to PA Guidelines Link to Quantity Limits List

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PHOSPHATE BINDERS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Phoslyra ^{QL} Renegel ^{QL} Renvela Tablet ^{QL}	Renvela Powder Packet ^{QL} Sevelamer ^{QL} Velphoro ^{QL}	Link to PA Fax Form

PITUITARY SUPPRESSIVE AGENTS, LHRH

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

PLATELET AGGREGATION INHIBITORS

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

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-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	Link to PA Guidelines Link to PA Fax Form

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PROGESTATIONAL AGENTS

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

PROTON PUMP INHIBITORS

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

SEDATIVE HYPNOTICS

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

SKELETAL MUSCLE RELAXANTS

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

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SMOKING CESSATION AGENTS

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

STEROIDS, TOPICAL – LOW POTENCY

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

STEROIDS, TOPICAL – MEDIUM POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Fluticasone Cream, Ointment 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	Link to PA Guidelines Link to Topical Steroids PA Fax Form

STEROIDS, TOPICAL – HIGH POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Betamethasone Dipropionate Cream, Lotion Betamethasone Valerate Triamcinolone Acetonide Cream, Lotion, Ointment	Amcinonide Betamethasone Dipropionate, Augmented Betamethasone Dipropionate Ointment, Gel Desoximetasone Diflorasone Diacetate Diprolene	Link to PA Guidelines Link to Topical Steroids PA Fax Form

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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	Link to PA Guidelines Link to Topical Steroids PA Fax Form

STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amphetamine Salt Combo ER Capsule (generic Adderall XR)^{AR, QL}	Adderall IR Tablet ^{AR, QL} Adderall XR^{AR, QL}	Link to PA Guidelines Link to Quantity Limits List
Amphetamine Salt Combo Tablet (generic Adderall) ^{AR, QL}	Adzenys ER Suspension^{AR, QL} Adzenys XR-ODT^{AR, QL}	Link to Stimulants and Related Agents PA Fax Form
Aptensio XR ^{AR, QL}	Clonidine ER Concerta ^{AR, QL}	Link to Provigil-Nuvigil PA Fax Form
Armodafinil ^{AR, PA, QL}	Cotempla XR ODT^{AR, QL}	
Atomoxetine ^{AR, QL}	Desoxyn ^{AR, QL}	
Daytrana Patch ^{AR, QL}	Dexedrine ^{AR, QL}	
Dextroamphetamine ER Capsule ^{AR, QL}	Dexmethylphenidate IR Tablet ^{AR, QL}	
Dextroamphetamine IR Tablet ^{AR, QL}	Dexmethylphenidate XR Capsule ^{QL}	
Focalin Tablet ^{AR, QL}	Dextroamphetamine Solution ^{AR, QL}	
Focalin XR Capsule ^{AR, QL}	Dyanavel XR Suspension ^{AR, QL}	
Guanfacine ER ^{AR, QL}	Evekeo ^{AR, QL}	
Methylphenidate IR Tablet ^{AR, QL}	Intuniv ^{AR, QL}	
Methylphenidate ER/SR Tablet ^{AR, QL}	Kapvay ^{AR, QL}	
Methylphenidate ER 24-Hour Tablet (generic Concerta) ^{AR, QL}	Methamphetamine Tablet ^{AR, QL}	
Quillichew ER ^{AR, QL}	Methylin ^{AR, QL}	
Quillivant XR Suspension ^{AR, QL}	Methylphenidate Chewable Tablet, Solution ^{AR, QL}	
Vyvance ^{AR, QL}	Methylphenidate CD Capsule ^{AR, QL}	
	Methylphenidate ER Capsule (generic Ritalin LA) ^{AR, QL}	
	Methylphenidate ER 72 mg Tablet^{AR, QL}	
	Modafinil ^{AR, PA, QL}	

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Preferred Agents	Non-Preferred Agents	Prior Authorization
	Mydayis ^{AR, QL} Nuvigil ^{AR, PA, QL} Procentra Solution ^{AR, QL} Provigil ^{AR, PA, QL} Relexxii ER 24 HR ^{AR, QL} Ritalin ^{AR, QL} Ritalin LA ^{AR, QL} Strattera ^{AR, QL} Zenzedj ^{AR, QL}	

TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

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

THALIDOMIDE AND DERIVATIVES

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

THYROID HORMONES

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

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ULCERATIVE COLITIS AGENTS

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

VASODILATORS, CORONARY

Preferred Agents		Non-Preferred Agents		Prior Authorization
Isosorbide Mononitrate, Isosorbide Mononitrate SR		BiDil	Nitro-DUR Patch	Link to PA Guidelines
Nitro-BID Ointment		Dilatrate-SR	Nitroglycerin ER	Link to PA Fax Form
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 ^{PA,QL}		Austedo ^{QL}	Tetrabenazine ^{QL}	Link to PA Guidelines
		Ingrezza ^{QL}		Link to Austedo PA Fax Form
				Link to Ingrezza PA Fax Form
				Link to Xenazine (Tetrabenazine) PA Fax Form
				Link to Quantity Limits List