

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 23, 2018

ACNE AGENTS, TOPICAL

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

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ALZHEIMER'S AGENTS

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

ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS

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

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ANALGESICS, OPIOID – LONG ACTING

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

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ANALGESICS, OPIOID – SHORT ACTING

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

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ANDROGENIC AGENTS

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

ANGIOTENSIN MODULATORS

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

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ANGIOTENSIN MODULATOR COMBINATIONS

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

ANTI-ALLERGENS

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

ANTIBIOTICS, GI AND RELATED AGENTS

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

ANTIBIOTICS, INHALED

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

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ANTIBIOTICS, TOPICAL

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

ANTIBIOTICS, VAGINAL

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

ANTICOAGULANTS

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

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ANTICONVULSANTS

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

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

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ANTIDEPRESSANTS, OTHER

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

ANTIDEPRESSANTS, SSRIS

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

ANTIEMETICS/ANTIVERTIGO AGENTS

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

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ANTIFUNGALS, ORAL

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

ANTIFUNGALS, TOPICAL

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

ANTIHISTAMINES, MINIMALLY SEDATING

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

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ANTIHYPERTENSIVES, SYMPATHOLYTIC

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|----------------------------|--------------------------|-------------------------------------|-----------------|--|
| Catapres-TTS ^{QL} | Guanfacine ^{QL} | Catapres Tablet | Methyldopa/HCTZ | Link to PA Guidelines |
| Clonidine Tablet | Methyldopa | Clonidine Transdermal ^{QL} | | Link to Quantity Limits List |
| | | | | Link to PA Fax Form |

ANTIHYPERURICEMICS

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

ANTIMIGRAINE AGENTS, OTHER

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

ANTIMIGRAINE AGENTS, TRIPTANS

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

ANTIPARASITICS, TOPICAL

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

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ANTIPARKINSON'S AGENTS

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

ANTIPSORIATICS, ORAL

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

ANTIPSORIATICS, TOPICAL

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

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ANTIPSYCHOTICS

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

ANXIOLYTICS

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

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ANTIVIRALS, ORAL

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

ANTIVIRALS, TOPICAL

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

BETA-BLOCKERS

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

BILE SALTS

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

BLADDER RELAXANT PREPARATIONS

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

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BONE RESORPTION SUPPRESSION AND RELATED AGENTS

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

BOTULINUM TOXINS

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

BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENT

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

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BRONCHODILATORS, BETA AGONIST

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

CALCIUM CHANNEL BLOCKERS

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

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CEPHALOSPORINS AND RELATED ANTIBIOTICS

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

COLONY STIMULATING FACTORS

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

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CONTRACEPTIVES, ORAL

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

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CONTRACEPTIVES, ORAL

| Preferred Agents | | Non-Preferred Agents | | Prior Authorization |
|--|-------------------------|--|---|--|
| <u>Triphasic</u> | | <u>Triphasic</u> | | Link to PA Guidelines Link to PA Fax Form |
| 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 Estradiol (generic TriPhasil, Tri-Levlen) | TriNessa TriNessa Lo | Tri-Norinyl Tri-Vylibra | | |
| Myzila | Tri-Previfem | Trivora | | |
| Norgestimate/Ethinyl Estradiol lo-28 (generic Ortho Tri-Cyclen Lo) | Tri-Sprintec | | | |
| Norgestimate/Ethinyl Estradiol-28 (generic Ortho Tri-Cyclen) | Velivet | | | |
| <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 Estradiol | Mibelas 24 FE Chew | |
| | | Drospirenone/Ethinyl Estradiol/Levomefolate | Microgestin 24 Fe 1/20 | |
| | | Gianvi | Minastrin 24 Fe Chewable | |
| | | Junel 24 Fe | Nikki | |
| | | Kaitlib Fe chewable | Noethindrone/Ethinyl 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 Estradiol (3 month) | |
| Jolessa (3 month) | Seasonique (3 month) | Amethia Lo (3 month) | Levonorgestrel/Ethinyl Estradiol + EE (3 month) | |
| Loseasonique (3 month) | Setlakin (3 month) | Ashlyna (3 month) | Quartette (3 month) | |
| | | Camrese (3 month) | Rivelsa (3 month) | |
| | | Camrese Lo (3 month) | | |
| | | Daysee (3 month) | | |
| | | Fayosim (3 month) | | |

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CONTRACEPTIVES, ORAL

| Preferred Agents | Non-Preferred Agents | Prior Authorization |
|---|---|---|
| <p style="text-align: center;"><u>Progestin Only</u></p> <p>Camila Lyza Deblitane Nora-Be Errin Norethindrone-28 0.35 Heather Norlyda Jencycla Sharobel Jolivette</p> | <p style="text-align: center;"><u>Progestin Only</u></p> <p>Micronor</p> | <p>Link to PA Guidelines Link to PA Fax Form</p> |
| <p style="text-align: center;"><u>Continuous Cycle</u></p> | <p style="text-align: center;"><u>Continuous Cycle</u></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 ^{QL} Kyleena ^{QL} Liletta Intrauterine ^{QL} Medroxyprogesterone Acetate Injection Syringe ^{QL} Medroxyprogesterone Acetate Injection Vial ^{QL} Mirena Intrauterine ^{QL} Nexplanon Implant ^{QL} Nuvaring ^{QL} Paragard T 380-A Intrauterine ^{QL} Skyla Intrauterine ^{QL} Xulane Patch ^{QL} | Depo-Provera Injection Syringe ^{QL} Depo-Provera Injection Vial ^{QL} | <p>Link to PA Guidelines Link to Quantity Limits List</p> |

COPD AGENTS

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

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CYTOKINE AND CAM ANTAGONISTS

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

DIABETIC METERS

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

DIABETIC STRIPS

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

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EMOLLIENTS

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

ENZYME REPLACEMENT, GAUCHERS DISEASE

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

EPINEPHRINE, SELF-INJECTED

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

ERYTHROPOIESIS STIMULATING PROTEINS

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

FLUOROQUINOLONES, ORAL

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

GI MOTILITY, CHRONIC

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

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GLUCOCORTICOIDS, INHALED

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

GLUCOCORTICOIDS, ORAL

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

GROWTH FACTORS

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

GROWTH HORMONES

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

H. PYLORI TREATMENT

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

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HEPATITIS B AGENTS

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

HEPATITIS C AGENTS

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

HEREDITARY ANGIOEDEMA TREATMENTS

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

HISTAMINE II RECEPTOR BLOCKERS

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

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HIV/AIDS

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

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HIV/AIDS

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

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

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

HYPOGLYCEMICS, INCRETIN MIMETICS/ ENHANCERS

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

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HYPOGLYCEMICS, INSULIN

| Preferred Agents | Non-Preferred Agents | Prior Authorization |
|---|---|--|
| <u>Rapid-Acting</u> | <u>Rapid-Acting</u> | Link to PA Guidelines Link to PA Fax Form Link to Quantity Limits List |
| Humalog Vial NovoLog Cartridge NovoLog Flexpen NovoLog Vial | Apidra Solostar Pen Apidra Vial Humalog U-100 Kwikpen Humalog U-200 Kwikpen | |
| <u>Short-Acting</u> | <u>Short-Acting</u> | |
| Humulin R U-100 Vial Humulin R U-500 Vial Humulin R Kwikpen | Novolin R Vial | |
| <u>Intermediate-Acting</u> | <u>Intermediate-Acting</u> | |
| Humulin N Vial | Novolin N Vial Humulin N Kwikpen | |
| <u>Long-Acting (basal)</u> | <u>Long-Acting (basal)</u> | |
| Lantus Solostar Pen Lantus Vial Levemir Flextouch Pen Levemir Vial | Basaglar Kwikpen Toujeo Solostar Tresiba FlexTouch U-100 Tresiba FlexTouch U-200 | |
| <u>Insulin Mixes</u> | <u>Insulin Mixes</u> | |
| Humalog Mix 50/50 Vial Humalog Mix 75/25 Vial Humulin 70/30 Vial NovoLog Mix 70/30 Flexpen NovoLog Mix 70/30 Vial | Humalog Mix 50/50 Kwikpen Humalog Mix 75/25 Kwikpen Humulin 70/30 Kwikpen Novolin 70/30 Vial | |
| <u>Alternate Formulations</u> | <u>Alternate Formulations</u> | |
| | Afrezza Powder Soliqua ^{QL} Xultophy ^{QL} | |

HYPOGLYCEMICS, MEGLITINIDES

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

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HYPOGLYCEMICS, METFORMINS

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

HYPOGLYCEMICS, SGLT2 INHIBITORS

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

HYPOGLYCEMICS, SULFONYLUREAS

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

HYPOGLYCEMICS, TZDS

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

IDIOPATHIC PULMONARY FIBROSIS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

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IMMUNOMODULATORS, TOPICAL

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

IMMUNOSUPPRESSIVE, ORAL

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

INTRAARTICULAR HYALURONATES

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

INTRANASAL RHINITIS AGENTS

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

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IRON, ORAL

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

IRON, PARENTERAL

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

LEUKOTRIENE MODIFIERS

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

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LIPOTROPICS, OTHER THAN STATINS

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

LIPOTROPICS, STATINS

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

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MABS – ANTI-IL, ANTI-IGE

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

MACROLIDES

| Preferred Agents | | Non-Preferred Agents | | Prior Authorization |
|---|--|---|--|---------------------------------------|
| Azithromycin E.E.S. 200 Suspension EryPed Suspension Erythromycin Ethylsuccinate Susp | | Clarithromycin Clarithromycin ER E.E.S. 400 Tablet Erythrocin (Erythromycin Stearate) | Erythromycin Base Cap DR 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} Avonex ^{QL} Betaseron Copaxone 20 mg Syringe ^{QL} Gilenya ^{PA, QL} Rebif ^{QL} Rebif Rebidos Pen Tecfidera ^{PA, QL} Tysabri ^{PA, QL} | | Aubagio ^{QL} Copaxone 40 mg Syringe ^{QL} Extavia Glatopa ^{QL} Lemtrada ^{QL} Ocrevus ^{QL} Plegridy ^{QL} Zinbryta ^{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 Ocrevus PA Fax Form Link to Tecfidera PA Fax Form Link to Zinbryta PA Fax Form |

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NEUROPATHIC PAIN

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

NITROFURAN DERIVATIVES

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

NSAIDS

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

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ONCOLOGY AGENTS, BREAST CANCER

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

ONCOLOGY AGENTS, ORAL

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

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

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

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OPHTHALMIC ANTIBIOTICS

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

OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

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

OPHTHALMIC ANTI-INFLAMMATORIES

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

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OPHTHALMICS, GLAUCOMA AGENTS

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

OPHTHALMICS, IMMUNOMODULATORS

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

OPIATE DEPENDENCE TREATMENTS

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

OPIATE OVERDOSE AGENTS

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

OTIC ANTIBIOTIC PREPARATIONS

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

OTIC ANTI-INFECTIVES & ANESTHETICS

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

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PAH (PULMONARY ARTERIAL HYPERTENSION) AGENTS

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

PANCREATIC ENZYMES

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

PHOSPHATE BINDERS

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

PITUITARY SUPPRESSIVE AGENTS, LHRH

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

PLATELET AGGREGATION INHIBITORS

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

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PRENATAL VITAMINS

| Preferred Agents | Non-Preferred Agents | Prior Authorization |
|------------------------------|--|---------------------------------------|
| Complete Natal DHA | Focalgin 90 DHA Combo Pack | Link to PA Guidelines |
| Completenate Tablet Chewable | Dothelle DHA Softgel | Link to PA Fax Form |
| Niva-Plus Tablet | Elite-OB Caplet | |
| O-Cal FA Tablet | Folivane-OB Capsule | |
| PNV 29-1 Tablet | OB Complete Caplet | |
| Preplus CA-FE-FA Tablet | OB Complete + DHA Softgel | |
| Trinatal RX 1 Tablet | OB Complete Gold Softgel | |
| Triveen-Duo DHA Combo Pack | OB Complete One Softgel | |
| Virtprex Capsule | OB Complete Petite Softgel | |
| Virt-Advance Tablet | OB Complete Premier Tablet | |
| Virt Nate Tablet | Provida DHA Capsule | |
| Virt-PN DHA Softgel | Provida OB Capsule | |
| Vol-Nate Tablet | Taron-C DHA Capsule | |
| Vol-Plus Tablet | Taron-Prex Prenatal DHA Capsule | |
| | Ultimatecare One Capsule | |
| | Virt-Nate DHA | |
| | Virt-Select Capsule | |
| | VP-PNV-DHA Capsule | |
| | Zatean-PN DHA Capsule | |
| | Zatean-PN Plus Softgel | |

PROGESTATIONAL AGENTS

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

PROTON PUMP INHIBITORS

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

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SEDATIVE HYPNOTICS

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

SKELETAL MUSCLE RELAXANTS

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

SMOKING CESSATION AGENTS

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

STEROIDS, TOPICAL – LOW POTENCY

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

STEROIDS, TOPICAL – MEDIUM POTENCY

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

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STEROIDS, TOPICAL – MEDIUM POTENCY

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

STEROIDS, TOPICAL – HIGH POTENCY

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

STEROIDS, TOPICAL – VERY HIGH POTENCY

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

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STIMULANTS AND RELATED AGENTS

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

TETRACYCLINES (FORMERLY ACNE AGENTS, ORAL)

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

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective July 23, 2018

THALIDOMIDE AND DERIVATIVES

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

THYROID HORMONES

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

ULCERATIVE COLITIS AGENTS

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

VASODILATORS, CORONARY

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

VMAT2 INHIBITORS

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