Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. In addition, there are medications and/or classes of medications that are not reviewed by the committee. Unless there is a clinical pre-authorization requirement for the entire class (as noted on the last page of the PDL) these medications will continue to be covered without prior authorization. **Examples: spironolactone, hydrochlorothiazide, amoxicillin suspension**
- To locate any medication on this list, you may use the keyboard shortcut **CTRL + F** to search.
- There is a mandatory generic substitution **unless** the brand is preferred, and the generic is non-preferred. When the brand is preferred and the generic is non-preferred, no special notations are required by the prescriber and the pharmacist enters "**9**" in the DAW field 408-D8.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, "Brand medically necessary" or "Brand necessary" must be written on the prescription in the prescriber's handwriting or via an electronic prescription and the pharmacist enters "1" in the DAW field 408-D8. For more information, please **CLICK THIS LINK** to the provider manual.
- New medications that enter the marketplace in classes reviewed by P&T committee will be considered non-preferred requiring prior authorization until the next P&T committee meeting. Please refer to the following criteria: **New Drugs Introduced into the Market / Non-Preferred**
- Medications listed as non-preferred are available through the prior authorization process. Each Managed Care Organization (MCO) and Fee for Service (FFS) have their own prior authorization departments.
- Any statement highlighted and underlined in blue is a hyperlink to go directly to forms and/or clinical criteria for medications with an explanation of the purpose and the requirements. **Example: Request Form**
- For medications that require a diagnosis code at the pharmacy, please **CLICK THIS LINK** and then select **ICD-10-CM Diagnosis Code Policy Chart**.
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.

DIABETIC SUPPLY LIST LINKS BY PLAN	Prior Authorization Information Phone Numbers for MCOs and FFS
AETNA	Aetna Better Health of Louisiana **1-855-242-0802**
AMERIHEALTH CARITAS LA	AmeriHealth Caritas Louisiana **1-800-684-5502**
HEALTHY BLUE	Healthy Blue **1-844-521-6942**
LOUISIANA HEALTHCARE CONNECTIONS	Louisiana Healthcare Connections **1-888-929-3790**
UNITEDHEALTHCARE	UnitedHealthcare **1-800-310-6826**
	Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL (1)	Clindamycin Phosphate Gel	Adapalene Cream (Generic; Differin®)
*Request Form	Clindamycin Phosphate Medicated Swab	Adapalene Gel (AG; Generic)
*Criteria	Clindamycin Phosphate Solution	Adapalene Gel Pump (AG; Generic; Differin®)
*POS Edits	Clindamycin Phosphate Lotion (Generic)	Adapalene Lotion (Differin®)
	Clindamycin Phosphate/Benzoyl Peroxide (Generic)	Adapalene Solution
	Erythromycin Gel	Adapalene/Benzoyl Peroxide (Generic; Epiduo®)
	Erythromycin Solution	Adapalene/Benzoyl Peroxide with Pump (Epiduo Forte® Gel)
	Erythromycin/Benzoyl Peroxide (Generic)	Azelaic Acid (Azelex®)
	Tretinoin Cream (Generic)	Clindamycin Phosphate (Cleocin-T® Gel)
		Clindamycin Phosphate (AG; Clindagel®)
		Clindamycin Phosphate /Benzoyl Peroxide w/Pump (AG; Generic; Acanya®)
		Clindamycin Phosphate Foam
		Clindamycin Phosphate Lotion (Cleocin-T®)
		Clindamycin Phosphate Medicated Swab (Cleocin T® Medicated Swab)
		Clindamycin Phosphate Topical Solution (Clindacin® Pac)
		Clindamycin Phosphate/Benzoyl Peroxide (Generic; BenzaClin®)
		Clindamycin Phosphate/Benzoyl Peroxide (Duac®)
		Clindamycin Phosphate/Benzoyl Peroxide Pump (Onexton®)
		Clindamycin/Benzoyl Peroxide with Pump (Generic; BenzaClin®)
		Clindamycin Phosphate/Skin Cleanser 19 (Clindacin® Pac Kit)
		Clindamycin Phosphate/Benzoyl Peroxide Gel (Neuac™)
		Clindamycin/Benzoyl/Emollient Combo 94 (Neuac™ Kit)
		Clindamycin/Tretinoin (AG; Generic; Ziana®)
		Dapsone Gel (AG; Generic; Aczone®)
		Dapsone Gel with Pump (Generic; Aczone®)
		Erythromycin Gel (AG)
		Erythromycin Medicated Swab
		Erythromycin/Benzoyl Peroxide (Benzamycin®)
		Minocycline Topical Foam (Amzeeq™)
		Sulfacetamide Cleanser
		Sulfacetamide Sodium (Ovace® Plus Cream ER)
		Sulfacetamide Sodium (Ovace® Plus Cleanser ER)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL (1) Continued	(preferred agents listed on page 1)	Sulfacetamide Sodium (Ovace® Plus Foam)
		Sulfacetamide Sodium (Ovace® Plus Lotion)
		Sulfacetamide Sodium (Ovace® Plus Shampoo)
		Sulfacetamide Sodium (Ovace® Plus Wash)
		Sulfacetamide Sodium (Ovace® Wash)
		Sulfacetamide Sodium Cleanser ER
		Sulfacetamide Sodium Shampoo
		Sulfacetamide Sodium/Sulfur (Avar® LS Cleanser)
		Sulfacetamide Sodium/Sulfur (Avar® LS Medicated Pads)
		Sulfacetamide Sodium/Sulfur (Avar® Medicated Pads)
		Sulfacetamide Sodium/Sulfur (Avar-e®)
		Sulfacetamide Sodium/Sulfur (BP 10-1®)
		Sulfacetamide Sodium/Sulfur
		Sulfacetamide Sodium/Sulfur Cleanser (Avar®)
		Sulfacetamide Sodium/Sulfur Cleanser
		Sulfacetamide Sodium/Sulfur Cleanser Kit
		Sulfacetamide Sodium/Sulfur Cream
		Sulfacetamide Sodium/Sulfur Cream (Avar-e® LS)
		Sulfacetamide Sodium/Sulfur Foam (Avar®)
		Sulfacetamide Sodium/Sulfur Foam (SSS 10-5®)
		Sulfacetamide Sodium/Sulfur Lotion
		Sulfacetamide Sodium/Sulfur Medicated Pads
		Sulfacetamide Suspension
		Sulfacetamide/Sulfur Suspension
		Sulfacetamide/Sulfur/Cleanser 23 (Sumaxin® CP Kit)
		Sulfacetamide/Sulfur/Urea Cleanser
		Tazarotene (Fabior®)
		Tazarotene Cream (AG; Generic; Tazorac®)
		Tazarotene Gel (Tazorac®)
		Tazarotene Lotion (Arazlo™)
		Tretinoin (Altreno®)
		Tretinoin Cream (Avita®; Retin-A®)
		Tretinoin Gel (Generic; Atralin®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL (1) Continued	(preferred agents listed on page 1)	Tretinoin Gel (AG for Avita®, Generic for Avita®, AG for Retin-A®, Generic for Retin-A®; Retin-A®)
		Tretinoin 0.06% Pump (Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel; Pump (AG; Generic; Retin-A® Micro)
		Tretinoin 0.08% Pump (Retin-A® Micro)
		Tretinoin (Tretin-X®)
		Tretinoin/Emollient 9/Skin Cleanser 1 (Tretin-X® Combo Pack)
		Trifarotene Cream (Aklief®)
ADD/ADHD (2)	Amphetamine Salt Combo ER (AG; Generic)	Amphetamine ER Suspension (Adzenys ER®)
Stimulants and Related Agents	Amphetamine Salt Combo Tablet (Generic)	Amphetamine ODT (Adzenys XR ODT®)
*Request Form	Atomoxetine Capsule (AG; Generic)	Amphetamine Salt Combo ER (Adderall XR®)
*Criteria	Dexmethylphenidate ER Capsule (Focalin XR®)	Amphetamine Suspension (Dyanavel XR®)
*POS Edits	Dexmethylphenidate Tablet (AG; Generic)	Amphetamine Tablet (Evekeo®)
	Dextroamphetamine Solution (ProCentra®)	Amphetamine/Dextroamphetamine XR Capsule (Mydayis®)
	Dextroamphetamine Tablet (Generic)	Armodafinil Tablet (AG; Generic; Nuvigil®)
	Guanfacine ER Tablet (Generic)	Atomoxetine Capsule (Strattera®)
	Lisdexamfetamine Capsule, Chewable Tablet (Vyvanse®)	Clonidine ER Tablet (Generic; Kapvay®)
	Methylphenidate ER Capsule (Aptensio XR®)	Dexmethylphenidate ER Capsule (AG; Generic)
	Methylphenidate ER Capsule (AG; Generic for Metadate CD®)	Dexmethylphenidate Tablet (Focalin®)
	Methylphenidate ER Capsule (Generic for Ritalin LA®)	Dextroamphetamine IR Tablet (Zenzedi®)
	Methylphenidate ER Chewable (QuilliChew ER®)	Dextroamphetamine Solution (Generic)
	Methylphenidate ER Suspension (Quillivant XR®)	Dextroamphetamine Sulfate ER (Generic; Dexedrine® Spansule®)
	Methylphenidate ER Tablet (AG; Generic for Concerta®)	Guanfacine ER Tablet (Intuniv®)
	Methylphenidate IR Tablet (Generic)	Methamphetamine Tablet (Generic; Desoxyn®)
	Modafinil Tablet (Generic)	Methylphenidate ER Capsule (Ritalin LA®)
		Methylphenidate ER Tablet (Concerta®)
		Methylphenidate ER Tablet (Generic for Metadate ER)
		Methylphenidate ER Tablet 72mg (Generic)
		Methylphenidate IR Chew Tablet (Generic)
		Methylphenidate IR Tablet (Ritalin®)
		Methylphenidate Patch (Daytrana®)
		Methylphenidate Solution (AG; Generic; Methylin®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ADD/ADHD (2)	(preferred agents listed on page 3)	Methylphenidate XR ODT (Cotempla XR ODT®)
Stimulants and Related Agents Continued		Modafinil Tablet (Provigil®)
		Pitolisant HCl Tablet (Wakix®)
ALLERGY (3)	Cetirizine-D OTC (Generic)	Acrivastine/Pseudoephedrine (Semprex-D®)
Antihistamines – Minimally Sedating	Cetirizine Tablet OTC (Generic)	Cetirizine Chewable Tablet OTC (Generic)
*Request Form	Cetirizine Solution OTC/Rx (1mg/ml) (Generic)	Cetirizine Injection (Quzyttir™)
*Criteria	Levocetirizine Tablet (Generic)	Cetirizine 5 mg/5 ml Solution OTC (Generic)
*POS Edits	Loratadine-D OTC (Generic)	Cetirizine-D Tablet OTC (Generic)
	Loratadine Solution OTC; Tablet OTC; ODT OTC (Generic)	Desloratadine Tablet (Generic; Clarinex®)
		Desloratadine ODT (Generic)
		Desloratadine Syrup (Clarinex®)
		Desloratadine/Pseudoephedrine (Clarinex-D 12-Hour®)
		Fexofenadine Suspension OTC (Generic; Allegra Allergy®)
		Fexofenadine 60 mg & 180 mg OTC (Generic; Allegra Allergy®)
		Fexofenadine/Pseudoephedrine 12-hour OTC (Generic)
		Fexofenadine/Pseudoephedrine 24-hour OTC (Allegra-D®)
		Levocetirizine Solution (Generic)
		Loratadine Capsule OTC, Chewable Tablet OTC (Generic)
		Loratadine-D 12-hour OTC (Generic)
		Loratadine-D 24-hour OTC (Generic)
ALLERGY (3)	Azelastine (Generic for Astelin®)	Azelastine (Astepro®)
Rhinitis Agents, Nasal	Azelastine (AG; Generic for Astepro®)	Azelastine/Fluticasone (Dymista®)
*Request Form	Fluticasone Propionate Nasal Spray (Generic)	Beclomethasone (Beconase AQ®; Qnasl 40®; Qnasl 80®)
*Criteria	Ipratropium Bromide Nasal Spray (Generic)	Ciclesonide (Omnaris®; Zetonna®)
*POS Edits		Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate (Xhance®)
		Mometasone (AG; Generic; Nasonex®)
		Mometasone Furoate Implant (Sinuva™)
		Olopatadine (AG; Generic; Patanase®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ALZHEIMER'S AGENTS (4)	Donepezil ODT (Generic)	Donepezil (Aricept®)
Cholinesterase Inhibitors	Donepezil Tablet (Generic)	Donepezil 23 mg (Generic; Aricept®)
*Request Form	Memantine Tablet (AG; Generic)	Donepezil/Memantine ER Capsule; Dose Pack (Namzaric®)
*Criteria	Rivastigmine Transdermal (Generic)	Galantamine ER Capsule; Solution; Tablet (Generic)
*POS Edits		Memantine Capsule ER (Generic; Namenda XR®)
		Memantine Solution (Generic)
		Memantine Tablet (Namenda®)
		Memantine Titration Pack (AG for Namenda®)
		Rivastigmine Capsule (Generic)
		Rivastigmine Transdermal (AG; Exelon®)
ANDROGENIC AGENTS (5)	Testosterone Transdermal System (Androderm®)	Testosterone Gel (AG; Testim®)
*Request Form	Testosterone Gel; Gel Packet; Gel Pump (AG for Vogelxo®)	Testosterone Gel (AG for Fortesta®)
*Criteria	Testosterone Gel (Generic for Vogelxo®)	Testosterone Gel Packet (AG; Generic; Androgel®)
*POS Edits		Testosterone Gel Pump (Generic Axiron®)
		Testosterone Gel Pump (AG; Generic; Androgel®)
		Testosterone Gel Pump (Vogelxo®)
		Testosterone Gel Pump (Generic; Fortesta®)
ANTIPSYCHOTIC AGENTS (6)	**ORAL AGENTS**	**ORAL AGENTS**
Antipsychotic Oral/Transdermal Agents	Amitriptyline/Perphenazine (Generic)	Aripiprazole ODT, Solution (Generic)
*Request Form	Aripiprazole Tablet (Generic)	Aripiprazole Tablet (Abilify®)
*Criteria	Chlorpromazine Tablet (Generic)	Aripiprazole Tablet with Sensor (Abilify® Mycite®)
*POS Edits	Clozapine Tablet (Generic)	Asenapine Sublingual Tablet (Saphris®)
	Fluphenazine Tablet (Generic)	Asenapine Transdermal (Secuado®)
	Haloperidol Tablet (Generic)	Brexpiprazole Tablet (Rexulti®)
	Haloperidol Lactate Concentrate (Generic)	Cariprazine Capsule (Vraylar®)
	Loxapine Capsule (Generic)	Clozapine ODT (AG; Generic; FazaClo®)
	Olanzapine Tablet, ODT (Generic)	Clozapine Suspension (Versacloz®)
	Perphenazine Tablet (Generic)	Clozapine Tablet (Clozaril®)
	Pimozide Tablet (Generic)	Fluphenazine Elixir/Solution (Generic)
	Quetiapine ER Tablet (AG; Generic)	Iloperidone Tablet (Fanapt®)
	Quetiapine Tablet (Generic)	Loxapine Inhalation (Adasuve®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTIPSYCHOTIC AGENTS (6)	Risperidone Solution, Tablet (Generic)	Lurasidone Tablet (Latuda®)
Antipsychotic Oral Agents Continued	Thioridazine Tablet (Generic)	Olanzapine Tablet, ODT (Zyprexa®; Zyprexa® Zydis®)
	Thiothixene Capsule (Generic)	Olanzapine/Fluoxetine (Generic; Symbyax®)
	Trifluoperazine Tablet (Generic)	Paliperidone ER Tablet (AG; Generic; Invega®)
	Ziprasidone Capsule (Generic)	Pimavanserin Capsule, Tablet (Nuplazid®)
		Pimozide Tablet (Orap®)
		Quetiapine Tablet, ER Tablet (Seroquel®, Seroquel XR®)
		Risperidone ODT (Generic)
		Risperidone Solution, Tablet (Risperdal®)
		Ziprasidone Capsule (Geodon®)
ANTIPSYCHOTIC AGENTS (6)	**INJECTABLE AGENTS**	**INJECTABLE AGENTS**
Antipsychotic Injectable Agents	Aripiprazole Lauroxil (Aristada®)	Haloperidol Decanoate; Lactate (Haldol®)
*Request Form	Aripiprazole Lauroxil (Aristada® Initio®)	Olanzapine Solution (Generic; Zyprexa®)
*Criteria	Aripiprazole Suspension ER (Abilify Maintena®)	Olanzapine Suspension (Zyprexa® Relprevv®)
*POS Edits	Fluphenazine Decanoate (Generic)	Risperidone ER Suspension (Subcutaneous) (Perseris®)
	Haloperidol Decanoate (Generic)	
	Haloperidol Lactate (Generic)	
	Paliperidone (Invega® Sustenna®)	
	Paliperidone (Invega® Trinza®)	
	Risperidone ER Suspension (Intramuscular) (Risperdal® Consta®)	
	Ziprasidone (Geodon®)	
ANTIVIRALS, ORAL (7)	Acyclovir Capsule; Suspension; Tablet (Generic)	Acyclovir Buccal Tablets (Sitavig®)
*Request Form	Famciclovir Tablet (Generic)	Baloxavir Marboxil (Xofluza®)
*Criteria	Oseltamivir Capsule (Generic)	Oseltamivir Capsule (Tamiflu®)
*POS Edits	Oseltamivir Suspension (Generic)	Oseltamivir Suspension (Tamiflu®)
	Valacyclovir Tablet (Generic)	Rimantadine Tablet (Generic)
		Valacyclovir Tablet (Valtrex®)
		Zanamivir Inhalation Powder (Relenza® Diskhaler®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANXIOLYTICS (8)	Alprazolam Tablet (Generic)	Alprazolam ER Tablet (Generic; Xanax XR®)
*Request Form	Buspirone Tablet (Generic)	Alprazolam Intensol Concentrate (Generic)
*Criteria	Lorazepam Tablet (Generic)	Alprazolam ODT (Generic)
*POS Edits		Alprazolam Tablet (Xanax®)
		Chlordiazepoxide Capsule (Generic)
		Clorazepate Dipotassium Tablet (Generic; Tranxene T-Tab®)
		Diazepam Injection Vial; Syringe (Generic)
		Diazepam Intensol Concentrate (Generic)
		Diazepam Solution (Generic)
		Diazepam Tablet (Generic)
		Lorazepam Intensol Concentrate (Generic)
		Lorazepam Tablet (Ativan®)
		Meprobamate (Generic)
		Oxazepam (Generic)
ASTHMA/COPD (9)	**INHALATION**	**INHALATION**
Bronchodilator, Anticholinergics (COPD) Inhalation	Albuterol Sulfate/Ipratropium (Combivent® Respimat®)	Aclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)
*Request Form	Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)	Aclidinium Bromide Inhalation Powder (Tudorza® Pressair®)
*Criteria	Glycopyrrolate/Formoterol Inhalation (Bevespi® Aerosphere®)	Glycopyrrolate (Seebri® Neohaler®)
*POS Edits	Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Glycopyrrolate Inhalation Solution (Lonhala® Magnair®)
	Ipratropium Nebulizer Solution (Generic)	Indacaterol/Glycopyrrolate (Utibron® Neohaler®)
	Tiotropium Inhalation Powder (Spiriva® HandiHaler®)	Revefenacin Inhalation Solution (Yupelri®)
	Tiotropium/Olodaterol (Stiolto® Respimat®)	Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)
		Umeclidinium Inhalation Powder (Incruse® Ellipta®)
		Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)
ASTHMA/COPD (9)	**ORAL**	**ORAL**
Bronchodilator, Anticholinergics (COPD) Oral	**NONE**	Roflumilast (Daliresp®)
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD (9)	**INHALATION**	**INHALATION**
Bronchodilator, Beta-Adrenergic Inhalation Agents	Albuterol Sulfate Neb 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (Generic)	Albuterol Sulfate MDI (Proventil HFA®; Ventolin HFA®)
*Request Form	Albuterol Sulfate Nebulizer Solution 100 mg/20 ml (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™; ProAir® RespiClick®)
*Criteria	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 ml (Generic)	Arformoterol Inhalation Solution (Brovana®)
*POS Edits	Albuterol Sulfate MDI (AG for ProAir HFA®; ProAir HFA®)	Formoterol Inhalation Solution (Perforomist®)
	Albuterol Sulfate MDI (AG for Proventil HFA®; AG for Ventolin HFA®)	Indacaterol Inhalation Powder (Arcapta® Neohaler®)
	Salmeterol Xinafoate (Serevent® Diskus®)	Levalbuterol Nebulizer Solution; Solution Concentrate (Generic; Xopenex®)
		Levalbuterol MDI (AG; Xopenex HFA®)
		Olodaterol (Striverdi® Respimat®)
ASTHMA/COPD (9)	**ORAL**	**ORAL**
Bronchodilator, Beta-Adrenergic Oral Agents	Albuterol Sulfate Syrup (Generic)	Albuterol Sulfate ER Tablet (Generic)
*Request Form	Terbutaline Sulfate Tablet (Generic)	Albuterol Sulfate Tablet (Generic)
*Criteria		Metaproterenol Sulfate Syrup; Tablet (Generic)
*POS Edits		
ASTHMA/COPD (9)	Budesonide Respules 0.25 mg; 0.5 mg; 1 mg (Generic)	Beclomethasone HFA; Breath-Actuated HFA (QVAR®, QVAR® RediHaler®)
Glucocorticoids, Inhalation	Budesonide/Formoterol MDI (Symbicort®)	Budesonide DPI (Pulmicort® Flexhaler®)
*Request Form	Fluticasone MDI (Flovent® HFA)	Budesonide Respules 0.25 mg; 0.5 mg; 1 mg (Pulmicort® Respules®)
*Criteria	Fluticasone/Salmeterol MDI (Advair HFA®)	Ciclesonide MDI (Alvesco®)
*POS Edits	Mometasone Inhalation Powder (Asmanex® Twisthaler®)	Fluticasone Furoate Inhalation Powder (Arnuity® Ellipta®)
	Mometasone/Formoterol MDI (Dulera®)	Fluticasone Propionate Inhalation Powder (ArmonAir® RespiClick®)
		Fluticasone Propionate Inhalation Powder (Flovent® Diskus®)
		Fluticasone/Salmeterol DPI (Advair® Diskus®)
		Fluticasone/Salmeterol Inhalation Powder (AG; AirDuo® RespiClick®)
		Fluticasone/Vilanterol Inhalation Powder (Breo® Ellipta®)
		Fluticasone/Umeclidinium/Vilanterol Inhalation Powder (Trelegy® Ellipta®)
		Mometasone Furoate MDI (Asmanex HFA®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD (9)	Montelukast Chewable Tablet (Generic)	Montelukast Chewable Tablet; Tablet (Singulair®)
Leukotriene Modifiers	Montelukast Tablet (Generic)	Montelukast Granules (Generic; Singulair®)
*Request Form		Zafirlukast Tablet (Generic; Accolate®)
*Criteria		Zileuton ER Tablet (Generic; Zyflo CR®)
*POS Edits		Zileuton Tablet (Zyflo®)
COLONY STIMULATING FACTORS (10)	Filgrastim Syringe; Vial (Neupogen®)	Filgrastim-aafi (Nivestym®)
*Request Form	Pegfilgrastim-cbqv (Udenyca®)	Filgrastim-sndz (Zarxio®)
*Criteria	Pegfilgrastim-jmdb (Fulphila®)	Pegfilgrastim Kit; Syringe (Neulasta®)
*POS Edits	Tbo-Filgrastim (Granix®)	Pegfilgrastim-bmez Syringe (Ziextenzo®)
		Sargramostim (Leukine®)
CYSTIC FIBROSIS, ORAL (11)	**NONE**	Ivacaftor Packet (Kalydeco®)
*Request Form		Ivacaftor Tablet (Kalydeco®)
*Criteria		Lumacaftor/Ivacaftor Packet (Orkambi®)
*POS Edits		Lumacaftor/Ivacaftor Tablet (Orkambi®)
		Tezacaftor/Ivacaftor (Symdeko®)
DEPRESSION (12)	Bupropion HCl IR (Generic)	Bupropion HBr ER (Aplenzin®)
Antidepressants, Other	Bupropion HCl SR (Generic)	Bupropion HCl SR (Wellbutrin SR®)
*Request Form	Bupropion HCl XL (Generic)	Bupropion HCl XL (Forfivo XL®; Wellbutrin XL®)
*Criteria	Mirtazapine ODT (Generic)	Desvenlafaxine ER (AG; Khedezla®)
*POS Edits	Mirtazapine Tablet (Generic)	Desvenlafaxine ER (Generic)
	Trazodone (Generic)	Desvenlafaxine Fumarate ER (Generic)
	Venlafaxine ER Capsule (Generic)	Desvenlafaxine Succinate ER Tablet (AG; Generic; Pristiq®)
	Venlafaxine IR Tablet (Generic)	Isocarboxazid (Marplan®)
		Levomilnacipran (Fetzima®)
		Mirtazapine ODT; Tablet (Remeron® ODT; Remeron®)
		Nefazodone Tablet (Generic)
		Phenelzine (Generic; Nardil®)
		Selegiline Patch (Emsam®)
		Tranylcypromine Sulfate (Generic; Parnate®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DEPRESSION (12)	(preferred agents listed on page 9)	Venlafaxine ER Capsule (Effexor XR®)
Antidepressants, Other Continued		Venlafaxine ER Tablet (AG; Generic)
		Vilazodone (Viibryd®; Viibryd® Dose Pack)
		Vortioxetine (Trintellix®)
DEPRESSION (12)	Citalopram Solution; Tablet (Generic)	Citalopram Tablet (Celexa®)
Selective Serotonin Reuptake Inhibitors (SSRIs)	Escitalopram Tablet (Generic)	Escitalopram Solution (Generic)
*Request Form	Fluoxetine Capsule; Solution (Generic)	Escitalopram Tablet (Lexapro®)
*Criteria	Fluvoxamine Maleate Tablet (Generic)	Fluoxetine 60 mg Tablet (Generic)
*POS Edits	Paroxetine Tablet (Generic)	Fluoxetine Capsule (Prozac®)
	Sertraline Concentrate; Tablet (Generic)	Fluoxetine Tablet (Generic; Sarafem®)
		Fluoxetine Delayed Release Capsule (Generic)
		Fluvoxamine Maleate ER (Generic)
		Paroxetine ER Tablet (Generic; Paxil CR®)
		Paroxetine HCl Suspension; Tablet (Paxil®)
		Paroxetine Mesylate (AG; Generic; Brisdelle®)
		Paroxetine Mesylate (Pexeva®)
		Sertraline Tablet (Zoloft®)
DERMATOLOGY (13)	Mupirocin Ointment (Generic)	Gentamicin Sulfate Cream; Ointment (Generic)
Antibiotics, Topical		Mupirocin Cream (Generic)
*Request Form		Mupirocin Ointment (Centany®; Centany® Kit)
*Criteria		
*POS Edits		
DERMATOLOGY (13)	Clotrimazole Rx Cream; Solution (Generic)	Butenafine Cream (Mentax®)
Antifungals, Topical	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Cream; Gel; Solution; Suspension (Generic)
*Request Form	Ketoconazole Cream (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
*Criteria	Ketoconazole Shampoo [Rx only] (Generic)	Ciclopirox Solution Kit (Generic; Ciclodan® Kit)
*POS Edits	Nystatin Cream; Ointment; Topical Powder (Generic)	Ciclopirox Suspension (AG for Loprox®)
	Nystatin/Triamcinolone Cream	Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
	Nystatin/Triamcinolone Ointment (Generic)	Ciclopirox Solution (Penlac®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (13)	(preferred agents listed on page 9)	Clotrimazole/Betamethasone Lotion (Generic)
Antifungals, Topical Continued		Clotrimazole/Betamethasone Cream (Lotrisone®)
		Clotrimazole/Betamethasone/Zinc Oxide (DermacinRx® Therazole Pak™)
		Econazole Cream (Generic)
		Efinaconazole Solution (Jublia®)
		Ketoconazole Foam (AG; Generic; Ketodan®)
		Ketoconazole Foam Kit (Ketodan® Kit)
		Luliconazole Cream (AG; Luzu®)
		Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®)
		Naftifine Cream (Generic)
		Naftifine Gel (Generic; Naftin®)
		Oxiconazole Lotion (Oxistat®)
		Oxiconazole Cream (Generic)
		Salicylic Acid/Benzoic Acid (Bensal HP®)
		Sertaconazole (Ertaczo®)
		Sulconazole Cream; Solution (Exelderm®)
		Tavaborole Solution (Kerydin®)
DERMATOLOGY (13)	Permethrin Cream (Generic)	Crotamiton Cream; Lotion (Eurax®)
Antiparasitic Agents, Topical	Spinosad Suspension (Natroba®)	Crotamiton Lotion (Crotan®)
*Request Form		Ivermectin Lotion (Sklice®)
*Criteria		Lindane Shampoo (Generic)
*POS Edits		Malathion Lotion (Generic; Ovide®)
		Permethrin Cream (Elimite®)
		Spinosad Suspension (Generic)
DERMATOLOGY (13)	Acitretin Capsule (AG; Generic)	Acitretin Capsule (Soriatane®)
Antipsoriatics, Oral		Methoxsalen Rapid (Generic)
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (13)	Calcipotriene Cream; Solution (Generic)	Calcipotriene Cream (Dovonex®)
Antipsoriatics, Topical		Calcipotriene Foam (Sorilux®)
*Request Form		Calcipotriene Ointment (Generic; Calcitrene®)
*Criteria		Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®)
*POS Edits		Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic; Taclonex®)
		Calcipotriene/Betamethasone Dipropionate Suspension (Taclonex Scalp®)
		Calcitriol Ointment (Generic; Vectical®)
DERMATOLOGY (13)	Acyclovir Ointment (Generic)	Acyclovir Cream (AG; Generic; Zovirax®)
Antiviral Agents, Topical		Acyclovir Ointment (Zovirax®)
*Request Form		Acyclovir/Hydrocortisone (Xerese®)
*Criteria		Penciclovir Cream (Denavir®)
*POS Edits		
DERMATOLOGY (13)	Pimecrolimus Cream (Elidel®)	Crisaborole Topical Ointment (Eucrisa®)
Atopic Dermatitis Immunomodulators		Dupilumab Injection (Dupixent®)
*Request Form		Tacrolimus Ointment (AG; Generic; Protopic®)
*Criteria		
*POS Edits		
DERMATOLOGY (13)	Ammonium Lactate Cream; Lotion (Generic)	Emollient Combination No. 10 (Biafine® Emulsion)
Emollients		Emollient Combination No. 43 (Promiseb®)
*Request Form		Emollient Combination No. 43 / Skin Cleanser No. 27 (Promiseb Complete®)
*Criteria		Hyaluronic Acid/Grape Seed Extract/Vitamin C & E (Atopiclair®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (13)	Imiquimod 5% Cream Packet (Generic)	Imiquimod 5% Cream Packet (Aldara®)
Immunomodulators, Topical		Imiquimod (Zyclara®)
*Request Form		Podofilox (Generic)
*Criteria		Sinecatechins (Veregen®)
*POS Edits		
DERMATOLOGY (13)	Hydrocortisone Cream; Lotion; Ointment (Generic)	Alclometasone Dipropionate Cream; Ointment (Generic)
Steroids, Topical		Desonide Cream; Lotion; Ointment (Generic)
Low Potency		Desonide Gel (Desonate®)
*Request Form		Fluocinolone Acetonide 0.01% Oil (Generic; Derma-Smoothe-FS®)
*Criteria		Fluocinolone Acetonide Shampoo (Capex®)
*POS Edits		Hydrocortisone Acetate Cream (MiCort-HC®)
		Hydrocortisone Base Cream; Lotion (Ala-Cort®; Ala-Scalp®)
		Hydrocortisone Solution (Texacort®)
		Hydrocortisone/Skin Cleanser No.25 (Aqua Glycolic HC®)
		Hydrocortisone/Skin Cleanser No.35 (Dermasorb HC®)
DERMATOLOGY (13)	Fluticasone Propionate Cream; Ointment (Generic)	Betamethasone Valerate Foam (Generic; Luxiq®)
Steroids, Topical	Mometasone Furoate Cream; Ointment; Solution (Generic)	Clocortolone Pivalate Cream (AG; Cloderm®)
Medium Potency		Fluocinolone Acetonide Cream; Ointment; Solution (Generic)
*Request Form		Fluocinolone Acetonide Ointment; Solution (Synalar®)
*Criteria		Fluocinolone Acetonide/Emollient No. 65 Cream Kit; Ointment Kit (Synalar®)
*POS Edits		Fluocinolone Acetonide/Skin Cleanser No.28 Kit (Synalar® TS)
		Flurandrenolide Cream (Generic); Ointment (Generic); Lotion (AG; Generic)
		Flurandrenolide Tape (Cordran Tape®)
		Fluticasone Propionate Lotion (Generic)
		Hydrocortisone Butyrate Cream; Lotion; Solution (AG; Generic)
		Hydrocortisone Butyrate Ointment (Generic)
		Hydrocortisone Butyrate/Emollient (AG; Generic)
		Hydrocortisone Probutate Cream (Pandel®)
		Hydrocortisone Valerate Cream; Ointment (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (13)	(preferred agents listed on page 13)	Mometasone Furoate Cream; Ointment (Elocon®)
Steroids, Topical		Prednicarbate Cream; Ointment (Generic)
Medium Potency Continued		
DERMATOLOGY (13)	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)	Amcinonide Cream; Lotion (Generic)
Steroids, Topical	Betamethasone Valerate Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate Cream; Gel; Lotion; Ointment (Generic)
High Potency	Triamcinolone Acetonide Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate Spray (Sernivo®)
*Request Form		Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)
*Criteria		Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)
*POS Edits		Desoximetasone Cream; Gel
		Desoximetasone Ointment; Spray (Generic; Topicort®)
		Diflorasone Diacetate Cream; Ointment (Generic)
		Fluocinonide Cream 0.05% and 0.1%; Gel; Solution; Ointment (Generic)
		Fluocinonide Cream 0.1% (Vanos®)
		Halcinonide Cream; Ointment (Halog®)
		Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)
		Triamcinolone Acetonide Ointment (Sila III™ Kit; Trianex®)
		Triamcinolone Acetonide/Dimethicone Ointment Kit (Ellzia Pak™)
		Triamcinolone Acetonide/Dimethicone Ointment/Cream Kit (Generic)
		Triamcinolone/Emollient Combination No. 86 (Dermasorb TA®)
DERMATOLOGY (13)	Clobetasol Propionate Cream; Emollient; Gel (Generic)	Clobetasol Propionate Foam (Generic; Olux®)
Steroids, Topical	Clobetasol Propionate Ointment; Solution (Generic)	Clobetasol Propionate Kit (Tovet™ Kit)
Very High Potency	Halobetasol Propionate Cream; Ointment (Generic)	Clobetasol Propionate Lotion; Shampoo (Generic; Clobex®)
*Request Form		Clobetasol Propionate Spray (AG; Generic; Clobex®)
*Criteria		Clobetasol/Skin Cleanser No. 28 (Clodan® Kit)
*POS Edits		Diflorasone Diacetate (Apexicon E®)
		Halobetasol Propionate Foam (Lexette™)
		Halobetasol Propionate Lotion (Bryhali®; Ultravate®)
		Halobetasol Propionate/Lactic Acid Cream; Ointment (Ultravate® X)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (14)	Acarbose (Generic)	Acarbose (Precose®)
Alpha-Glucosidase Inhibitors		Miglitol (Generic; Glyset®)
*Request Form *Criteria *POS Edits		
DIABETES (14)	Exenatide ER Pen-Injector; Vial (Bydureon®)	Albiglutide (Tanzeum®)
Hypoglycemics	Exenatide Solution Pens (Byetta®)	Alogliptin (AG; Nesina®)
Incretin Mimetics/Enhancers	Linagliptin Tablet (Tradjenta®)	Alogliptin/Metformin (AG; Kazano®)
*Request Form *Criteria *POS Edits	Linagliptin/Empagliflozin (Glyxambi®) ***(See SGLT2 Criteria)***	Alogliptin/Pioglitazone (AG; Oseni®)
	Linagliptin/Metformin (Jentadueto®)	Dulaglutide Pen (Trulicity®)
	Liraglutide (Victoza®)	Empagliflozin/Linagliptin/Metformin (Trijardy™ XR)
	Sitagliptin Tablet (Januvia®)	Exenatide ER Auto-Injector (Bydureon BCise®)
	Sitagliptin/Metformin Tablet (Janumet®)	Linagliptin/Metformin Tablet ER (Jentadueto XR®)
	Sitagliptin/Metformin Tablet ER (Janumet XR®)	Liraglutide/Insulin Degludec (Xultophy®) ***(See Insulins & Related Agents Criteria)***
		Lixisenatide (Adlyxin®)
		Lixisenatide/ Insulin Glargine (Soliqua®) ***(See Insulins & Related Agents Criteria)***
		Pramlintide Pens (SymlinPen®)
		Semaglutide Tablet (Rybelsus®)
		Saxagliptin (Onglyza®)
		Saxagliptin/Dapagliflozin (Qtern®) ***(See SGLT2 Criteria)***
		Saxagliptin/Metformin ER (Kombiglyze XR®)
		Semaglutide Pen (Ozempic®)
		Sitagliptin/Ertugliflozin (Steglujan®) ***(See SGLT2 Criteria)***

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (14)	Insulin Aspart Cartridge; Pen; Vial (Novolog®)	Insulin Aspart Pen (Fiasp® FlexTouch®)
Hypoglycemics	Insulin Aspart/Insulin Aspart Protamine Pen; Vial (Novolog Mix 70/30®)	Insulin Aspart Cartridge; Pen; Vial (AG for Novolog®)
Insulins & Related Agents	Insulin Detemir Pens; Vial (Levemir®)	Insulin Aspart Vial (Fiasp®)
*Request Form	Insulin Glargine Pen (Lantus® SoloStar®)	Insulin Aspart/Insulin Aspart Protamine Pen; Vial (AG for Novolog Mix 70/30®)
*Criteria	Insulin Glargine Vial (Lantus®)	Insulin Degludec 100 U/ml (Tresiba® FlexTouch®)
*POS Edits	Insulin Human Pen OTC (Humulin® N)	Insulin Degludec 200 U/ml (Tresiba® FlexTouch®)
	Insulin Human Vial OTC (Humulin® N; Humulin® R)	Insulin Degludec Vial (Tresiba®)
	Insulin Human Regular 500 units/ml Pen; Vial (Humulin® R U-500)	Insulin Glargine (Toujeo Solostar Pen®)
	Insulin Isophane (NPH)/Insulin Regular Pen; Vial OTC (Humulin® 70/30)	Insulin Glargine 300 units/mL (Toujeo Max Solostar Pen®)
	Insulin Lispro (Humalog® Jr KwikPen)	Insulin Glargine U-100 (Basaglar® KwikPen®)
	Insulin Lispro Cartridge; Pen; Vial (Humalog®)	Insulin Glulisine Pens (Apidra® SoloStar®)
	Insulin Lispro/Protamine Lispro Pen; Vial (Humalog Mix®)	Insulin Glulisine Vials (Apidra®)
		Insulin Human Inhalation Powder Cartridge (Afrezza®)
		Insulin Human Pen; Vial OTC (Novolin®)
		Insulin Human in 0.9% Sodium Chloride Piggyback Intravenous (Myxredlin)
		Insulin Isophane (NPH) Insulin Regular Pen OTC (Novolin® 70/30)
		Insulin Isophane (NPH) Insulin Regular Vial OTC (Novolin® 70/30)
		Insulin Lispro 200 U/ml Pen (Humalog®)
		Insulin Lispro Pen (Admelog® SoloStar®)
		Insulin Lispro Pen; Vial (AG for Humalog®)
		Insulin Lispro Vial (Admelog®)
DIABETES (14)	Nateglinide (Generic)	Nateglinide (Starlix®)
Hypoglycemics	Repaglinide (Generic)	Repaglinide (Prandin®)
Meglitinides		Repaglinide/Metformin (Generic)
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (14)	Canagliflozin (Invokana®)	Canagliflozin/Metformin ER (Invokamet® XR)
Hypoglycemics	Canagliflozin/Metformin (Invokamet®)	Empagliflozin/Metformin (Synjardy®)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Dapagliflozin (Farxiga®)	Empagliflozin/Metformin ER (Synjardy® XR)
*Request Form	Dapagliflozin/Metformin ER Tablet (Xigduo® XR)	Ertugliflozin (Steglatro®)
*Criteria	Empagliflozin (Jardiance®)	Ertugliflozin/Metformin (Segluromet®)
*POS Edits		
DIABETES (14)	Glimepiride (Generic)	Glimepiride (Amaryl®)
Hypoglycemics	Glipizide (Generic)	Glipizide (Glucotrol®)
Sulfonylureas	Glipizide ER (Generic)	Glipizide ER (Glucotrol® XL)
*Request Form	Glyburide (Generic)	Tolbutamide (Generic)
*Criteria	Glyburide Micronized (Generic)	
*POS Edits		
DIABETES (14)	Pioglitazone (Generic)	Pioglitazone (Actos®)
Hypoglycemics		Pioglitazone/Glimepiride (AG for Duetact®)
Thiazolidinediones (TZDs)		Pioglitazone/Metformin (Generic Actoplus Met®)
*Request Form		Pioglitazone/Metformin ER (Actoplus Met XR®)
*Criteria		Rosiglitazone (Avandia®)
*POS Edits		
DIABETES (14)	Glipizide-Metformin (Generic)	Metformin (Glucophage®)
Metformins	Glyburide-Metformin (Generic)	Metformin ER (Generic; Fortamet™)
*Request Form	Metformin (Generic)	Metformin ER (Generic; Glumetza™)
*Criteria	Metformin ER (Generic)	Metformin Oral Solution (Riomet™)
*POS Edits		Metformin Oral Suspension (Riomet ER™)
		Metformin ER (Glucophage XR®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (15)	Meclizine Tablet (Generic)	Aprepitant Capsule (Generic; Emend®)
Antiemetic/Antivertigo Agents	Metoclopramide Vial (Generic)	Aprepitant Pack (Generic; Emend TriPack®)
*Request Form	Metoclopramide Tablet; Solution (Generic)	Aprepitant Powder for Oral Suspension Packet (Emend®)
*Criteria	Ondansetron Tablet; ODT Tablet; Solution (Generic)	Aprepitant Injectable Emulsion (Cinvanti®)
*POS Edits	Ondansetron Vial (Generic)	Dimenhydrinate Injection (Generic)
	Prochlorperazine Oral (Generic)	Doxylamine/Pyridoxine Tablet (AG for Diclegis®; Generic for Diclegis®; Diclegis®; Bonjesta®)
	Promethazine Ampule; Vial (Generic)	Dronabinol Oral (Generic; Marinol®)
	Promethazine Tablet; Syrup (Generic)	Fosaprepitant Dimeglumine Injection (AG; Generic; Emend®)
	Promethazine Rectal 12.5 mg, 25 mg (Generic)	Fosnetupitant/Palonosetron (Akynzeo®) (Intravenous)
	Scopolamine Transdermal (Transderm-Scop®)	Granisetron Oral; IV (Generic)
		Granisetron ER Injection (Sustol®)
		Granisetron Transdermal (Sancuso®)
		Metoclopramide Tablet (Reglan®)
		Metoclopramide ODT (Generic)
		Metoclopramide Syringe (Generic)
		Netupitant/Palonosetron HCl Capsule (Akynzeo®)
		Ondansetron Ampule (Generic)
		Ondansetron Syringe (Generic)
		Ondansetron Tablet (Zofran®)
		Ondansetron Oral Film (Zuplenz®)
		Palonosetron Injection (AG; Generic; Aloxi®)
		Prochlorperazine Rectal (Generic; Compro®)
		Prochlorperazine Injection (Generic)
		Promethazine Ampule; Vial (Phenergan®)
		Promethazine Rectal 50 mg (Generic)
		Rolapitant Tablet (Varubi®)
		Scopolamine Transdermal (Generic)
		Trimethobenzamide IM Injection (Tigan®)
		Trimethobenzamide Oral (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (15)	Ursodiol Tablet (Generic)	Chenodiol Tablet (Chenodal®)
Bile Acid Salts		Cholic Acid Capsule (Cholbam®)
*Request Form		Obeticholic Acid Tablet (Ocaliva®)
*Criteria		Ursodiol 300 mg Capsule (Generic; Actigall®)
*POS Edits		Ursodiol (URSO 250®; URSO Forte®)
DIGESTIVE DISORDERS (15)	Famotidine Tablet (Generic)	Cimetidine Solution; Tablet (Generic)
Histamine II Receptor Blockers	Famotidine Suspension (Generic)	Famotidine Suspension (Pepcid®)
*Request Form		Famotidine Tablet (Pepcid®)
*Criteria		Nizatidine Capsule; Solution (Generic)
*POS Edits		
DIGESTIVE DISORDERS (15)	Pancrelipase (Creon®)	Pancrelipase (Pancreaze®)
Pancreatic Enzymes	Pancrelipase (Zenpep®)	Pancrelipase (Pertzye®)
*Request Form		Pancrelipase (Viokace®)
*Criteria		
*POS Edits		
DIGESTIVE DISORDERS (15)	Lansoprazole Capsule (Generic)	Dexlansoprazole (Dexilant®)
Proton Pump Inhibitors	Omeprazole Rx (Generic)	Esomeprazole Capsule (AG; Generic; Nexium®)
*Request Form	Pantoprazole (Generic)	Esomeprazole Kit
*Criteria	Pantoprazole Suspension (Protonix®)	Esomeprazole Suspension (Generic; Nexium®)
*POS Edits		Esomeprazole Strontium (Generic)
		Lansoprazole Capsule (Prevacid®)
		Lansoprazole Disintegrating Tablet (Generic; Prevacid® SoluTab®)
		Omeprazole Granules for Suspension (Prilosec®)
		Omeprazole/Sodium Bicarbonate Rx (Generic; Zegerid®)
		Pantoprazole (Protonix®)
		Rabeprazole Capsule Sprinkle (AcipHex® Sprinkle™)
		Rabeprazole Tablet (Generic; AcipHex®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (15)	Balsalazide (Generic)	Balsalazide Capsule (Colazal®)
Ulcerative Colitis Agents	Mesalamine ER (Apriso®)	Budesonide DR Tablet; Rectal Foam (Uceris®)
*Request Form	Mesalamine Rectal (Generic)	Budesonide DR Tablet (AG; Generic)
*Criteria	Sulfasalazine (Generic)	Mesalamine DR (Generic; Asacol HD®)
*POS Edits		Mesalamine DR Capsule (AG; Generic; Delzicol®)
		Mesalamine Enema (Rowasa®)
		Mesalamine Kit (Generic)
		Mesalamine DR Tablet MMX® (AG; Generic; Lialda®)
		Mesalamine ER Capsule (AG for Apriso®; Generic for Apriso®; Pentasa®)
		Mesalamine Suppositories (AG; Generic; Canasa®)
		Olsalazine Capsule (Dipentum®)
		Sulfasalazine DR Tablet (Azulfidine EN-Tabs®)
		Sulfasalazine Tablet (Azulfidine®)
EPINEPHRINE, SELF-INJECTED (16)	Epinephrine 0.3 mg (AG for EpiPen®)	Epinephrine 0.3 mg (EpiPen®)
*Request Form	Epinephrine 0.15 mg (AG for EpiPen Jr®)	Epinephrine 0.15 mg (EpiPen Jr®)
*Criteria		Epinephrine 0.15 mg (AG for Adrenaclick®)
*POS Edits		Epinephrine 0.3 mg (AG for Adrenaclick®)
GI MOTILITY, CHRONIC (17)	Linaclotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)
*Request Form	Lubiprostone Capsule (Amitiza®)	Eluxadoline Tablet (Viberzi®)
*Criteria	Naloxegol Tablet (Movantik®)	Methylnaltrexone Syringe; Tablet; Vial (Relistor®)
*POS Edits		Naldemedine (Symproic®)
		Plecanatide (Trulance®)
		Prucalopride (Motegrity®)
GLUCOCORTICOIDS, ORAL (18)	Budesonide Delayed Release Capsules (Generic)	Budesonide Delayed Release Capsules (Entocort EC®)
*Request Form	Dexamethasone Tablet	Cortisone Acetate Tablet
*Criteria	Hydrocortisone Tablet	Deflazacort Suspension; Tablet (Emflaza®)
*POS Edits	Methylprednisolone Tablet Dose Pack	Dexamethasone (DexPak®; TaperDex®)
	Prednisolone Sodium Phosphate Oral Solution 5 mg/5 ml (Generic)	Dexamethasone Elixir; Intensol Concentrate; Solution; Tablet Dose Pack
	Prednisolone Sodium Phosphate Oral Solution 15 mg/5 ml (Generic)	Hydrocortisone Tablet (Cortef®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GLUCOCORTICOIDS, ORAL (18) Continued	Prednisolone Sodium Phosphate Oral Solution 25 mg/5 ml (Generic)	Methylprednisolone Therapy Pack; Tablet (Medrol®)
	Prednisolone Solution	Methylprednisolone 4 mg; 8 mg; 16 mg; 32 mg Tablet
	Prednisone Tablet	Prednisone Delayed Release Tablet (Rayos®)
		Prednisone Intensol Concentrate; Solution; Tablet Dose Pack
		Prednisolone Solution; Tablet; Tablet Dose Pack (Millipred®)
		Prednisolone Sodium Phosphate 10 mg/5 ml (Generic Millipred®)
		Prednisolone Sodium Phosphate 20 mg/5 ml (Generic Veripred®)
		Prednisolone Sodium Phosphate ODT (AG; Generic; Orapred ODT®)
GOUT AGENTS (19)	Allopurinol Tablet (Generic)	Colchicine Capsule (Mitigare®)
Antihyperuricemics	Colchicine Capsule (AG)	Colchicine Oral Solution (Gloperba®)
*Request Form	Probenecid Tablet (Generic)	Colchicine Tablet (AG; Colcrys®)
*Criteria	Probenecid/Colchicine Tablet (Generic)	Febuxostat Tablet (Uloric®)
*POS Edits		Pegloticase (Krystexxa®) (Intravenous)
GROWTH DEFICIENCY (20)	Somatropin Cartridge; Syringe (Genotropin®)	Somatropin Cartridge; Vial (Humatrope®)
Growth Hormones	Somatropin Pen (Norditropin® FlexPro®)	Somatropin Pen (Nutropin AQ® NuSpin®)
*Request Form		Somatropin Cartridge; Vial (Omnitrope®)
*Criteria		Somatropin Cartridge; Vial (Saizen®)
*POS Edits		Somatropin Vial (Serostim®)
		Somatropin Vial (Zomacton®)
		Somatropin Vial (Zorbtive®)
H. PYLORI TREATMENT (21)	**NONE**	Bismuth Subcitrate Potassium/Metronidazole/Tetracycline (Pylera®)
*Request Form		Lansoprazole/Amoxicillin/Clarithromycin (Generic Prevpac®)
*Criteria		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (22)	Apixaban Tablet; Dose Pack (Eliquis®)	Betrixaban Capsule (Bevyxxa®)
Anticoagulants	Dabigatran (Pradaxa®)	Dalteparin Syringe (Fragmin®)
*Request Form	Enoxaparin Syringe (AG; Generic)	Dalteparin Vial (Fragmin®)
*Criteria	Enoxaparin Vial (AG; Vial)	Edoxaban Tablet (Savaysa®)
*POS Edits	Rivaroxaban (Xarelto®; Xarelto® Starter Pack)	Enoxaparin Vial (Lovenox®)
	Warfarin (Generic)	Enoxaparin Syringe (Lovenox®)
		Fondaparinux (Generic; Arixtra®)
		Warfarin (Coumadin®)
HEART DISEASE, HYPERLIPIDEMIA (22)	Clopidogrel (Generic)	Aspirin/Dipyridamole ER Capsule (AG; Generic; Aggrenox®)
Anticoagulants	Dipyridamole (Generic)	Aspirin/Omeprazole DR Tablet (Yosprala®)
Platelet Aggregation Inhibitors	Prasugrel (Generic)	Clopidogrel (Plavix®)
*Request Form	Ticagrelor (Brilinta®)	Prasugrel (Effient®)
*Criteria		Vorapaxar Tablet (Zontivity®)
*POS Edits		
HEART DISEASE, HYPERLIPIDEMIA (22)	Benazepril (Generic)	Aliskiren (AG; Generic; Tekturna®)
Hypertension	Enalapril (Generic)	Aliskiren/HCTZ (Tekturna HCT®)
ACE Inhibitors & Direct Renin Inhibitors	Enalapril/HCTZ (Generic)	Azilsartan Medoxomil (Edarbi®)
*Request Form	Fosinopril/HCTZ (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)
*Criteria	Irbesartan (Generic)	Benazepril/HCTZ (Generic)
*POS Edits	Irbesartan/HCTZ (Generic)	Candesartan (AG; Generic; Atacand®)
	Lisinopril (Generic)	Candesartan/HCTZ (AG; Generic; Atacand HCT®)
	Lisinopril/HCTZ (Generic)	Captopril (Generic)
	Losartan (Generic)	Captopril/HCTZ (Generic)
	Losartan/HCTZ (Generic)	Enalapril for Solution (Epaned®)
	Olmesartan (AG; Generic)	Enalapril (Vasotec®)
	Quinapril (Generic)	Enalapril/HCTZ (Vaseretic®)
	Ramipril (Generic)	Eprosartan (Generic)
	Sacubitril/Valsartan (Entresto®)	Fosinopril (Generic)
	Valsartan (Generic)	Irbesartan (Avapro®)
	Valsartan/HCTZ (Generic)	Irbesartan/HCTZ (Avalide®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (22)	(preferred agents listed on page 22)	Lisinopril Solution (Qbrelis®)
Hypertension		Lisinopril (Zestril®; Prinivil®)
ACE Inhibitors & Direct Renin Inhibitors Continued		Lisinopril/HCTZ (Zestoretic®)
		Losartan (Cozaar®)
		Losartan/HCTZ (Hyzaar®)
		Moexipril (Generic)
		Olmesartan (Benicar®)
		Olmesartan/HCTZ (AG; Generic; Benicar HCT®)
		Perindopril (Generic)
		Quinapril (Accupril®)
		Quinapril/HCTZ (Generic)
		Ramipril (Altace®)
		Telmisartan (AG; Generic; Micardis®)
		Telmisartan/HCTZ (AG; Generic; Micardis HCT®)
		Trandolapril (Generic)
		Valsartan (Diovan®)
		Valsartan/HCTZ (Diovan HCT®)
HEART DISEASE, HYPERLIPIDEMIA (22)	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)
Hypertension	Amlodipine/Valsartan (AG; Generic)	Amlodipine/Olmesartan (AG; Generic; Azor®)
Angiotensin Modulators/Calcium Channel Blockers Combinations	Amlodipine/Valsartan/HCTZ (Generic)	Amlodipine/Olmesartan/HCTZ (AG; Generic; Tribenzor®)
*Request Form		Amlodipine/Telmisartan (Generic Twynsta®)
*Criteria		Amlodipine/Valsartan (Exforge®)
*POS Edits		Amlodipine/Valsartan/HCTZ (Exforge HCT®)
		Trandolapril/Verapamil (AG; Tarka®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (22)	Acebutolol (Generic)	Atenolol (Tenormin®)
Hypertension	Atenolol (Generic)	Atenolol/Chlorthalidone (Tenoretic®)
Beta Blocker Agents	Atenolol/Chlorthalidone (Generic)	Bisoprolol/HCTZ (Ziac®)
*Request Form	Betaxolol (Generic)	Carvedilol (Coreg®)
*Criteria	Bisoprolol (Generic)	Carvedilol ER (Generic; Coreg CR®)
*POS Edits	Bisoprolol/HCTZ (Generic)	Metoprolol/HCTZ (Generic)
	Carvedilol (Generic)	Metoprolol Succinate (Kapspargo®)
	Labetalol (Generic)	Metoprolol Tartrate ER (Toprol XL®)
	Metoprolol Succinate ER (AG; Generic)	Metoprolol Tartrate (Lopressor®)
	Metoprolol Tartrate (Generic)	Nadolol (Generic; Corgard®)
	Propranolol ER (AG; Generic)	Nadolol/Bendroflumethiazide (Generic)
	Propranolol Solution; Tablet (Generic)	Nebivolol (Bystolic®)
	Sotalol (Generic)	Pindolol (Generic)
		Propranolol (Hemangeol®)
		Propranolol ER Capsule (Innopran XL®; Inderal XL®)
		Propranolol LA (Inderal LA®)
		Propanolol/HCTZ (Generic)
		Sotalol (Betapace® AF)
		Sotalol Solution (Sotylize®)
		Timolol Maleate (Generic)
HEART DISEASE, HYPERLIPIDEMIA (22)	Amlodipine Tablet (Generic)	Amlodipine (Norvasc®)
Hypertension	Diltiazem ER Capsule (Generic)	Amlodipine Suspension (Katerzia™)
Calcium Channel Blockers	Diltiazem IR Tablet (Generic)	Diltiazem HCl (Cardizem®)
*Request Form	Felodipine ER (Generic)	Diltiazem CD (Cardizem CD®; Cardizem CD® 360mg)
*Criteria	Nifedipine ER Tablet (Generic)	Diltiazem LA Tablet (AG; Cardizem LA®; Matzim LA®)
*POS Edits	Nifedipine IR Capsule (Generic)	Diltiazem Capsule (Tiazac®)
	Verapamil ER Tablet (Generic)	Diltiazem (Tiazac® 420mg)
	Verapamil IR Tablet (Generic)	Isradipine (Generic)
		Nicardipine (Generic)
		Nifedipine ER (Adalat CC®; Procardia XL®)
		Nifedipine IR Capsule (Procardia®)
		Nimodipine Capsule (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (22)	(preferred agents listed on page 24)	Nimodipine Solution (Nymalize®)
Hypertension		Nisoldipine (Generic)
Calcium Channel Blockers Continued		Verapamil 360mg Capsule (Generic)
		Verapamil Capsule (Verelan®)
		Verapamil ER PM (Generic; Verelan PM®)
		Verapamil ER Capsule (Generic)
		Verapamil ER Tablet (Calan® SR)
HEART DISEASE, HYPERLIPIDEMIA (22)	Cholestyramine/Sucrose (Generic Questran®)	Alirocumab Subcutaneous Pen (Praluent®)
Lipotropics, Other	Colestipol Granules; Tablet (Generic)	Bempedoic Acid Tablet (Nexletol™)
*Request Form	Ezetimibe (Generic)	Cholestyramine (Questran®)
*Criteria	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 48 mg)	Cholestyramine/Aspartame (Generic)
*POS Edits	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 145 mg)	Colesevelam Powder Pack; Tablet (AG; Generic; Welchol®)
	Gemfibrozil (Generic)	Colestipol Granules (Colestid®)
	Niacin ER (Generic)	Evolocumab Auto-Injector (Repatha® SureClick®)
		Evolocumab Cartridge (Repatha® Pushtronex®)
		Evolocumab Prefilled Syringe (Repatha®)
		Ezetimibe (Zetia®)
		Fenofibrate Capsule Micronized (AG; Generic; Antara®)
		Fenofibrate Capsule (Generic; Lipofen®)
		Fenofibrate Tablet (AG; Generic; Fenoglide®)
		Fenofibrate Capsule [Micronized]; Tablet (Generic Lofibra®)
		Fenofibrate Tablet Nanocrystallized Tablet (Tricor®)
		Fenofibrate Tablet Nanocrystallized Tablet (Triglide®)
		Fenofibric Acid Tablet (Generic Fibricor®)
		Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
		Gemfibrozil (Lopid®)
		Icosapent Ethyl (Vascepa®)
		Lomitapide (Juxtapid®)
		Niacin ER (Niaspan®)
		Omega-3-acid Ethyl Esters (Generic; Lovaza®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (22)	Atorvastatin (Generic)	Amlodipine/Atorvastatin (Generic; Caduet®)
Statins & Statin Combination Agents	Lovastatin (Generic)	Atorvastatin (Lipitor®)
*Request Form	Pravastatin (Generic)	Ezetimibe/Simvastatin (Generic; Vytorin®)
*Criteria	Rosuvastatin (Generic)	Fluvastatin (Generic)
*POS Edits	Simvastatin (Generic)	Fluvastatin ER (AG; Generic; Lescol XL®)
		Lovastatin ER (Altoprev®)
		Pitavastatin (Livalo®; Zypitamag®)
		Pravastatin (Pravachol®)
		Rosuvastatin (Crestor®)
		Rosuvastatin Capsule (Ezallor™ Sprinkle)
		Simvastatin (Zocor®)
HEART DISEASE HYPERLIPIDEMIA (22)	Ambrisentan Tablet (Generic)	Ambrisentan Tablet (Letairis®)
Pulmonary Arterial Hypertension (PAH)	Bosentan Tablet (AG; Generic; Tracleer®)	Bosentan Suspension (Tracleer®)
*Request Form	Sildenafil Tablet (Generic for Revatio®)	Iloprost Inhalation Solution (Ventavis®)
*Criteria	Sildenafil Oral Suspension (Revatio®)	Macitentan Tablet (Opsumit®)
*POS Edits	Tadalafil Tablet (Generic; Alyq™)	Riociguat Tablet (Adempas®)
		Selexipag Tablet; Dose Pack (Uptravi®)
		Sildenafil Oral Suspension (AG; Generic)
		Sildenafil Tablet (Revatio®)
		Tadalafil Tablet (Adcirca®)
		Treprostinil Inhalation Solution (Tyvaso®)
		Treprostinil ER Tablet (Orenitram ER®)
HEART DISEASE, HYPERLIPIDEMIA (22)	Clonidine Patch (Catapres-TTS®)	Clonidine Tablet (Catapres®)
Sympatholytics	Clonidine Tablet (Generic)	Clonidine Patch (Generic)
*Request Form	Guanfacine Tablet (Generic)	Methyldopa/Hydrochlorothiazide Tablet (Generic)
*Criteria	Methyldopa Tablet (Generic)	Methyldopate HCl (Intravenous)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (22)	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (Isordil®)
Vasodilators, Coronary	Isosorbide Mononitrate Tablet (Generic)	Isosorbide Dinitrate ER Capsule (Dilatrate-SR®)
*Request Form	Isosorbide Mononitrate SR Tablet (Generic)	Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)
*Criteria	Nitroglycerin Sublingual Tablet (AG; Generic)	Nitroglycerin ER Capsule (Generic)
*POS Edits	Nitroglycerin Transdermal Ointment (Nitro-Bid®)	Nitroglycerin Spray (Generic; Nitrolingual®)
	Nitroglycerin Transdermal Patch (Generic)	Nitroglycerin Transdermal Patch (Nitro-Dur®)
		Nitroglycerin Sublingual Tablet (Nitrostat®)
		Nitroglycerin Sublingual Packet (GoNitro®)
HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (23)	Epoetin Alfa (Procrit®)	Darbepoetin Syringe; Vial (Aranesp®)
Erythropoietins	Epoetin Alfa-epbx (Retacrit®)	Epoetin alfa (Epogen®)
*Request Form		Luspatercept-aamt (Reblozyl®)
*Criteria		Methoxy Polyethylene Glycol-Epoetin Beta (Mircera®)
*POS Edits		
HEMODIALYSIS (24)	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)
Phosphate Binders	Sevelamer Carbonate Tablet (AG; Generic)	Calcium Acetate Solution (Phoslyra®)
*Request Form		Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)
*Criteria		Ferric Citrate Tablet (Auryxia®)
*POS Edits		Lanthanum Carbonate Chew Tablet (Generic; Fosrenol®)
		Lanthanum Carbonate Powder Pack (Fosrenol®)
		Sevelamer Carbonate Tablet (Renvela®)
		Sevelamer Carbonate Powder Pack (Generic; Renvela®)
		Sevelamer HCl Tablet (AG; Generic; RenaGel®)
		Sucroferric Oxyhydroxide (Velphoro®)
HEMOPHILIA TREATMENT (25)	Factor IX (Mononine® Kit)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
*Request Form	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)	Emicizumab-kxwh (Hemlibra®)
*Criteria	Factor IX Human Recombinant (BeneFIX® Kit)	Factor IX Complex (PCC) 3-Factor (Bebulin®)
*POS Edits	Factor VIIa, Recombinant (Novoseven® RT)	Factor IX Human (AlphaNine SD®)
	Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Factor IX Human Recomb, GlycoPEGylated (Rebinyn®)
	Factor VIII, B-Domain-Deleted (Xyntha® Solofuse Syringe Kit®)	Factor IX Human Recombinant (Ixinity®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEMOPHILIA TREATMENT (25) Continued	Factor VIII, B-Domain-Truncated (Novoeight®)	Factor IX Recombinant (Rixubis®)
	Factor VIII, Full-Length (Advate®)	Factor IX Recombinant, Albumin Fusion (Idelvion®)
	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII, Human (Monoclate-P® Kit)	Factor VIII (Helixate FS®, Kogenate FS®)
	Factor VIII, Recombinant (Recombinate®)	Factor VIII (Kovaltry®)
	Factor VIIIVWF (Alphanate®)	Factor VIII, Full-Length PEGylated (Adynovate®)
	Factor VIII/VWF (Humate-P® Kit)	Factor VIII, Human (Hemofil-M®)
	Factor VIII/VWF (Wilate®)	Factor VIII, Human Kit; Vial (Koate DVI®)
	Factor X (Coagadex®)	Factor VIII, Recombinant Glycopegylated-exei (Esperoct®)
	Factor XIII Concentrate, Human (Corifact® Kit)	Factor VIII, Recombinant Porcine (Obizur®)
		Factor VIII, Recombinant, Fc Fusion (Eloctate®)
		Factor VIII, Recombinant, PEGylated-aucl (Jivi®)
		Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)
		Factor XIII A-Subunit, Recombinant (Tretten®)
		Von Willebrand Factor, Recombinant (Vonvendi®)
IMMUNOSUPPRESSIVES, ORAL (26)	Azathioprine Tablet (Generic)	Azathioprine (Azasan®; Imuran®)
*Request Form	Cyclosporine Capsule - MODIFIED (Generic)	Cyclosporine Capsule (Generic; Sandimmune®)
*Criteria	Mycophenolate Mofetil Capsule; Tablet (Generic)	Cyclosporine Softgel; Solution - MODIFIED (Generic; Neoral®)
*POS Edits	Tacrolimus Capsule (Generic)	Cyclosporine Solution (Sandimmune®)
		Everolimus (Generic; Zortress®)
		Mycophenolate Mofetil Capsule; Tablet; Suspension (CellCept®)
		Mycophenolate Mofetil Suspension (Generic)
		Mycophenolate Sodium as Mycophenolic Acid (Generic; Myfortic®)
		Sirolimus Solution (Generic; Rapamune®)
		Sirolimus Tablet (AG; Generic; Rapamune®)
		Tacrolimus Capsule; Granule Packet (Prograf®)
		Tacrolimus ER Capsule (Astagraf® XL)
		Tacrolimus ER Tablet (Envarsus® XR)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (27)	Amoxicillin/Clavulanate Suspension (Generic); Tablet (AG; Generic)	Amoxicillin/Clavulanate ER (Generic)
Antibiotics	Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate Chewable Tablet (Generic)
Cephalosporin and Related Antibiotics	Cefdinir Capsule; Suspension (Generic)	Amoxicillin/Clavulanate Suspension (Augmentin® 125 mg; 250 mg)
*Request Form	Cefprozil Suspension; Tablet (Generic)	Cefaclor Capsule; Suspension (Generic)
*Criteria	Cefuroxime Tablet (Generic)	Cefaclor ER Tablet (Generic)
*POS Edits	Cephalexin Capsule; Suspension (Generic)	Cefadroxil Suspension; Tablet (Generic)
		Cefixime Capsule (AG; Generic; Suprax®)
		Cefixime Chewable Tablet (Suprax®)
		Cefixime Suspension (Generic; Suprax®)
		Cephalexin Capsule (Keflex®)
		Cephalexin Tablet (Generic)
		Cefpodoxime Proxetil Suspension; Tablet (Generic)
INFECTIOUS DISORDERS (27)	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Generic; Cipro®)
Antibiotics	Levofloxacin Tablet (Generic)	Ciprofloxacin Tablet (Cipro®)
Fluoroquinolones		Delafloxacin (Baxdela®)
*Request Form		Levofloxacin Solution (Generic)
*Criteria		Levofloxacin Tablet (Levaquin®)
*POS Edits		Moxifloxacin (AG; Generic)
		Ofloxacin (Generic)
INFECTIOUS DISORDERS (27)	Metronidazole Tablet (Generic)	Fidaxomicin (Dificid®)
Antibiotics	Neomycin Tablet (Generic)	Metronidazole Capsule (Generic; Flagyl®)
Gastrointestinal Antibiotics	Vancomycin HCl Capsule (AG; Generic)	Metronidazole Tablet (Flagyl®)
*Request Form	Vancomycin Solution (Firvanq®)	Nitazoxanide Suspension (Alinia®)
*Criteria		Paromomycin (Generic)
*POS Edits		Rifaximin (Xifaxan®)
		Secnidazole (Solosec™)
		Tinidazole (Generic)
		Vancomycin HCl (Vancocin®)
		Vancomycin Solution (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (27)	Tobramycin Solution (Bethkis®)	Amikacin Inhalation Suspension (Arikayce®)
Antibiotics	Tobramycin Pak (AG for Kitabis Pak®)	Aztreonam Solution (Cayston®)
Inhaled Antibiotics		Tobramycin Solution (AG; Generic; Tobi®)
*Request Form		Tobramycin (Tobi Podhaler®)
*Criteria		Tobramycin Inhalation Solution Pak (Kitabis Pak®)
*POS Edits		
INFECTIOUS DISORDERS (27)	Clindamycin Capsule (Generic)	Clindamycin Capsule (Cleocin®)
Antibiotics	Clindamycin Palmitate Solution (Generic)	Clindamycin Palmitate Solution (Cleocin®)
Lincosamides		Clindamycin Phosphate Piggyback Injection (Generic)
*Request Form		Clindamycin Phosphate Injection Vial (Generic; Cleocin®)
*Criteria		Clindamycin in 0.9% Sodium Chloride Piggyback Intravenous
*POS Edits		Lincomycin HCl Injection (Generic; Lincocin®)
INFECTIOUS DISORDERS (27)	Azithromycin Packet; Suspension; Tablet (Generic)	Azithromycin Packet; Suspension; Tablet (Zithromax®)
Antibiotics	Clarithromycin Tablet (Generic)	Clarithromycin ER (Generic)
Macrolides - Ketolides	Erythromycin Base DR Capsule (Generic)	Clarithromycin Suspension (Generic)
*Request Form		Erythromycin Base Tablet (Generic)
*Criteria		Erythromycin Ethyl Succinate Suspension (AG; E.E.S. ® 200; EryPed® 200)
*POS Edits		Erythromycin Ethyl Succinate Suspension (AG; Generic; EryPed® 400)
		Erythromycin Ethyl Succinate Tablet (E.E.S. ® 400)
		Erythromycin Stearate (Erythrocin®)
		Erythromycin Tablet (Ery-Tab®)
INFECTIOUS DISORDERS (27)	Nitrofurantoin Macrocrystals Capsule (Generic)	Nitrofurantoin Suspension (Generic; Furadantin®)
Antibiotics	Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Macrocrystals Capsule (Macrodantin®)
Nitrofuran Derivatives		Nitrofurantoin Monohydrate Macrocrystals Capsule (Macrobid®)
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (27)	Linezolid Tablet (AG; Generic)	Linezolid Injection (AG; Generic; Zyvox®)
Antibiotics		Linezolid Suspension (AG; Generic; Zyvox®)
Oxazolidinones		Linezolid Tablet (Zyvox®)
*Request Form		Tedizolid IV; Tablet (Sivextro®)
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (27)	**NONE**	Quinupristin/Dalfopristin Vial (Synercid®)
Antibiotics		
Streptogramins		
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (27)	Doxycycline Hyclate Tablet (Generic)	Demeclocycline (Generic)
Antibiotics	Doxycycline Hyclate Capsule (AG; Generic)	Doxycycline Calcium Suspension; Syrup (Vibramycin®)
Tetracyclines	Doxycycline Monohydrate 5 0mg; 100 mg Capsule (Generic)	Doxycycline Hyclate Capsule (Vibramycin®)
*Request Form	Doxycycline Monohydrate Tablet (Generic)	Doxycycline Hyclate DR Tablet (Doryx® MPC)
*Criteria	Minocycline Capsule (Generic)	Doxycycline Hyclate DR Tablet (Generic; Doryx®)
*POS Edits		Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit)
		Doxycycline Monohydrate 40mg DR Capsule (AG; Oracea®)
		Doxycycline Monohydrate Capsule 75 mg (Generic)
		Doxycycline Monohydrate Capsule 150 mg (Generic)
		Doxycycline Monohydrate Suspension (Generic)
		Minocycline ER Capsule (AG; Solodyn™)
		Minocycline ER Capsule (Generic; Ximino®)
		Minocycline ER Tablet (Generic; MinoLira®)
		Minocycline Tablet (Generic)
		Omadacycline Tosylate (Nuzyra®)
		Tetracycline Capsule
		Vibramycin Capsule

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (27)	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Cream (Generic; Cleocin®)
Antibiotics	Metronidazole Vaginal Gel (Nuvessa®; Vandazole®)	Clindamycin Vaginal Ovules (Cleocin®)
Vaginal		Metronidazole Vaginal Gel (Generic; MetroGel-Vaginal®)
*Request Form *Criteria *POS Edits		
INFECTIOUS DISORDERS (27)	Clotrimazole Troches (Generic)	Fluconazole Tablet; Suspension (Diflucan®)
Antifungals	Fluconazole Tablet; Suspension (Generic)	Flucytosine (Generic)
Antifungals, Oral	Griseofulvin Suspension (Generic)	Griseofulvin Tablet (Generic)
*Request Form	Nystatin Tablet; Suspension (Generic)	Griseofulvin Ultramicrosize Tablet (Generic)
*Criteria	Terbinafine Tablet (Generic)	Isavuconazonium (Cresemba®)
*POS Edits		Itraconazole Capsule; Solution (Generic; Sporanox®)
		Itraconazole Tablet (Onmel®)
		Itraconazole Capsule (Tolsura®)
		Ketoconazole (Generic)
		Miconazole Buccal Tablet (Oravig®)
		Posaconazole Tablet; Suspension (AG; Generic; Noxafil®)
		Voriconazole Tablet (Generic)
		Voriconazole Suspension (Generic; Vfend®)
		Voriconazole Tablet (Vfend®)
INFECTIOUS DISORDERS (27)	Sofosbuvir/Velpatasvir (AG for Epclusa®)	Elbasvir/Grazoprevir (Zepatier®)
Hepatitis C Agents		Glecaprevir/Pibrentasvir (Mavyret®)
Direct Acting Antiviral Agents		Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®)
*Request Form		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)
*Hepatitis C DAA Criteria		Sofosbuvir (Sovaldi®)
*Hepatitis C DAA Worksheet		Sofosbuvir/Velpatasvir (Epclusa®)
*Patient Treatment Agreement		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (27)	Peginterferon alfa 2a Syringe; Vial (Pegasys®)	Peginterferon alfa 2b Kit (Peg-Intron®)
Hepatitis C Agents	Ribavirin Tablet (Generic)	Ribavirin Capsule (Generic)
Not Direct Acting Antiviral Agents		
*Request Form		
*Criteria		
*POS Edits		
MULTIPLE SCLEROSIS (28)	Fingolimod Capsule (Gilenya®)	Alemtuzumab Vial (Lemtrada®)
Multiple Sclerosis Agents	Glatiramer Acetate 20 mg/ml (Copaxone®)	Cladribine Tablet (Mavenclad®)
Immunomodulatory Agents	Interferon β-1a Pen; Syringe; Vial (Avonex®)	Dalfampridine ER Tablet (AG; Generic; Ampyra®)
*Request Form	Interferon β-1a Auto-Injector (Rebif® Titration Pack)	Dimethyl Fumarate Capsule (Tecfidera®)
*Criteria	Interferon β-1a Auto-Injector (Rebif® Rebidose®)	Diroximel Fumarate Capsule (Vumerity®)
*POS Edits	Interferon β-1a Auto-Injector (Rebif® Rebidose® Titration Pack)	Glatiramer Acetate 20 mg/ml (Generic; Glatopa®)
	Interferon β-1a Syringe (Rebif®)	Glatiramer Acetate 40 mg/ml (Generic; Copaxone®; Glatopa®)
	Interferon β-1b Kit (Betaseron®)	Interferon β-1b Kit; Vial (Extavia®)
		Natalizumab Vial (Tysabri®)
		Ocrelizumab Injection (Ocrevus®)
		Peginterferon β -1a Pen; Syringe; Starter Pack (Plegridy®)
		Siponimod Tablet (Mayzent®)
		Teriflunomide Tablet (Aubagio®)
ONCOLOGY (29)	Anastrozole (Generic)	Abemaciclib (Verzenio®)
Oral – Breast	Capecitabine (Generic)	Anastrozole (Arimidex®)
*Request Form	Cyclophosphamide (Generic)	Capecitabine (Xeloda®)
*Criteria	Exemestane (Generic)	Exemestane (Aromasin®)
*POS Edits	Letrozole (Generic)	Fulvestrant (Faslodex®)
	Palbociclib Capsule; Tablet (Ibrance®)	Lapatinib Ditosylate (Tykerb®)
	Tamoxifen Citrate (Generic)	Letrozole (Femara®)
		Neratinib Maleate (Nerlynx®)
		Ribociclib Succinate (Kisqali®)
		Ribociclib Succinate/Letrozole (Kisqali/Femara Kit®)
		Toremifene Citrate (Fareston®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (29)	Busulfan (Myleran®)	Acalabrutinib (Calquence®)
Oral – Hematologic	Chlorambucil (Leukeran®)	Bosutinib (Bosulif®)
*Request Form	Dasatinib (Sprycel®)	Enasidenib Mesylate (Idhifa®)
*Criteria	Hydroxyurea (Generic)	Hydroxyurea (Hydrea®)
*POS Edits	Ibrutinib Capsule; Tablet (Imbruvica®)	Idelalisib (Zydelig®)
	Imatinib Mesylate (Generic)	Imatinib Mesylate (Gleevec®)
	Lenalidomide (Revlimid®)	Ivosidenib (Tibsovo®)
	Melphalan (Generic)	Ixazomib Citrate (Ninlaro®)
	Mercaptopurine (Generic)	Melphalan (Alkeran®)
	Nilotinib HCl (Tasigna®)	Mercaptopurine (Purixan®)
	Procarbazine HCl (Matulane®)	Midostaurin (Rydapt®)
	Ruxolitinib Phosphate (Jakafi®)	Panobinostat Lactate (Farydak®)
	Tretinoin (Generic)	Pomalidomide (Pomalyst®)
		Ponatinib HCl (Iclusig®)
		Thalidomide (Thalomid®)
		Thioguanine (Tabloid®)
		Venetoclax Tablet; Therapy Pack (Venclexta®)
		Vorinostat (Zolinza®)
		Zanubrutinib (Brukinsa™)
ONCOLOGY (29)	Afatinib Dimaleate (Gilotrif®)	Brigatinib (Alunbrig®)
Oral – Lung	Alectinib HCl (Alecensa®)	Ceritinib (Zykadia®)
*Request Form	Crizotinib (Xalkori®)	
*Criteria	Erlotinib HCl (Tarceva®)	
*POS Edits	Gefitinib (Iressa®)	
	Osimertinib Mesylate (Tagrisso®)	
	Topotecan HCl (Hycamtin®)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (29)	Temozolomide (AG; Generic)	Altretamine (Hexalen®)
Oral – Other	Vandetanib (Caprelsa®)	Avapritinib (Ayvakit™)
*Request Form *Criteria *POS Edits		Cabozantinib S-Malate (Cometriq®)
		Niraparib Tosylate (Zejula®)
		Olaparib (Lynparza®)
		Regorafenib (Stivarga®)
		Rucaparib Camsylate (Rubraca®)
		Tazemetostat (Tazverik™)
		Temozolomide (Temodar®)
		Trifluridine/Tipiracil HCl (Lonsurf®)
ONCOLOGY (29)	Bicalutamide (Generic)	Abiraterone Acetate (Zytiga®)
Oral – Prostate	Flutamide (Generic)	Abiraterone Acetate, Submicronized (Yonsa®)
*Request Form *Criteria *POS Edits		Apalutamide (Erleada®)
		Bicalutamide (Casodex®)
		Enzalutamide (Xtandi®)
		Estramustine Phosphate Sodium (Emcyt®)
		Nilutamide (Generic)
ONCOLOGY (29)	Axitinib (Inlyta®)	Cabozantinib S-Malate (Cabometyx®)
Oral - Renal Cell	Lenvatinib Mesylate (Lenvima®)	Everolimus (Afinitor®, Afinitor Disperz®)
*Request Form *Criteria *POS Edits	Pazopanib HCl (Votrient®)	
	Sorafenib Tosylate (Nexavar®)	
	Sunitinib Malate (Sutent®)	
ONCOLOGY (29)	Cobimetinib Fumarate (Cotellic®)	Encorafenib (Braftovi®)
Oral – Skin	Dabrafenib Mesylate (Tafinlar®)	Binimetinib (Mektovi®)
*Request Form *Criteria *POS Edits	Sonidegib Phosphate (Odomzo®)	
	Trametinib Dimethyl Sulfoxide (Mekinist®)	
	Vemurafenib (Zelboraf®)	
	Vismodegib (Erivedge®)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (30)	Cromolyn Sodium Solution (Generic)	Alcaftadine Solution (Lastacaft®)
Allergic Conjunctivitis	Loteprednol Suspension (Alrex®)	Azelastine HCl Solution (Generic)
*Request Form	Olopatadine HCl Solution (AG; Generic for Patanol®)	Bepotastine Solution (Bepreve®)
*Criteria	Olopatadine HCl Solution (Pazeo®)	Emedastine Difumarate Solution (Emadine®)
*POS Edits		Epinastine Solution (Generic)
		Lodoxamide Tromethamine Solution (Alomide®)
		Nedocromil Sodium Solution (Alocril®)
		Olopatadine HCl Solution (AG; Generic; Pataday®)
		Olopatadine HCl Solution (Patanol®)
OPHTHALMIC DISORDERS (30)	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)
Antibiotics	Ciprofloxacin Solution Ophthalmic (Generic)	Bacitracin Ointment (Generic)
*Request Form	Erythromycin Base Ointment (Generic)	Besifloxacin Suspension (Besivance®)
*Criteria	Gentamicin Sulfate Ointment; Solution (Generic)	Ciprofloxacin Ointment; Solution (Ciloxan®)
*POS Edits	Moxifloxacin Solution (Moxeza®)	Gatifloxacin Solution (Generic; Zymaxid®)
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)	Levofloxacin Solution (Generic)
	Ofloxacin Solution Ophthalmic (Generic)	Moxifloxacin Solution (AG; Generic; Vigamox®)
	Polymyxin B Sulfate/Trimethoprim (Generic)	Natamycin Suspension (Natacyn®)
	Sulfacetamide Sodium Solution (Generic)	Neomycin/Polymyxin B/Bacitracin Ointment (Generic)
	Tobramycin Solution (Generic)	Ofloxacin Solution (Ocuflox®)
		Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)
		Sulfacetamide Sodium Ointment (Generic)
		Sulfacetamide Sodium Solution (Bleph-10®)
		Tobramycin Solution; Ointment (Tobrex®)
OPHTHALMIC DISORDERS (30)	Neomycin/Polymyxin B/Dexamethasone Suspension; Ointment	Gentamicin/Prednisolone Ointment; Suspension (Pred-G®)
Antibiotic-Steroid Combinations	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment
*Request Form	Tobramycin/Dexamethasone Ointment; Suspension (TobraDex®)	Neomycin/Polymyxin B/Dexamethasone Suspension (Maxitrol®)
*Criteria		Neomycin/Polymyxin B/Dexamethasone Ointment (Maxitrol®)
*POS Edits		Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
		Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P.®)
		Sulfacetamide/Prednisolone Solution (Blephamide®)
		Tobramycin/Dexamethasone Suspension (AG; Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (30)	(preferred agents listed on page 36)	Tobramycin/Dexamethasone ST (TobraDex ST®)
Antibiotic-Steroid Combinations Continued		Tobramycin/Loteprednol Suspension (Zylet®)
OPHTHALMIC DISORDERS (30)	Dexamethasone Sodium Phosphate (Generic)	Bromfenac Sodium 0.07% Solution (Prolensa®)
Anti-Inflammatories	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (BromSite®)
*Request Form	Difluprednate Emulsion (Durezol®)	Bromfenac Sodium 0.09% Solution (Generic)
*Criteria	Fluorometholone 0.1% Suspension (Generic)	Dexamethasone Intraocular Implant (Ozurdex®)
*POS Edits	Flurbiprofen Sodium Solution (Generic)	Dexamethasone Suspension (Maxidex®)
	Ketorolac Tromethamine LS Solution 0.4%; Solution 0.5%	Fluocinolone Acetonide Intraocular Implant (Iluvien®; Retisert®)
	Nepafenac 0.3% Suspension (Ilevro®)	Fluorometholone 0.1% Ointment (FML S.O.P.®)
	Prednisolone Acetate 1% Suspension (Generic)	Fluorometholone 0.1% Suspension (FML®)
		Fluorometholone 0.25% Suspension (FML Forte®)
		Fluorometholone Acetate 0.1% Suspension (Flarex®)
		Ketorolac Tromethamine 0.4% Solution (Acular LS®)
		Ketorolac Tromethamine 0.5% Solution (Acular®)
		Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)
		Loteprednol Suspension; Gel; Ointment (Lotemax®)
		Loteprednol Etabonate 1% Ophthalmic Suspension (Inveltys®)
		Nepafenac 0.1% Suspension (Nevanac®)
		Prednisolone Acetate 0.12% Solution (Pred Mild®)
		Prednisolone Acetate 1% Suspension (Pred Forte®)
		Prednisolone Sodium Phosphate (Generic)
		Triamcinolone Acetonide Suspension (Triesence®)
OPHTHALMIC DISORDERS (30)	Cyclosporine (Restasis®; Restasis® Multidose™)	Cyclosporine 0.09% Ophthalmic Solution (Cequa®)
Anti-Inflammatory/Immunomodulators		Lifitegrast (Xiidra®)
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (30)	Brimonidine 0.15% Solution (Alphagan P® 0.15%)	Apraclonidine Solution (Generic; Iopidine®)
Glaucoma Agents	Brimonidine 0.2% Solution (Generic)	Betaxolol 0.25% Suspension (Betoptic S®)
Intraocular Pressure (IOP) Reducers	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Betaxolol 0.5% Solution (Generic)
*Request Form	Brimonidine/Timolol Solution (Combigan®)	Bimatoprost Solution (Generic; Lumigan®)
*Criteria	Carteolol Solution (Generic)	Brimonidine 0.1% Solution (Alphagan P® 0.1%)
*POS Edits	Dorzolamide Solution (Generic)	Brimonidine P 0.15% Solution (Generic)
	Dorzolamide/Timolol Solution (Generic)	Brinzolamide Suspension (Azopt®)
	Latanoprost 2.5ml Solution (Generic)	Dorzolamide Solution (Trusopt®)
	Levobunolol Solution (Generic)	Dorzolamide/Timolol Solution (Cosopt®)
	Netarsudil Mesylate (Rhopressa®)	Dorzolamide/Timolol/PF Solution (Generic; Cosopt PF®)
	Pilocarpine HCl Solution (Generic)	Echothiophate Iodide (Phospholine Iodide®)
	Timolol Maleate Solution; Gel-Forming Solution	Latanoprost Emulsion (Xelpros®)
	Travoprost (Travatan Z®)	Latanoprost Solution (Xalatan®)
		Latanoprostene Bunod Solution (Vyzulta®)
		Tafluprost Solution (Zioptan®)
		Timolol Maleate LA Solution (AG; Generic; Istalol®)
		Timolol Maleate Solution (Timoptic® Ocudose®)
OPIATE DEPENDENCE AGENTS (31)	Buprenorphine/Naloxone Sublingual Film (Suboxone®)	Buprenorphine Sublingual Tablet (Generic)
*Request Form	Buprenorphine/Naloxone Sublingual Tablet (Generic)	Buprenorphine Injection (Sublocade®)
*Criteria	Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)	Buprenorphine Implant (Probuphine®)
*POS Edits	Naloxone Nasal Spray (Narcan®)	Buprenorphine/Naloxone Film Buccal Film (Bunavail®)
	Naloxone Syringe; Vial (Generic)	Buprenorphine/Naloxone Sublingual Film (AG; Generic)
	Naltrexone Tablet (Generic)	Lofexidine (Lucemyra®)
		Naltrexone Extended-Release Injectable Suspension (Vivitrol®)
OSTEOPOROSIS (32)	Alendronate Tablet (Generic)	Abaloparatide (Tymlos®)
Bone Resorption Suppression Agents	Calcitonin-Salmon Nasal (Generic)	Alendronate Effervescent Tablet (Binosto®)
*Request Form	Ibandronate Sodium Tablet (Generic)	Alendronate Tablet (Fosamax®)
*Criteria		Alendronate Solution (Generic)
*POS Edits		Alendronate/Vitamin D (Fosamax Plus D®)
		Denosumab (Prolia®)
		Ibandronate Sodium Tablet (Boniva®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OSTEOPOROSIS (32)	(preferred agents listed on page 38)	Raloxifene (Generic; Evista®)
Bone Resorption Suppression Agents Continued		Risedronate (AG; Generic; Actonel®)
		Risedronate DR (AG; Generic; Atelvia®)
		Romosozumab-aqqg Subcutaneous (Evenity®)
		Teriparatide Subcutaneous (Forteo®)
		Teriparatide Subcutaneous Brand
OTIC AGENTS (33)	Ciprofloxacin Otic (Generic)	Ciprofloxacin Otic (Otiprio®)
Antibiotics	Ciprofloxacin/Dexamethasone (Ciprodex®)	Ciprofloxacin/Fluocinolone Acetonide (Otovel®)
*Request Form	Neomycin/Polymyxin B/Hydrocortisone Solution; Suspension	Ciprofloxacin/Hydrocortisone (Cipro HC Otic®)
*Criteria		Neomycin/Colistin/Thonzonium/Hydrocortisone (Coly-Mycin S®)
*POS Edits		Ofloxacin Otic (Generic)
OTIC AGENTS (33)	Acetic Acid (Generic)	**NONE**
Anti-Infectives and Anesthetics	Acetic Acid/Hydrocortisone (Generic)	
*Request Form		
*Criteria		
*POS Edits		
PAIN MANAGEMENT (34)	Fremanezumab-vfrm Autoinjector Subcutaneous (Ajovy®)	Eptinezumab-jjmr Intravenous (Vyepti™)
Antimigraine Agents	Fremanezumab-vfrm Subcutaneous (Ajovy®)	Erenumab-aooe Subcutaneous (Aimovig®)
CGRP Antagonists	Galcanezumab-gnlm Pen (Emgality®)	Galcanezumab-gnlm 100 mg Syringe (Emgality®)
*Request Form	Galcanezumab-gnlm 120 mg Syringe (Emgality®)	Ubrogepant Tablet (Ubrelvy™)
*Criteria	Rimegepant (Nurtec™ ODT)	
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (34)	**NONE**	Diclofenac Potassium Oral Packet (Cambia®)
Antimigraine Agents		Dihydroergotamine Mesylate Injection (Generic)
Ergotamines		Dihydroergotamine Mesylate Nasal (Generic; Migranal®)
*Request Form		Ergotamine Tartrate Sublingual (Ergomar®)
*Criteria		Ergotamine Tartrate/Caffeine Tablet (Cafergot®)
*POS Edits		Ergotamine Tartrate/Caffeine Rectal (Migergot®)
PAIN MANAGEMENT (34)	Rizatriptan ODT, Tablet (Generic)	Almotriptan Tablet (Generic)
Antimigraine Agents	Sumatriptan Nasal (Generic)	Eletriptan Tablet (AG; Generic; Relpax®)
Triptans	Sumatriptan Vial (Generic)	Frovatriptan (Generic; Frova®)
*Request Form	Sumatriptan Tablet (Generic)	Lasmiditan Tablet (Reyvow®)
*Criteria	Sumatriptan Disp Syringe (Generic)	Naratriptan (Generic; Amerge®)
*POS Edits		Rizatriptan Tablet (Maxalt®; Maxalt MLT®)
		Sumatriptan Auto-Injector (Zembrace® SymTouch®)
		Sumatriptan Kit (AG; Generic)
		Sumatriptan Nasal (Onzetra® Xsail®)
		Sumatriptan Nasal (Imitrex®)
		Sumatriptan Nasal (Tosymra™)
		Sumatriptan Tablet (Imitrex®)
		Sumatriptan Kit; Vial (Imitrex®)
		Sumatriptan/Naproxen (Generic; Treximet®)
		Sumatriptan/Menthol/Camphor (Migranow Kit®)
		Zolmitriptan Tablet (AG; Generic; Zomig®)
		Zolmitriptan ODT (AG; Generic; Zomig ZMT®)
		Zolmitriptan Nasal (Zomig®)
PAIN MANAGEMENT (34)	Adalimumab Pen Kit; Syringe Kit (Humira®)	Abatacept Injection Clickject; Syringe; Vial (Orencia®)
Cytokine and CAM Antagonists	Secukinumab Pen; Syringe (Cosentyx®)	Anakinra Syringe (Kineret®)
*Request Form	Etanercept Kit; Mini Cartridge; Pen; Syringe (Enbrel®)	Apremilast Tablet (Otezla®)
*Criteria		Baricitinib Tablet (Olumiant®)
*POS Edits		Brodalumab Syringe (Siliq®)
		Canakinumab/PF Vial (Ilaris®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (34)	(preferred agents listed on page 40)	Certolizumab Pegol Kit; Syringe Kit (Cimzia®)
Cytokine and CAM Antagonists Continued		Golimumab Pen; Syringe; Vial (Simponi®; Simponi Aria®)
		Guselkumab Syringe (Tremfya®)
		Infliximab Vial (Remicade®)
		Infliximab-abda (Renflexis®)
		Infliximab-dyyb (Inflectra®)
		Ixekizumab Syringe; Autoinjector (Taltz®)
		Rilonacept (Arcalyst®)
		Sarilumab Pen; Syringe (Kevzara®)
		Tildrakizumab-asmn Syringe (Ilumya®)
		Tocilizumab Syringe; Vial (Actemra®)
		Tofacitinib Tablet (Xeljanz®)
		Tofacitinib ER Tablet (Xeljanz® XR)
		Ustekinumab Syringe; Vial (Stelara®)
		Vedolizumab (Entyvio®)
PAIN MANAGEMENT (34)	Acetaminophen w/Codeine Elixir; Tablet (Generic)	Benzhydrocodone/Acetaminophen (AG; Apadaz®)
Narcotic Analgesics - Short-Acting	Hydrocodone/Acetaminophen Tablet (Generic)	Butalbital/Caffeine/APAP w/ Codeine (Generic)
*Request Form	Hydrocodone/Acetaminophen Solution (Generic)	Butalbital Compound with Codeine (Generic)
*Criteria	Hydromorphone Tablet (Generic)	Butorphanol Tartrate Nasal (Generic)
*POS Edits	Morphine IR Tablet (Generic)	Carisoprodol Compound-Codeine (Generic)
	Morphine Sulfate Oral Syringe	Codeine Tablet (Generic)
	Oxycodone Tablet (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)
	Oxycodone/Acetaminophen Tablet (Generic)	Fentanyl Buccal (Generic; Fentora®)
	Tramadol (Generic)	Fentanyl Sublingual (Abstral®)
	Tramadol/Acetaminophen (Generic)	Hydrocodone/Acetaminophen Solution (Lortab®)
		Hydrocodone/Acetaminophen Tablet (Lortab®; Norco®)
		Hydrocodone/Ibuprofen (Generic)
		Hydromorphone Liquid (Dilaudid®)
		Hydromorphone Tablet (Dilaudid®)
		Hydromorphone Suppositories; Liquid (Generic)
		Levorphanol Tablet (Generic)
		Meperidine Solution (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (34)	(preferred agents listed on page 41)	Meperidine Tablet (Generic)
Narcotic Analgesics - Short-Acting Continued		Morphine Oral Solution Concentrate (Generic)
		Morphine Solution (Generic)
		Morphine Suppositories (Generic)
		Oxycodone Capsule (Generic)
		Oxycodone Tablet (RoxyBond®)
		Oxycodone HCl Tablet (Oxaydo® Abuse-Deterrent)
		Oxycodone Tablet (Roxicodone®)
		Oxycodone Oral Solution Concentrate (Generic)
		Oxycodone Oral Syringe (Generic)
		Oxycodone Solution (Generic)
		Oxycodone/Acetaminophen Tablet (Nalocet®; Percocet®; Primlev®; Prolate™; Generic for Prolate™)
		Oxycodone/Aspirin (Generic)
		Oxycodone/Ibuprofen (Generic)
		Oxymorphone IR Tablet (Generic)
		Pentazocine/Naloxone (Generic)
		Sufentanil Sublingual Tablet (Dsuvia®)
		Tapentadol (Nucynta®)
		Tramadol (Ultram®)
		Tramadol/Acetaminophen (Ultracet®)
PAIN MANAGEMENT (34)	Fentanyl Transdermal (12 mcg; 25 mcg; 50 mcg; 75 mcg; 100 mcg)	Buprenorphine Buccal Film (Belbuca®)
Narcotic Analgesics - Long-Acting	Morphine Sulfate ER Tablet (Generic)	Buprenorphine Transdermal (AG; Generic; Butrans®)
*Request Form	Morphine Sulfate/Naltrexone HCl ER Capsule (Embeda®)	Fentanyl Transdermal (Duragesic®)
*Criteria		Fentanyl Transdermal (Generic 37.5 mcg; 62.5 mcg; 87.5 mcg)
*POS Edits		Hydrocodone Bitartrate ER Capsule (AG; Generic; Zohydro ER®)
		Hydrocodone Bitartrate ER Tablet (Hysingla ER®)
		Hydromorphone ER Tablet (AG; Generic)
		Morphine ER Capsule (Generic Avinza®)
		Morphine ER Capsule (Generic Kadian; Kadian®)
		Morphine ER Tablet (Arymo ER®; MorphaBond ER®; MS Contin®)
		Oxycodone ER Tablet (AG; OxyContin®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (34)	(preferred agents listed on page 42)	Oxycodone Myristate (Xtampza® ER)
Narcotic Analgesics - Long-Acting Continued		Oxymorphone ER (Generic Opana ER®)
		Tapentadol Extended Release (Nucynta ER®)
		Tramadol ER Capsule (AG)
		Tramadol ER Tablet (Generic Ryzolt®; Generic Ultram ER®)
PAIN MANAGEMENT (34)	Duloxetine Capsule (Generic)	Capsaicin/Skin Cleanser (Qutenza Kit®)
Neuropathic Pain	Gabapentin Capsule; Solution; Tablet (Generic)	Duloxetine Capsule (Cymbalta®; Generic for Irenka®)
*Request Form	Lidocaine Patch (AG; Generic)	Duloxetine DR Capsule (Drizalma Sprinkle™)
*Criteria		Gabapentin Capsule; Solution; Tablet (Neurontin®)
*POS Edits		Gabapentin Enacarbil Tablet (Horizant®)
		Gabapentin ER Tablet (Gralise®)
		Gabapentin/Lidocaine Kit (Gabacaine™ Kit)
		Lidocaine Patch (Lidoderm®)
		Lidocaine Topical System (Ztlido®)
		Lidocaine/Emollient Combo No. 102 (DermacinRx® PHN Pak™)
		Milnacipran (Savella®; Savella Titration Pack®)
		Pregabalin Capsule; Solution (Lyrica®)
		Pregabalin ER Tablet (Lyrica CR®)
PAIN MANAGEMENT (34)	Diclofenac Sodium Tablet (Generic)	Celecoxib (AG; Generic; Celebrex®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	Diclofenac Sodium Transdermal Gel (Generic; Voltaren®)	Diclofenac Epolamine Patch (Flector®)
*Request Form	Diclofenac SR (Generic)	Diclofenac Potassium Capsule (Zipsor®)
*Criteria	Ibuprofen Suspension Rx; Tablet Rx (Generic)	Diclofenac Potassium Tablet (Generic)
*POS Edits	Indomethacin Capsule (Generic)	Diclofenac Sodium Topical Solution (Generic; Pennsaid®)
	Ketorolac Tablet (Generic)	Diclofenac Sodium/Isopropyl Alcohol (Vopac MDS Kit)
	Meloxicam Tablet (Generic)	Diclofenac Submicronized Capsule (Zorvolex®)
	Nabumetone Tablet (Generic)	Diclofenac/Capsicum Oleoresin Kit
	Naproxen EC DR (Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
	Naproxen Suspension; Tablet (Generic)	Diflunisal Tablet (Generic)
	Sulindac Tablet (Generic)	Etodolac Tablet; Capsule; SR Tablet (Generic)
		Fenoprofen Capsule (AG; Generic; Nalfon®)
		Flurbiprofen Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (34)	(preferred agents listed on page 43)	Ibuprofen/Famotidine Tablet (Duexis®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) Continued		Indomethacin ER Capsule (Generic)
		Indomethacin Submicronized Capsule (Tivorbex®)
		Indomethacin Suppository; Suspension (Indocin®)
		Ketoprofen Capsule (Generic)
		Ketoprofen ER Capsule (Generic)
		Ketorolac Nasal Spray (Sprix®)
		Meclofenamate Sodium Capsule (Generic)
		Mefenamic Acid (Generic)
		Meloxicam, Submicronized (Vivlodex®)
		Meloxicam Tablet (Mobic®)
		Nabumetone Tablet (Relafen DS™)
		Naproxen CR (AG; Generic)
		Naproxen Sodium (Generic; Naprelan®)
		Naproxen/Esomeprazole Tablet (Vimovo®)
		Oxaprozin Tablet (Generic)
		Piroxicam Capsule (Generic; Feldene®)
		Tolmetin Capsule; Tablet (Generic)
PAIN MANAGEMENT (34)	Baclofen (Generic)	Carisoprodol Compound
Skeletal Muscle Relaxants	Chlorzoxazone (Generic)	Carisoprodol Tablet 250 mg & 350 mg (Generic; Soma®)
*Request Form	Cyclobenzaprine (Generic)	Chlorzoxazone (Lorzone®)
*Criteria	Methocarbamol (Generic)	Cyclobenzaprine ER (AG; Generic; Amrix®)
*POS Edits	Tizanidine Tablet (Generic)	Dantrolene Sodium (AG; Generic; Dantrium®)
		Metaxalone (Generic; Skelaxin®)
		Orphenadrine/Aspirin/Caffeine (Norgesic Forte)
		Orphenadrine ER Tablet (Generic)
		Tizanidine Capsule (Generic; Zanaflex®)
		Tizanidine Tablet (Zanaflex®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PARKINSON'S (35)	Amantadine Capsule; Syrup (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
Antiparkinson Agents	Benztropine Tablet (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
Anticholinergic and Other	Carbidopa/Levodopa ER Tablet (Generic)	Amantadine Tablet (Generic)
*Request Form	Carbidopa/Levodopa Tablet (Generic)	Bromocriptine Capsule; Tablet (Generic)
*Criteria	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
*POS Edits	Pramipexole Tablet (Generic)	Carbidopa/Levodopa Enteral Suspension (Duopa®)
	Ropinirole Tablet (Generic)	Carbidopa/Levodopa ER Capsule (Rytary®)
	Selegiline Capsule, Tablet (Generic)	Carbidopa/Levodopa ER Tablet (Sinemet CR®)
	Trihexyphenidyl Elixir, Tablet (Generic)	Carbidopa/Levodopa ODT (Generic)
		Carbidopa/Levodopa Tablet (Sinemet®)
		Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)
		Entacapone Tablet (Generic)
		Istradefylline Tablet (Nourianz™)
		Pramipexole (Mirapex®)
		Pramipexole ER (Generic; Mirapex ER®)
		Rasagiline (Generic; Azilect®)
		Ropinirole (Requip®)
		Ropinirole ER (Generic; Requip XL®)
		Rotigotine Patch (Neupro®)
		Safinamide Tablet (Xadago®)
		Selegiline (Zelapar®)
		Tolcapone Tablet (Generic)
PEDIATRIC MULTIVITAMINS (36)	Pediatric MVI A, C, D3 No. 21 With FL Drop (Generic for Tri-Vitamin with FL)	Pediatric MVI A, C, D3 No. 21 With FL Drop (Tri-Vitamin with FL)
*Request Form	Pediatric MVI No. 2 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 38 with FL Drop (Tri-Vi-Flor®)
*Criteria	Pediatric MVI No. 16 With FL Chewable	Pediatric MVI No. 33 With FL & Fe Chewable (Poly-Vi-Flor® Fe)
*POS Edits	Pediatric MVI No. 17 With FL Chewable (Generic)	Pediatric MVI No. 33 With FL Chewable (Poly-Vi-Flor®)
	Pediatric MVI No. 45 With FL & Fe Drop (Generic)	Pediatric MVI No. 37 With FL & Fe Drop (Poly-Vi-Flor® Fe)
	Pediatric MVI No. 75 With FL & Fe Drop (Generic)	Pediatric MVI No. 37 With FL Drop (Poly-Vi-Flor®)
	Pediatric MVI No. 82 With FL Drop (Generic)	Pediatric MVI No. 63 With FL Chewable (Quflora™)
		Pediatric MVI No. 83 With FL 0.25 mg/ml Drop (Quflora™)
		Pediatric MVI No. 84 With FL 0.5 mg/ml Drop (Quflora™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PEDIATRIC MULTIVITAMINS (36) Continued	(preferred agents listed on page 45)	Pediatric MVI No. 85 With FL Chewable (Floriva™)
		Pediatric MVI No. 142 With FL & Fe Chewable (Quflora™ FE)
		Pediatric MVI No. 151 With FL & Fe Drop (Quflora™ FE)
PITUITARY SUPPRESSIVE AGENTS (37)	Goserelin Acetate (Zoladex®)	Histrelin Implant Kit (Supprelin LA®)
*Request Form	Leuprolide Acetate Subcutaneous Kit: Vial (Generic)	Histrelin Kit (Vantas®)
*Criteria	Leuprolide Acetate (Lupron Depot®)	Leuprolide Acetate (Lupron Depot-Ped®)
*POS Edits	Leuprolide Acetate (Lupron Depot Kit®)	Leuprolide Acetate Subcutaneous Kit (Eligard®)
	Leuprolide Acetate (Lupron Depot-Ped Kit®)	Triptorelin Pamoate (Trelstar®; Trelstar LA®)
	Leuprolide Acetate Suspension/Norethindrone Tablet (Lupaneta Pack®)	Triptorelin Pamoate (Triptodur®)
	Nafarelin Acetate Nasal Solution (Synarel®)	
PROGESTATIONAL AGENTS (38)	Hydroxyprogesterone Caproate MDV; SDV; Auto Injector (Makena®)	Hydroxyprogesterone Caproate (Generic by ANI; Generic by Mylan) – ***NOT indicated for pre-term labor***
*Request Form	Hydroxyprogesterone Caproate Vial (AG; Generic)	Medroxyprogesterone Acetate (Depo-Provera® 400mg/ml)
*Criteria	Medroxyprogesterone Acetate Tablet (Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
*POS Edits	Norethindrone Acetate Tablet (Generic)	Norethindrone Acetate Tablet (Aygestin®)
	Progesterone Capsule (Generic)	Progesterone Injection (Generic)
		Progesterone, Micronized, Oral (Prometrium®)
		Progesterone, Micronized, Vaginal (Crinone®)
PROSTATE (39)	Alfuzosin (Generic)	Doxazosin (Cardura®)
Benign Prostatic Hyperplasia Treatment (BPH)	Doxazosin (Generic)	Doxazosin ER (Cardura XL®)
*Request Form	Dutasteride (Generic)	Dutasteride (Avodart®)
*Criteria	Finasteride (Generic)	Dutasteride/Tamsulosin (Generic; Jalyn®)
*POS Edits	Tamsulosin (Generic)	Finasteride (Proscar®)
	Terazosin (Generic)	Silodosin (Generic; Rapaflo®)
		Tadalafil (AG; Generic; Cialis®)
		Tamsulosin (Flomax®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
SEDATIVE/HYPNOTICS (40)	Temazepam Capsule 15mg; 30mg (Generic)	Doxepin Tablet (Silenor®)
*Request Form	Triazolam Tablet (Generic)	Estazolam Tablet (Generic)
*Criteria	Zolpidem Tablet (Generic)	Eszopiclone Tablet (Generic; Lunesta®)
*POS Edits		Flurazepam Capsule (Generic)
		Ramelteon Tablet (Rozerem®)
		Suvorexant Tablet (Belsomra®)
		Tasimelteon Capsule (Hetlioz®)
		Temazepam Capsule (Restoril®)
		Temazepam 7.5 mg, 22.5 mg (Generic)
		Triazolam Tablet (Halcion®)
		Zaleplon Capsule (Generic; Sonata®)
		Zolpidem Tartrate ER Tablet (Generic; Ambien CR®)
		Zolpidem Tartrate Oral Spray (ZolpiMist®)
		Zolpidem Tartrate Sublingual (Generic; Edluar®; Intermezzo®)
		Zolpidem Tartrate Tablet (Ambien®)
SINUS NODE INHIBITORS (41)	**NONE**	Ivabradine Solution; Tablet (Corlanor®)
*Request Form		
*Criteria		
*POS Edits		
SMOKING CESSATION PRODUCTS (42)	Bupropion SR Tablet (Generic)	Bupropion ER Tablet (Zyban®)
*Request Form	Nicotine Buccal Gum OTC (Generic)	Nicotine Buccal Gum OTC (Nicorette®)
*Criteria	Nicotine Buccal Lozenges OTC (Generic)	Nicotine Buccal Lozenges OTC (Nicorette®)
*POS Edits	Nicotine Patch OTC (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)
	Varenicline (Chantix®; Chantix Dose Pack®)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)
		Nicotine Patch OTC (Nicoderm CQ®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
UROLOGY INCONTINENCE (43)	Fesoterodine Fumarate ER (Toviaz®)	Darifenacin ER (AG; Generic; Enablex®)
Bladder Relaxant Preparations	Oxybutynin Syrup; Tablet (Generic)	Flavoxate (Generic)
*Request Form	Oxybutynin ER (AG; Generic)	Mirabegron ER Tablet (Myrbetriq®)
*Criteria	Solifenacin (Generic)	Oxybutynin ER (Ditropan XL®)
*POS Edits		Oxybutynin Gel Pump; Transdermal (Gelnique®)
		Oxybutynin Transdermal (Oxytrol® Rx)
		Solifenacin (VESIcare®)
		Tolterodine (Generic; Detrol®)
		Tolterodine ER (AG; Generic; Detrol LA®)
		Trospium (Generic)
		Trospium ER (Generic)
UTERINE DISORDER TREATMENTS (44)	Elagolix Tablet (Orilissa®)	**NONE**
*Request Form		
*Criteria		
*POS Edits		

ADDITIONAL AGENTS THAT HAVE POINT-OF-SALE (POS) REQUIREMENT(S)

AL – Age Limit	**DD** – Drug-Drug Interaction	**MD** – Maximum Dose Limit	**TD** – Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 6 Years of Age	**DS** – Maximum Days' Supply Allowed	**PR** – Enrollment in a Physician-Supervised Program Required	**UN** – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	**DT** – Duration of Therapy Limit	**PU** – Prior Use of other Medication is Required	**X** – Prescriber Must Have 'X' DEA Number
CL – Additional Clinical Information is Required	**DX** – Diagnosis Code Requirement	**QL** – Quantity Limit	**YQ** – Yearly Quantity Limit
CU – Concurrent Use with Other Medications is Restricted	**ER** – Early Refill	**RX** – Specific Prescription Requirement	

Acetaminophen	POS	Fabrazyme® (Agalsidase beta)	POS	Protriptyline	BH, TD
Acthar® (Corticotropin)	CL	Fasenra® (Benralizumab)	CL	Prudoxin® (Doxepin Topical)	POS
Actimmune® (Interferon Gamma-1b)	POS	Firazyr® (Icatibant)	CL	Pulmozyme® (Dornase Alfa)	POS
Aldurazyme™ (Laronidase)	CL	Flolan® (Epoprostenol Sodium)	POS	Radicava® (Edaravone)	POS
Alferon N® (Interferon Alfa-N3)	POS	Fycompa® (Perampanel)	POS	Ravicti® (Glycerol Phenylbutyrate)	CL
Amitriptyline	BH, TD	Gattex® (Teduglutide)	CL	Reclast® (Zoledronic acid)	CL, QL
Amitriptyline/Chlordiazepoxide	BH	Haegarda® (C1 Esterase Inhibitor [Human])	CL	Remodulin® (Treprostinil Sodium) INJECTION	POS
Amoxapine	BH, TD	HIV Agents	POS	Rilutek® (Riluzole)	POS
Aspirin	POS	Imipramine	BH, TD	Rinvoq™ (Upadacitinib)	CL
Austedo® (Deutetrabenazine)	CL	Increlex® (Mecasermin)	CL	Ruconest® (C1 Esterase Inhibitor [Recombinant])	CL
Berinert® (C1 Esterase Inhibitor [Human])	CL	Ingrezza® (Valbenazine)	CL	Samsca® (Tolvaptan)	CL, POS
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	POS	Intron-A® (Interferon Alfa-2B Recombinant)	POS	Santyl® (Collagenase)	QL
Botox® (OnabotulinumtoxinA)	DX, QL	Isotretinoin	POS	Skyrizi® (Risankizumab-rzaa)	CL
Buphenyl® (Sodium Phenylbutyrate)	CL	Jadenu® (Deferasirox)	POS	Soliris® (Eculizumab)	POS
Cablivi® (Caplacizumab-yhdp)	CL	Jynarque® (Tolvaptan)	CL	Spinraza® (Nusinersen) REQUEST FORM	CL, DX
Carafate® (Sucralfate)	POS	Kalbitor® (Ecallantide)	CL	Spravato® (Esketamine)	CL

Carbaglu® (Carglumic Acid)	CL	Kuvan® (Sapropterin Dihydrochloride)	CL	Sunosi™ (Solriamfetol)	POS
Chlordiazepoxide/Clidinium	BH	Lithium	BH	Sylatron® (Peginterferon alfa-2b)	POS
Chlorpromazine Injectable	BH	Lokelma® (Sodium Zirconium Cyclosilicate)	CL	Synagis® (Palivizumab) REQUEST FORM	AL, CL, DT, QL
Cinqair® (Reslizumab)	CL	Lorazepam Injectable	BY	Takhzyro™ (Lanadelumab-flyo)	CL
Cinryze® (C1 Esterase Inhibitor [Human])	CL	Lumizyme® (Alglucosidase alfa)	POS	Tegsedi™ (Inotersen)	POS
Clomipramine	BH, **TD**	Maprotiline	BH	Tiglutik™ (Riluzole)	POS
Clonazepam	BH, BY, QL	Mepsevii™ (Vestronidase alfa-vjbk)	CL	Trikafta™ (Elexacaftor/Ivacaftor/Tezacaftor)	CL
Cuprimine® (Penicillamine)	CL, POS	Methadone	CL, DX, QL	Trimipramine	BH, **TD**
Daraprim® (Pyrimethamine)	CL	Mosquito Repellant to Decrease Zika Virus Exposure Risk. FFS Notice MCO Notice	**AL, DX, QL**	Veletri® (Epoprostenol)	POS
Depen® (Penicillamine)	CL, POS	Myobloc® (RimabotulinumtoxinB)	DX	Veltassa® (Patiromer)	CL
Desipramine	BH, **TD**	Mytesi® (Crofelemer)	CL	Vimizim™ (Elosulfase alfa)	CL
Doral® (Quazepam)	MD	Naglazyme™ (Galsulfase)	CL	Vyndamax™, Vyndaqel® (Tafamidis)	CL, QL
Doxepin (10mg-150mg)	BH, **TD**	Nexplanon® (Etonogestrel)	POS	Vyondys 53® (Golodirsen)	CL
Dysport® (AbobotulinumtoxinA)	DX	Nortriptyline	BH, **TD**	Xenazine® (Tetrabenazine)	CL
Egrifta®, Egrifta SV™ (Tesamorelin)	POS	Nucala® (Mepolizumab)	CL	Xenical® (Orlistat)	DX, QL
Elaprase™ (Idursulfase)	CL	Nuedexta® (Dextromethorphan/Quinidine)	CL, QL	Xeomin® (IncobotulinumtoxinA)	DX, QL
Endari® (L-Glutamine)	CL	Onpattro® (Patisiran)	POS	Xolair® (Omalizumab)	CL
Epidiolex® (Cannabidiol)	CL	Oralair® (Mixed Grass Allergen Extract)	POS	Xyrem® (Sodium Oxybate)	CL, TD
Equetro® (Carbamazepine)	BH, BY	Palynziq® (Pegvaliase-pqpz)	CL	Zolgensma® (Onasemnogene Abeparvovec-xioi)	CL
Exjade® (Deferasirox)	POS	Pamidronate Disodium	CL	Zonalon® (Doxepin Topical)	POS
EXONDYS 51® (Eteplirsen)	CL, DX	Proleukin® (Aldesleukin)	POS	Zulresso™ (Brexanolone)	CL