

## 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
<a href="#">AETNA</a>	Aetna Better Health of Louisiana <b>1-855-242-0802</b>
<a href="#">AMERIHEALTH CARITAS LA</a>	AmeriHealth Caritas Louisiana <b>1-800-684-5502</b>
<a href="#">HEALTHY BLUE</a>	Healthy Blue <b>1-844-521-6942</b>
<a href="#">LOUISIANA HEALTHCARE CONNECTIONS</a>	Louisiana Healthcare Connections <b>1-888-929-3790</b>
<a href="#">UNITEDHEALTHCARE</a>	UnitedHealthcare <b>1-800-310-6826</b>
	Fee-for-Service (FFS) Louisiana Legacy Medicaid <b>1-866-730-4357</b>

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

Effective Date: July 1, 2020

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®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Clindamycin Phosphate Medicated Swab	Adapalene Gel (AG; Generic)
	Clindamycin Phosphate Solution	Adapalene Gel Pump (AG; Generic; Differin®)
	<b>Clindamycin Phosphate Lotion (Generic)</b>	Adapalene Lotion (Differin®)
	<b>Clindamycin Phosphate/Benzoyl Peroxide (Generic)</b>	Adapalene Solution
	Erythromycin Gel	Adapalene/Benzoyl Peroxide (Generic; Epiduo®)
	Erythromycin Solution	Adapalene/Benzoyl Peroxide with Pump (Epiduo Forte® Gel)
	<b>Erythromycin/Benzoyl Peroxide (Generic)</b>	Azelaic Acid (Azelex®)
	<b>Tretinoin Cream (Generic)</b>	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)	

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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®)

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<b>ACNE AGENTS, TOPICAL (1) Continued</b>	(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®)
<b>ADD/ADHD (2)</b>	Amphetamine Salt Combo ER (AG; Generic)	Amphetamine ER Suspension (Adzenys ER®)
<b>Stimulants and Related Agents</b>	Amphetamine Salt Combo Tablet (Generic)	Amphetamine ODT (Adzenys XR ODT®)
* <a href="#">Request Form</a>	Atomoxetine Capsule (AG; Generic)	Amphetamine Salt Combo ER (Adderall XR®)
* <a href="#">Criteria</a>	Dexamethylphenidate ER Capsule (Focalin XR®)	Amphetamine Suspension (Dyanavel XR®)
* <a href="#">POS Edits</a>	Dexamethylphenidate 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®)	Dexamethylphenidate ER Capsule (AG; Generic)
	Methylphenidate ER Capsule (AG; Generic for Metadate CD®)	Dexamethylphenidate 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®)

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<b>ADD/ADHD (2)</b>	(preferred agents listed on page 3)	Methylphenidate XR ODT (Cotempla XR ODT®)
<b>Stimulants and Related Agents Continued</b>		Modafinil Tablet (Provigil®)
		Pitolisant HCl Tablet (Wakix®)
<b>ALLERGY (3)</b>	Cetirizine-D OTC (Generic)	Acrivastine/Pseudoephedrine (Semprex-D®)
<b>Antihistamines – Minimally Sedating</b>	Cetirizine Tablet OTC (Generic)	Cetirizine Chewable Tablet OTC (Generic)
* <a href="#">Request Form</a>	Cetirizine Solution OTC/Rx (1mg/ml) (Generic)	Cetirizine Injection (Quzyttir™)
* <a href="#">Criteria</a>	Levocetirizine Tablet (Generic)	Cetirizine 5 mg/5 ml Solution OTC (Generic)
* <a href="#">POS Edits</a>	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)
<b>ALLERGY (3)</b>	Azelastine (Generic for Astelin®)	Azelastine (Astepro®)
<b>Rhinitis Agents, Nasal</b>	Azelastine (AG; Generic for Astepro®)	Azelastine/Fluticasone (Dymista®)
* <a href="#">Request Form</a>	Fluticasone Propionate Nasal Spray (Generic)	Beclomethasone (Beconase AQ®; Qnasl 40®; Qnasl 80®)
* <a href="#">Criteria</a>	Ipratropium Bromide Nasal Spray (Generic)	Ciclesonide (Omnaris®; Zetonna®)
* <a href="#">POS Edits</a>		Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate (Xhance®)
		Mometasone (AG; Generic; Nasonex®)
		Mometasone Furoate Implant (Sinuva™)
		Olopatadine (AG; Generic; Patanase®)

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<b>ALZHEIMER'S AGENTS (4)</b>	Donepezil ODT (Generic)	Donepezil (Aricept®)
<b>Cholinesterase Inhibitors</b>	Donepezil Tablet (Generic)	Donepezil 23 mg (Generic; Aricept®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Memantine Tablet (AG; Generic)	Donepezil/Memantine ER Capsule; Dose Pack (Namzaric®)
	Rivastigmine Transdermal (Generic)	Galantamine ER Capsule; Solution; Tablet (Generic)
		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®)	
<b>ANDROGENIC AGENTS (5)</b>	Testosterone Transdermal System (Androderm®)	Testosterone Gel (AG; Testim®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Testosterone Gel; Gel Packet; Gel Pump (AG for Vogelxo®)	Testosterone Gel (AG for Fortesta®)
	Testosterone Gel (Generic for Vogelxo®)	Testosterone Gel Packet (AG; Generic; Androgel®)
		Testosterone Gel Pump (Generic Axiron®)
		Testosterone Gel Pump (AG; Generic; Androgel®)
		Testosterone Gel Pump (Vogelxo®)
	Testosterone Gel Pump (Generic; Fortesta®)	
<b>ANTIPSYCHOTIC AGENTS (6)</b>	<b>ORAL AGENTS</b>	<b>ORAL AGENTS</b>
<b>Antipsychotic Oral/Transdermal Agents</b>	Amitriptyline/Perphenazine (Generic)	Aripiprazole ODT, Solution (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Aripiprazole Tablet (Generic)	Aripiprazole Tablet (Abilify®)
	Chlorpromazine Tablet (Generic)	Aripiprazole Tablet with Sensor (Abilify® Mycite®)
	Clozapine Tablet (Generic)	Asenapine Sublingual Tablet (Saphris®)
	Fluphenazine Tablet (Generic)	<b>Asenapine Transdermal (Secuado®)</b>
	Haloperidol Tablet (Generic)	Brexipiprazole 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®)

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<b>ANTIPSYCHOTIC AGENTS (6)</b>	Risperidone Solution, Tablet (Generic)	Lurasidone Tablet (Latuda®)
<b>Antipsychotic Oral Agents Continued</b>	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®)
<b>ANTIPSYCHOTIC AGENTS (6)</b>	<b>INJECTABLE AGENTS</b>	<b>INJECTABLE AGENTS</b>
<b>Antipsychotic Injectable Agents</b>	Aripiprazole Lauroxil (Aristada®)	Haloperidol Decanoate; Lactate (Haldol®)
* <a href="#">Request Form</a>	Aripiprazole Lauroxil (Aristada® Initio®)	Olanzapine Solution (Generic; Zyprexa®)
* <a href="#">Criteria</a>	Aripiprazole Suspension ER (Abilify Maintena®)	Olanzapine Suspension (Zyprexa® Relprevv®)
* <a href="#">POS Edits</a>	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®)	
<b>ANTIVIRALS, ORAL (7)</b>	Acyclovir Capsule; Suspension; Tablet (Generic)	Acyclovir Buccal Tablets (Sitavig®)
* <a href="#">Request Form</a>	Famciclovir Tablet (Generic)	Baloxavir Marboxil (Xofluza®)
* <a href="#">Criteria</a>	<b>Oseltamivir Capsule (Generic)</b>	<b>Oseltamivir Capsule (Tamiflu®)</b>
* <a href="#">POS Edits</a>	Oseltamivir Suspension (Generic)	Oseltamivir Suspension (Tamiflu®)
	Valacyclovir Tablet (Generic)	Rimantadine Tablet (Generic)
		Valacyclovir Tablet (Valtrex®)
		Zanamivir Inhalation Powder (Relenza® Diskhaler®)

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<b>ANXIOLYTICS (8)</b>	Alprazolam Tablet (Generic)	Alprazolam ER Tablet (Generic; Xanax XR®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Buspirone Tablet (Generic)	Alprazolam Intensol Concentrate (Generic)
	Lorazepam Tablet (Generic)	Alprazolam ODT (Generic)
		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)
<b>ASTHMA/COPD (9)</b>	<b>INHALATION</b>	<b>INHALATION</b>
<b>Bronchodilator, Anticholinergics (COPD) Inhalation</b>	Albuterol Sulfate/Ipratropium (Combivent® Respimat®)	<b>Acclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)	Acclidinium Bromide Inhalation Powder (Tudorza® Pressair®)
	Glycopyrrolate/Formoterol Inhalation (Bevespi® Aerosphere®)	Glycopyrrolate (Seebri® Neohaler®)
	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®)
<b>ASTHMA/COPD (9)</b>	<b>ORAL</b>	<b>ORAL</b>
<b>Bronchodilator, Anticholinergics (COPD) Oral</b>	NONE	Roflumilast (Daliresp®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		



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<b>ASTHMA/COPD (9)</b>	<b>INHALATION</b>	<b>INHALATION</b>
<b>Bronchodilator, Beta-Adrenergic Inhalation Agents</b>	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®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Albuterol Sulfate Nebulizer Solution 100 mg/20 ml (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™; ProAir® RespiClick®)
	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 ml (Generic)	Arformoterol Inhalation Solution (Brovana®)
	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®)
<b>ASTHMA/COPD (9)</b>	<b>ORAL</b>	<b>ORAL</b>
<b>Bronchodilator, Beta-Adrenergic Oral Agents</b>	Albuterol Sulfate Syrup (Generic)	Albuterol Sulfate ER Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Terbutaline Sulfate Tablet (Generic)	Albuterol Sulfate Tablet (Generic)
		Metaproterenol Sulfate Syrup; Tablet (Generic)
<b>ASTHMA/COPD (9)</b>	Budesonide Respules 0.25 mg; 0.5 mg; 1 mg (Generic)	Beclomethasone HFA; Breath-Actuated HFA (QVAR®, QVAR® RediHaler®)
<b>Glucocorticoids, Inhalation</b>	Budesonide/Formoterol MDI (Symbicort®)	Budesonide DPI (Pulmicort® Flexhaler®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Fluticasone MDI (Flovent® HFA)	Budesonide Respules 0.25 mg; 0.5 mg; 1 mg (Pulmicort® Respules®)
	Fluticasone/Salmeterol MDI (Advair HFA®)	Ciclesonide MDI (Alvesco®)
	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®)

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ASTHMA/COPD (9)</b>	Montelukast Chewable Tablet (Generic)	Montelukast Chewable Tablet; Tablet (Singulair®)
<b>Leukotriene Modifiers</b>	Montelukast Tablet (Generic)	Montelukast Granules (Generic; Singulair®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Zafirlukast Tablet (Generic; Accolate®)
		Zileuton ER Tablet (Generic; Zyflo CR®)
		Zileuton Tablet (Zyflo®)
<b>COLONY STIMULATING FACTORS (10)</b>	Filgrastim Syringe; Vial (Neupogen®)	Filgrastim-aafi (Nivestym®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pegfilgrastim-cbqv (Udenyca®)	Filgrastim-sndz (Zarxio®)
	Pegfilgrastim-jmdb (Fulphila®)	Pegfilgrastim Kit; Syringe (Neulasta®)
	Tbo-Filgrastim (Granix®)	<b>Pegfilgrastim-bmez Syringe (Ziextenzo®)</b>
		Sargramostim (Leukine®)
<b>CYSTIC FIBROSIS, ORAL (11)</b>	<b>NONE</b>	Ivacaftor Packet (Kalydeco®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Ivacaftor Tablet (Kalydeco®)
		Lumacaftor/Ivacaftor Packet (Orkambi®)
		Lumacaftor/Ivacaftor Tablet (Orkambi®)
		Tezacaftor/Ivacaftor (Symdeko®)
<b>DEPRESSION (12)</b>	Bupropion HCl IR (Generic)	Bupropion HBr ER (Aplenzin®)
<b>Antidepressants, Other</b>	Bupropion HCl SR (Generic)	Bupropion HCl SR (Wellbutrin SR®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Bupropion HCl XL (Generic)	Bupropion HCl XL (Forfivo XL®; Wellbutrin XL®)
	Mirtazapine ODT (Generic)	Desvenlafaxine ER (AG; Khedezla®)
	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®)	
	Tranlycypromine Sulfate (Generic; Parnate®)	

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

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

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

Effective Date: July 1, 2020

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (13)</b>	(preferred agents listed on page 9)	Clotrimazole/Betamethasone Lotion (Generic)
<b>Antifungals, Topical Continued</b>		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®)
<b>DERMATOLOGY (13)</b>	Permethrin Cream (Generic)	Crotamiton Cream; Lotion (Eurax®)
<b>Antiparasitic Agents, Topical</b>	Spinosad Suspension (Natroba®)	Crotamiton Lotion (Crotan®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Ivermectin Lotion (Sklice®) Lindane Shampoo (Generic) Malathion Lotion (Generic; Ovide®) Permethrin Cream (Elimite®) Spinosad Suspension (Generic)
<b>DERMATOLOGY (13)</b>	Acitretin Capsule (AG; Generic)	Acitretin Capsule (Soriatane®)
<b>Antipsoriatics, Oral</b>		Methoxsalen Rapid (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

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

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (13)</b>	Imiquimod 5% Cream Packet (Generic)	Imiquimod 5% Cream Packet (Aldara®)
<b>Immunomodulators, Topical</b>		Imiquimod (Zyclara®)
* <a href="#">Request Form</a>		Podofilox (Generic)
* <a href="#">Criteria</a>		Sinecatechins (Veregen®)
* <a href="#">POS Edits</a>		
<b>DERMATOLOGY (13)</b>	Hydrocortisone Cream; Lotion; Ointment (Generic)	Alclometasone Dipropionate Cream; Ointment (Generic)
<b>Steroids, Topical</b>		Desonide Cream; Lotion; Ointment (Generic)
<b>Low Potency</b>		Desonide Gel (Desonate®)
* <a href="#">Request Form</a>		Fluocinolone Acetonide 0.01% Oil (Generic; <b>Derma-Smoothe-FS®</b> )
* <a href="#">Criteria</a>		Fluocinolone Acetonide Shampoo (Capex®)
* <a href="#">POS Edits</a>		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®)
<b>DERMATOLOGY (13)</b>	Fluticasone Propionate Cream; Ointment (Generic)	Betamethasone Valerate Foam (Generic; Luxiq®)
<b>Steroids, Topical</b>	Mometasone Furoate Cream; Ointment; Solution (Generic)	Clocortolone Pivalate Cream (AG; Cloderm®)
<b>Medium Potency</b>		Fluocinolone Acetonide Cream; Ointment; Solution (Generic)
* <a href="#">Request Form</a>		Fluocinolone Acetonide Ointment; Solution (Synalar®)
* <a href="#">Criteria</a>		Fluocinolone Acetonide/Emollient No. 65 Cream Kit; Ointment Kit (Synalar®)
* <a href="#">POS Edits</a>		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)	

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

Effective Date: July 1, 2020

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

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (14)</b>	Acarbose (Generic)	Acarbose (Precose®)
<b>Alpha-Glucosidase Inhibitors</b>		Miglitol (Generic; Glyset®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>DIABETES (14)</b>	Exenatide ER Pen-Injector; Vial (Bydureon®)	Albiglutide (Tanzeum®)
<b>Hypoglycemics</b>	Exenatide Solution Pens (Byetta®)	Alogliptin (AG; Nesina®)
<b>Incretin Mimetics/Enhancers</b>	Linagliptin Tablet (Tradjenta®)	Alogliptin/Metformin (AG; Kazano®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Linagliptin/Empagliflozin (Glyxambi®) ( <i>See <a href="#">SGLT2 Criteria</a></i> )	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®) ( <i>See <a href="#">Insulins &amp; Related Agents Criteria</a></i> )
		Lixisenatide (Adlyxin®)
		Lixisenatide/ Insulin Glargine (Soliqua®) ( <i>See <a href="#">Insulins &amp; Related Agents Criteria</a></i> )
		Pramlintide Pens (SymlinPen®)
		Semaglutide Tablet (Rybelsus®)
		Saxagliptin (Onglyza®)
		Saxagliptin/Dapagliflozin (Qtern®) ( <i>See <a href="#">SGLT2 Criteria</a></i> )
		Saxagliptin/Metformin ER (Kombiglyze XR®)
		Semaglutide Pen (Ozempic®)
		Sitagliptin/Ertugliflozin (Stegljulan®) ( <i>See <a href="#">SGLT2 Criteria</a></i> )



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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (14)</b>	Insulin Aspart Cartridge; Pen; Vial (Novolog®)	Insulin Aspart Pen (Fiasp® FlexTouch®)
<b>Hypoglycemics</b>	Insulin Aspart/Insulin Aspart Protamine Pen; Vial (Novolog Mix 70/30®)	<b>Insulin Aspart Cartridge; Pen; Vial (AG for Novolog®)</b>
<b>Insulins &amp; Related Agents</b>	Insulin Detemir Pens; Vial (Levemir®)	Insulin Aspart Vial (Fiasp®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Insulin Glargine Pen (Lantus® SoloStar®)	<b>Insulin Aspart/Insulin Aspart Protamine Pen; Vial (AG for Novolog Mix 70/30®)</b>
	Insulin Glargine Vial (Lantus®)	Insulin Degludec 100 U/ml (Tresiba® FlexTouch®)
	<b>Insulin Human Pen OTC (Humulin® N)</b>	Insulin Degludec 200 U/ml (Tresiba® FlexTouch®)
	Insulin Human Vial OTC (Humulin® N; Humulin® R)	Insulin Degludec Vial (Tresiba®)
	<b>Insulin Human Regular 500 units/ml Pen; Vial (Humulin® R U-500)</b>	Insulin Glargine (Toujeo Solostar Pen®)
	<b>Insulin Isophane (NPH)/Insulin Regular Pen; Vial OTC (Humulin® 70/30)</b>	Insulin Glargine 300 units/mL (Toujeo Max Solostar Pen®)
	<b>Insulin Lispro (Humalog® Jr KwikPen)</b>	Insulin Glargine U-100 (Basaglar® KwikPen®)
	<b>Insulin Lispro Cartridge; Pen; Vial (Humalog®)</b>	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®)
		<b>Insulin Lispro Pen; Vial (AG for Humalog®)</b>
	Insulin Lispro Vial (Admelog®)	
<b>DIABETES (14)</b>	Nateglinide (Generic)	Nateglinide (Starlix®)
<b>Hypoglycemics</b>	Repaglinide (Generic)	Repaglinide (Prandin®)
<b>Meglitinides</b>		Repaglinide/Metformin (Generic)
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<a href="#">*POS Edits</a>		

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

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

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (15)</b>	Meclizine Tablet (Generic)	Aprepitant Capsule (Generic; Emend®)
<b>Antiemetic/Antivertigo Agents</b>	Metoclopramide Vial (Generic)	Aprepitant Pack (Generic; Emend TriPack®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Metoclopramide Tablet; Solution (Generic)	Aprepitant Powder for Oral Suspension Packet (Emend®)
	Ondansetron Tablet; ODT Tablet; Solution (Generic)	Aprepitant Injectable Emulsion (Cinvanti®)
	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)
	<b>Scopolamine Transdermal (Transderm-Scop®)</b>	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®)
		<b>Scopolamine Transdermal (Generic)</b>
		Trimethobenzamide IM Injection (Tigan®)
	Trimethobenzamide Oral (Generic)	

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (15)</b>	Ursodiol Tablet (Generic)	Chenodiol Tablet (Chenodal®)
<b>Bile Acid Salts</b>		Cholic Acid Capsule (Cholbam®)
* <a href="#">Request Form</a>		Obeticholic Acid Tablet (Ocaliva®)
* <a href="#">Criteria</a>		Ursodiol 300 mg Capsule (Generic; Actigall®)
* <a href="#">POS Edits</a>		Ursodiol (URSO 250®; URSO Forte®)
<b>DIGESTIVE DISORDERS (15)</b>	Famotidine Tablet (Generic)	Cimetidine Solution; Tablet (Generic)
<b>Histamine II Receptor Blockers</b>	Famotidine Suspension (Generic)	Famotidine Suspension (Pepcid®)
* <a href="#">Request Form</a>		Famotidine Tablet (Pepcid®)
* <a href="#">Criteria</a>		Nizatidine Capsule; Solution (Generic)
* <a href="#">POS Edits</a>		
<b>DIGESTIVE DISORDERS (15)</b>	Pancrelipase (Creon®)	Pancrelipase (Pancreaze®)
<b>Pancreatic Enzymes</b>	Pancrelipase (Zenpep®)	Pancrelipase (Pertzeye®)
* <a href="#">Request Form</a>		Pancrelipase (Viokace®)
* <a href="#">Criteria</a>		
* <a href="#">POS Edits</a>		
<b>DIGESTIVE DISORDERS (15)</b>	Lansoprazole Capsule (Generic)	Dexlansoprazole (Dexilant®)
<b>Proton Pump Inhibitors</b>	Omeprazole Rx (Generic)	Esomeprazole Capsule (AG; Generic; Nexium®)
* <a href="#">Request Form</a>	Pantoprazole (Generic)	Esomeprazole Kit
* <a href="#">Criteria</a>	Pantoprazole Suspension (Protonix®)	Esomeprazole Suspension (Generic; Nexium®)
* <a href="#">POS Edits</a>		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®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)	
<b>DIGESTIVE DISORDERS (15)</b>	Balsalazide (Generic)	Balsalazide Capsule (Colazal®)	
<b>Ulcerative Colitis Agents</b>	Mesalamine ER (Apriso®)	Budesonide DR Tablet; Rectal Foam (Uceris®)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Mesalamine Rectal (Generic)	Budesonide DR Tablet (AG; Generic)	
	Sulfasalazine (Generic)	Mesalamine DR (Generic; Asacol HD®)	
			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®)		
<b>EPINEPHRINE, SELF-INJECTED (16)</b>	Epinephrine 0.3 mg (AG for EpiPen®)	Epinephrine 0.3 mg (EpiPen®)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Epinephrine 0.15 mg (AG for EpiPen Jr®)	Epinephrine 0.15 mg (EpiPen Jr®)	
			Epinephrine 0.15 mg (AG for Adrenaclick®)
			Epinephrine 0.3 mg (AG for Adrenaclick®)
<b>GI MOTILITY, CHRONIC (17)</b>	Linaclotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Lubiprostone Capsule (Amitiza®)	Eluxadoline Tablet (Viberzi®)	
	Naloxegol Tablet (Movantik®)	Methylnaltrexone Syringe; Tablet; Vial (Relistor®)	
			Naldemedine (Symproic®)
			Plecanatide (Trulance®)
		Prucalopride (Motegrity®)	
<b>GLUCOCORTICOIDS, ORAL (18)</b>	Budesonide Delayed Release Capsules (Generic)	Budesonide Delayed Release Capsules (Entocort EC®)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dexamethasone Tablet	Cortisone Acetate Tablet	
	Hydrocortisone Tablet	Deflazacort Suspension; Tablet (Emflaza®)	
	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®)	

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>GLUCOCORTICOIDS, ORAL (18) Continued</b>	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®)
<b>GOUT AGENTS (19)</b>	Allopurinol Tablet (Generic)	Colchicine Capsule (Mitigare®)
<b>Antihyperuricemics</b>	Colchicine Capsule (AG)	<b>Colchicine Oral Solution (Gloperba®)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Probenecid Tablet (Generic)	Colchicine Tablet (AG; Colcrys®)
	Probenecid/Colchicine Tablet (Generic)	Febuxostat Tablet (Uloric®)
		Pegloticase (Krystexxa®) (Intravenous)
<b>GROWTH DEFICIENCY (20)</b>	Somatropin Cartridge; Syringe (Genotropin®)	Somatropin Cartridge; Vial (Humatrope®)
<b>Growth Hormones</b>	Somatropin Pen (Norditropin® FlexPro®)	Somatropin Pen (Nutropin AQ® NuSpin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Somatropin Cartridge; Vial (Omnitrope®)
		Somatropin Cartridge; Vial (Saizen®)
		Somatropin Vial (Serostim®)
		Somatropin Vial (Zomacton®)
		Somatropin Vial (Zorbtive®)
<b>H. PYLORI TREATMENT (21)</b>	<b>NONE</b>	Bismuth Subcitrate Potassium/Metronidazole/Tetracycline (Pylera®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Lansoprazole/Amoxicillin/Clarithromycin (Generic Prevpac®)
		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Apixaban Tablet; Dose Pack (Eliquis®)	Betrixaban Capsule (Bevyxxa®)
<b>Anticoagulants</b>	Dabigatran (Pradaxa®)	Dalteparin Syringe (Fragmin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Enoxaparin Syringe (AG; Generic)	Dalteparin Vial (Fragmin®)
	Enoxaparin Vial (AG; Vial)	Edoxaban Tablet (Savaysa®)
	Rivaroxaban (Xarelto®; Xarelto® Starter Pack)	Enoxaparin Vial (Lovenox®)
	Warfarin (Generic)	Enoxaparin Syringe (Lovenox®)
		Fondaparinux (Generic; Arixtra®)
	Warfarin (Coumadin®)	
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Clopidogrel (Generic)	Aspirin/Dipyridamole ER Capsule (AG; Generic; Aggrenox®)
<b>Anticoagulants</b>	Dipyridamole (Generic)	Aspirin/Omeprazole DR Tablet (Yosprala®)
<b>Platelet Aggregation Inhibitors</b>	Prasugrel (Generic)	Clopidogrel (Plavix®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ticagrelor (Brilinta®)	Prasugrel (Effient®)
		Vorapaxar Tablet (Zontivity®)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Benazepril (Generic)	Aliskiren (AG; Generic; Tekturna®)
<b>Hypertension</b>	Enalapril (Generic)	Aliskiren/HCTZ (Tekturna HCT®)
<b>ACE Inhibitors &amp; Direct Renin Inhibitors</b>	Enalapril/HCTZ (Generic)	Azilsartan Medoxomil (Edarbi®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Fosinopril/HCTZ (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)
	Irbesartan (Generic)	Benazepril/HCTZ (Generic)
	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®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	(preferred agents listed on page 22)	Lisinopril Solution (Qbrelis®)
<b>Hypertension</b>		Lisinopril (Zestril®; Prinivil®)
<b>ACE Inhibitors &amp; Direct Renin Inhibitors Continued</b>		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®)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)
<b>Hypertension</b>	Amlodipine/Valsartan (AG; Generic)	Amlodipine/Olmesartan (AG; Generic; Azor®)
<b>Angiotensin Modulators/Calcium Channel Blockers Combinations</b>	Amlodipine/Valsartan/HCTZ (Generic)	Amlodipine/Olmesartan/HCTZ (AG; Generic; Tribenzor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Amlodipine/Telmisartan (Generic Twynsta®)
		Amlodipine/Valsartan (Exforge®)
		Amlodipine/Valsartan/HCTZ (Exforge HCT®)
		Trandolapril/Verapamil (AG; Tarka®)



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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Acebutolol (Generic)	Atenolol (Tenormin®)
<b>Hypertension</b>	Atenolol (Generic)	Atenolol/Chlorthalidone (Tenoretic®)
<b>Beta Blocker Agents</b>	Atenolol/Chlorthalidone (Generic)	Bisoprolol/HCTZ (Ziac®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Betaxolol (Generic)	Carvedilol (Coreg®)
	Bisoprolol (Generic)	Carvedilol ER (Generic; Coreg CR®)
	Bisoprolol/HCTZ (Generic)	Metoprolol/HCTZ (Generic)
	Carvedilol (Generic)	Metoprolol Succinate (Kaspargo®)
	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®)
		Propranolol/HCTZ (Generic)
		Sotalol (Betapace® AF)
		Sotalol Solution (Sotylize®)
		Timolol Maleate (Generic)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Amlodipine Tablet (Generic)	Amlodipine (Norvasc®)
<b>Hypertension</b>	Diltiazem ER Capsule (Generic)	Amlodipine Suspension (Katerzia™)
<b>Calcium Channel Blockers</b>	Diltiazem IR Tablet (Generic)	Diltiazem HCl (Cardizem®)
<a href="#">*Request Form</a>	Felodipine ER (Generic)	Diltiazem CD (Cardizem CD®; Cardizem CD® 360mg)
<a href="#">*Criteria</a>	Nifedipine ER Tablet (Generic)	Diltiazem LA Tablet (AG; Cardizem LA®; Matzim LA®)
<a href="#">*POS Edits</a>	<b>Nifedipine IR Capsule (Generic)</b>	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)

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

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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™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ezetimibe (Generic)	Cholestyramine (Questran®)
	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 48 mg)	Cholestyramine/Aspartame (Generic)
	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 Fibracor®)
		Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
		Gemfibrozil (Lopid®)
		Icosapent Ethyl (Vascepa®)
		Lomitapide (Juxtapid®)
	Niacin ER (Niaspan®)	
Omega-3-acid Ethyl Esters (Generic; Lovaza®)		

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

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<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (Isordil®)
<b>Vasodilators, Coronary</b>	Isosorbide Mononitrate Tablet (Generic)	Isosorbide Dinitrate ER Capsule (Dilatrate-SR®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Isosorbide Mononitrate SR Tablet (Generic)	Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)
	Nitroglycerin Sublingual Tablet (AG; Generic)	Nitroglycerin ER Capsule (Generic)
	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®)	
<b>HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (23)</b>	Epoetin Alfa (Procrit®)	Darbepoetin Syringe; Vial (Aranesp®)
<b>Erythropoietins</b>	Epoetin Alfa-epbx (Retacrit®)	Epoetin alfa (Epogen®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Luspatercept-aamt (Reblozyl®)
		Methoxy Polyethylene Glycol-Epoetin Beta (Mircera®)
<b>HEMODIALYSIS (24)</b>	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)
<b>Phosphate Binders</b>	Sevelamer Carbonate Tablet (AG; Generic)	Calcium Acetate Solution (Phoslyra®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)
		Ferric Citrate Tablet (Auryxia®)
		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®)
<b>HEMOPHILIA TREATMENT (25)</b>	Factor IX (Mononine® Kit)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)	Emicizumab-kxwh (Hemlibra®)
	Factor IX Human Recombinant (BeneFIX® Kit)	Factor IX Complex (PCC) 3-Factor (Bebulin®)
	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®)

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**Effective Date: July 1, 2020**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEMOPHILIA TREATMENT (25) Continued</b>	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 (Monoclata-P® Kit)	Factor VIII (Helixate FS®, Kogenate FS®)
	Factor VIII, Recombinant (Recombine®)	Factor VIII (Kovaltry®)
	Factor VIII/VWF (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®)	<b>Factor VIII, Recombinant Glycopegylated-exei (Esperoct®)</b>
	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®)
<b>IMMUNOSUPPRESSIVES, ORAL (26)</b>	Azathioprine Tablet (Generic)	Azathioprine (Azasan®; Imuran®)
* <a href="#">Request Form</a>	Cyclosporine Capsule - MODIFIED (Generic)	Cyclosporine Capsule (Generic; Sandimmune®)
* <a href="#">Criteria</a>	Mycophenolate Mofetil Capsule; Tablet (Generic)	Cyclosporine Softgel; Solution - MODIFIED (Generic; Neoral®)
* <a href="#">POS Edits</a>	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)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

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

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

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (27)</b>	Linezolid Tablet (AG; Generic)	Linezolid Injection (AG; Generic; Zyvox®)
<b>Antibiotics</b>		Linezolid Suspension (AG; Generic; Zyvox®)
<b>Oxazolidinones</b>		Linezolid Tablet (Zyvox®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Tedizolid IV; Tablet (Sivextro®)
<b>INFECTIOUS DISORDERS (27)</b>	<b>NONE</b>	Quinupristin/Dalfopristin Vial (Synercid®)
<b>Antibiotics</b>		
<b>Streptogramins</b>		
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>INFECTIOUS DISORDERS (27)</b>	Doxycycline Hyclate Tablet (Generic)	Demeclocycline (Generic)
<b>Antibiotics</b>	Doxycycline Hyclate Capsule (AG; Generic)	Doxycycline Calcium Suspension; Syrup (Vibramycin®)
<b>Tetracyclines</b>	Doxycycline Monohydrate 5 0mg; 100 mg Capsule (Generic)	Doxycycline Hyclate Capsule (Vibramycin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Doxycycline Monohydrate Tablet (Generic)	Doxycycline Hyclate DR Tablet (Doryx® MPC)
	Minocycline Capsule (Generic)	Doxycycline Hyclate DR Tablet (Generic; Doryx®)
		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



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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (27)</b>	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Cream ( <b>Generic</b> ; Cleocin®)
<b>Antibiotics</b>	Metronidazole Vaginal Gel (Nuversa®; <b>Vandazole®</b> )	Clindamycin Vaginal Ovules (Cleocin®)
<b>Vaginal</b>		Metronidazole Vaginal Gel ( <b>Generic</b> ; MetroGel-Vaginal®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>INFECTIOUS DISORDERS (27)</b>	Clotrimazole Troches (Generic)	Fluconazole Tablet; Suspension (Diflucan®)
<b>Antifungals</b>	Fluconazole Tablet; Suspension (Generic)	Flucytosine (Generic)
<b>Antifungals, Oral</b>	Griseofulvin Suspension (Generic)	Griseofulvin Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Nystatin Tablet; Suspension (Generic)	Griseofulvin Ultramicrosize Tablet (Generic)
	Terbinafine Tablet (Generic)	Isavuconazonium (Cresemba®)
		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®)
<b>INFECTIOUS DISORDERS (27)</b>	Sofosbuvir/Velpatasvir (AG for Epclusa®)	Elbasvir/Grazoprevir (Zepatier®)
<b>Hepatitis C Agents</b>		Glecaprevir/Pibrentasvir (Mavyret®)
<b>Direct Acting Antiviral Agents</b>		Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®)
<a href="#">*Request Form</a>		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)
<a href="#">*Hepatitis C DAA Criteria</a>		Sofosbuvir (Sovaldi®)
<a href="#">*Hepatitis C DAA Worksheet</a>		Sofosbuvir/Velpatasvir (Epclusa®)
<a href="#">*Patient Treatment Agreement</a>		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)
<a href="#">*POS Edits</a>		

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

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (29)</b>	Busulfan (Myleran®)	Acalabrutinib (Calquence®)
<b>Oral – Hematologic</b>	Chlorambucil (Leukeran®)	Bosutinib (Bosulif®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dasatinib (Sprycel®)	Enasidenib Mesylate (Idhifa®)
	Hydroxyurea (Generic)	Hydroxyurea (Hydrea®)
	Ibrutinib Capsule; Tablet (Imbruvica®)	Idelalisib (Zydelig®)
	<b>Imatinib Mesylate (Generic)</b>	<b>Imatinib Mesylate (Gleevec®)</b>
	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®)
		<b>Zanubrutinib (Brukinsa™)</b>
<b>ONCOLOGY (29)</b>	Afatinib Dimaleate (Gilotrif®)	Brigatinib (Alunbrig®)
<b>Oral – Lung</b>	Alectinib HCl (Alecensa®)	Ceritinib (Zykadia®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Crizotinib (Xalkori®)	
	Erlotinib HCl (Tarceva®)	
	Gefitinib (Iressa®)	
	Osimertinib Mesylate (Tagrisso®)	
	Topotecan HCl (Hycamtin®)	

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

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

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<b>OPHTHALMIC DISORDERS (30)</b>	(preferred agents listed on page 36)	Tobramycin/Dexamethasone ST (TobraDex ST®)
<b>Antibiotic-Steroid Combinations Continued</b>		Tobramycin/Loteprednol Suspension (Zylet®)
<b>OPHTHALMIC DISORDERS (30)</b>	Dexamethasone Sodium Phosphate (Generic)	Bromfenac Sodium 0.07% Solution (Prolensa®)
<b>Anti-Inflammatories</b>	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (BromSite®)
* <a href="#">Request Form</a>	Difluprednate Emulsion (Durezol®)	Bromfenac Sodium 0.09% Solution (Generic)
* <a href="#">Criteria</a>	Fluorometholone 0.1% Suspension (Generic)	Dexamethasone Intraocular Implant (Ozurdex®)
* <a href="#">POS Edits</a>	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®)
<b>OPHTHALMIC DISORDERS (30)</b>	Cyclosporine (Restasis®; Restasis® Multidose™)	Cyclosporine 0.09% Ophthalmic Solution (Cequa®)
<b>Anti-Inflammatory/Immunomodulators</b>		Lifitegrast (Xiidra®)
* <a href="#">Request Form</a>		
* <a href="#">Criteria</a>		
* <a href="#">POS Edits</a>		

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (30)</b>	Brimonidine 0.15% Solution (Alphagan P® 0.15%)	Apraclonidine Solution (Generic; Iopidine®)
<b>Glaucoma Agents</b>	Brimonidine 0.2% Solution (Generic)	Betaxolol 0.25% Suspension (Betoptic S®)
<b>Intraocular Pressure (IOP) Reducers</b>	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Betaxolol 0.5% Solution (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Brimonidine/Timolol Solution (Combigan®)	Bimatoprost Solution (Generic; Lumigan®)
	Carteolol Solution (Generic)	Brimonidine 0.1% Solution (Alphagan P® 0.1%)
	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®)	
<b>OPIATE DEPENDENCE AGENTS (31)</b>	Buprenorphine/Naloxone Sublingual Film (Suboxone®)	Buprenorphine Sublingual Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Buprenorphine/Naloxone Sublingual Tablet (Generic)	Buprenorphine Injection (Sublocade®)
	Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)	Buprenorphine Implant (Probuphine®)
	Naloxone Nasal Spray (Narcan®)	Buprenorphine/Naloxone Film Buccal Film (Bunavail®)
	Naloxone Syringe; Vial (Generic)	Buprenorphine/Naloxone Sublingual Film (AG; Generic)
	Naltrexone Tablet (Generic)	Lofexidine (Luceomyra®)
		Naltrexone Extended-Release Injectable Suspension (Vivitrol®)
<b>OSTEOPOROSIS (32)</b>	Alendronate Tablet (Generic)	Abaloparatide (Tymlos®)
<b>Bone Resorption Suppression Agents</b>	Calcitonin-Salmon Nasal (Generic)	Alendronate Effervescent Tablet (Binosto®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ibandronate Sodium Tablet (Generic)	Alendronate Tablet (Fosamax®)
		Alendronate Solution (Generic)
		Alendronate/Vitamin D (Fosamax Plus D®)
		Denosumab (Prolia®)
		Ibandronate Sodium Tablet (Boniva®)

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



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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (34)</b>	NONE	Diclofenac Potassium Oral Packet (Cambia®)
<b>Antimigraine Agents</b>		Dihydroergotamine Mesylate Injection (Generic)
<b>Ergotamines</b>		Dihydroergotamine Mesylate Nasal (Generic; Migranal®)
* <a href="#">Request Form</a>		Ergotamine Tartrate Sublingual (Ergomar®)
* <a href="#">Criteria</a>		Ergotamine Tartrate/Caffeine Tablet (Cafergot®)
* <a href="#">POS Edits</a>		Ergotamine Tartrate/Caffeine Rectal (Migergot®)
<b>PAIN MANAGEMENT (34)</b>	Rizatriptan ODT, Tablet (Generic)	Almotriptan Tablet (Generic)
<b>Antimigraine Agents</b>	Sumatriptan Nasal (Generic)	Eletriptan Tablet (AG; Generic; Relpax®)
<b>Triptans</b>	Sumatriptan Vial (Generic)	Frovatriptan (Generic; Frova®)
* <a href="#">Request Form</a>	Sumatriptan Tablet (Generic)	Lasmiditan Tablet (Reyvow®)
* <a href="#">Criteria</a>	Sumatriptan Disp Syringe (Generic)	Naratriptan (Generic; Amerge®)
* <a href="#">POS Edits</a>		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®)
<b>PAIN MANAGEMENT (34)</b>	Adalimumab Pen Kit; Syringe Kit (Humira®)	Abatacept Injection Clickject; Syringe; Vial (Orencia®)
<b>Cytokine and CAM Antagonists</b>	Secukinumab Pen; Syringe (Cosentyx®)	Anakinra Syringe (Kineret®)
* <a href="#">Request Form</a>	Etanercept Kit; Mini Cartridge; Pen; Syringe (Enbrel®)	Apremilast Tablet (Otezla®)
* <a href="#">Criteria</a>		Baricitinib Tablet (Olumiant®)
* <a href="#">POS Edits</a>		Brodalumab Syringe (Siliq®)
		Canakinumab/PF Vial (Ilaris®)

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 40)	Certolizumab Pegol Kit; Syringe Kit (Cimzia®)
<b>Cytokine and CAM Antagonists Continued</b>		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®)
<b>PAIN MANAGEMENT (34)</b>	Acetaminophen w/Codeine Elixir; Tablet (Generic)	Benzhydrocodone/Acetaminophen (AG; Apadaz®)
<b>Narcotic Analgesics - Short-Acting</b>	Hydrocodone/Acetaminophen Tablet (Generic)	Butalbital/Caffeine/APAP w/ Codeine (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Hydrocodone/Acetaminophen Solution (Generic) Hydromorphone Tablet (Generic) Morphine IR Tablet (Generic) Morphine Sulfate Oral Syringe Oxycodone Tablet (Generic) Oxycodone/Acetaminophen Tablet (Generic) Tramadol (Generic) Tramadol/Acetaminophen (Generic)	Butalbital Compound with Codeine (Generic) Butorphanol Tartrate Nasal (Generic) Carisoprodol Compound-Codeine (Generic) Codeine Tablet (Generic) Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic) Fentanyl Buccal (Generic; Fentora®) Fentanyl Sublingual (Abstral®) 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)

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<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 41)	Meperidine Tablet (Generic)
<b>Narcotic Analgesics - Short-Acting Continued</b>		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®)	
<b>PAIN MANAGEMENT (34)</b>	Fentanyl Transdermal (12 mcg; 25 mcg; 50 mcg; 75 mcg; 100 mcg)	Buprenorphine Buccal Film (Belbuca®)
<b>Narcotic Analgesics - Long-Acting</b>	Morphine Sulfate ER Tablet (Generic)	Buprenorphine Transdermal (AG; Generic; Butrans®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Morphine Sulfate/Naltrexone HCl ER Capsule (Embeda®)	Fentanyl Transdermal (Duragesic®)
		Fentanyl Transdermal (Generic 37.5 mcg; 62.5 mcg; 87.5 mcg)
		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®)	

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 42)	Oxycodone Myristate (Xtampza® ER)
<b>Narcotic Analgesics - Long-Acting Continued</b>		Oxymorphone ER (Generic Opana ER®)
		Tapentadol Extended Release (Nucynta ER®)
		Tramadol ER Capsule (AG)
		Tramadol ER Tablet (Generic Ryzolt®; Generic Ultram ER®)
<b>PAIN MANAGEMENT (34)</b>	Duloxetine Capsule (Generic)	Capsaicin/Skin Cleanser (Qutenza Kit®)
<b>Neuropathic Pain</b>	Gabapentin Capsule; Solution; Tablet (Generic)	Duloxetine Capsule (Cymbalta®; Generic for Irenka®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Lidocaine Patch (AG; Generic)	Duloxetine DR Capsule (Drizalma Sprinkle™)
		Gabapentin Capsule; Solution; Tablet (Neurontin®)
		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®)		
<b>PAIN MANAGEMENT (34)</b>	Diclofenac Sodium Tablet (Generic)	Celecoxib (AG; Generic; Celebrex®)
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	Diclofenac Sodium Transdermal Gel (Generic; Voltaren®)	Diclofenac Epolamine Patch (Flector®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Diclofenac SR (Generic)	Diclofenac Potassium Capsule (Zipsor®)
	Ibuprofen Suspension Rx; Tablet Rx (Generic)	Diclofenac Potassium Tablet (Generic)
	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)		

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<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 43)	Ibuprofen/Famotidine Tablet (Duexis®)
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Continued</b>		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)
<b>PAIN MANAGEMENT (34)</b>	Baclofen (Generic)	Carisoprodol Compound
<b>Skeletal Muscle Relaxants</b>	Chlorzoxazone (Generic)	Carisoprodol Tablet 250 mg & 350 mg (Generic; Soma®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cyclobenzaprine (Generic) Methocarbamol (Generic) Tizanidine Tablet (Generic)	Chlorzoxazone (Lorzone®) Cyclobenzaprine ER (AG; Generic; Amrix®) Dantrolene Sodium (AG; Generic; Dantrium®) Metaxalone (Generic; Skelaxin®) Orphenadrine/Aspirin/Caffeine (Norgesic Forte) Orphenadrine ER Tablet (Generic) Tizanidine Capsule (Generic; Zanaflex®) Tizanidine Tablet (Zanaflex®)

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<b>PARKINSON'S (35)</b>	Amantadine Capsule; Syrup (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
<b>Antiparkinson Agents</b>	Benztropine Tablet (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
<b>Anticholinergic and Other</b>	Carbidopa/Levodopa ER Tablet (Generic)	Amantadine Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Carbidopa/Levodopa Tablet (Generic)	Bromocriptine Capsule; Tablet (Generic)
	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
	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)
		<b>Istradefylline Tablet (Nourianz™)</b>
		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)
<b>PEDIATRIC MULTIVITAMINS (36)</b>	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)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pediatric MVI No. 2 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 38 with FL Drop (Tri-Vi-Flor®)
	Pediatric MVI No. 16 With FL Chewable	Pediatric MVI No. 33 With FL & Fe Chewable (Poly-Vi-Flor® Fe)
	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™)

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<b>PEDIATRIC MULTIVITAMINS (36) Continued</b>	(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)
<b>PITUITARY SUPPRESSIVE AGENTS (37)</b>	Goserelin Acetate (Zoladex®)	Histrelin Implant Kit (Supprelin LA®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Leuprolide Acetate Subcutaneous Kit: Vial (Generic)	Histrelin Kit (Vantas®)
	Leuprolide Acetate (Lupron Depot®)	Leuprolide Acetate (Lupron Depot-Ped®)
	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®)	
<b>PROGESTATIONAL AGENTS (38)</b>	Hydroxyprogesterone Caproate MDV; SDV; Auto Injector (Makena®)	Hydroxyprogesterone Caproate (Generic by ANI; Generic by Mylan) – <i>NOT indicated for pre-term labor</i>
<a href="#">*Request Form</a>	Hydroxyprogesterone Caproate Vial (AG; Generic)	Medroxyprogesterone Acetate (Depo-Provera® 400mg/ml)
<a href="#">*Criteria</a>	Medroxyprogesterone Acetate Tablet (Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
<a href="#">*POS Edits</a>	Norethindrone Acetate Tablet (Generic)	Norethindrone Acetate Tablet (Aygestin®)
	Progesterone Capsule (Generic)	Progesterone Injection (Generic)
		Progesterone, Micronized, Oral (Prometrium®)
		Progesterone, Micronized, Vaginal (Crinone®)
<b>PROSTATE (39)</b>	Alfuzosin (Generic)	Doxazosin (Cardura®)
<b>Benign Prostatic Hyperplasia Treatment (BPH)</b>	Doxazosin (Generic)	Doxazosin ER (Cardura XL®)
<a href="#">*Request Form</a>	Dutasteride (Generic)	Dutasteride (Avodart®)
<a href="#">*Criteria</a>	Finasteride (Generic)	Dutasteride/Tamsulosin (Generic; Jalyn®)
<a href="#">*POS Edits</a>	Tamsulosin (Generic)	Finasteride (Proscar®)
	Terazosin (Generic)	Silodosin (Generic; Rapaflo®)
		<b>Tadalafil (AG; Generic; Cialis®)</b>
		Tamsulosin (Flomax®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>SEDATIVE/HYPNOTICS (40)</b>	Temazepam Capsule 15mg; 30mg (Generic)	Doxepin Tablet (Silenor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Triazolam Tablet (Generic)	Estazolam Tablet (Generic)
	Zolpidem Tablet (Generic)	Eszopiclone Tablet (Generic; Lunesta®)
		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®)	
<b>SINUS NODE INHIBITORS (41)</b>	<b>NONE</b>	Ivabradine Solution; Tablet (Corlanor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>SMOKING CESSATION PRODUCTS (42)</b>	Bupropion SR Tablet (Generic)	Bupropion ER Tablet (Zyban®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Nicotine Buccal Gum OTC (Generic)	Nicotine Buccal Gum OTC (Nicorette®)
	Nicotine Buccal Lozenges OTC (Generic)	Nicotine Buccal Lozenges OTC (Nicorette®)
	Nicotine Patch OTC (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)
	Varenicline (Chantix®; Chantix Dose Pack®)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)
		Nicotine Patch OTC (Nicoderm CQ®)



**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

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

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

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

  

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

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: July 1, 2020**

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