

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

- The PDL applies to **all** individuals enrolled in Louisiana Medicaid, including those covered by one of the managed care organizations (MCOs) and those in the Fee-for-Service (FFS) program
- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. With the exception of excluded drug classes listed in the provider manual, medications that are not included in this PDL are almost always covered without the requirement of 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 noted via an electronic prescription and the pharmacist enters “1” in the DAW field 408-D8. For more information, please refer to the [Provider Manual](#).
- 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. All MCOs and FFS use the same [Prior Authorization Request Form](#).
- Some medications require a diagnosis code at the pharmacy to indicate the condition treated or to override a limit, such as quantity, patient age, or duration limit. These medications are found on the [Diagnosis Code List](#).
- New medications in classes reviewed by P&T will be added as non-preferred and require prior authorization until the next P&T committee meeting. Please refer to the following criteria: [New Drugs Introduced into the Market / Non-Preferred](#)
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.
- Requests for overrides to use a medication outside of established limits, such as diagnosis or quantity limits, can be made according to the: [Medically Necessary Policy](#)
- Any statement highlighted and underlined in blue is a hyperlink to more information.

DIABETIC SUPPLY LIST LINKS BY PLAN	Prior Authorization Information Phone Numbers for MCOs and FFS
<a href="#">AETNA</a> <a href="#">AMERIHEALTH CARITAS LA</a> <a href="#">HEALTHY BLUE</a> <a href="#">LOUISIANA HEALTHCARE CONNECTIONS</a> <a href="#">UNITEDHEALTHCARE</a>	Aetna Better Health of Louisiana <b>1-855-242-0802</b> AmeriHealth Caritas Louisiana <b>1-800-684-5502</b> Healthy Blue <b>1-844-521-6942</b> Louisiana Healthcare Connections <b>1-888-929-3790</b> UnitedHealthcare <b>1-800-310-6826</b> Fee-for-Service (FFS) Louisiana Legacy Medicaid <b>1-866-730-4357</b>
<a href="#">Click this Link to View Quantity Limits for Diabetic Test Strips and Lancets for FFS and All MCOs</a>	

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Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL (1)	Clindamycin Phosphate Gel (Generic)	Adapalene Cream (Generic; Differin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Clindamycin Phosphate Medicated Swab (Generic)	Adapalene Gel (AG; Generic)
	Clindamycin Phosphate Solution (Generic)	Adapalene Gel Pump (AG; Generic; Differin®)
	Clindamycin Phosphate/Benzoyl Peroxide (Generic for Duac®)	Adapalene Lotion (Differin®)
	Erythromycin Gel (AG; Generic)	Adapalene/Benzoyl Peroxide (Generic for Epiduo®)
	Erythromycin Solution (Generic)	Adapalene/Benzoyl Peroxide with Pump (Epiduo Forte® Gel)
	Tretinoin Cream (Retin-A®)	Clindamycin Phosphate Gel (AG, Clindagel®)
		Clindamycin Phosphate Lotion (Generic)
		Clindamycin Phosphate /Benzoyl Peroxide w/Pump (Generic; Acanya®)
		Clindamycin Phosphate Foam (Generic)
		Clindamycin Phosphate Lotion (Cleocin-T®)
		Clindamycin Phosphate/Benzoyl Peroxide Gel with Pump (Onexton®)
		Clindamycin/Benzoyl Peroxide Gel (Generic; BenzaClin®)
		Clindamycin/Benzoyl Peroxide Gel with Pump (Generic; BenzaClin®)
		Clindamycin Phosphate/Skin Cleanser 19 (Clindacin® Pac Kit)
		Clindamycin Phosphate/Benzoyl Peroxide Gel (Neuac™)
		Clindamycin/Tretinoin (AG; Generic; Ziana®)
		Dapsone Gel (AG; Generic; Aczone®)
		Dapsone Gel with Pump (Aczone®)
		Erythromycin Medicated Swab (Generic)
		Erythromycin/Benzoyl Peroxide Gel (Generic; Benzamycin®)
		Minocycline Topical Foam (Amzeeq™)
		Sulfacetamide Sodium Cleanser (Generic)
		Sulfacetamide Sodium Cream ER (Ovace® Plus)
		Sulfacetamide Sodium Cleanser ER (Ovace® Plus)
		Sulfacetamide Sodium Lotion (Ovace® Plus)
		Sulfacetamide Sodium Wash (Ovace® Plus)
		Sulfacetamide Sodium Cleanser ER (Generic)
		Sulfacetamide Sodium Shampoo (Generic)
		Sulfacetamide Sodium/Sulfur Cleanser (Avar® LS)
		Sulfacetamide Sodium/Sulfur Medicated Pads (Avar®)
		Sulfacetamide Sodium/Sulfur Emollient Cream (Avar-e®)
		Sulfacetamide Sodium/Sulfur Wash (BP 10-1®)

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**Effective Date: January 1, 2022** *(Updated April 1, 2022)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL (1) Continued	(Preferred agents listed on page 1)	Sulfacetamide Sodium/Sulfur (Generic)
		Sulfacetamide Sodium/Sulfur Cleanser (Avar®)
		Sulfacetamide Sodium/Sulfur Cleanser (Generic)
		Sulfacetamide Sodium/Sulfur/Cleanser 23 Kit (Generic)
		Sulfacetamide Sodium/Sulfur/Cleanser 23 Kit (Sumaxin® CP Kit)
		Sulfacetamide Sodium/Sulfur Cream (Generic)
		Sulfacetamide Sodium/Sulfur Foam (SSS 10-5®)
		Sulfacetamide Sodium/Sulfur Lotion (Generic)
		Sulfacetamide Sodium/Sulfur Medicated Pads (Generic)
		Sulfacetamide Sodium Suspension (Generic)
		Sulfacetamide Sodium/Sulfur Suspension (Generic)
		Sulfacetamide Sodium/Sulfur/Urea Cleanser (Generic)
		Tazarotene Foam (Fabior®)
		Tazarotene Cream (AG; Generic; Tazorac®)
		Tazarotene Gel (Tazorac®)
		Tazarotene Lotion (Arazlo™)
		Tretinoin Lotion (Altreno®)
		Tretinoin Cream (Avita®)
		Tretinoin Cream (Generic)
		Tretinoin Gel (Generic; Atralin®)
		Tretinoin Gel (AG for Avita®; Generic for Avita®)
		Tretinoin Gel (AG; Generic; Retin-A®)
		Tretinoin 0.06% Gel with Pump (Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel (AG; Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel with Pump (AG; Generic; Retin-A® Micro)
		Tretinoin 0.08% Pump (Retin-A® Micro)
		Tretinoin Cream (Tretin-X®)
		Tretinoin/Emollient 9/Skin Cleanser 1 (Tretin-X® Combo Pack)
		Trifarotene Cream (Aklief®)

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<b>ADD/ADHD (2)</b>	<b>Amphetamine Salt Combo ER Capsule (Adderall XR®)</b>	Amphetamine ER Suspension (AG; Adzenys ER®)
<b>Stimulants and Related Agents</b>	Amphetamine Salt Combo Tablet (Generic)	Amphetamine ODT (Adzenys XR ODT®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	<b>Dexmethylphenidate ER Capsule (AG; Generic)</b>	<b>Amphetamine Salt Combo ER Capsule (AG; Generic)</b>
	Dexmethylphenidate Tablet (AG; Generic)	Amphetamine Sulfate Tablet (Generic; Evekeo®)
	Dextroamphetamine Tablet (Generic)	Amphetamine Sulfate ODT (Evekeo® ODT)
	Atomoxetine Capsule (AG; Generic)	Amphetamine/Dextroamphetamine XR Capsule (Mydayis®)
	Guanfacine ER Tablet (Generic)	Armodafinil Tablet (AG; Generic; Nuvigil®)
	Lisdexamfetamine Capsule (Vyvanse®)	Atomoxetine Capsule (Strattera®)
	Lisdexamfetamine Chewable Tablet (Vyvanse®)	Clonidine ER Tablet (Generic)
	Methylphenidate CD Capsule (AG; Generic for Metadate CD®)	<b>Dexmethylphenidate ER Capsule (Focalin XR®)</b>
	Methylphenidate ER Capsule (Generic for Ritalin LA®)	Dexmethylphenidate Tablet (Focalin®)
	Methylphenidate ER Chewable (QuilliChew ER®)	Dextroamphetamine IR Tablet (Zenedi®)
	Methylphenidate ER Suspension (Quillivant XR®)	Dextroamphetamine Solution (Generic; ProCentra®)
	Methylphenidate ER Tablet (AG; Generic for Concerta®)	Dextroamphetamine Sulfate ER Capsule (Generic; Dexedrine® Spansule®)
	Methylphenidate IR Tablet (Generic)	Amphetamine Suspension (Dyanavel XR®)
	Methylphenidate Solution (Generic)	Guanfacine ER Tablet (Intuniv®)
	Modafinil Tablet (Generic)	Methamphetamine Tablet (Generic; Desoxyn®)
		Methylphenidate ER Capsule (Adhansia XR™)
		Methylphenidate ER Capsule (AG; <b>Generic</b> ; Aptensio XR®)
		Methylphenidate ER Capsule (Jornay PM®, Ritalin LA®)
		Methylphenidate ER Tablet (Concerta®)
		Methylphenidate ER Tablet (Generic for Metadate ER)
		Methylphenidate ER Tablet 72 mg (Generic; Relexxii™)
		Methylphenidate IR Chewable Tablet (Generic)
		Methylphenidate IR Tablet (Ritalin®)
		Methylphenidate Transdermal Patch (Daytrana®)
		Methylphenidate Solution (Methylin®)
		Methylphenidate XR ODT (Cotempla XR ODT®)
		Modafinil Tablet (Provigil®)
		Pitolisant HCl Tablet (Wakix®)
		<b>Serdexmethylphenidate/Dexmethylphenidate Capsule (Azstarys™)</b>
		Solriamfetol HCl Tablet (Sunosi™)
		<b>Viloxazine ER Capsule (Qelbree™)</b>

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<b>ALLERGY (3)</b>	Cetirizine Solution OTC (1 mg/mL) (Generic)	Cetirizine Capsule OTC (Generic)
<b>Antihistamines – Minimally Sedating</b>	Cetirizine Solution RX (1 mg/mL) (Generic)	Cetirizine Chewable Tablet OTC (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cetirizine Tablet OTC (Generic)	Cetirizine 5 mg/5 mL Solution OTC (Generic)
	Cetirizine-D Tablet OTC (Generic)	Desloratadine Tablet (Generic; Clarinex®)
	Levocetirizine Tablet OTC (Generic)	Desloratadine ODT (Generic)
	Levocetirizine Tablet (Generic)	Desloratadine/Pseudoephedrine ER Tablet (Clarinex-D 12-Hour®)
	Loratadine ODT OTC (Generic)	Fexofenadine 60 mg Tablet OTC (Generic)
	Loratadine Solution OTC (Generic)	Fexofenadine 180 mg Tablet OTC (Generic)
	Loratadine Tablet OTC (Generic)	Fexofenadine-D 12-hour Tablet OTC (Generic)
	Loratadine-D Tablet OTC (Generic)	Levocetirizine Solution (Generic)
		Loratadine Chewable Tablet OTC (Generic)
<b>ALLERGY (3)</b>	Azelastine Nasal Spray (Generic for Astelin®)	Azelastine/Fluticasone Nasal Spray (AG; Generic; Dymista®)
<b>Rhinitis Agents, Nasal</b>	Azelastine Nasal Spray (AG; Generic for Astepro®)	Beclomethasone Nasal Spray (Beconase AQ®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Fluticasone Propionate Nasal Spray (Generic)	Beclomethasone Nasal Spray (Qnasl 40®)
	Ipratropium Bromide Nasal Spray (Generic)	Beclomethasone Nasal Spray (Qnasl 80®)
		Ciclesonide Nasal Spray (Omnaris®)
		Ciclesonide Nasal Spray (Zetonna®)
		Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate Nasal Spray (Xhance®)
		Mometasone Nasal Spray (Generic; Nasonex®)
		Mometasone Furoate Implant (Sinuva™)
		Olopatadine Nasal Spray (AG; Generic; Patanase®)

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ALZHEIMER'S AGENTS (4)	Donepezil ODT, Tablet (Generic)	Aducanumab-avwa IV Solution (Aduhelm™)
Cholinesterase Inhibitors	Memantine Tablet (AG; Generic)	Donepezil Tablet (Aricept®)
*Request Form *Criteria *POS Edits *Aduhelm™ REQUEST FORM	Rivastigmine Transdermal Patch (AG; Generic)	Donepezil 23 mg Tablet (Generic)
		Galantamine Solution, Tablet (Generic)
		Galantamine ER Capsule (Generic)
		Memantine ER Capsule (AG; Generic; Namenda XR®)
		Memantine ER Capsule Dose Pack (Namenda XR® Titration Pack)
		Memantine Solution (Generic)
		Memantine Tablet (Namenda®)
		Memantine Tablet Dose Pack (AG; Namenda® Titration Pack)
		Memantine/Donepezil ER Capsule (Namzaric®, Namzaric® Titration Pack)
		Rivastigmine Capsule (Generic)
		Rivastigmine Transdermal Patch (Exelon®)
ANDROGENIC AGENTS (5)	Testosterone Transdermal System (Androderm®)	Testosterone Gel (AG; Testim®)
*Request Form *Criteria *POS Edits	Testosterone Gel (AG for Vogelxo®)	Testosterone Gel Packet (AG; Generic; Androgel®)
	Testosterone Gel Packet (AG for Vogelxo®)	Testosterone Gel Pump (Generic Axiron®)
	Testosterone Gel Pump (AG for Vogelxo®)	Testosterone Gel Pump (Generic; Androgel®)
	Testosterone Gel (Generic for Vogelxo®)	Testosterone Gel Pump (Vogelxo®)
		Testosterone Gel Pump (AG; Generic; Fortesta®)
		Testosterone Nasal (Natesto®)
ANTHELMINTICS (6)	Albendazole Tablet (Generic)	Albendazole Tablet (Albenza®)
*Request Form *Criteria *POS Edits	Ivermectin Tablet (Generic)	Ivermectin Tablet (Stromectol®)
	Mebendazole Chewable Tablet (Emverm®)	Praziquantel Tablet (Biltricide®)
	Praziquantel Tablet (Generic)	
ANTI-ALLERGENS, ORAL (7)	NONE	Mixed Grass Allergen Extracts Sublingual Tablet (Oralair®)
*Request Form *Criteria *POS Edits		Peanut Allergen Titration Capsule (Palforzia®)
		Peanut Allergen Maintenance Sachet (Palforzia®)

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<b>ANTICONVULSANTS (8)</b>	Brivaracetam Solution, Tablet (Briviact®)	Carbamazepine ER Capsule (Equetro®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cannabidiol Solution (Epidiolex®)	Carbamazepine ER Capsule (Generic for Carbatrol®)
	Carbamazepine Chewable Tablet (Generic)	Carbamazepine ER Tablet (AG; Generic)
	Carbamazepine ER Capsule (Carbatrol®)	Carbamazepine Suspension (Generic; Tegretol®)
	Carbamazepine ER Tablet (Tegretol® XR)	Carbamazepine Tablet (Tegretol®)
	Carbamazepine Tablet (Generic)	Clobazam Film (Sympazan®)
	Cenobamate Daily Dose Pack, Tablet, Titration Pack (Xcopri®)	Clobazam Suspension, Tablet (Onfi®)
	Clobazam Suspension, Tablet (Generic)	Clonazepam Tablet (Klonopin®)
	Clonazepam ODT, Tablet (Generic)	Diazepam Rectal (AG)
	Diazepam Nasal Spray (Valtoco®)	Diazepam Rectal Device (AG)
	Diazepam Rectal (Diastat®)	Divalproex Sodium DR Tablet, ER Tablet (Depakote®; Depakote® ER)
	Diazepam Rectal Device (Diastat® AcuDial™)	Divalproex Sodium DR Sprinkle (Generic)
	Divalproex ER Tablet (Generic)	Ethosuximide Capsule, Syrup (Zarontin®)
	Divalproex Sodium DR Sprinkle (Depakote® Sprinkles)	Felbamate Suspension (Felbatol®)
	Divalproex DR Tablet (Generic)	Felbamate Tablet (Generic)
	Eslicarbazepine Acetate Tablet (Aptiom®)	Fenfluramine Solution (Fintepla®)
	Ethosuximide Capsule (AG; Generic)	Lamotrigine Dispersible Tablet, ODT, Tablet (Lamictal®)
	Ethosuximide Syrup (Generic)	Lamotrigine ODT Titration Kit, Tablet Starter Kit (Generic; Lamictal®)
	Felbamate Suspension (Generic)	Lamotrigine ER Tablet, Titration Kit (Lamictal® XR)
	Felbamate Tablet (Felbatol®)	Levetiracetam ER Tablet (Keppra XR®)
	Lacosamide Solution, Tablet (Vimpat®)	Levetiracetam Tablet for Oral Suspension (Spritam®)
	Lamotrigine Dispersible Tablet, ER Tablet, ODT, Tablet (Generic)	Levetiracetam Solution, Tablet (Keppra®)
	Levetiracetam ER Tablet, Solution, Tablet (Generic)	Levetiracetam ER Tablet (Elepsia™ XR)
	Methsuximide Capsule (Celontin®)	Midazolam Nasal Spray (Nayzilam®)
	Oxcarbazepine Suspension (Trileptal®)	Oxcarbazepine Suspension (Generic)
	Oxcarbazepine Tablet (Generic)	Oxcarbazepine Tablet (Trileptal®)
	Oxcarbazepine XR Tablet (Oxtellar XR®)	Phenytoin 100mg Capsule (Dilantin®)
	Perampanel Suspension, Tablet (Fycompa®)	Phenytoin Chewable Tablet (Dilantin® Infatabs®)
	Phenobarbital Elixir, Tablet (Generic)	Phenytoin Sodium Capsule (Phenytek®)
	Phenytoin 100mg Capsule (Generic)	Phenytoin Suspension (Dilantin®)
	Phenytoin 30 mg Capsule (Dilantin®)	Primidone Tablet (Mysoline®)
	Phenytoin Chewable Tablet (Generic)	Rufinamide Suspension, Tablet (Generic)
	Phenytoin Sodium Capsule (Generic for Phenytek®)	Tiagabine Tablet (Generic; Gabitril®)

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<b>ANTICONVULSANTS (8) Continued</b>	Phenytoin Suspension (AG; Generic)	Topiramate ER Capsule (Generic; Qudexy® XR)
	Primidone Tablet (Generic)	Topiramate ER Capsule (Trokendi XR®)
	Rufinamide Suspension, Tablet (Banzel®)	Topiramate Sprinkle, Tablet (Topamax®)
	Stiripentol Capsule, Powder Pack (Diacomit®)	Vigabatrin Powder Pack (Generic; Vigadrone®)
	Topiramate ER Capsule (AG for Qudexy® XR)	Vigabatrin Tablet (Generic)
	Topiramate Sprinkle, Tablet (Generic)	
	Valproic Acid Capsule, Solution (Generic)	
	Vigabatrin Powder Pack, Tablet (Sabril®)	
	Zonisamide Capsule (Generic)	
<b>ANTIPSYCHOTIC AGENTS (9)</b>	<b>ORAL AGENTS</b>	<b>ORAL AGENTS</b>
<b>Antipsychotic Oral/Transdermal Agents</b>	Aripiprazole Tablet (Generic)	Aripiprazole ODT, Solution (Generic)
<a href="#">*Request Form</a>	Asenapine Sublingual Tablet (Saphris®)	Aripiprazole Tablet, Tablet with Sensor (Abilify®; Abilify® Mycite®)
<a href="#">*Criteria</a>	Cariprazine Capsule, Therapy Pack (Vraylar®)***	Asenapine Sublingual Tablet (AG; Generic)
<a href="#">*POS Edits</a>	Chlorpromazine Oral Concentrate, Tablet (Generic)	Asenapine Transdermal Patch (Secuado®)
	Clozapine Tablet (AG; Generic)	Brexipiprazole Tablet (Rexulti®)
	Fluphenazine Tablet (Generic)	Clozapine ODT (AG; Generic)
	Haloperidol Tablet (Generic)	Clozapine Tablet (Clozaril®)
	Haloperidol Lactate Oral Concentrate (Generic)	Clozapine Suspension (Versacloz®)
	Loxapine Capsule (Generic)	Fluphenazine Elixir/Solution (Generic)
	Lurasidone Tablet (Latuda®)***	Iloperidone Tablet, Titration Pack (Fanapt®)
	Olanzapine ODT, Tablet (Generic)	Loxapine Inhalation (Adasuve®)
	Perphenazine Tablet (Generic)	Lumateperone Capsule (Caplyta™)
	Perphenazine/Amitriptyline Tablet (Generic)	Molindone Tablet (Generic)
	Pimozide Tablet (Generic)	Olanzapine Tablet, ODT (Zyprexa®; Zyprexa Zydis®)
	Quetiapine ER Tablet (Generic)	Olanzapine/Fluoxetine Capsule (Generic; Symbyax®)
	Quetiapine Tablet (Generic)	Paliperidone ER Tablet (AG; Generic; Invega®)
	Risperidone Solution, Tablet (Generic)	Pimavanserin Capsule, Tablet (Nuplazid®)
	Thioridazine Tablet (Generic)	Quetiapine ER Tablet (Seroquel XR®)
	Thiothixene Capsule (Generic)	Quetiapine Tablet (Seroquel®)
	Trifluoperazine Tablet (Generic)	Risperidone ODT (Generic)
	Ziprasidone Capsule (Generic)	Risperidone Solution, Tablet (Risperdal®)
		Ziprasidone Capsule (Geodon®)

Additional Point-of-Sale (POS) Edits May Apply

Drugs highlighted in yellow indicate a new addition or a change in status



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<b>ANTIPSYCHOTIC AGENTS (9)</b>	<b>INJECTABLE AGENTS</b>	<b>INJECTABLE AGENTS</b>
<b>Antipsychotic Injectable Agents</b>	Aripiprazole Lauroxil (Aristada®; Aristada® Initio®)	Chlorpromazine Ampule (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Aripiprazole Suspension ER (Abilify Maintena®)	Fluphenazine Vial (Generic)
	Fluphenazine Decanoate (Generic)	Haloperidol Decanoate Ampule (Haldol®)
	Haloperidol Decanoate, Lactate (Generic)	Olanzapine Solution (Generic; Zyprexa®)
	Paliperidone (Invega® Sustenna®; Invega® Trinza®)	Olanzapine Suspension (Zyprexa® Relprevv®)
	Risperidone ER Suspension (Intramuscular) (Risperdal® Consta®)	Ziprasidone Vial (Generic)
	Risperidone ER Suspension (Subcutaneous) (Perseris®)	
	Ziprasidone Vial (Geodon®)	
<b>ANTIVIRALS, ORAL (10)</b>	Acyclovir Capsule, Suspension, Tablet (Generic)	Acyclovir Buccal Tablet (Sitavig®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Famciclovir Tablet (Generic)	Baloxavir Marboxil (Xofluza®)
	Oseltamivir Capsule, Suspension (Generic)	Oseltamivir Capsule, Suspension (Tamiflu®)
	Valacyclovir Tablet (Generic)	Rimantadine Tablet (Generic)
		Valacyclovir Caplet (Valtrex®)
		Zanamivir Inhalation Powder (Relenza® Diskhaler®)
<b>ANXIOLYTICS (11)</b>	Alprazolam Tablet (Generic)	Alprazolam ER Tablet (Generic; Xanax XR®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Bupirone Tablet (Generic)	Alprazolam Intensol Concentrate, ODT (Generic)
	Lorazepam Tablet (Generic)	Alprazolam Tablet (Xanax®)
		Chlordiazepoxide Capsule (Generic)
		Clorazepate Dipotassium Tablet (Generic)
		Diazepam Intensol Concentrate, Solution, Syringe, Tablet, Vial (Generic)
		Lorazepam ER Capsule (Loreev XR™)
		Lorazepam Intensol Concentrate (Generic)
		Lorazepam Tablet (Ativan®)
		Meprobamate Tablet (Generic)
		Oxazepam 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)
ASTHMA/COPD (12)	INHALATION	INHALATION
<b>Bronchodilator, Anticholinergics (COPD) Inhalation</b>  <a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Acclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)
	Ipratropium Nebulizer Solution (Generic)	Acclidinium Bromide Inhalation Powder (Tudorza® Pressair®)
	Ipratropium/Albuterol Sulfate (Combivent® Respimat®)	Glycopyrrolate/Formoterol Fumarate (Bevespi Aerosphere®)
	Ipratropium/Albuterol Sulfate Nebulizer Solution (Generic)	Glycopyrrolate Inhalation Solution (Lonhala® Magnair®)
	Tiotropium Inhalation Powder (Spiriva® HandiHaler®)	Revefenacin Inhalation Solution (Yupelri®)
	Tiotropium/Olodaterol (Stiolto® Respimat®)	Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)
	Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)	Umeclidinium Inhalation Powder (Incruse® Ellipta®)
ASTHMA/COPD (12)	ORAL	ORAL
<b>Bronchodilator, Anticholinergics (COPD) Oral</b>  <a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	NONE	Roflumilast Tablet (Daliresp®)
ASTHMA/COPD (12)	INHALATION	INHALATION
<b>Bronchodilator, Beta-Adrenergic Inhalation Agents</b>  <a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL (Generic)	Albuterol Sulfate MDI (Proventil HFA®)
	Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL (Generic)	Albuterol Sulfate MDI (Ventolin HFA®)
	Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™)
	Albuterol Sulfate Nebulizer Solution 100 mg/20 mL (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® RespiClick®)
	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL (Generic)	Arformoterol Inhalation Solution (AG; Generic; Brovana®)
	Albuterol Sulfate MDI (AG; Generic; ProAir HFA®)	Formoterol Inhalation Solution (AG; Generic; Perforomist®)
	Albuterol Sulfate MDI (AG; Generic for Proventil HFA®)	Levalbuterol Nebulizer Solution (Generic; Xopenex®)
	Albuterol Sulfate MDI (AG for Ventolin HFA®)	Levalbuterol Nebulizer Solution Concentrate (Generic; Xopenex®)
	Salmeterol Xinafoate (Serevent® Diskus®)	Levalbuterol MDI (AG; Xopenex HFA®)
		Olodaterol (Striverdi® Respimat®)

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ASTHMA/COPD (12)</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>		Albuterol Sulfate Tablet (Generic)
<a href="#">*Criteria</a>		Metaproterenol Sulfate Syrup (Generic)
<a href="#">*POS Edits</a>		Terbutaline Sulfate Tablet (AG; Generic)
<b>ASTHMA/COPD (12)</b>	Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Generic)	Beclomethasone Breath-Actuated HFA (QVAR® RediHaler®)
<b>Glucocorticoids, Inhalation</b>	Budesonide/Formoterol MDI (Symbicort®)	Budesonide DPI (Pulmicort® Flexhaler®)
<a href="#">*Request Form</a>	Fluticasone MDI (Flovent® HFA)	Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Pulmicort® Respules®)
<a href="#">*Criteria</a>	Fluticasone/Salmeterol DPI (Advair® Diskus®)	Budesonide/Formoterol Inhalation (AG for Symbicort®)
<a href="#">*POS Edits</a>	Fluticasone/Salmeterol MDI (Advair HFA®)	Budesonide/Glycopyrrolate/Formoterol Inhalation (Breztri Aerosphere™)
	Mometasone Inhalation Powder (Asmanex® Twisthaler®)	Ciclesonide MDI (Alvesco®)
	Mometasone/Formoterol MDI (Dulera®)	Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)
		Fluticasone Propionate Inhalation Powder (Armonair® Digihaler™)
		Fluticasone Propionate Inhalation Powder (Flovent® Diskus®)
		Fluticasone/Salmeterol Inhalation Powder (AG; AirDuo® RespiClick®)
		Fluticasone/Salmeterol Inhalation Powder (AirDuo® Digihaler™)
		Fluticasone/Salmeterol DPI (AG; Generic for Advair Diskus®, Wixela Inhub®)
		Fluticasone/Vilanterol Inhalation Powder (Breo Ellipta®)
		Fluticasone/Umeclidinium/Vilanterol Inhalation Powder (Trelegy Ellipta®)
		Mometasone Furoate MDI (Asmanex HFA®)
<b>ASTHMA/COPD (12)</b>	Benralizumab Pen (Fasenra®)	Mepolizumab Auto-Injector (Nucala®)
<b>Immunomodulators</b>	Benralizumab Syringe (Fasenra®)	Mepolizumab Syringe (Nucala®)
<a href="#">*Request Form</a>	Omalizumab Syringe (Xolair®)	Mepolizumab Vial (Nucala®)
<a href="#">*Criteria</a>	Omalizumab Vial (Xolair®)	Reslizumab Vial (Cinqair®)
<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>ASTHMA/COPD (12)</b>	Montelukast Chewable Tablet (Generic)	Montelukast Chewable 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>		Montelukast Tablet (Singulair®)
		Zafirlukast Tablet (Generic; Accolate®)
		Zileuton ER Tablet (Generic)
		Zileuton Tablet (Zyflo®)
<b>BOTULINUM TOXINS (13)</b>	AbobotulinumtoxinA (Dysport®)	IncobotulinumtoxinA (Xeomin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	OnabotulinumtoxinA (Botox®)	RimabotulinumtoxinB (Myobloc®)
<b>COLONY STIMULATING FACTORS (14)</b>	Filgrastim Syringe (Neupogen®)	Filgrastim-aafi Syringe (Nivestym®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Filgrastim Vial (Neupogen®)	Filgrastim-aafi Vial (Nivestym®)
	Pegfilgrastim-apgf Syringe (Nyvepria®)	Filgrastim-sndz Syringe (Zarxio®)
	Pegfilgrastim-jmdb Syringe (Fulphila®)	Pegfilgrastim Kit (Neulasta®)
	Tbo-Filgrastim Vial (Granix®)	Pegfilgrastim Syringe (Neulasta®)
		Pegfilgrastim-bmez Syringe (Ziextenzo®)
		Pegfilgrastim-cbqv Syringe (Udenyca®)
		Sargramostim Vial (Leukine®)
		Tbo-Filgrastim Injection Syringe (Granix®)
<b>CYSTIC FIBROSIS, ORAL (15)</b>	NONE	Elexacaftor/Tezacaftor/Ivacaftor Tablet (Trikafta®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Ivacaftor Packet (Kalydeco®)
		Ivacaftor Tablet (Kalydeco®)
		Lumacaftor/Ivacaftor Packet (Orkambi®)
		Lumacaftor/Ivacaftor Tablet (Orkambi®)
		Mannitol Inhalation (Bronchitol®)
		Tezacaftor/Ivacaftor Tablet (Symdeko®)

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<b>DEPRESSION (16)</b>	Bupropion HCl IR Tablet (Generic)	Brexanolone IV Solution (Zulresso™)
<b>Antidepressants, Other</b>	Bupropion HCl SR 12-Hour Tablet (Generic)	Bupropion HBr ER 24-Hour Tablet (Aplenzin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Bupropion HCl XL 24-Hour Tablet (Generic)	Bupropion HCl SR 12-Hour (Wellbutrin SR®)
	Mirtazapine ODT (Generic)	Bupropion HCl XL (AG; Forfivo XL®)
	Mirtazapine Tablet (Generic)	Bupropion HCl XL 24-Hour (Wellbutrin XL®)
	Trazodone Tablet (Generic)	Desvenlafaxine ER (No Brand)
	Venlafaxine ER Capsule (Generic)	Desvenlafaxine Succinate ER Tablet (AG; Generic; Pristiq®)
	Venlafaxine IR Tablet (Generic)	Esketamine Nasal Spray (Spravato®)
		Isocarboxazid Tablet (Marplan®)
		Levomilnacipran ER Capsule, Titration Pack (Fetzima®)
		Mirtazapine ODT, Tablet (Remeron® ODT; Remeron®)
		Nefazodone Tablet (Generic)
		Phenelzine Tablet (Generic)
		Selegiline Transdermal Patch (Emsam®)
		Tranylcypromine Sulfate Tablet (Generic)
		Venlafaxine ER Capsule (Effexor XR®)
		Venlafaxine ER Tablet (AG; Generic)
		Vilazodone Dose Pack, Tablet (Viibryd® Starter Pack; Viibryd®)
		Vortioxetine Tablet (Trintellix®)
<b>DEPRESSION (16)</b>	Citalopram Solution (Generic)	Citalopram Tablet (Celexa®)
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	Citalopram Tablet (Generic)	Escitalopram Solution (Generic)
	Escitalopram Tablet (Generic)	Escitalopram Tablet (Lexapro®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Fluoxetine Capsule (Generic)	Fluoxetine Capsule (Prozac®)
	Fluoxetine Solution (Generic)	Fluoxetine Delayed Release Capsule (Generic)
	Fluvoxamine Maleate Tablet (Generic)	Fluoxetine Tablet (Generic)
	Paroxetine Tablet (Generic)	Fluoxetine 60 mg Tablet (Generic)
	Sertraline Concentrate (Generic)	Fluvoxamine Maleate ER Capsule (Generic)
	Sertraline Tablet (Generic)	Paroxetine Suspension, Tablet (Paxil®)
		Paroxetine CR Tablet (AG; Generic; Paxil CR®)
		Paroxetine Mesylate Capsule (AG; Generic; Brisdelle®)
		Paroxetine Mesylate Tablet (Pexeva®)
		Sertraline Concentrate, Tablet (Zoloft®)

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Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	Mupirocin Ointment (Generic)	Gentamicin Sulfate Cream, Ointment (Generic)
Antibiotics, Topical		Mupirocin Cream (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Mupirocin Ointment (Centany®; Centany® Kit)
		Ozenoxacin Cream (Xepi®)
DERMATOLOGY (17)	Clotrimazole Rx Cream (Generic)	Butenafine Cream (Mentax®)
Antifungals, Topical	Clotrimazole Rx Solution (Generic)	Ciclopirox Cream (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Gel (Generic)
	Ketoconazole Cream (Generic)	Ciclopirox 8% Solution (Generic)
	Ketoconazole Shampoo Rx (Generic)	Ciclopirox 0.77% Suspension (AG; Generic)
	Nystatin Cream (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
	Nystatin Ointment (Generic)	Ciclopirox 8% Solution Treatment Kit (Generic)
	Nystatin Topical Powder (Generic)	Ciclopirox 8% Solution Kit with Nail Lacquer Remover (Generic)
	Nystatin/Triamcinolone Cream (Generic)	Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
	Nystatin/Triamcinolone Ointment (Generic)	Ciclopirox/Triamcinolone (Trilociclo® Kit)
		Clotrimazole/Betamethasone Lotion (Generic)
		Econazole Cream (Generic)
		Efinaconazole Solution (Jublia®)
		Ketoconazole Foam (AG; Generic)
		Luliconazole Cream (AG; Luzu®)
		Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®)
		Naftifine Cream (Generic)
		Naftifine Gel (Generic; Naftin®)
		Oxiconazole Lotion (Oxistat®)
		Oxiconazole Cream (Generic; Oxistat®)
		Salicylic Acid/Benzoic Acid Ointment (Bensal HP®)
		Sertaconazole Cream (Ertaczo®)
		Sulconazole Cream (Exelderm®)
		Sulconazole Solution (Exelderm®)
		Tavaborole Solution (Generic; Kerydin®)

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (17)</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 (Generic; Sklice®)
		Lindane Shampoo (Generic)
		Malathion Lotion (Generic; Ovide®)
		Spinosad Suspension (Generic)
<b>DERMATOLOGY (17)</b>	Acitretin Capsule (AG; Generic)	Acitretin Capsule (Soriatane®)
<b>Antipsoriatics, Oral</b>		Methoxsalen Rapid Softgel (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>DERMATOLOGY (17)</b>	Calcipotriene Cream (Generic)	Calcipotriene Cream (Dovonex®)
<b>Antipsoriatics, Topical</b>	Calcipotriene Solution (Generic)	Calcipotriene Ointment (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Calcipotriene Foam (AG; Sorilux®)
		Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®)
		Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic; Taclonex®)
		Calcipotriene/Betamethasone Dipropionate Suspension (AG; Generic; Taclonex Scalp®)
		Calcitriol Ointment (Generic; Vectical®)
		Halobetasol/Tazarotene Lotion (Duobrii®)
<b>DERMATOLOGY (17)</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®)

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DERMATOLOGY (17)	Crisaborole Ointment (Eucrisa®)	Dupilumab Pen (Dupixent®)
Atopic Dermatitis Immunomodulators	Pimecrolimus Cream (Elidel®)	Dupilumab Syringe (Dupixent®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Pimecrolimus Cream (AG; Generic)
		Tacrolimus Ointment (AG; Generic; Protopic®)
DERMATOLOGY (17)	Ammonium Lactate Cream, Lotion (Generic)	Emollient Combination No. 10 (Biafine® Emulsion)
Emollients		Hyaluronic Acid/Grape Seed Extract/Vitamin C & E (Atopiclair®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
DERMATOLOGY (17)	Imiquimod 5% Cream Packet (Generic for Aldara®)	Imiquimod 5% Cream Packet (Aldara®)
Immunomodulators, Topical	Podofilox Gel (Condylox®)	Imiquimod (Generic; Zyclara®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Podofilox Solution (Generic)
		Sinecatechins (Veregen®)
DERMATOLOGY (17)	Hydrocortisone Cream (Generic)	Alclometasone Dipropionate Cream, Ointment (Generic)
Steroids, Topical	Hydrocortisone Lotion (Generic)	Desonide Cream, Lotion, Ointment (Generic)
Low Potency	Hydrocortisone Ointment (Generic)	Desonide Gel (Desonate®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Fluocinolone Acetonide 0.01% Body Oil (Generic; Derma-Smoothe/FS®)
		Fluocinolone Acetonide 0.01% Scalp Oil (Generic; Derma-Smoothe/FS®)
		Fluocinolone Acetonide Shampoo (Capex®)
		Hydrocortisone Solution (Texacort®)
		Hydrocortisone/Skin Cleanser No.25 (Aqua Glycolic HC®)



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<b>DERMATOLOGY (17)</b>	Fluticasone Propionate Cream (Generic)	Betamethasone Valerate Foam (Generic)
<b>Steroids, Topical</b>	Fluticasone Propionate Ointment (Generic)	Clocortolone Pivalate Cream (AG; Cloderm®)
<b>Medium Potency</b>	Mometasone Furoate Cream (Generic)	Fluocinolone Acetonide Cream, Solution (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Mometasone Furoate Ointment (Generic)	Fluocinolone Acetonide Ointment (Generic; <b>Synalar®</b> )
	Mometasone Furoate Solution (Generic)	Fluocinolone Acetonide/Emollient No. 65 Cream Kit, Ointment Kit (Synalar®)
		Fluocinolone Acetonide/Skin Cleanser No.28 Kit (Synalar® TS)
		Flurandrenolide Cream, Ointment (Generic)
		Flurandrenolide Lotion (AG; Generic)
		Fluticasone Propionate Lotion (Generic; Beser™)
		Fluticasone Propionate Lotion Kit (Beser™)
		Hydrocortisone Butyrate Cream, Lotion (AG; Generic)
		Hydrocortisone Butyrate Solution, Ointment (Generic)
		Hydrocortisone Butyrate/Emollient (AG; Generic)
		Hydrocortisone Probutate Cream (Pandel®)
		Hydrocortisone Valerate Cream, Ointment (Generic)
		Prednicarbate Cream; Ointment (Generic)
<b>DERMATOLOGY (17)</b>	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)	Amcinonide Cream, Lotion (Generic)
<b>Steroids, Topical</b>	Betamethasone Valerate Cream (Generic)	Betamethasone Dipropionate Cream, Gel, Lotion, Ointment (Generic)
<b>High Potency</b>	Betamethasone Valerate Lotion (Generic)	Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Betamethasone Valerate Ointment (Generic)	Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)
	Triamcinolone Acetonide Cream (Generic)	Desoximetasone Cream, Gel, Ointment (Generic)
	Triamcinolone Acetonide Lotion (Generic)	Desoximetasone Spray (Generic; Topicort®)
	Triamcinolone Acetonide Ointment (Generic)	Diflorasone Diacetate Cream (Generic; Psorcon®)
		Diflorasone Diacetate Ointment (Generic)
		Fluocinonide Cream 0.05% (Generic)
		Fluocinonide Cream 0.1% (Generic; Vanos®)
		Fluocinonide Emollient, Gel, Ointment, Solution (Generic)
		Halcinonide Cream (AG; Generic; Halog®)
		Halcinonide Ointment, Solution (Halog®)
		Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)
		Triamcinolone Acetonide Ointment (Trianex®)
		Triamcinolone Acetonide/Dimethicone/Silicone Kit (SanaDermRx)

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<b>DERMATOLOGY (17)</b>	Clobetasol Propionate Cream (Generic)	Clobetasol Propionate Cream (Temovate®)
<b>Steroids, Topical</b>	Clobetasol Propionate Emollient (Generic)	Clobetasol Propionate Foam (Generic; Olux®)
<b>Very High Potency</b>	Clobetasol Propionate Gel (Generic)	Clobetasol Propionate Emollient Foam (Generic; Tovet®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Clobetasol Propionate Ointment (Generic)	Clobetasol Propionate Emulsion Foam (AG; Generic; Olux-E®)
	Clobetasol Propionate Solution (Generic)	Clobetasol Propionate Kit (Tovet™ Kit)
	Halobetasol Propionate Cream (Generic)	Clobetasol Propionate Lotion (Generic)
	Halobetasol Propionate Ointment (Generic)	Clobetasol Propionate Shampoo (Generic; Clobex®; Clodan®)
		Clobetasol Propionate Spray (AG; Generic; Clobex®)
		Clobetasol/Skin Cleanser No. 28 (Clodan® Kit)
		Diflorasone Diacetate (Apexicon E®)
		Clobetasol Propionate Lotion (Impeklo®)
		Halobetasol Propionate Foam (AG; Lexette™)
		Halobetasol Propionate Lotion (Bryhali®)
		Halobetasol Propionate Lotion (Ultravate®)
<b>DIABETES (18)</b>	Acarbose (Generic)	Miglitol (Generic; Glyset®)
<b>Alpha-Glucosidase Inhibitors</b>		
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<a href="#">*POS Edits</a>		
<b>DIABETES (18)</b>	Glucagon Nasal (Baqsimi®)	Dasiglucagon Auto-Injector, Syringe (Zegalogue™)
<b>Glucagon Agents</b>	Glucagon, Human Recombinant Injection (Generic)	Diazoxide Oral Suspension (Generic; Proglycem®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Glucagon, Human Recombinant Injection Emergency Kit (Lilly)	Glucagon Subcutaneous Pen, Syringe (Gvoke®)
		Glucagon Injection Emergency Kit (Fresenius Kabi)

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<b>DIABETES (18)</b>	Exenatide Microspheres ER Pen-Injector (Bydureon®)	Alogliptin Tablet (AG; Nesina®)
<b>Hypoglycemics</b>	Exenatide Solution Pens (Byetta®)	Alogliptin/Metformin Tablet (AG; Kazano®)
<b>Incretin Mimetics/Enhancers</b>	Dulaglutide Pen (Trulicity®)	Alogliptin/Pioglitazone Tablet (AG; Oseni®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Linagliptin Tablet (Tradjenta®)	Empagliflozin/Linagliptin/Metformin Tablet (Trijardy™ XR)
	Linagliptin/Empagliflozin (Glyxambi®) ( <i>See <a href="#">SGLT2 Criteria</a></i> )	Exenatide Microspheres ER Auto-Injector (Bydureon BCise®)
	Linagliptin/Metformin Tablet (Jentadueto®)	Linagliptin/Metformin Tablet ER (Jentadueto XR®)
	Liraglutide Pen (Victoza®)	Liraglutide/Insulin Degludec (Xultophy®) ( <i>See <a href="#">Insulins &amp; Related Agents Criteria</a></i> )
	Sitagliptin Tablet (Januvia®)	Lixisenatide Pen (Adlyxin®)
	Sitagliptin/Metformin Tablet (Janumet®)	Lixisenatide/ Insulin Glargine (Soliqua®) ( <i>See <a href="#">Insulins &amp; Related Agents Criteria</a></i> )
	Sitagliptin/Metformin Tablet ER (Janumet XR®)	Pramlintide Pen (SymlinPen®)
		Semaglutide Tablet (Rybelsus®)
		Saxagliptin Tablet (Onglyza®)
		Saxagliptin/Dapagliflozin Tablet (Qtern®) ( <i>See <a href="#">SGLT2 Criteria</a></i> )
		Saxagliptin/Metformin ER Tablet (Kombiglyze XR®)
		Semaglutide Pen (Ozempic®)
		Sitagliptin/Ertugliflozin Tablet (Steglujan®) ( <i>See <a href="#">SGLT2 Criteria</a></i> )
<b>DIABETES (18)</b>	Insulin Aspart Cartridge, Pen, Vial (AG; Novolog®)	Insulin Aspart Cartridge, Pen, Vial (Fiasp® Penfill®; Fiasp® FlexTouch®; Fiasp®)
<b>Hypoglycemics</b>	Insulin Aspart Protamine/Insulin Aspart Pen, Vial (AG; Novolog Mix 70/30®)	Insulin Degludec 100 U/mL Pen, 200 U/mL Pen (Tresiba® FlexTouch®)
<b>Insulins &amp; Related Agents</b>	Insulin Detemir Pen, Vial (Levemir®)	Insulin Degludec Vial (Tresiba®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Insulin Glargine Pen, Vial (Lantus® SoloStar®; Lantus®)	Insulin Glargine U-100 (Basaglar® KwikPen®)
	Insulin Vial OTC (Humulin® N; Humulin® R)	Insulin Glargine Pen, Vial (Semglee®)
	Insulin Regular 500 units/mL Pen, Vial (Humulin® R U-500)	Insulin Glargine Pen, 300 units/mL Pen (Toujeo Solostar®; Toujeo Max Solostar®)
	Insulin Isophane (NPH)/Insulin Regular Pen OTC, Vial OTC (Humulin® 70/30)	Insulin Glulisine Pen, Vial (Apidra® SoloStar®; Apidra®)
	Insulin Lispro (AG; Humalog® Junior KwikPen®)	Insulin Lispro Pen, Vial (Admelog® SoloStar®; Admelog®)
	Insulin Lispro Cartridge (Humalog®)	Insulin Lispro 200 U/mL Pen (Humalog®)
	Insulin Lispro Pen, Vial (AG; Humalog®)	Insulin Lispro-aabc 100 U/mL Pen, 200 U/mL Pen, 100 U/mL Vial (Lyumjev®)
	Insulin Lispro Protamine/Insulin Lispro KwikPen (AG)	Insulin Isophane (NPH) Insulin Regular Pen OTC, Vial OTC (Novolin® 70/30)
	Insulin Lispro Protamine/Insulin Lispro Pen, Vial (Humalog® Mix)	Insulin Human Pen OTC, Vial OTC (Novolin® N; Novolin® R)
		Insulin Human in 0.9% Sodium Chloride Piggyback IV (Myxredlin®)
		Insulin Human Inhalation Powder Cartridge (Afrezza®)
		Insulin Human Pen OTC (Humulin® N Kwikpen)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (18)</b>	Nateglinide (Generic)	Repaglinide/Metformin (Generic)
<b>Hypoglycemics</b>	Repaglinide (Generic)	
<b>Meglitinides</b>		
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>DIABETES (18)</b>	Canagliflozin Tablet (Invokana®)	Canagliflozin/Metformin ER Tablet (Invokamet® XR)
<b>Hypoglycemics</b>	Canagliflozin/Metformin Tablet (Invokamet®)	Empagliflozin/Metformin ER Tablet (Synjardy® XR)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>	Dapagliflozin Tablet (Farxiga®)	Ertugliflozin Tablet (Steglatro®)
	Dapagliflozin/Metformin ER Tablet (Xigduo® XR)	Ertugliflozin/Metformin Tablet (Segluromet®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Empagliflozin Tablet (Jardiance®)	
	Empagliflozin/Metformin Tablet (Synjardy®)	
<b>DIABETES (18)</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> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Glyburide (Generic)	Glyburide Micronized (Glynase®)
	Glyburide Micronized (Generic)	
<b>DIABETES (18)</b>	Pioglitazone (Generic)	Pioglitazone (Actos®)
<b>Hypoglycemics</b>		Pioglitazone/Glimepiride (AG)
<b>Thiazolidinediones (TZDs)</b>		Pioglitazone/Metformin (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Rosiglitazone (Avandia®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (18)</b>	Glipizide-Metformin (Generic)	Metformin ER (Generic; Fortamet™)
<b>Metformins</b>	Glyburide-Metformin (Generic)	Metformin ER (Generic; Glumetza™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Metformin (Generic)	Metformin Solution (Generic)
	Metformin ER (Generic for Glucophage® XR)	Metformin Solution (Riomet™)
		Metformin Oral Suspension (Riomet ER™)
<b>DIGESTIVE DISORDERS (19)</b>	Meclizine Tablet (AG; Generic)	Amisulpride Vial (Barhemsys®)
<b>Antiemetic/Antivertigo Agents</b>	Metoclopramide Solution (Generic)	Aprepitant Capsule (Generic; Emend®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Metoclopramide Tablet (Generic)	Aprepitant Pack (Generic; Emend TriPack®)
	Metoclopramide Vial (Generic)	Aprepitant Powder for Oral Suspension Packet (Emend®)
	Ondansetron ODT (Generic)	Aprepitant Vial (Cinvanti®)
	Ondansetron Solution (Generic)	Dimenhydrinate Vial (Generic)
	Ondansetron Tablet (Generic)	Doxylamine/Pyridoxine Tablet (AG; Generic; Diclegis®)
	Ondansetron Vial (Generic)	Doxylamine/Pyridoxine Tablet (Bonjesta®)
	Prochlorperazine Tablet (Generic)	Dronabinol Oral (Generic; Marinol®)
	Promethazine Ampule (Generic)	Fosaprepitant Dimeglumine Vial (AG; Generic; Emend®)
	Promethazine Rectal 12.5 mg (Generic)	Fosnetupitant/Palonosetron Vial (Akynzeo®)
	Promethazine Rectal 25 mg (Generic)	Granisetron Tablet, Vial (Generic)
	Promethazine Syrup (Generic)	Granisetron ER Syringe (Sustol®)
	Promethazine Tablet (Generic)	Granisetron Transdermal Patch (Sancuso®)
	Promethazine Vial (Generic)	Metoclopramide Tablet (Reglan®)
	Scopolamine Transdermal (Generic)	Metoclopramide Nasal (Gimoti®)
		Metoclopramide ODT, Syringe (Generic)
		Netupitant/Palonosetron HCl Capsule (Akynzeo®)
		Ondansetron Ampule, Syringe (Generic)
		Ondansetron Tablet (Zofran®)
		Ondansetron Oral Film (Zuplenz®)
		Palonosetron Vial (AG; Generic; Aloxi®)
		Prochlorperazine Rectal (Generic; Compro®)
		Prochlorperazine Rectal [50mg], Vial (Generic)
		Promethazine Ampule, Vial (Phenergan®)
		Rolapitant Tablet (Varubi®)
		Scopolamine Transdermal (Transderm-Scop®)
		Trimethobenzamide Vial (Tigan®)
		Trimethobenzamide Capsule (Generic; Tigan®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (19)	Ursodiol 300 mg Capsule (Generic)	Chenodiol Tablet (Chenodal®)
Bile Acid Salts	Ursodiol Tablet (Generic)	Cholic Acid Capsule (Cholbam®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Obeticholic Acid Tablet (Ocaliva®)
		Odevixibat Capsule, Pellet (Bylvay®)
		Ursodiol Capsule (Reltone®)
		Ursodiol Tablet (URSO 250®/URSO Forte®)
DIGESTIVE DISORDERS (19)	Famotidine Suspension (Generic)	Cimetidine Solution (Generic)
Histamine H2 Receptor Blockers	Famotidine Tablet (Generic)	Cimetidine Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Famotidine Piggyback (Generic)
		Famotidine Tablet (Pepcid®)
		Famotidine Vial (Generic)
		Nizatidine Capsule (Generic)
		Nizatidine Solution (Generic)
DIGESTIVE DISORDERS (19)	Pancrelipase (Creon®)	Pancrelipase (Pancreaze®)
Pancreatic Enzymes	Pancrelipase (Zenpep®)	Pancrelipase (Pertzye®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Pancrelipase (Viokace®)
DIGESTIVE DISORDERS (19)	Esomeprazole Suspension (Nexium®)	Dexlansoprazole Capsule (Dexilant®)
Proton Pump Inhibitors	Lansoprazole Capsule (Generic)	Esomeprazole Capsule (AG; Generic; Nexium®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Omeprazole Capsule Rx (Generic)	Esomeprazole Suspension (Generic)
	Pantoprazole Tablet (Generic)	Lansoprazole Capsule (Prevacid®)
	Pantoprazole Suspension (Protonix®)	Lansoprazole ODT (Generic; Prevacid® SoluTab®)
		Omeprazole Granules for Suspension (Prilosec®)
		Omeprazole/Sodium Bicarbonate Rx Capsule, Packet (Generic; Zegerid®)
		Pantoprazole Suspension (Generic)
		Pantoprazole Tablet (Protonix®)
		Rabeprazole Capsule Sprinkle (AcipHex® Sprinkle™)
		Rabeprazole Tablet (Generic; AcipHex®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (19)</b>	Balsalazide Capsule (Generic)	Budesonide DR Rectal Foam (Uceris®)
<b>Ulcerative Colitis Agents</b>	Mesalamine ER Capsule (Apriso®)	Budesonide DR Tablet (AG; Generic; Uceris®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Mesalamine Rectal (Generic for SfRowasa®)	Mesalamine DR Tablet (Generic; Asacol HD®)
	Sulfasalazine Tablet (AG; Generic)	Mesalamine DR Capsule (AG; Generic; Delzicol®)
	Sulfasalazine DR Tablet (AG)	Mesalamine Enema (Rowasa®; SfRowasa®)
		Mesalamine Kit (Generic; Rowasa®)
		Mesalamine DR Tablet MMX® (AG; Generic; Lialda®)
		Mesalamine ER Capsule (AG for Apriso®; Generic for Apriso®)
		Mesalamine ER Capsule (Pentasa®)
		Mesalamine Suppositories (AG; Generic; Canasa®)
		Olsalazine Capsule (Dipentum®)
		Sulfasalazine DR Tablet (Azulfidine EN-Tabs®)
		Sulfasalazine Tablet (Azulfidine®)
<b>ENZYME REPLACEMENTS (20)</b>	Miglustat Capsule (Zavesca®)	Eliglustat Capsule (Cerdelga®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Imiglucerase 400 unit Vial (Cerezyme®)
		Miglustat Capsule (AG; Generic)
		Taliglucerase alfa Vial (Elelyso®)
		Velaglucerase alfa 400 unit Vial (Vpriv®)
<b>EPINEPHRINE, SELF-INJECTED (21)</b>	Epinephrine 0.15 mg (AG; Generic for EpiPen Jr®)	Epinephrine 0.15 mg, 0.3 mg (EpiPen Jr®; EpiPen®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Epinephrine 0.3 mg (AG; Generic for EpiPen®)	Epinephrine 0.15 mg, 0.3 mg (AG for Adrenaclick®)
		Epinephrine Injection (Symjepi®)
<b>GI MOTILITY, CHRONIC (22)</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®)	Lubiprostone Capsule (AG for Amitiza®)
		Methylnaltrexone Syringe, Tablet (Relistor®)
		Methylnaltrexone Vial (Relistor®)
		Naldemedine Tablet (Symproic®)
		Plecanatide Tablet (Trulance®)
		Prucalopride Tablet (Motegrity®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>GLUCOCORTICOIDS, ORAL (23)</b>	Budesonide EC Capsules (Generic)	Budesonide ER Capsule (Ortikos™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dexamethasone Tablet (Generic)	Deflazacort Suspension, Tablet (Emflaza®)
	Hydrocortisone Tablet (Generic)	<b>Dexamethasone Tablet (Hemady®)</b>
	Methylprednisolone Tablet Dose Pack (Generic)	Dexamethasone Tablet Therapy Pack (Taperdex®)
	Prednisolone Sodium Phosphate Solution (Generic)	Dexamethasone Elixir, Intensol Concentrate, Solution, Tablet Dose Pack (Generic)
	Prednisolone Solution (Generic)	Hydrocortisone Tablet (Cortef®)
	Prednisone Tablet (Generic)	Hydrocortisone Capsule (Alkindi® Sprinkle)
		Methylprednisolone Tablet, Dose Pack (Medrol®)
		Methylprednisolone Tablet 4 mg, 8 mg, 16 mg, 32 mg (Generic)
		Prednisolone 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)
		Prednisone Delayed Release Tablet (Rayos®)
		Prednisone Intensol Concentrate, Solution, Tablet Dose Pack (Generic)
<b>GOUT AGENTS (24)</b>	Allopurinol Tablet (Generic)	Colchicine Capsule (AG; Mitigare®)
<b>Antihyperuricemics</b>	Colchicine Tablet (AG; Generic)	Colchicine Solution (Gloperba®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Probenecid Tablet (Generic)	Colchicine Tablet (Colcrys®)
	Probenecid/Colchicine Tablet (Generic)	Febuxostat Tablet (Generic; Uloric®)
		Pegloticase Intravenous (Krystexxa®)
<b>GROWTH DEFICIENCY (25)</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®)



# 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>GROWTH FACTORS (26)</b>	NONE	Mecasermin Subcutaneous (Increlex®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Tesamorelin Acetate Subcutaneous (Egrifta®)
		Tesamorelin Acetate Subcutaneous (Egrifta SV®)
<b>H. PYLORI TREATMENT (27)</b>	Bismuth Subcitrate Potassium/Metronidazole/Tetracycline (Pylera®)	Bismuth Subsalicylate/Metronidazole/Tetracycline (Helidac®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Lansoprazole/Amoxicillin/Clarithromycin (Generic Prevpac®)
		Omeprazole/Amoxicillin/Rifabutin (Talaria®)
		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Apixaban Dose Pack, Tablet (Eliquis®)	Dalteparin Syringe (Fragmin®)
<b>Anticoagulants</b>	Dabigatran (Pradaxa®)	Dalteparin Vial (Fragmin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Enoxaparin Syringe, Vial (AG; Generic)	Edoxaban Tablet (Savaysa®)
	Rivaroxaban Tablet (Xarelto®; Xarelto® Starter Pack)	Enoxaparin Syringe, Vial (Lovenox®)
	Warfarin (Generic)	Fondaparinux Syringe (Generic; Arixtra®)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Aspirin/Dipyridamole ER Capsule (AG; Generic)	Clopidogrel Tablet (Plavix®)
<b>Anticoagulants</b>	Clopidogrel Tablet (Generic)	Prasugrel Tablet (Effient®)
<b>Platelet Aggregation Inhibitors</b>	Dipyridamole Tablet (Generic)	Vorapaxar Tablet (Zontivity®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Prasugrel Tablet (Generic)	
	Ticagrelor Tablet (Brilinta®)	

# 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 (28)	Benazepril (Generic)	Aliskiren (AG; Generic; Tekturna®)
Hypertension	Benazepril/HCTZ (Generic)	Aliskiren/HCTZ (Tekturna HCT®)
ACE Inhibitors & Direct Renin Inhibitors	Enalapril (Generic)	Azilsartan Medoxomil (Edarbi®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Enalapril/HCTZ (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)
	Fosinopril (Generic)	Candesartan (AG; Generic; Atacand®)
	Fosinopril/HCTZ (Generic)	Candesartan/HCTZ (AG; Generic)
	Irbesartan (Generic)	Captopril (Generic)
	Irbesartan/HCTZ (Generic)	Captopril/HCTZ (Generic)
	Lisinopril (Generic)	Enalapril for Solution (Epaned®)
	Lisinopril/HCTZ (Generic)	Eprosartan (Generic)
	Losartan (Generic)	Irbesartan (Avapro®)
	Losartan/HCTZ (Generic)	Irbesartan/HCTZ (Avalide®)
	Olmesartan (AG; Generic)	Lisinopril Solution (Qbrelis®)
	Olmesartan/HCTZ (AG; Generic)	Lisinopril (Zestril®)
	Quinapril (Generic)	Lisinopril/HCTZ (Zestoretic®)
	Quinapril/HCTZ (Generic)	Losartan (Cozaar®)
	Ramipril (Generic)	Losartan/HCTZ (Hyzaar®)
	Sacubitril/Valsartan (Entresto®)	Moexipril (Generic)
	Valsartan (Generic)	Olmesartan (Benicar®)
	Valsartan/HCTZ (Generic)	Olmesartan/HCTZ (Benicar HCT®)
		Perindopril (Generic)
		Quinapril (Accupril®)
		Ramipril (Altace®)
		Telmisartan (Generic; Micardis®)
		Telmisartan/HCTZ (AG; Generic; Micardis HCT®)
		Trandolapril (Generic)
		Valsartan (Diovan®)
		Valsartan/HCTZ (Diovan HCT®)

# 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 (28)</b>	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)
<b>Hypertension</b>	Amlodipine/Olmesartan (AG; Generic)	Amlodipine/Olmesartan (Azor®)
<b>Angiotensin Modulators/Calcium Channel Blockers Combinations</b>	Amlodipine/Valsartan (AG; Generic)	Amlodipine/Olmesartan/HCTZ (AG; Generic; Tribenzor®)
	Amlodipine/Valsartan/HCTZ (Generic)	Amlodipine/Valsartan (Exforge®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Amlodipine/Valsartan/HCTZ (Exforge HCT®)
		Telmisartan/Amlodipine (Generic)
		Trandolapril/Verapamil (AG; Generic; Tarka®)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Acebutolol (Generic)	Atenolol (Tenormin®)
<b>Hypertension</b>	Atenolol (Generic)	Betaxolol (Generic)
<b>Beta Blocker Agents</b>	Atenolol/Chlorthalidone (Generic)	Carvedilol (Coreg®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Bisoprolol (Generic)	Carvedilol ER (AG; Generic; Coreg CR®)
	Bisoprolol/HCTZ (Generic)	Metoprolol/HCTZ (Generic)
	Carvedilol (Generic)	Metoprolol Succinate (Kaspargo®)
	Labetalol (Generic)	Metoprolol Succinate 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 (Generic)	Nebivolol (Bystolic®)
	Propranolol Tablet (Generic)	Pindolol (Generic)
	Sotalol (Generic)	Propranolol (Hemangeol®)
		Propranolol ER Capsule (Inderal XL®)
		Propranolol ER Capsule (Innopran XL®)
		Propranolol LA (Inderal LA®)
		Propranolol/HCTZ (Generic)
		Sotalol Solution (Sotylize®)
		Timolol Maleate (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)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Amlodipine Tablet (Generic)	Amlodipine Tablet (Norvasc®)
<b>Hypertension</b>	Diltiazem ER Capsule (Generic)	Amlodipine Suspension (Katerzia™)
<b>Calcium Channel Blockers</b>	Diltiazem IR Tablet (Generic)	Diltiazem CD (Cardizem CD®; Cardizem CD® 360 mg)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Felodipine ER Tablet (Generic)	Diltiazem LA Tablet (AG; Cardizem LA®; Matzim LA®)
	Nifedipine ER Tablet (Generic)	Isradipine Capsule (Generic)
	Nifedipine IR Capsule (Generic)	Nicardipine Capsule (Generic)
	Verapamil ER Tablet (Generic)	Nifedipine ER Tablet (Procardia XL®)
	Verapamil IR Tablet (Generic)	Nimodipine Capsule (Generic)
		Nimodipine Solution (Nymalize®)
		Nisoldipine Tablet (Generic)
		Verapamil 360 mg Capsule (Generic)
		Verapamil ER PM Capsule (Generic; Verelan PM®)
		Verapamil ER Capsule (Generic)
		Verapamil ER Tablet (Calan® SR)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Cholestyramine/Sucrose Powder (Generic Questran®)	Alirocumab Subcutaneous Pen (Praluent®)
<b>Lipotropics, Other</b>	Colestipol Granules, Granule Packet (Generic)	Bempedoic Acid Tablet (Nexleto™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Colestipol Tablet (Generic)	Bempedoic Acid and Ezetimibe Tablet (Nexlizet™)
	Ezetimibe (Generic)	Cholestyramine/Aspartame Powder, Powder Packet (Generic)
	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 48 mg)	Colesevelam Powder Pack, Tablet (AG; Generic; Welchol®)
	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 145 mg)	Colestipol Granules, Tablet (Colestid®)
	Fenofibrate Capsule, Tablet (Generic for Lofibra®)	Evinacumab-dgnb Vial (Evkeeza®)
	Gemfibrozil Tablet (AG; Generic)	Evolocumab Auto-Injector (Repatha® SureClick®)
	Niacin ER Tablet (Generic)	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 Tablet Nanocrystallized Tablet (Tricor®)
		Fenofibric Acid Tablet (Generic for Fibricor®)
		Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
		Gemfibrozil Tablet (Lopid®)
		Icosapent Ethyl Capsule (Generic; Vascepa®)
		Lomitapide Capsule (Juxtapid®)
		Niacin ER Tablet (Niaspan®)
		Omega-3-acid Ethyl Esters Capsule (Generic; Lovaza®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Ambrisentan Tablet (Generic)	Ambrisentan Tablet (Letairis®)
<b>Pulmonary Arterial Hypertension (PAH)</b>	Bosentan Tablet (Generic; Tracleer®)	Bosentan Suspension (Tracleer®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sildenafil Tablet (Generic for Revatio®)	Iloprost Inhalation Solution (Ventavis®)
	Sildenafil Oral Suspension (AG; Generic)	Macitentan Tablet (Opsumit®)
	Tadalafil Tablet (Generic for Adcirca®)	Riociguat Tablet (Adempas®)
		Selexipag Tablet, Dose Pack (Uptravi®)
		Sildenafil Oral Suspension (Revatio®)
		Sildenafil Tablet (Revatio®)
		Tadalafil Tablet (Adcirca®)
		Treprostinil Inhalation Solution (Tyvaso®)
		Treprostinil ER Tablet (Orenitram ER®)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Atorvastatin Tablet (Generic)	Amlodipine/Atorvastatin Tablet (Generic; Caduet®)
<b>Statins &amp; Statin Combination Agents</b>	Lovastatin Tablet (Generic)	Atorvastatin Tablet (Lipitor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pravastatin Tablet (Generic)	Ezetimibe/Simvastatin Tablet (Generic; Vytarin®)
	Rosuvastatin Tablet (Generic)	Fluvastatin Capsule (Generic)
	Simvastatin Tablet (Generic)	Fluvastatin ER Tablet (AG; Generic; Lescol XL®)
		Lovastatin ER Tablet (Altoprev®)
		Pitavastatin Tablet (Livalo®)
		Pitavastatin Tablet (Zypitamag®)
		Pravastatin Tablet (Pravachol®)
		Rosuvastatin Tablet (Crestor®)
		Rosuvastatin Capsule (Ezallor™ Sprinkle)
		Simvastatin Tablet (Zocor®)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Clonidine Patch (Catapres-TTS®)	Clonidine Patch (Generic)
<b>Sympatholytics</b>	Clonidine Tablet (Generic)	Methyldopa/Hydrochlorothiazide Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Guanfacine Tablet (Generic)	Methyldopate HCl (Intravenous)
	Methyldopa Tablet (Generic)	

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (28)	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (AG; Isordil®)
Vasodilators, Coronary	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 Spray (AG; Generic; Nitrolingual®)
	Nitroglycerin Transdermal Ointment (Nitro-Bid®)	Nitroglycerin Spray (Nitromist®)
	Nitroglycerin Transdermal Patch (AG; Generic)	Nitroglycerin Sublingual Powder Packet (GoNitro®)
		Nitroglycerin Transdermal Patch (Nitro-Dur®)
		Nitroglycerin Sublingual Tablet (Nitrostat®)
		Vericiguat (Verquvo®)
HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (29)	Epoetin alfa-epbx Vial (Retacrit®)	Darbepoetin Syringe (Aranesp®)
	Epoetin alfa Vial (Epogen®)	Darbepoetin Vial (Aranesp®)
Erythropoietins		Epoetin alfa Vial (Procrit®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Luspatercept-aamt Vial (Reblozyl®)
		Methoxy Polyethylene Glycol-Epoetin Beta Syringe (Mircera®)
HEMODIALYSIS (30)	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)
Phosphate Binders	Sevelamer Carbonate Tablet (Renvela®)	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 Chewable Tablet (Generic; Fosrenol®)
		Lanthanum Carbonate Powder Pack (Fosrenol®)
		Sevelamer Carbonate Tablet (AG; Generic)
		Sevelamer Carbonate Powder Pack (Generic; Renvela®)
		Sevelamer HCl Tablet (AG; Generic; RenaGel®)
		Sucroferric Oxyhydroxide (Velphoro®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEMOPHILIA TREATMENT (31)</b>	Emicizumab-kxwh (Hemlibra®)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Factor IX (Mononine® Kit)	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)
	Factor IX Human Recombinant (BeneFIX® Kit)	Factor IX Human (AlphaNine SD®)
	Factor VIIa, Recombinant (NovoSeven® RT)	Factor IX Human Recomb, GlycoPEGylated (Rebinyn®)
	Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Factor IX Human Recombinant (Ixinity®)
	Factor VIII, B-Domain-Deleted (Xyntha® Solofuse® Syringe Kit)	Factor IX Recombinant (Rixubis®)
	Factor VIII, B-Domain-Truncated (Novoeight®)	Factor IX Recombinant, Albumin Fusion (Idelvion®)
	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII/VWF (Alphanate®)	Factor VIIa, (Recombinant)-jncw (Sevenfact®)
	Factor VIII/VWF (Humate-P® Kit)	Factor VIII, Full-Length (Advate®)
	Factor VIII/VWF (Wilate®)	Factor VIII (Kogenate FS®)
	Factor X (Coagadex®)	Factor VIII (Kovaltry®)
	Factor XIII Concentrate, Human (Corifact® Kit)	Factor VIII, Full-Length PEGylated (Adynovate®)
		Factor VIII, Human (Hemofil-M®)
		Factor VIII, Human Kit (Koate DVI®)
		Factor VIII, Human Vial (Koate DVI®)
		Factor VIII, Recombinant Glycopegylated-exei (Esperoct®)
		Factor VIII, Recombinant Porcine (Obizur®)
		Factor VIII, Recombinant (Recombinat®)
		Factor VIII, Recombinant, Fc Fusion (Eloctate®)
		Factor VIII, Recombinant, PEGylated-aucl (Jivi®)
		Factor VIII, Single-Chain, B-Domain Truncated (Afstyl®)
		Factor XIII A-Subunit, Recombinant (Tretten®)
		Von Willebrand Factor, Recombinant (Vonvendi®)
<b>HEREDITARY ANGIOEDEMA (32)</b>	C1 Esterase Inhibitor Subcutaneous (Haegarda®)	Berotralstat Hydrochloride (Orladeyo®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Icatibant Acetate Subcutaneous (Generic)	C1 Esterase Inhibitor Intravenous (Berinert®)
		C1 Esterase Inhibitor Intravenous (Cinryze®)
		C1 Esterase Inhibitor, Recombinant (Ruconest®)
		Ecaltantide Subcutaneous (Kalbitor®)
		Icatibant Acetate Subcutaneous (Firazy®)
		Lanadelumab-flyo Subcutaneous (Takhzyro®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HIV-AIDS (33)</b>	Abacavir Solution, Tablet (Generic; Ziagen®)	NONE
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Abacavir/Lamivudine Tablet (Generic; Epzicom®)	
	Abacavir/Dolutegravir/Lamivudine Tablet (Triumeq®)	
	Abacavir/Lamivudine/Zidovudine Tablet (Generic; Trizivir®)	
	Atazanavir Capsule (Generic)	
	Atazanavir Capsule, Powder Pack (Reyataz®)	
	Atazanavir Sulfate/Cobicistat Tablet (Evotaz®)	
	Bictegravir/Emtricitabine/Tenofovir AF Tablet (Biktarvy®)	
	Cabotegravir/Rilpivirine IM (Cabenuva®)	
	Cobicistat Tablet (Tybost®)	
	Darunavir Ethanolate Tablet, Suspension (Prezista®)	
	Darunavir/Cobicistat/Emtricitabine/Tenofovir AF (Symtuza®)	
	Darunavir/Cobicistat Tablet (Prezcobix®)	
	Didanosine Capsule DR (Generic)	
	Dolutegravir Sodium Tablet (Tivicay®)	
	Dolutegravir Sodium Suspension (Tivicay PD®)	
	Dolutegravir Sodium/Lamivudine Tablet (Dovato®)	
	Dolutegravir/Rilpivirine Tablet (Juluca®)	
	Doravirine Tablet (Pifeltro®)	
	Doravirine/Lamivudine/Tenofovir DF Tablet (Delstrigo®)	
	Efavirenz Capsule, Tablet (Generic; Sustiva®)	
	Efavirenz/Emtricitabine/Tenofovir DF Tablet (Generic; Atripla®)	
	Efavirenz/Lamivudine/Tenofovir DF Tablet (Generic; Symfi Lo®)	
	Efavirenz/Lamivudine/Tenofovir DF Tablet (Generic; Symfi®)	
	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir AF (Genvoya®)	
	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir DF (Stribild®)	
	Emtricitabine/Rilpivirine/Tenofovir DF Tablet (Complera®)	
	Emtricitabine/Rilpivirine/Tenofovir AF Tablet (Odefsey®)	
	Emtricitabine Capsule (Generic; Emtriva®)	
	Emtricitabine Solution (Emtriva®)	
	Emtricitabine/Tenofovir AF Tablet (Descovy®)	
	Emtricitabine/Tenofovir DF Tablet (Generic; Truvada®)	
	Enfuvirtide Vial (Fuzeon®)	



# 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>HIV-AIDS (33) Continued</b>	Etravirine Tablet (Intelence®)	NONE
	Fosamprenavir Tablet (Generic; Lexiva®)	
	Fosamprenavir Suspension (Lexiva®)	
	Fostemsavir Tromethamine Tablet (Rukobia®)	
	Ibalizumab-uiyk Vial (Trogarzo®)	
	Indinavir Sulfate Capsule (Crixivan®)	
	Lamivudine Solution, Tablet (Generic; Epivir®)	
	Lamivudine/Tenofovir DF Tablet (Cimduo®)	
	Lamivudine/Tenofovir DF Tablet (Temixys®)	
	Lamivudine/Zidovudine Tablet (Generic; Combivir®)	
	Lopinavir/Ritonavir Solution (Generic; Kaletra®)	
	Lopinavir/Ritonavir Tablet (Kaletra®)	
	Maraviroc Solution, Tablet (Selzentry®)	
	Nelfinavir Mesylate Tablet (Viracept®)	
	Nevirapine ER Tablet (Generic; Viramune XR®)	
	Nevirapine Suspension (Generic; Viramune®)	
	Nevirapine Tablet (Generic)	
	Raltegravir Potassium Chewable, Powder Pack, Tablet (Isentress®)	
	Raltegravir Potassium Tablet (Isentress HD®)	
	Rilpivirine HCl Tablet (Edurant®)	
	Ritonavir Powder Pack, Solution (Norvir®)	
	Ritonavir Tablet (Generic; Norvir®)	
	Saquinavir Mesylate Tablet (Invirase®)	
	Stavudine Capsule (Generic)	
	Tenofovir Disoproxil Fumarate Tablet (Generic)	
	Tenofovir Disoproxil Fumarate Powder, Tablet (Viread®)	
	Tipranavir Capsule, Solution (Aptivus®)	
	Zidovudine Syrup (Generic; Retrovir®)	
	Zidovudine Capsule, Tablet (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)
<b>IDIOPATHIC PULMONARY FIBROSIS (34)</b>	Nintedanib Capsule (Ofev®)	Pirfenidone Capsule, Tablet (Esbriet®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>IMMUNE GLOBULINS (IG) (35)</b>	Cytomegalovirus IG IV [(Human) Cytogam®]	NONE
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Hepatitis B IG Syringe [(Human) HyperHEP B® S/D]	
	Hepatitis B IG Vial [(Human) HyperHEP B® S/D]	
	Hepatitis B IG Intravenous [(Human) HepaGam B®]	
	IG Infusion [(Human) Hyqvia®]	
	IG Injection [(Human) Gammaked™]	
	IG Injection [(Human) Gamunex®-C]	
	IG Intravenous [(Human) Flebogamma® DIF]	
	IG Intravenous [(Human) Gammagard Liquid]	
	IG Intravenous [(Human) Gammagard S/D]	
	IG Intravenous [(Human) Gammaplex®]	
	IG Intravenous [(Human) Octagam®]	
	IG Intravenous [(Human) Privigen®]	
	IG Intravenous [(Human) Cuvitru®]	
	IG Intravenous [(Human-slra) Asceniv™]	
	IG Intravenous [(Human-ifas) Panzyga®]	
	IG Subcutaneous [(Human-hipp) Cutaquig®]	
	IG Subcutaneous [(Human-klhw) Xembify®]	
	IG Subcutaneous Syringe [(Human) Hizentra®]	
	IG Subcutaneous Vial [(Human) Hizentra®]	
	IG Vial [(Human) GamaSTAN®]	
	IG Vial [(Human) GamaSTAN® S/D]	
	Rabies IG Vial [(Human) HyperRAB®]	
	Rabies IG [(Human) Kedrab™]	
	Varicella Zoster IG [(Human) Varizig®]	

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>IMMUNOSUPPRESSIVES, ORAL (36)</b>	Azathioprine Tablet (Generic)	Azathioprine (Azasan®; Imuran®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cyclosporine Capsule – MODIFIED 25 mg, 100 mg	Cyclosporine Capsule 25 mg, 100 mg (Generic; Sandimmune®)
	Everolimus Tablet (Generic for Zortress®)	Cyclosporine Capsule – MODIFIED (Neoral®)
	Mycophenolate Mofetil Capsule (Generic)	Cyclosporine Softgel – MODIFIED 50 mg
	Mycophenolate Mofetil Tablet (Generic)	Cyclosporine Solution – MODIFIED (Generic; Neoral®)
	Sirolimus Solution (Rapamune®)	Cyclosporine Solution (Sandimmune®)
	Sirolimus Tablet (Rapamune®)	Everolimus Tablet (Zortress®)
	Tacrolimus Capsule (Generic)	Mycophenolate Mofetil Capsule (CellCept®)
		Mycophenolate Mofetil Suspension (CellCept®)
		Mycophenolate Mofetil Tablet (CellCept®)
		Mycophenolate Mofetil Suspension (Generic)
		Mycophenolic Acid as Mycophenolate Sodium (Generic; Myfortic®)
		Sirolimus Solution (Generic)
		Sirolimus Tablet (AG; Generic)
		Tacrolimus Capsule (Prograf®)
		Tacrolimus Granule Packet (Prograf®)
		Tacrolimus ER Capsule (Astagraf® XL)
		Tacrolimus ER Tablet (Envarsus® XR)
<b>INFECTIOUS DISORDERS (37)</b>	Amoxicillin/Clavulanate Suspension (Generic)	Amoxicillin/Clavulanate ER Tablet (Generic)
<b>Antibiotics</b>	Amoxicillin/Clavulanate Tablet (Generic)	Amoxicillin/Clavulanate Chewable Tablet (Generic)
<b>Cephalosporin and Related Antibiotics</b>	Cefadroxil Capsule (Generic)	Cefaclor Capsule, ER Tablet, Suspension (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cefdinir Capsule (Generic)	Cefadroxil Suspension, Tablet (Generic)
	Cefdinir Suspension (Generic)	Cefixime Capsule (AG; Generic; Suprax®)
	Cefprozil Suspension (Generic)	Cefixime Chewable Tablet (Suprax®)
	Cefprozil Tablet (Generic)	Cefixime Suspension (Generic; Suprax®)
	Cefuroxime Tablet (Generic)	Cephalexin Capsule (Keflex®)
	Cephalexin Capsule (Generic)	Cephalexin Tablet (Generic)
	Cephalexin Suspension (Generic)	Cefpodoxime Proxetil Suspension, Tablet (Generic)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (37)	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Generic; Cipro®)
Antibiotics	Levofloxacin Tablet (Generic)	Ciprofloxacin Tablet (Cipro®)
Fluoroquinolones		Delafloxacin Tablet (Baxdela®)
*Request Form		Levofloxacin Solution (Generic)
*Criteria		Moxifloxacin Tablet (Generic)
*POS Edits		Ofloxacin Tablet (Generic)
INFECTIOUS DISORDERS (37)	Metronidazole Tablet (Generic)	Fidaxomicin Suspension, Tablet (Dificid®)
Antibiotics	Neomycin Tablet (Generic)	Metronidazole Capsule (Generic)
Gastrointestinal Antibiotics	Tinidazole (Generic)	Metronidazole Tablet (Flagyl®)
*Request Form *Criteria *POS Edits	Vancomycin HCl Capsule (AG; Generic)	Nitazoxanide Tablet (AG; Generic)
	Vancomycin Solution (Firvanq®)	Paromomycin (Generic)
		Rifaximin (Xifaxan®)
		Secnidazole (Solosec™)
		Vancomycin HCl Capsule (Vancocin®)
		Vancomycin Solution (Generic)
INFECTIOUS DISORDERS (37)	Tobramycin Solution (Bethkis®)	Amikacin Inhalation Suspension (Arikayce®)
Antibiotics	Tobramycin Pak (AG for Kitabis Pak®)	Aztreonam Solution (Cayston®)
Inhaled Antibiotics		Tobramycin Solution (AG; Generic for Bethkis®)
*Request Form		Tobramycin Solution (AG; Generic; Tobi®)
*Criteria		Tobramycin (Tobi Podhaler®)
*POS Edits		Tobramycin Inhalation Solution Pak (Kitabis Pak®)
INFECTIOUS DISORDERS (37)	Clindamycin Capsule (Generic)	Clindamycin Capsule (Cleocin®)
Antibiotics	Clindamycin Palmitate Solution (Generic)	Clindamycin Palmitate Solution (Cleocin®)
Lincosamides		Clindamycin Phosphate in D5W Piggyback Injection (Generic)
*Request Form		Clindamycin Phosphate Injection Vial (Generic; Cleocin®)
*Criteria		Clindamycin in 0.9% Sodium Chloride Piggyback Intravenous (Generic)
*POS Edits		Lincomycin HCl Vial (Generic; Lincocin®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**
**Effective Date: January 1, 2022** *(Updated April 1, 2022)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (37)	Azithromycin Packet (AG)	Azithromycin Packet, Suspension, Tablet (Zithromax®)
Antibiotics	Azithromycin Suspension, Tablet (Generic)	Clarithromycin ER Tablet, Suspension (Generic)
Macrolides - Ketolides	Clarithromycin Tablet (Generic)	Erythromycin Base Tablet (Generic; Ery-Tab®)
*Request Form *Criteria *POS Edits	Erythromycin Base DR Capsule (Generic)	Erythromycin Ethyl Succinate Suspension (AG; E.E.S.® 200; EryPed® 200)
		Erythromycin Ethyl Succinate Suspension (AG; Generic; EryPed® 400)
		Erythromycin Ethyl Succinate Tablet (E.E.S. ® 400)
		Erythromycin Stearate Filmtab (Erythrocin®)
INFECTIOUS DISORDERS (37)	Nitrofurantoin Macrocrystals Capsule (Generic)	Nitrofurantoin Macrocrystals Capsule 25 mg, 50 mg (Macrodantin®)
Antibiotics	Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Monohydrate Macrocrystals Capsule 100 mg (Macrobid®)
Nitrofuran Derivatives		Nitrofurantoin Suspension (AG; Generic; Furadantin®)
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (37)	Linezolid Tablet (AG; Generic)	Linezolid IV (AG; Generic)
Antibiotics		Linezolid Suspension (AG; Generic; Zyvox®)
Oxazolidinones		Tedizolid IV (Sivextro®)
*Request Form		Tedizolid Tablet (Sivextro®)
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (37)	NONE	Lefamulin Acetate Tablet, Vial (Xenleta®)
Antibiotics		
Pleuromutilins		
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (37)	NONE	Quinupristin/Dalfopristin Vial (Synercid®)
Antibiotics		
Streptogramins		
*Request Form		
*Criteria		
*POS Edits		

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (37)	Doxycycline Hyclate Capsule (Generic)	Demeclocycline (Generic)
Antibiotics	Doxycycline Hyclate Tablet (Generic)	Doxycycline Calcium Syrup (Vibramycin®)
Tetracyclines	Doxycycline Monohydrate 50 mg Capsule (Generic)	Doxycycline Hyclate DR Tablet (Doryx® MPC)
*Request Form *Criteria *POS Edits	Doxycycline Monohydrate 100 mg Capsule (Generic)	Doxycycline Hyclate DR Tablet (AG; Generic; Doryx®)
	Doxycycline Monohydrate Tablet (Generic)	Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit)
	Minocycline Capsule (Generic)	Doxycycline Monohydrate 40 mg DR Capsule (AG; Oracea®)
		Doxycycline Monohydrate Capsule 75 mg, 150 mg (Generic)
		Doxycycline Monohydrate Suspension (Generic)
		Minocycline ER Capsule (Ximino®)
		Minocycline ER Tablet (MinoLira®)
		Minocycline ER Tablet (Generic; Solodyn®)
		Minocycline Tablet (Generic)
		Omadacycline Tosylate Tablet (Nuzyra®)
		Tetracycline (Generic)
INFECTIOUS DISORDERS (37)	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Cream (Generic; Cleocin®)
Antibiotics	Metronidazole Vaginal Gel (Nuversa®)	Clindamycin Vaginal Ovules (Cleocin®)
Vaginal	Metronidazole Vaginal Gel (Vandazole®)	Metronidazole Vaginal Gel (Generic; MetroGel-Vaginal®)
*Request Form *Criteria *POS Edits		
INFECTIOUS DISORDERS (37)	Clotrimazole Troche (Generic)	Fluconazole Suspension, Tablet (Diflucan®)
Antifungals	Fluconazole Suspension (Generic)	Flucytosine Capsule (Generic)
Antifungals, Oral	Fluconazole Tablet (Generic)	Griseofulvin Tablet, Ultramicrosize Tablet (Generic)
*Request Form *Criteria *POS Edits	Griseofulvin Suspension (Generic)	Ibrexafungerp Citrate (Brexafemme™)
	Nystatin Suspension (Generic)	Isavuconazonium Capsule (Cresemba®)
	Nystatin Tablet (Generic)	Itraconazole Capsule, Solution (Generic; Sporanox®)
	Terbinafine Tablet (Generic)	Itraconazole Capsule (Tolsura®)
		Ketoconazole Tablet (Generic)
		Miconazole Buccal Tablet (Oravig®)
		Posaconazole Suspension (Noxafil®)
		Posaconazole Tablet (AG; Generic; Noxafil®)
Voriconazole Suspension, Tablet (Generic; Vfend®)		

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (37)	Sofosbuvir/Velpatasvir (AG for Epclusa®)	Elbasvir/Grazoprevir (Zepatier®)
Hepatitis C Agents		Glecaprevir/Pibrentasvir (Mavyret®)
Direct Acting Antiviral Agents		Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®)
<a href="#">*Request Form</a> <a href="#">*Hepatitis C DAA Criteria</a> <a href="#">*Hepatitis C DAA Worksheet</a> <a href="#">*Patient Treatment Agreement</a> <a href="#">*POS Edits</a>		Ledipasvir/Sofosbuvir Pellet Pack (Harvoni®)
		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)
		Sofosbuvir Tablet, Pellet Pack (Sovaldi®)
		Sofosbuvir/Velpatasvir (Epclusa®)
		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)
INFECTIOUS DISORDERS (37)	Peginterferon alfa 2a Syringe (Pegasys®)	Peginterferon alfa 2b Kit (Peg-Intron®)
Hepatitis C Agents	Peginterferon alfa 2a Vial (Pegasys®)	Ribavirin Capsule (Generic)
Not Direct Acting Antiviral Agents	Ribavirin Tablet (Generic)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
LUPUS IMMUNOMODULATORS (38)	NONE	Anifrolumab-fnia Vial (Saphnelo®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Belimumab Auto-Injector, Syringe, Vial (Benlysta®)
		Voclosporin (Lupkynis®)
METHOTREXATE (39)	Methotrexate PF Vial	Methotrexate Auto-Injector (Otrexup®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Methotrexate Tablet	Methotrexate Auto-Injector (Rasuvo®)
	Methotrexate Vial	Methotrexate Solution (Xatmep®)
		Methotrexate PF Syringe (RediTrex®)
		Methotrexate Tablet (Trexall™)
MOVEMENT DISORDERS (40)	Deutetrabenazine Tablet (Austedo®)	Tetrabenazine Tablet (Xenazine®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Tetrabenazine Tablet (Generic)	Valbenazine Capsule Initiation Pack (Ingrezza®)
	Valbenazine Capsule (Ingrezza®)	

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
MULTIPLE SCLEROSIS (41)	Dimethyl Fumarate Capsule, Starter Pack (Tecfidera®)	Alemtuzumab Vial (Lemtrada®)
Multiple Sclerosis Agents	Glatiramer Acetate Syringe 20 mg (Copaxone®)	Cladribine Tablet (Mavenclad®)
Immunomodulatory Agents	Interferon β-1a Pen Kit (Avonex® Pen)	Dalfampridine ER Tablet (AG; Generic; Ampyra®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Interferon β-1b Kit (Betaseron®)	Dimethyl Fumarate DR Capsule (AG; Generic)
	Interferon β-1a Syringe Kit (Avonex®)	Dimethyl Fumarate DR Starter Pack (Generic)
	Interferon β-1a Vial Kit (Avonex®)	Diroximel Fumarate Capsule (Vumerity®)
	Ofatumumab (Kesimpta®)	Fingolimod Capsule (Gilenya®)
		Glatiramer Acetate Syringe 20 mg (Generic)
		Glatiramer Acetate Syringe 40 mg (Generic; Copaxone®)
		Interferon β-1a Auto-Injector, Titration Pack (Rebif® Rebidos®)
		Interferon β-1a Syringe, Titration Pack (Rebif®)
		Interferon β-1b Kit, Vial (Extavia®)
		Monomethyl Fumarate Capsule DR (Bafiertam®)
		Natalizumab Vial (Tysabri®)
		Ocrelizumab Vial (Ocrevus®)
		Ozanimod Capsule, Starter Kit, Starter Pack (Zeposia®)
		Peginterferon β -1a IM, Subcutaneous (Plegridy®)
		Ponesimod Starter Pack, Tablet (Ponvory®)
		Siponimod Dose Pack, Tablet (Mayzent®)
Teriflunomide Tablet (Aubagio®)		
ONCOLOGY (42)	Anastrozole Tablet (Generic)	Abemaciclib Tablet (Verzenio®)
Oral – Breast	Capecitabine Tablet (Generic)	Alpelisib Tablet (Piqray®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cyclophosphamide Capsule, Tablet (Generic)	Anastrozole Tablet (Arimidex®)
	Exemestane Tablet (Generic)	Capecitabine Tablet (Xeloda®)
	Letrozole Tablet (Generic)	Exemestane Tablet (Aromasin®)
	Palbociclib Capsule (Ibrance®)	Fulvestrant Syringe (AG; Generic; Faslodex®)
	Palbociclib Tablet (Ibrance®)	Lapatinib Ditosylate Tablet (Generic; Tykerb®)
	Tamoxifen Citrate Tablet (Generic)	Letrozole Tablet (Femara®)
		Neratinib Maleate Tablet (Nerlynx®)
		Ribociclib Succinate Tablet (Kisqali®)
		Ribociclib Succinate/Letrozole Tablet (Kisqali/Femara Kit®)
		Talazoparib Capsule (Talzenna®)
		Tamoxifen Citrate Solution (Soltamox®)
		Toremifene Citrate Tablet (Generic; Fareston®)
		Tucatinib Tablet (Tukysa™)



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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (42)</b>	Busulfan Tablet (Myleran®)	Acalabrutinib Capsule (Calquence®)
<b>Oral – Hematologic</b>	Chlorambucil Tablet (Leukeran®)	<b>Azacitidine Tablet (Onureg™)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dasatinib Tablet (Sprycel®)	Bosutinib Tablet (Bosulif®)
	<b>Hydroxyurea Capsule (Generic)</b>	Decitabine/Cedazuridine Tablet (Inqovi®)
	Ibrutinib Capsule (Imbruvica®)	Duvelisib Capsule (Copiktra®)
	Ibrutinib Tablet (Imbruvica®)	Enasidenib Mesylate Tablet (Idhifa®)
	Imatinib Mesylate Tablet (Generic)	Fedratinib Capsule (Inrebic®)
	Lenalidomide Capsule (Revlimid®)	Gilterinib Tablet (Xospata®)
	Melphalan Tablet (Generic)	Glasdegib Tablet (Daurismo®)
	Mercaptopurine Tablet (Generic)	Hydroxyurea Capsule (Hydrea®)
	Procarbazine HCl Capsule (Matulane®)	Idelalisib Tablet (Zydelig®)
	Ruxolitinib Phosphate Tablet (Jakafi®)	Imatinib Mesylate Tablet (Gleevec®)
	Tretinoin Capsule (Generic)	Ivosidenib Tablet (Tibsovo®)
	Venetoclax Tablet (Venclexta®)	Ixazomib Citrate Capsule (Ninlaro®)
	Venetoclax Starting Pack Tablet (Venclexta®)	Melphalan Tablet (Alkeran®)
		Mercaptopurine Suspension (Purixan®)
		Midostaurin Capsule (Rydapt®)
		Nilotinib HCl Capsule (Tasigna®)
		Panobinostat Lactate Capsule (Farydak®)
		Pomalidomide Capsule (Pomalyst®)
		Ponatinib HCl Tablet (Iclusig®)
		Selinexor Tablet (Xpovio®)
		Thalidomide Capsule (Thalomid®)
		Thioguanine Tablet (Tabloid®)
		<b>Umbralisib Tosylate Tablet (Ukoniq™)</b>
		Vorinostat Capsule (Zolinza®)
		Zanubrutinib Capsule (Brukinsa™)
<b>ONCOLOGY (42)</b>	Afatinib Dimaleate Tablet (Gilotrif®)	Brigatinib Tablet (Alunbrig®)
<b>Oral – Lung</b>	Alectinib HCl Capsule (Alecensa®)	Capmatinib Tablet (Tabrecta™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Crizotinib Capsule (Xalkori®)	Ceritinib Tablet (Zykadia®)
	Osimertinib Mesylate Tablet (Tagrisso®)	Dacomitinib Tablet (Vizimpro®)
	Topotecan HCl Capsule (Hycamtin®)	Entrectinib Capsule (Rozlytrek®)
		Erlotinib HCl Tablet (Generic; Tarceva®)
		Gefitinib Tablet (Iressa®)
		Lorlatinib Tablet (Lorbrena®)
		<b>Pralsetinib Capsule (Gavreto™)</b>
		Selpercatinib Capsule (Retevmo™)
		<b>Sotorasib Tablet (Lumakras™)</b>
		Tepotinib HCl Tablet (Tepmetko®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (42)</b>	Niraparib Tosylate Capsule (Zejula®)	Avapritinib Tablet (Ayvakit™)
<b>Oral – Other</b>	<b>Selumetinib Capsule (Koselugo™)</b>	Cabozantinib S-Malate Capsule (Cometriq®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Temozolomide Capsule (AG; Generic)	Erdaftinib Tablet (Balversa™)
		<b>Infagratinib Phosphate Capsule (Truseltiq™)</b>
		Larotrectinib Capsule (Vitrakvi®)
		Larotrectinib Solution (Vitrakvi®)
		Olaparib Tablet (Lynparza®)
		Pemigatinib Tablet (Pemazyre®)
		Pexidartinib Capsule (Turalio®)
		Regorafenib Tablet (Stivarga®)
		Ripretinib Tablet (Qinlock™)
		Rucaparib Camsylate Tablet (Rubraca®)
		Tazemetostat Tablet (Tazverik™)
		Temozolomide Capsule (Temodar®)
		Trifluridine/Tipiracil HCl Tablet (Lonsurf®)
		Vandetanib Tablet (Caprelsa®)
<b>ONCOLOGY (42)</b>	Abiraterone Acetate Tablet (Generic for Zytiga®)	Abiraterone Acetate Tablet (Zytiga®)
<b>Oral – Prostate</b>	Bicalutamide Tablet (Generic)	Abiraterone Acetate, Submicronized Tablet (Yonsa®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Enzalutamide Capsule, Tablet (Xtandi®)	Apalutamide Tablet (Erleada®)
	Flutamide Capsule (Generic)	Bicalutamide Tablet (Casodex®)
		Darolutamide Tablet (Nubeqa®)
		Estramustine Phosphate Sodium Capsule (Emcyt®)
		Nilutamide Tablet (AG; Generic)
		Relugolix Tablet (Orgovyx®)
<b>ONCOLOGY (42)</b>	Axitinib Tablet (Inlyta®)	<b>Belzutifan Tablet (Welireg™)</b>
<b>Oral - Renal Cell</b>	Everolimus Tablet (Afinitor®)	Cabozantinib S-Malate Tablet (Cabometyx®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Lenvatinib Mesylate Capsule (Lenvima®)	Everolimus Soluble Tablet (Afinitor Disperz®)
	Pazopanib HCl Tablet (Votrient®)	Everolimus Tablet (Generic for Afinitor®)
	Sorafenib Tosylate Tablet (Nexavar®)	<b>Sunitinib Maleate Capsule (Generic)</b>
	Sunitinib Malate Capsule (Sutent®)	<b>Tivozanib HCl Capsule (Fotivda™)</b>

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (42)</b>	Cobimetinib Fumarate Tablet (Cotellic®)	Binimetinib Tablet (Mektovi®)
<b>Oral - Skin</b>	Dabrafenib Mesylate Capsule (Tafinlar®)	Encorafenib Capsule (Braftovi®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sonidegib Phosphate Capsule (Odomzo®)	Vismodegib Capsule (Erivedge®)
	Trametinib Dimethyl Sulfoxide Tablet (Mekinist®)	
	Vemurafenib Tablet (Zelboraf®)	
<b>OPHTHALMIC DISORDERS (43)</b>	<b>Azelastine HCl Solution (Generic)</b>	Alcaftadine Solution (Lastacaft®)
<b>Allergic Conjunctivitis</b>	Cromolyn Sodium Solution (Generic)	Bepotastine Solution ( <b>AG; Generic</b> ; Bepreve®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Loteprednol Suspension (Alrex®)	Cetirizine Solution (Zerviate™)
	Olopatadine HCl 0.1% Solution (AG; Generic for Patanol®)	Epinastine Solution (Generic)
		Lodoxamide Tromethamine Solution (Alomide®)
		Nedocromil Sodium Solution (Alocril®)
		Olopatadine HCl 0.2% Solution Rx (Generic for Pataday®)
		<b>Olopatadine HCl 0.7% Solution (Pazeo®)</b>
<b>OPHTHALMIC DISORDERS (43)</b>	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)
<b>Antibiotics</b>	Ciprofloxacin Ophthalmic Solution (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 (Generic)	Ciprofloxacin Ointment (Ciloxan®)
	Gentamicin Sulfate Solution (Generic)	Gatifloxacin Solution (Generic; Zymaxid®)
	Moxifloxacin Solution (AG; Generic for Vigamox®)	Levofloxacin Solution (Generic)
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)	Moxifloxacin Solution (Generic; Moxeza®)
	Ofloxacin Ophthalmic Solution (Generic)	Moxifloxacin Solution (Vigamox®)
	Polymyxin B Sulfate/Trimethoprim Solution (Generic)	Natamycin Suspension (Natacyn®)
	Sulfacetamide Sodium Solution (Generic)	Neomycin/Bacitracin/Polymyxin B Ointment (Generic)
	Tobramycin Solution (Generic)	Ofloxacin Solution (Ocuflox®)
		Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)
		Sulfacetamide Sodium Ointment (Generic)
		Sulfacetamide Sodium Solution (Bleph-10®)
		Tobramycin Ointment, Solution (Tobrex®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (43)</b>	Neomycin/Polymyxin B/Dexamethasone Ointment (Generic)	Gentamicin/Prednisolone Ointment, Suspension (Pred-G®)
<b>Antibiotic-Steroid Combinations</b>	Neomycin/Polymyxin B/Dexamethasone Suspension (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension (Maxitrol®)
	Tobramycin/Dexamethasone Ointment (TobraDex®)	Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
	Tobramycin/Dexamethasone Suspension (TobraDex®)	Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P.®)
		Sulfacetamide/Prednisolone Solution (Blephamide®)
		Tobramycin/Dexamethasone Suspension (AG; Generic for TobraDex®)
		Tobramycin/Dexamethasone ST (TobraDex ST®)
		Tobramycin/Loteprednol Suspension (Zylet®)
<b>OPHTHALMIC DISORDERS (43)</b>	Dexamethasone Sodium Phosphate Solution (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> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Diffuprednate Emulsion (Durezol®)	Bromfenac Sodium 0.09% Solution (Generic)
	Fluorometholone 0.1% Suspension (Generic)	Dexamethasone Insert (Dextenza®)
	Flurbiprofen Sodium Solution (Generic)	Dexamethasone/PF Suspension (Dexycu™)
	Ketorolac Tromethamine LS Solution 0.4% (Generic)	Dexamethasone Suspension (Maxidex®)
	Ketorolac Tromethamine Solution 0.5% (Generic)	Dexamethasone Intravitreal Implant (Ozurdex®)
	Nepafenac 0.3% Suspension (Ilevro®)	Fluocinolone Acetonide Intravitreal Implant (Iluvien®; Retisert®)
	Prednisolone Acetate 1% Suspension (Generic)	Fluocinolone Acetonide Intravitreal Implant (Yutiq®)
		Fluorometholone 0.1% Ointment (FML S.O.P.®)
		Fluorometholone 0.1% Suspension (FML®)
		Fluorometholone 0.25% Suspension (FML Forte®)
		Fluorometholone Acetate 0.1% Suspension (Flarex®)
		<b>Ketorolac Tromethamine 0.4% Solution (Acular® LS)</b>
		Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)
		Loteprednol Etabonate 1% Ophthalmic Suspension (Inveltys®)
		Loteprednol Gel (AG; Generic; Lotemax®)
		Loteprednol Ointment (Lotemax®)
		Loteprednol Suspension (AG; Generic; Lotemax®)
		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®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (43)</b>	Cyclosporine Emulsion (Restasis®; Restasis Multidose™)	Cyclosporine 0.09% Solution (Cequa®)
<b>Anti-Inflammatory/Immunomodulators</b>	Lifitegrast Solution (Xiidra®)	Loteprednol Etabonate Suspension (Eysuvis®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a> * <a href="#">POS Edits</a>		
<b>OPHTHALMIC DISORDERS (43)</b>	<b>NONE</b>	Cysteamine HCl Solution (Cystadrops®)
<b>Cystinosis</b>		Cysteamine HCl Solution (Cystaran®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a> * <a href="#">POS Edits</a>		
<b>OPHTHALMIC DISORDERS (43)</b>	Brimonidine 0.15% Solution (Alphagan P® 0.15%)	Apraclonidine Solution 0.5% (Generic)
<b>Glaucoma Agents</b>	Brimonidine 0.2% Solution (Generic)	Apraclonidine Solution 1% (Iopidine®)
<b>Intraocular Pressure (IOP) Reducers</b>	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Betaxolol 0.25% Suspension (Betoptic S®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a> * <a href="#">POS Edits</a>	Brimonidine/Timolol Solution (Combigan®)	Betaxolol 0.5% Solution (Generic)
	Carteolol Solution (Generic)	Bimatoprost 0.01% Solution 2.5 mL, 5mL, 7.5mL (Lumigan®)
	Dorzolamide Solution (Generic)	Brimonidine 0.1% Solution (Alphagan P® 0.1%)
	Dorzolamide/Timolol Solution (Generic)	Brimonidine P 0.15% Solution (Generic)
	Latanoprost 2.5mL Solution (Generic)	Brinzolamide Suspension (AG; Generic; Azopt®)
	Levobunolol Solution (Generic)	Dorzolamide Solution (Trusopt®)
	Netarsudil Mesylate Solution (Rhopressa®)	Dorzolamide/Timolol Solution (Cosopt®)
	Netarsudil Mesylate/Latanoprost Solution (Rocklatan®)	Dorzolamide/Timolol/PF Solution (AG; Generic; Cosopt PF®)
	Timolol Maleate Solution (Generic)	Echothiophate Iodide Solution (Phospholine Iodide®)
	Timolol Maleate Gel-Forming Solution (Generic Timoptic-XE®)	Latanoprost Emulsion (Xelpros®)
	Travoprost Solution 2.5 mL, 5 mL (Travatan Z®)	Latanoprost Solution 2.5 mL (Xalatan®)
		Latanoprostene Bunod Solution (Vyzulta®)
		Pilocarpine HCl Solution (Generic; Isopto Carpine®)
		Tafluprost Solution (Zioptan®)
		Timolol Solution (Betimol®)
		Timolol Maleate LA Solution (AG; Generic; Istalol®)
		Timolol Maleate 0.25% Solution (Timoptic® Ocudose®)
		Timolol Maleate 0.5% Solution (AG; Generic; Timoptic® Ocudose®)
		Travoprost Solution 2.5ml, 5ml (AG; Generic)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPIATE DEPENDENCE AGENTS (44)</b>	Buprenorphine Sublingual Tablet (Generic)	Buprenorphine Syringe (Sublocade®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Buprenorphine/Naloxone Sublingual Film (Suboxone®)	Buprenorphine/Naloxone Film Buccal Film (Bunavail®)
	Buprenorphine/Naloxone Sublingual Tablet (Generic)	Buprenorphine/Naloxone Sublingual Film (Generic)
	Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)	Lofexidine Tablet (Lucemyra®)
	Naloxone Nasal Spray (Narcan®)	Naloxone Spray (Kloxxado®)
	Naloxone Syringe, Vial (Generic)	Naltrexone Extended-Release Suspension Vial (Vivitol®)
	Naltrexone Tablet (Generic)	
<b>OSTEOPOROSIS (45)</b>	Alendronate Tablet (Generic)	Abaloparatide Pen (Tymlos®)
<b>Bone Resorption Suppression Agents</b>	Calcitonin-Salmon Nasal (Generic)	Alendronate Tablet (Fosamax®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ibandronate Sodium Tablet (Generic)	Alendronate Solution (Generic)
	Teriparatide Pen (Brand)	Alendronate/Vitamin D Tablet (Fosamax Plus D®)
		Denosumab Syringe (Prolia®)
		Ibandronate Sodium Tablet (Boniva®)
		Raloxifene Tablet (Generic; Evista®)
		Risedronate Tablet (AG; Generic for Actonel®)
		Risedronate DR Tablet (AG; Generic; Atelvia®)
		Romosozumab-aqqg Syringe (Evenity®)
		Teriparatide Pen (Forteo®)
<b>OTIC AGENTS (46)</b>	Ciprofloxacin/Dexamethasone Suspension (Ciprodex®)	Ciprofloxacin Solution (Generic)
<b>Antibiotics</b>	Neomycin/Polymyxin B/Hydrocortisone Solution (AG; Generic)	Ciprofloxacin Suspension (Otiprio®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Neomycin/Polymyxin B/Hydrocortisone Suspension (AG; Generic)	Ciprofloxacin/Dexamethasone Suspension (AG; Generic)
	Ofloxacin Solution (Generic)	Ciprofloxacin/Fluocinolone Acetonide Solution (AG; Otovel®)
		Ciprofloxacin/Hydrocortisone Suspension (Cipro HC Otic®)
		Colistin/Neomycin/Thonzonium/HC Suspension (Cortisporin® TC)
<b>OTIC AGENTS (46)</b>	Acetic Acid Solution (Generic)	<b>NONE</b>
<b>Anti-Infectives and Anesthetics</b>	Acetic Acid/Hydrocortisone Solution (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: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (47)</b>	Fremanezumab-vfrm Autoinjector (Ajovy®)	Eptinezumab-jjmr Vial (Vyepti™)
<b>Antimigraine Agents</b>	Fremanezumab-vfrm Autoinjector 3-Pack (Ajovy®)	Erenumab-aooe Autoinjector (Aimovig®)
<b>CGRP Antagonists</b>	Fremanezumab-vfrm Syringe (Ajovy®)	Galcanezumab-gnlm 100 mg Syringe (Emgality®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Galcanezumab-gnlm Pen (Emgality®)	Ubrogepant Tablet (Ubrelevy™)
	Galcanezumab-gnlm 120 mg Syringe (Emgality®)	
	Rimegepant Disintegrating Tablet (Nurtec™ ODT)	
<b>PAIN MANAGEMENT (47)</b>	<b>NONE</b>	Diclofenac Potassium Oral Powder Packet (Cambia®)
<b>Antimigraine Agents</b>		Dihydroergotamine Mesylate Injection (Generic)
<b>Ergotamines</b>		Dihydroergotamine Mesylate Nasal (Generic; Migranal®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Ergotamine Tartrate Sublingual Tablet (Ergomar®)
		Ergotamine Tartrate/Caffeine Tablet (Cafergot®)
<b>PAIN MANAGEMENT (47)</b>	Rizatriptan ODT (Generic)	Almotriptan Tablet (Generic)
<b>Antimigraine Agents</b>	Rizatriptan Tablet (Generic)	Eletriptan Tablet (AG; Generic; Relpax®)
<b>Triptans</b>	Sumatriptan Syringe (Generic)	Frovatriptan Tablet (Generic; Frova®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sumatriptan Nasal (Imitrex®)	Lasmiditan Tablet (Reyvow®)
	Sumatriptan Tablet (Generic)	Naratriptan (Generic)
	Sumatriptan Vial (Generic)	Rizatriptan Tablet (Maxalt®)
		Rizatriptan Tablet (Maxalt MLT®)
		Sumatriptan Auto-Injector (Zembrace® SymTouch®)
		Sumatriptan Kit (AG; Generic; Imitrex®)
		Sumatriptan Kit (SUN)
		Sumatriptan Nasal (Onzetra® Xsail®)
		Sumatriptan Nasal (AG; Generic)
		Sumatriptan Nasal (Tosymra™)
		Sumatriptan Tablet (Imitrex®)
		Sumatriptan/Naproxen (Generic; Treximet®)
		Zolmitriptan Tablet (AG; Generic)
		Zolmitriptan ODT (Generic; Zomig ZMT®)
		Zolmitriptan Nasal (AG; Zomig®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (47)</b>	Adalimumab Pen Kit (Humira®)	Abatacept Injection Clickject, Syringe, Vial (Orencia®)
<b>Cytokine and CAM Antagonists</b>	Adalimumab Syringe Kit (Humira®)	Anakinra Syringe (Kineret®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Apremilast Tablet (Otezla®)	Baricitinib Tablet (Olumiant®)
	Etanercept Kit (Enbrel®)	Brodalumab Syringe (Siliq®)
	Etanercept Cartridge (Enbrel Mini®)	Canakinumab/PF Vial (Ilaris®)
	Etanercept Pen (Enbrel SureClick®)	Certolizumab Pegol Kit, Syringe Kit (Cimzia®)
	Etanercept Syringe (Enbrel®)	Golimumab Pen, Syringe (Simponi®)
	Etanercept Vial (Enbrel®)	Golimumab Vial (Simponi Aria®)
		Guselkumab Autoinjector, Syringe (Tremfya®)
		Inebilizumab-cdon Injection (Uplizna™)
		Infliximab Vial (Remicade®)
		Infliximab-abda Vial (Renflexis®)
		Infliximab-axxq Injection (Avsola™)
		Infliximab-dyyb Vial (Inflectra®)
		Ixekizumab Autoinjector, Syringe (Taltz®)
		Rilonacept Vial (Arcalyst®)
		Risankizumab-rzaa <b>Pen</b> , Syringe (Skyrizi®)
		Sarilumab Pen, Syringe (Kevzara®)
		Satralizumab-mwge Injection (Enspryng™)
		Secukinumab Pen, Syringe (Cosentyx®)
		Tildrakizumab-asmn Syringe (Ilumya®)
		Tocilizumab Pen, Syringe, Vial (Actemra®)
		Tofacitinib ER Tablet, Tablet (Xeljanz® XR; Xeljanz®)
		<b>Tofacitinib Citrate Solution (Xeljanz®)</b>
		Upadacitinib ER Tablet (Rinvoq™)
		Ustekinumab Syringe, Vial (Stelara®)
		Vedolizumab Vial (Entyvio®)



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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (47)</b>	Acetaminophen with Codeine Elixir (Generic)	Benzhydrocodone/Acetaminophen (AG; Apadaz®)
<b>Narcotic Analgesics - Short-Acting</b>	Acetaminophen with Codeine Tablet (Generic)	Butalbital/Caffeine/APAP/Codeine (Generic; Fioricet® with Codeine)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Hydrocodone/Acetaminophen Tablet (Generic)	Butalbital Compound with Codeine (Generic)
	Hydrocodone/Acetaminophen Solution (Generic)	Butorphanol Tartrate Nasal (Generic)
	Hydromorphone Tablet (Generic)	Carisoprodol Compound with Codeine (Generic)
	Morphine IR Tablet (Generic)	Codeine Tablet (Generic)
	Morphine Sulfate Oral Syringe (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)
	Oxycodone Tablet (Generic)	Fentanyl Buccal (Generic; Fentora®)
	Oxycodone/Acetaminophen Tablet (Generic)	Hydrocodone/Acetaminophen Elixir (Lortab®)
	Tramadol 50 mg (Generic)	Hydrocodone/Acetaminophen Tablet (Norco®)
	Tramadol/Acetaminophen (Generic)	Hydrocodone/Ibuprofen (Generic)
		Hydromorphone Tablet (Dilaudid®)
		Hydromorphone Liquid, Suppository (Generic)
		Levorphanol Tablet (Generic)
		Meperidine Solution, Tablet (Generic)
		Morphine Oral Concentrate (Generic)
		Morphine Solution (AG, Generic)
		Morphine Suppository (Generic)
		Oxycodone HCl Tablet (Oxaydo®)
		Oxycodone Tablet (Roxicodone®)
		Oxycodone Capsule, Oral Concentrate, Solution (Generic)
		Oxycodone Oral Syringe (Generic)
		Oxycodone/Acetaminophen Tablet (Percocet®)
		Oxycodone/Acetaminophen Tablet (Generic for Prolate™)
		Oxycodone/Aspirin (Generic)
		Oxymorphone IR Tablet (Generic)
		Pentazocine/Naloxone (Generic)
		Sufentanil Sublingual Tablet (Dsuvia®)
		Tapentadol Tablet (Nucynta®)
		Tramadol (Ultram®)
		Tramadol 100 mg (Generic)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (47)</b>	Fentanyl Transdermal 12 mcg (Generic)	Buprenorphine Buccal Film (Belbuca®)
<b>Narcotic Analgesics - Long-Acting</b>	Fentanyl Transdermal 25 mcg (Generic)	Buprenorphine Transdermal (AG; Generic; Butrans®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Fentanyl Transdermal 50 mcg (Generic)	Fentanyl Transdermal (Duragesic®)
	Fentanyl Transdermal 75 mcg (Generic)	Fentanyl Transdermal 37.5 mcg, 62.5mcg, 87.5mcg (Generic)
	Fentanyl Transdermal 100 mcg (Generic)	Hydrocodone Bitartrate ER Capsule (AG; Generic; Zohydro ER®)
	Morphine Sulfate ER Tablet (Generic)	Hydrocodone Bitartrate ER Tablet (Hysingla ER®)
		Hydromorphone ER Tablet (Generic)
		Morphine Sulfate ER Capsule (Generic Avinza®)
		Morphine Sulfate ER Capsule (Generic; Kadian®)
		Morphine Sulfate ER Tablet (MS Contin®)
		Oxycodone ER Tablet (AG; OxyContin®)
		Oxycodone Myristate Capsule (Xtampza® ER)
		Oxymorphone ER Tablet (Generic)
		Tapentadol ER Tablet (Nucynta ER®)
		Tramadol ER Capsule (AG for Conzip®)
		Tramadol ER Tablet (Generic Ryzolt®)
		Tramadol ER Tablet (Generic Ultram ER®)
<b>PAIN MANAGEMENT (47)</b>	Duloxetine Capsule (Generic for Cymbalta®)	Capsaicin/Skin Cleanser (Qutenza Kit®)
<b>Neuropathic Pain</b>	Gabapentin Capsule (Generic)	Duloxetine Capsule (Cymbalta®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Gabapentin Solution (AG; Generic)	Duloxetine Capsule (Generic for Irenka®)
	Gabapentin Tablet (Generic)	Duloxetine DR Capsule (Drizalma Sprinkle™)
	Lidocaine Patch (AG; Generic)	Gabapentin Capsule, Solution, Tablet (Neurontin®)
	Lidocaine Topical System (Ztlido®)	Gabapentin Enacarbil Tablet (Horizant®)
	Milnacipran Tablet (Savella®)	Gabapentin ER Tablet (Gralise®)
	Milnacipran Tablet (Savella Dose Pak®)	Lidocaine Patch (Lidoderm®)
	Pregabalin Capsule (AG; Generic)	Pregabalin Capsule (Lyrica®)
	Pregabalin Solution (AG; Generic)	Pregabalin Solution (Lyrica®)
		Pregabalin ER Tablet (Generic; Lyrica CR®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (47)</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 (AG; Flector®)
	Ibuprofen Suspension Rx (Generic)	Diclofenac Epolamine Patch (Licart™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ibuprofen Tablet Rx (Generic)	Diclofenac Potassium Capsule (Zipsor®)
	Indomethacin Capsule (Generic)	Diclofenac Potassium Tablet (Generic)
	Ketorolac Tablet (Generic)	Diclofenac Sodium 1.5% Topical Solution (Generic)
	Meloxicam Tablet (Generic)	Diclofenac Sodium 2% Topical Solution (Pennsaid® Pump)
	Nabumetone Tablet (Generic)	Diclofenac SR Tablet (Generic)
	Naproxen Suspension (AG; Generic)	Diclofenac Submicronized Capsule (Zorvolex®)
	Naproxen Tablet (Generic)	Diclofenac Sodium/Camphor/Menthol Kit (Diclotrex™ Kit)
	Sulindac Tablet (Generic)	Diclofenac Sodium/Capsaicin (Generic)
		Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
		Diclofenac Sodium Topical (VennGel One® Kit)
		Diflunisal Tablet (Generic)
		Etodolac Capsule, SR Tablet, Tablet (Generic)
		Fenoprofen Capsule (AG; Nalfon®)
		Fenoprofen Tablet (Generic; Nalfon®)
		Flurbiprofen Tablet (Generic)
		Ibuprofen/Famotidine Tablet (Generic; Duexis®)
		Ibuprofen Tablet/Glycerin Spray (Ibupak® Kit)
		Indomethacin ER Capsule (Generic)
		Indomethacin Suppository, Suspension (Indocin®)
		Ketoprofen Capsule, ER Capsule (Generic)
		Ketorolac Nasal Spray (AG; Sprix®)
		Meclofenamate Sodium Capsule (Generic)
		Mefenamic Acid Capsule (Generic)
		Meloxicam, Submicronized Capsule (Generic; Vivlodex®)
		Meloxicam Tablet (Mobic®)
		Nabumetone Tablet (Relafen DS™)
		Naproxen EC Tablet (AG; Generic)
		Naproxen Sodium CR Tablet (AG; Generic; Naprelan®)
		Naproxen Sodium Tablet (Generic)
		Naproxen Suspension (Naprosyn®)
		Naproxen/Esomeprazole Tablet (AG; Generic; Vimovo®)
		Oxaprozin Tablet (Generic)
		Piroxicam Capsule (Generic)
		Tolmetin Capsule, Tablet (Generic)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (47)</b>	Baclofen Tablet (Generic)	Carisoprodol Compound Tablet (Generic)
<b>Skeletal Muscle Relaxant</b>	Chlorzoxazone Tablet (Generic)	Carisoprodol Tablet 250 mg, 350 mg (Generic; Soma®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cyclobenzaprine Tablet (Generic)	Chlorzoxazone Tablet (Lorzone®)
	Methocarbamol Tablet (Generic)	Cyclobenzaprine ER Capsule (AG; Generic; Amrix®)
	Tizanidine Tablet (Generic)	Dantrolene Sodium (AG; Generic; Dantrium®)
		Metaxalone Tablet (Generic; Skelaxin®)
		Orphenadrine ER Tablet (Generic)
		Tizanidine Capsule (Generic; Zanaflex®)
		Tizanidine Tablet (Zanaflex®)
<b>PARKINSON'S (48)</b>	Amantadine Capsule (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
<b>Antiparkinson Agents</b>	Amantadine Syrup (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
<b>Anticholinergic and Other</b>	Benzotropine Tablet (Generic)	Amantadine Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Carbidopa/Levodopa ER Tablet (Generic)	Apomorphine Cartridge (Apokyn®)
	Carbidopa/Levodopa Tablet (Generic)	Apomorphine Sublingual Film (Kynmobi™)
	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Bromocriptine Capsule, Tablet (Generic)
	Pramipexole Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
	Ropinirole Tablet (Generic)	Carbidopa/Levodopa Enteral Suspension (Duopa®)
	Selegiline Tablet (Generic)	Carbidopa/Levodopa ER Capsule (Rytary®)
	Trihexyphenidyl Elixir (Generic)	Carbidopa/Levodopa ODT (Generic)
	Trihexyphenidyl Tablet (Generic)	Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)
		Entacapone Tablet (Generic )
		Istradefylline Tablet (Nourianz™)
		Levodopa Capsule for Inhalation (Inbrija®)
		Opicapone Capsule (Ongentys®)
		Pramipexole ER Tablet (Generic; Mirapex ER®)
		Rasagiline Tablet (Generic; Azilect®)
		Ropinirole ER Tablet (Generic)
		Rotigotine Patch (Neupro®)
		Safinamide Tablet (Xadago®)
		Selegiline Disintegrating Tablet (Zelapar®)
		Selegiline Capsule (Generic)
		Tolcapone Tablet (Generic)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PEDIATRIC MULTIVITAMINS (49)</b>	Pediatric MVI A, C, D3 No. 21 With FL Drop (Generic)	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-Floro®)
	Pediatric MVI No. 16 With FL Chewable (Generic)	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. 37 With FL Drop (Poly-Vi-Flor®)
		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™)
		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 (50)</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 Syringe Kit (Fensolvi®)	Histrelin Implant Kit (Vantas®)
	Leuprolide Acetate Subcutaneous Kit (Generic)	Leuprolide Acetate [3-month] (Lupron Depot-Ped®)
	Leuprolide Acetate Subcutaneous Vial (Generic)	Leuprolide Acetate Subcutaneous Kit (Eligard®)
	Leuprolide Acetate (Lupron Depot®)	Triptorelin Pamoate Vial (Trelstar®)
	Leuprolide Acetate (Lupron Depot Kit®)	Triptorelin Pamoate Vial (Trelstar LA®)
	Leuprolide Acetate [1 month] (Lupron Depot-Ped Kit®)	Triptorelin Pamoate Kit (Triptodur®)
	Leuprolide Acetate Susp/Norethindrone Tablet (Lupaneta Pack®)	
	Nafarelin Acetate Nasal Solution (Synarel®)	
<b>POTASSIUM BINDERS (51)</b>	Sodium Polystyrene Sulfonate Powder (Generic)	Patiromer Sorbitex Calcium Powder Packet (Veltassa®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Sodium Zirconium Cyclosilicate (Lokelma®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PROGESTATIONAL AGENTS (52)</b>	Hydroxyprogesterone Caproate Auto-Injector (Makena®)	Hydroxyprogesterone Caproate MDV (by Mylan) – <i>NOT indicated for pre-term labor</i>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Hydroxyprogesterone Caproate SDV (AG; Generic )	Hydroxyprogesterone Caproate MDV (Generic)
	Medroxyprogesterone Acetate Tablet (AG; Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
	Norethindrone Acetate Tablet (Generic)	Norethindrone Acetate Tablet (Aygestin®)
	Progesterone Capsule (Generic)	Progesterone Vial (Generic)
		Progesterone, Micronized, Capsule (Prometrium®)
		Progesterone, Micronized, Vaginal Gel (Crinone®)
<b>PROSTATE (53)</b>	Alfuzosin ER Tablet (Generic)	Doxazosin ER Tablet, Tablet (Cardura XL®; Cardura®)
<b>Benign Prostatic Hyperplasia (BPH)</b>	Doxazosin Tablet (Generic)	Dutasteride Capsule (Avodart®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dutasteride Capsule (Generic)	Dutasteride/Tamsulosin Capsule (Generic)
	Finasteride Tablet (Generic)	Finasteride Tablet (Proscar®)
	Tamsulosin Capsule (Generic)	Silodosin Capsule (Generic; Rapaflo®)
	Terazosin Capsule (Generic)	Tadalafil Tablet (AG; Generic; Cialis®)
		Tamsulosin Capsule (Flomax®)
<b>SEDATIVE/HYPNOTICS (54)</b>	Temazepam Capsule 15 mg, 30 mg (AG; Generic)	Doxepin Tablet (AG; Generic; 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)
		Lemborexant Tablet (Dayvigo®)
		Ramelteon Tablet (Generic; Rozerem®)
		Suvorexant Tablet (Belsomra®)
		Tasimelteon Capsule, Suspension (Hetlioz®; Hetlioz LQ™)
		Temazepam Capsule (Restoril®)
		Temazepam 7.5 mg, 22.5 mg (Generic)
		Triazolam Tablet (Halcion®)
		Zaleplon Capsule (Generic)
		Zolpidem Tartrate ER Tablet (Generic; Ambien CR®)
		Zolpidem Tartrate Sublingual (Edluar®)
		Zolpidem Tartrate Sublingual (Generic for Intermezzo®)
		Zolpidem Tartrate Tablet (Ambien®)

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

Effective Date: January 1, 2022 (Updated April 1, 2022)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>SICKLE CELL ANEMIA (55)</b>	Hydroxyurea Capsule (Droxia®)	Crizanlizumab-tmca Infusion (Adakveo®)
* <a href="#">Request Form</a>		Hydroxyurea Tablet (Siklos®)
* <a href="#">Criteria</a>		L-glutamine Powder Pack (Endari™)
* <a href="#">POS Edits</a>		Voxelotor Tablet (Oxbryta®)
<b>SINUS NODE INHIBITORS (56)</b>	NONE	Ivabradine Solution (Corlanor®)
* <a href="#">Request Form</a>		Ivabradine Tablet (Corlanor®)
* <a href="#">Criteria</a>		
* <a href="#">POS Edits</a>		
<b>SMOKING CESSATION PRODUCTS (57)</b>	Bupropion SR Tablet (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)
* <a href="#">Request Form</a>	Nicotine Buccal Gum OTC, Buccal Lozenge OTC (Generic)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)
* <a href="#">Criteria</a>	Nicotine Patch OTC (Generic)	Varenicline Tablet (Generic)
* <a href="#">POS Edits</a>	Varenicline Tablet (Chantix®; Chantix Dose Pack®)	
<b>THROMBOPOIESIS STIMULATING PROTEINS (58)</b>	Eltrombopag Tablet (Promacta®)	Avatrombopag Tablet (Doptelet®)
* <a href="#">Request Form</a>		Eltrombopag Suspension Packet (Promacta®)
* <a href="#">Criteria</a>		Fostamatinib Disodium Hexahydrate Tablet (Tavalisse®)
* <a href="#">POS Edits</a>		Lusutrombopag Tablet (Mulpleta®)
		Romiplostim Vial (Nplate®)
<b>UROLOGY INCONTINENCE (59)</b>	Fesoterodine Fumarate ER Tablet (Toviaz®)	Darifenacin ER (AG; Generic)
<b>Bladder Relaxant Preparations</b>	Oxybutynin Syrup (Generic)	Flavoxate Tablet (Generic)
* <a href="#">Request Form</a>	Oxybutynin Tablet (Generic)	Mirabegron ER Granules for Oral Suspension, ER Tablet (Myrbetriq®)
* <a href="#">Criteria</a>	Oxybutynin ER Tablet (Generic)	Oxybutynin ER Tablet (Ditropan XL®)
* <a href="#">POS Edits</a>	Solifenacin Tablet (Generic)	Oxybutynin Transdermal Gel (Gelnique®)
		Oxybutynin Transdermal Patch Rx (Oxytrol®)
		Solifenacin Tablet, Suspension (VESIcare®; VESIcare® LS)
		Tolterodine Tablet (Generic; Detrol®)
		Tolterodine ER Capsule (AG; Generic; Detrol LA®)
		Trospium Tablet (Generic)
		Trospium ER Capsule (Generic)

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

Effective Date: January 1, 2022 *(Updated April 1, 2022)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
UTERINE DISORDER TREATMENTS (60)	Elagolix Tablet (Orilissa®)	Relugolix/Estradiol/Norethindrone Acetate (Myfembree™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Elagolix/Estradiol/Norethindrone Capsule (Oriahnn®)  	



**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>RX</b> – Specific Prescription Requirement
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	<b>DS</b> – Maximum Days’ Supply Allowed		<b>PA</b> – Prior Authorization		<b>TD</b> – Therapeutic Duplication
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DT</b> – Duration of Therapy Limit		<b>PR</b> – Enrollment in a Physician-Supervised Program Required		<b>UN</b> – Drug Use Not Warranted
<b>CL</b> – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement		<b>PU</b> – Prior Use of other Medication is Required		<b>X</b> – Prescriber Must Have ‘X’ DEA Number
<b>CU</b> – Concurrent Use with Other Medications is Restricted	<b>ER</b> – Early Refill		<b>QL</b> – Quantity Limit		<b>YQ</b> – Yearly Quantity Limit
Acetaminophen	<a href="#"><u>MD</u></a>	Imipramine	<a href="#"><u>BH, TD</u></a>	Qualaquin® (Quinine) 324 mg	<a href="#"><u>DS, DX, QL</u></a>
Acthar® (Corticotropin)	<a href="#"><u>CL</u></a>	Intron-A® (Interferon Alfa-2B Recombinant)	<a href="#"><u>DX</u></a>	Qulipta™ (Atogepant)	<a href="#"><u>CL, QL</u></a>
Actimmune® (Interferon Gamma-1b)	<a href="#"><u>DX</u></a>	Invega Hafyera® (Paliperidone)	<a href="#"><u>BH, DX, PU, QL, TD, PA</u></a>	Radicava® (Edaravone)	<a href="#"><u>DX</u></a>
Aldurazyme™ (Laronidase)	<a href="#"><u>CL</u></a>	Jadenu® (Deferasirox)	<a href="#"><u>DX</u></a>	Ranexa® (Ranolazine)	<a href="#"><u>CL</u></a>
Amitriptyline	<a href="#"><u>BH, TD</u></a>	Jynarque® (Tolvaptan)	<a href="#"><u>CL</u></a>	Ravicti® (Glycerol Phenylbutyrate)	<a href="#"><u>CL</u></a>
Amitriptyline/Chlordiazepoxide	<a href="#"><u>BH</u></a>	Kerendia® (Finerenone)	<a href="#"><u>CL</u></a>	Reclast® (Zoledronic acid)	<a href="#"><u>CL, QL</u></a>
Amondys 45® (Casimersen)	<a href="#"><u>CL</u></a>	Keveyis® (Dichlorphenamide)	<a href="#"><u>CL, QL</u></a>	Remodulin® (Treprostinil Sodium) Injection	<a href="#"><u>DX</u></a>
Amoxapine	<a href="#"><u>BH, TD</u></a>	Kuvan® (Sapropterin Dihydrochloride)	<a href="#"><u>CL</u></a>	Rezurock™ (Belumosudil)	<a href="#"><u>CL</u></a>
Aspirin	<a href="#"><u>MD</u></a>	Lidocaine Patch Kit (Brand Example - Prilo Patch II®)	<a href="#"><u>CL</u></a>	Rilutek® (Riluzole)	<a href="#"><u>DX</u></a>
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	<a href="#"><u>DX</u></a>	Lithium	<a href="#"><u>BH</u></a>	Samsca® (Tolvaptan)	<a href="#"><u>CL, QL</u></a>
Brineura™ (Cerliponase alfa)	<a href="#"><u>DX</u></a>	Lorazepam Injectable	<a href="#"><u>BY</u></a>	Skytrofa® (Lonapegsomatropin-tcgd)	<a href="#"><u>CL</u></a>
Buphenyl® (Sodium Phenylbutyrate)	<a href="#"><u>CL</u></a>	Lumizyme® (Alglucosidase alfa)	<a href="#"><u>DX</u></a>	Soliris® (Eculizumab)	<a href="#"><u>DX</u></a>
Cablivi® (Caplacizumab-yhdp)	<a href="#"><u>CL</u></a>	Lybalvi® (Olanzapine/Samidorphan)	<a href="#"><u>BH, DX, TD, QL, PA</u></a>	Spinraza® (Nusinersen) <a href="#"><u>REQUEST FORM</u></a>	<a href="#"><u>CL</u></a>
Carafate® (Sucralfate)	<a href="#"><u>BY, DT</u></a>	Maprotiline	<a href="#"><u>BH</u></a>	Strensiq® (Asfotase alfa)	<a href="#"><u>DX</u></a>
Carbaglu® (Carglumic Acid)	<a href="#"><u>CL</u></a>	Mepsevii™ (Vestronidase alfa-vjkb)	<a href="#"><u>CL</u></a>	Sylatron® (Peginterferon alfa-2b)	<a href="#"><u>DX</u></a>

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**
**Effective Date: January 1, 2022** *(Updated April 1, 2022)*

Chlordiazepoxide/Clidinium	<a href="#"><u>BH</u></a>	Methadone	<a href="#"><u>CL, DX, QL</u></a>	Synagis® (Palivizumab) <a href="#"><u>REQUEST FORM</u></a>	<a href="#"><u>AL, CL, DT, QL</u></a>
Chlorpromazine Injectable	<a href="#"><u>BH</u></a>	Mosquito Repellant to Decrease Zika Virus Exposure Risk <a href="#"><u>FFS Notice</u></a> <a href="#"><u>MCO Notice</u></a>	<b>AL, DX, QL</b>	Tegsedi™ (Inotersen)	<a href="#"><u>DX</u></a>
Clomipramine	<a href="#"><u>BH, TD</u></a>	Mytesi® (Crofelemer)	<a href="#"><u>CL</u></a>	Tiglutik™ (Riluzole)	<a href="#"><u>DX</u></a>
Cuprimine® (Penicillamine)	<a href="#"><u>CL, QL</u></a>	Nabi-HB (Hepatitis B IG)	<a href="#"><u>CL</u></a>	Tikosyn® (Dofetilide)	<a href="#"><u>CL</u></a>
Daraprim® (Pyrimethamine)	<a href="#"><u>CL</u></a>	Naglazyme™ (Galsulfase)	<a href="#"><u>CL</u></a>	Trimipramine	<a href="#"><u>BH, TD</u></a>
Depen® (Penicillamine)	<a href="#"><u>CL, QL</u></a>	Nexplanon® (Etonogestrel)	<a href="#"><u>QL</u></a>	Ultomiris® (Ravulizumab-cwvz)	<a href="#"><u>DX</u></a>
Desipramine	<a href="#"><u>BH, TD</u></a>	Nexvazyme® (Avalglucosidase-alfa)	<a href="#"><u>DX</u></a>	Veletri® (Epoprostenol)	<a href="#"><u>DX</u></a>
Doxepin (10 mg-150 mg)	<a href="#"><u>BH, TD</u></a>	Nityr® (Nitisinone)	<a href="#"><u>CL</u></a>	Viltepso® (Viltolarsen)	<a href="#"><u>CL</u></a>
Elaprase™ (Idursulfase)	<a href="#"><u>CL</u></a>	Nocdurna® (Desmopressin)	<a href="#"><u>QL</u></a>	Vimizim™ (Elosulfase alfa)	<a href="#"><u>CL</u></a>
Empaveli® (Pegcetacoplan)	<a href="#"><u>DX</u></a>	Nortriptyline	<a href="#"><u>BH, TD</u></a>	Vyndamax™, Vyndaqel® (Tafamidis)	<a href="#"><u>CL, QL</u></a>
Evrysdi™ (Risdiplam)	<a href="#"><u>CL, QL</u></a>	Nuedexta® (Dextromethorphan/Quinidine)	<a href="#"><u>CL, QL</u></a>	Vyondys 53® (Golodirsen)	<a href="#"><u>CL</u></a>
Exjade® (Deferasirox)	<a href="#"><u>DX</u></a>	Nulibry™ (Fosdenopterin)	<a href="#"><u>CL</u></a>	Xenical® (Orlistat)	<a href="#"><u>DX, QL</u></a>
Exondys01 51® (Eteplirsen)	<a href="#"><u>CL</u></a>	Onpattro® (Patisiran)	<a href="#"><u>DX</u></a>	Xyrem® (Sodium Oxybate)	<a href="#"><u>CL, TD</u></a>
Exservan™ (Riluzole)	<a href="#"><u>DX</u></a>	Opzelura™ (Ruxolitinib)	<a href="#"><u>PU, QL, PA</u></a>	Xywav™ (Oxybate Salts)	<a href="#"><u>CL, TD</u></a>
Fabrazyme® (Agalsidase beta)	<a href="#"><u>DX, TD</u></a>	Orfadin® (Nitisinone)	<a href="#"><u>CL</u></a>	Zolgensma® (Onasemnogene Apeparvovec-xioi)	<a href="#"><u>CL</u></a>
Ferriprox® (Deferiprone)	<a href="#"><u>DX</u></a>	Palynziq® (Pegvaliase-pqpz)	<a href="#"><u>CL</u></a>	Zonalon® (Doxepin Topical)	<a href="#"><u>AL, DX, TD, QL</u></a>
Fetroja® (Cefiderocol)	<a href="#"><u>CL</u></a>	Pamidronate Disodium	<a href="#"><u>CL</u></a>		
Flolan® (Epoprostenol Sodium)	<a href="#"><u>DX</u></a>	Proleukin® (Aldesleukin)	<a href="#"><u>DX</u></a>		
Galafold® (Migalastat)	<a href="#"><u>DX, TD</u></a>	Protriptyline	<a href="#"><u>BH, TD</u></a>		
Gattex® (Teduglutide)	<a href="#"><u>CL</u></a>	Prudoxin® (Doxepin Topical)	<a href="#"><u>AL, DX, TD, QL</u></a>		
Givlaari® (Givosiran)	<a href="#"><u>CL</u></a>	Pulmozyme® (Dornase Alfa)	<a href="#"><u>DX</u></a>		
HyperTET SD (Tetanus IG)	<a href="#"><u>CL</u></a>	Qdolo® (Tramadol)	<a href="#"><u>AL, BY, CU, MD, QL, TD, PA</u></a>		