

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

<http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. In addition, there are medications and/or classes of medications that are not reviewed by the committee. Unless there is a clinical pre-authorization requirement for the entire class (as noted on the last page of the PDL) these medications will continue to be covered without prior authorization. **Examples: spironolactone, hydrochlorothiazide, amoxicillin suspension**
- 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 and the pharmacist enters “1” in the DAW field 408-D8. For more information, please refer to the following policy: <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf>
- To locate any medication on this list, you may use the keyboard shortcut **CTRL + F** to search.
- New medications that enter the marketplace in classes reviewed by P&T committee will be considered non-preferred requiring prior authorization until the next P&T committee meeting. Please refer to the following criteria: [New Drugs Introduced into the Market / Non-Preferred](#)
- The PDL is arranged by therapeutic class with an item number and may contain a subset of medications under each therapeutic class.
- Medications listed as non-preferred are available through the prior authorization process. Each Managed Care Organization (MCO) and Fee for Service (FFS) have their own prior authorization departments.
- Any statement highlighted and underlined in blue is a hyperlink to go directly to forms and/or clinical criteria for medications with an explanation of the purpose and the requirements. **Example: [Request Form](#)**
- Point-of-Sale (POS) edits are used when additional limits are needed to ensure medications (whether they are Preferred, Non-Preferred, or not reviewed by the P&T Committee) are used safely and appropriately. For a list of POS edits applicable to each therapeutic class on the PDL/NPDL, and some medications not reviewed by the P&T Committee, please click [HERE](#).
- For medications that require a diagnosis code at the pharmacy, please refer to the following link and click ICD-10-CM Diagnosis Code Policy Chart: <http://ldh.la.gov/index.cfm/page/1328>
- Links to Diabetic Supply Lists for MCOs are found on Page 45 of this document (Click [HERE](#) to go to MCO Diabetic Supply Links on Page 45).
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.

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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL (1) Continued	(preferred agents listed on page 1)	Sulfacetamide Sodium (Ovace® Plus Wash)
		Sulfacetamide Sodium (Ovace® Wash)
		Sulfacetamide Sodium Cleanser ER
		Sulfacetamide Sodium Shampoo
		Sulfacetamide Sodium/Sulfur (Avar® LS Cleanser)
		Sulfacetamide Sodium/Sulfur (Avar® LS Medicated Pads)
		Sulfacetamide Sodium/Sulfur (Avar® Medicated Pads)
		Sulfacetamide Sodium/Sulfur (Avar-e®)
		Sulfacetamide Sodium/Sulfur (BP 10-1®)
		Sulfacetamide Sodium/Sulfur
		Sulfacetamide Sodium/Sulfur Cleanser (Avar®)
		Sulfacetamide Sodium/Sulfur Cleanser
		Sulfacetamide Sodium/Sulfur Cleanser Kit
		Sulfacetamide Sodium/Sulfur Cream
		Sulfacetamide Sodium/Sulfur Foam (Avar®)
		Sulfacetamide Sodium/Sulfur Foam (SSS 10-5®)
		Sulfacetamide Sodium/Sulfur Lotion
		Sulfacetamide Sodium/Sulfur Medicated Pads
		Sulfacetamide Sodium/Sulfur Sunscreen
		Sulfacetamide Suspension
		Sulfacetamide/Sulfur Suspension
		Sulfacetamide/Sulfur/Cleanser 23 (Sumaxin® CP Kit)
		Sulfacetamide/Sulfur/Urea Cleanser
		Tazarotene (Fabior®)
		Tazarotene Cream (AG; Generic; Tazorac®)
		Tazarotene Gel (Tazorac®)
		Tretinoin (Altreno®)
		Tretinoin Cream (Generic; Avita®; Retin-A®)
		Tretinoin Gel (Generic; Atralin®)
		Tretinoin Gel (Generic for Avita, Generic for Retin-A®; Retin-A®)
		Tretinoin 0.06% Pump (Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel; Pump (AG; Generic; Retin-A® Micro)
		Tretinoin 0.08% Pump (Retin-A® Micro)

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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ALLERGY (3)</b>	Cetirizine Tablet OTC (Generic)	Acrivastin/Pseudoephedrine (Semprex-D®)
<b>Antihistamines – Minimally Sedating</b>	Cetirizine Solution OTC/Rx (1mg/ml) (Generic)	Cetirizine Chewable Tablet OTC (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Levocetirizine Tablet (Generic)	Cetirizine 5mg/5ml Solution OTC (Generic)
	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	Cetirizine-D Tablet OTC (Generic)
		Desloratadine Tablet (Generic; Clarinex®)
		Desloratadine ODT (Generic)
		Desloratadine Syrup (Clarinex®)
		Desloratadine/Pseudoephedrine (Clarinex-D 12-Hour®)
		Fexofenadine Suspension OTC (Generic; Allegra Allergy®)
		Fexofenadine 60mg & 180mg OTC (Generic; Allegra Allergy®)
		Fexofenadine/Pseudoephedrine 12-hour OTC (Generic)
		Fexofenadine/Pseudoephedrine 24-hour OTC (Allegra-D®)
		Levocetirizine Solution (Generic)
		Loratadine Capsule OTC, Chewable Tablet OTC (Generic)
		Loratadine-D 12-hour OTC (Generic)
		Loratadine-D 24-hour OTC (Generic)
<b>ALLERGY (3)</b>	Azelastine (Generic for Astelin®)	Azelastine (Astepro®)
<b>Rhinitis Agents, Nasal</b>	Azelastine (AG; Generic for Astepro®)	Azelastine/Fluticasone (Dymista®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Fluticasone Propionate Nasal Spray (Generic)	Beclomethasone (Beconase AQ®; Qnasl 40®; Qnasl 80®)
	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	Ciclesonide (Omnaris®; Zetonna®)
		Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate (Xhance®)
		Mometasone (AG; Generic; Nasonex®)
		Mometasone Furoate Implant (Sinuva™)
		Olopatadine (AG; Generic; Patanase®)

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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

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



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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (13)</b>	(preferred agents listed on page 10)	Efinaconazole Solution (Jublia®)
<b>Antifungals, Topical Continued</b>		Ketoconazole Foam (AG; Generic; Extina®) Luliconazole Cream (AG; Luzu®) Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®) Naftifine Cream (Generic; Naftin®) Naftifine Gel (Naftin®) Nystatin/Triamcinolone Ointment (Generic) Oxiconazole Lotion; Cream (Oxistat®) Oxiconazole Cream (Generic) Salicylic Acid/Benzoic Acid (Bensal HP®) Sertaconazole (Ertaczo®) Sulconazole Cream; Solution (Exelderm®) Tavaborole Solution (Kerydin®)
<b>DERMATOLOGY (13)</b>	Permethrin Cream (Generic)	Crotamiton Cream; Lotion (Eurax®)
<b>Antiparasitic Agents, Topical</b>	Ivermectin Lotion (Sklice®)	Crotamiton Lotion (Crotan®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Spinosad Suspension (Natroba®)	Lindane Shampoo (Generic) Malathion Lotion (Generic; Ovide®) Permethrin Cream (Elimite®) Spinosad Suspension (Generic)
<b>DERMATOLOGY (13)</b>	Acitretin Capsule (AG; Generic)	Acitretin Capsule (Soriatane®)
<b>Antipsoriatics, Oral</b>		Methoxsalen Rapid (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>		
<b>DERMATOLOGY (13)</b>	Calcipotriene Cream; Solution (Generic)	Calcipotriene Cream (Dovonex®)
<b>Antipsoriatics, Topical</b>		Calcipotriene Foam (Sorilux®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>		Calcipotriene Ointment (Generic; Calcitrene®) Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®) Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic; Taclonex®) Calcipotriene/Betamethasone Dipropionate Suspension (Taclonex Scalp®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (13)</b>	(preferred agents listed on page 11)	Calcitriol Ointment (Generic; Vectical®)
<b>Antipsoriatics, Topical Continued</b>		
<b>DERMATOLOGY (13)</b>	Acyclovir Ointment (Generic)	Acyclovir Cream (Generic; Zovirax®)
<b>Antiviral Agents, Topical</b>		Acyclovir Ointment (Zovirax®)
* <a href="#">Request Form</a>		Acyclovir/Hydrocortisone (Xerese®)
* <a href="#">Criteria</a>		Penciclovir Cream (Denavir®)
<b>DERMATOLOGY (13)</b>	Pimecrolimus Cream (Elidel®)	Crisaborole Topical Ointment (Eucrisa®)
<b>Atopic Dermatitis Immunomodulators</b>		Dupilumab Injection (Dupixent®)
* <a href="#">Request Form</a>		Tacrolimus Ointment (AG; Generic; Protopic®)
* <a href="#">Criteria</a>		
* <a href="#">Dupixent</a>		
<b>DERMATOLOGY (13)</b>	Ammonium Lactate Cream; Lotion (Generic)	Emollient Combination No. 10 (Biafine® Emulsion)
<b>Emollients</b>		Emollient Combination No. 43 (Promiseb®)
* <a href="#">Request Form</a>		Emollient Combination No. 43 / Skin Cleanser No. 27 (Promiseb Complete®)
* <a href="#">Criteria</a>		Hyaluronic Acid/Grape Seed Extract/Vitamin C & E (Atopiclair®)
<b>DERMATOLOGY (13)</b>	Imiquimod 5% Cream Packet (Generic)	Imiquimod 5% Cream Packet (Aldara®)
<b>Immunomodulators, Topical</b>		Imiquimod (Zyclara®)
* <a href="#">Request Form</a>		Podofilox (Generic)
* <a href="#">Criteria</a>		Sinecatechins (Veregen®)
<b>DERMATOLOGY (13)</b>	Fluocinolone Acetonide 0.01% Oil (Derma-Smoothe-FS®)	Alclometasone Dipropionate Cream; Ointment (Generic)
<b>Steroids, Topical</b>	Hydrocortisone Cream; Lotion; Ointment (Generic)	Desonide Cream; Lotion; Ointment (Generic)
		Desonide Gel (Desonate®)
<b>Low Potency</b>		Fluocinolone Acetonide 0.01% Oil (Generic)
* <a href="#">Request Form</a>		Fluocinolone Acetonide Shampoo (Capex®)
* <a href="#">Criteria</a>		Hydrocortisone Acetate Cream (Micort-HC®)
		Hydrocortisone Base Cream; Lotion (Ala-Cort®; Ala-Scalp®)
		Hydrocortisone Solution (Texacort®)
		Hydrocortisone/Skin Cleanser No.25 (Aqua Glycolic HC®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (13)</b>	(preferred agents listed on page 12)	Hydrocortisone/Skin Cleanser No.35 (Dermasorb HC®)
<b>Steroids, Topical</b>		
<b>Low Potency Continued</b>		
<b>DERMATOLOGY (13)</b>	Fluticasone Propionate Cream; Ointment (Generic)	Betamethasone Valerate Foam (Generic; Luxiq®)
<b>Steroids, Topical</b>	Mometasone Furoate Cream; Ointment; Solution (Generic)	Clocortolone Pivalate Cream (AG; Cloderm®)
<b>Medium Potency</b>		Fluocinolone Acetonide Cream; Ointment; Solution (Generic)
* <a href="#">Request Form</a>		Fluocinolone Acetonide Ointment; Solution (Synalar®)
* <a href="#">Criteria</a>		Fluocinolone Acetonide/Emollient No. 65 Cream Kit; Ointment Kit (Synalar®)
		Fluocinolone Acetonide/Skin Cleanser No.28 Kit (Synalar® TS)
		Flurandrenolide Cream (Generic); Ointment (Generic); Lotion (AG; Generic)
		Flurandrenolide Tape (Cordran Tape®)
		Fluticasone Propionate Lotion (Generic)
		Hydrocortisone Butyrate Cream; Lotion; Solution (AG; Generic)
		Hydrocortisone Butyrate Ointment (Generic)
		Hydrocortisone Butyrate/Emollient (AG; Generic)
		Hydrocortisone Probutate Cream (Pandel®)
		Hydrocortisone Valerate Cream; Ointment (Generic)
		Mometasone Furoate Cream; Ointment (Elocon®)
		Prednicarbate Cream; Ointment (Generic)
<b>DERMATOLOGY (13)</b>	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)	Amcinonide Cream; Lotion (Generic)
<b>Steroids, Topical</b>	Betamethasone Valerate Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate Cream; Gel; Lotion; Ointment (Generic)
<b>High Potency</b>	Triamcinolone Acetonide Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate Spray (Sernivo®)
* <a href="#">Request Form</a>		Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)
* <a href="#">Criteria</a>		Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)
		Desoximetasone Cream; Gel
		Desoximetasone Ointment; Spray (Generic; Topicort®)
		Diflorasone Diacetate Cream; Ointment (Generic)
		Fluocinonide Cream 0.05% and 0.1%; Gel; Solution; Ointment (Generic)
		Fluocinonide Cream 0.1% (Vanos®)
		Halcinonide Cream; Ointment (Halog®)

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

Effective Date: October 1, 2019

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (13)</b>	(preferred agents listed on page 13)	Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)
<b>Steroids, Topical</b>		Triamcinolone Acetonide Ointment (Trianex®)
<b>High Potency Continued</b>		Triamcinolone Acetonide/Dimethicone Ointment Kit (Ellzia Pak™)
		Triamcinolone Acetonide/Dimethicone Ointment/Cream Kit (Generic)
		Triamcinolone/Emollient Combination No. 86 (Dermasorb TA®)
<b>DERMATOLOGY (13)</b>	Clobetasol Propionate Cream; Emollient; Gel (Generic)	Clobetasol Propionate Foam (Generic; Olux®)
<b>Steroids, Topical</b>	Clobetasol Propionate Ointment; Solution (Generic)	Clobetasol Propionate Lotion; Shampoo (Generic; Clobex®)
<b>Very High Potency</b>	Halobetasol Propionate Cream; Ointment (Generic)	Clobetasol Propionate Spray (AG; Generic; Clobex®)
<a href="#">*Request Form</a>		Clobetasol/Skin Cleanser No. 28 (Clodan® Kit)
<a href="#">*Criteria</a>		Diflorasone Diacetate (Apexicon E®)
		Halobetasol Propionate Foam (Lexette™)
		Halobetasol Propionate Lotion (Bryhali®; Ultravate®)
		Halobetasol Propionate/Lactic Acid Cream; Ointment (Ultravate® X)
<b>DIABETES (14)</b>	Acarbose (Generic)	Acarbose (Precose®)
<b>Alpha-Glucosidase Inhibitors</b>		Miglitol (Generic; Glyset®)
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<b>DIABETES (14)</b>	Exenatide ER Subcutaneous; Pen-Injector (Bydureon®)	Albiglutide (Tanzeum®) <b>Discontinued</b>
<b>Hypoglycemics</b>	Exenatide Solution Pens (Byetta®)	Alogliptin (AG; Nesina®)
<b>Incretin Mimetics/Enhancers</b>	Linagliptin Tablet (Tradjenta®)	Alogliptin/Metformin (AG; Kazano®)
<a href="#">*Request Form</a>	Linagliptin/Empagliflozin (Glyxambi®) <b>(See SGLT2 Criteria)</b>	Alogliptin/Pioglitazone (AG; Oseni®)
<a href="#">*Incretin Mimetic/Enhancer Criteria</a>	Linagliptin/Metformin (Jentaduet®)	Dulaglutide Pen (Trulicity®)
<a href="#">*SGLT2 Criteria</a>	Liraglutide (Victoza®)	Exenatide ER Auto-Injector (Bydureon BCise®)
<a href="#">*Insulins &amp; Related Agents Criteria</a>	Sitagliptin Tablet (Januvia®)	Linagliptin/Metformin Tablet ER (Jentaduet XR®)
	Sitagliptin/Metformin Tablet (Janumet®)	Liraglutide/Insulin Degludec (Xultophy®) <b>(See Insulins &amp; Related)</b>
	Sitagliptin/Metformin Tablet ER (Janumet XR®)	Lixisenatide (Adlyxin®)
		Lixisenatide/ Insulin Glargine (Soliqua®) <b>(See Insulins &amp; Related)</b>
		Pramlintide Pens (SymlinPen®)
		Saxagliptin (Onglyza®)
		Saxagliptin/Dapagliflozin (Qtern®) <b>(See SGLT2 Criteria)</b>

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (14)</b>	(preferred agents listed on page 14)	Saxagliptin/Metformin ER (Kombiglyze XR®)
Hypoglycemics		Semaglutide Pen (Ozempic®)
Incretin Mimetics/Enhancers Continued		Sitagliptin/Ertugliflozin (Steglujan®) <b>(See SGLT2 Criteria)</b>
<b>DIABETES (14)</b>	Insulin Aspart Cartridge; Pen; Vial (Novolog®)	Insulin Aspart Pen (Fiasp® FlexTouch®)
Hypoglycemics	Insulin Aspart/Insulin Aspart Protamine Pen; Vial (Novolog Mix 70/30®)	Insulin Aspart Vial (Fiasp®)
Insulins & Related Agents	Insulin Detemir Pens; Vial (Levemir®)	Insulin Degludec 100 U/ml (Tresiba® FlexTouch®)
*Request Form	Insulin Glargine Pen (Lantus® SoloStar®)	Insulin Degludec 200 U/ml (Tresiba® FlexTouch®)
*Criteria	Insulin Glargine Vial (Lantus®)	Insulin Degludec Vial (Tresiba®)
	Insulin Human Vial OTC (Humulin® N; Humulin® R)	Insulin Glargine (Toujeo Solostar Pen®)
	Insulin Human Regular 500 units/ml Vial (Humulin® R U-500)	Insulin Glargine 300 units/mL (Toujeo Max Solostar Pen®)
	Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)	Insulin Glargine U-100 (Basaglar® KwikPen®)
	Insulin Lispro Pen; Vial (Humalog®)	Insulin Glulisine Pens (Apidra® SoloStar®)
	Insulin Lispro/Protamine Lispro Pen; Vial (Humalog Mix®)	Insulin Glulisine Vials (Apidra®)
		Insulin Human Inhalation Powder Cartridge (Afrezza®)
		Insulin Human Pen OTC (Humulin® N)
		Insulin Human Regular 500 U/ml Pen (Humulin® R U-500)
		Insulin Human Vial OTC (Novolin®)
		Insulin Isophane (NPH) Insulin Regular Pen OTC (Novolin® 70/30)
		Insulin Isophane (NPH) Insulin Regular Vial OTC (Novolin® 70/30)
		Insulin Isophane (NPH) -Insulin Regular Pen OTC (Humulin® 70/30)
		Insulin Lispro (Humalog® Jr KwikPen)
		Insulin Lispro 200 U/ml Pen (Humalog®)
		Insulin Lispro Cartridge (Humalog®)
		Insulin Lispro Pen (Admelog® SoloStar®)
		Insulin Lispro Vial (Admelog®)
<b>DIABETES (14)</b>	Nateglinide (Generic)	Nateglinide (Starlix®)
Hypoglycemics	Repaglinide (Generic)	Repaglinide (Prandin®)
Meglitinides		Repaglinide/Metformin (Generic)
*Request Form		
*Criteria		



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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (14)</b>	Canagliflozin (Invokana®)	Canagliflozin/Metformin (Invokamet®)
<b>Hypoglycemics</b>	Empagliflozin (Jardiance®)	Canagliflozin/Metformin ER (Invokamet® XR)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		Dapagliflozin (Farxiga®)
* <a href="#">Request Form</a>		Dapagliflozin/Metformin ER Tablet (Xigduo® XR)
* <a href="#">Criteria</a>		Empagliflozin/Metformin (Synjardy®)
		Empagliflozin/Metformin ER (Synjardy® XR)
		Ertugliflozin (Steglatro®)
		Ertugliflozin/Metformin (Segluromet®)
<b>DIABETES (14)</b>	Glimepiride (Generic)	Chlorpropamide (Generic)
<b>Hypoglycemics</b>	Glipizide (Generic)	Glimepiride (Amaryl®)
<b>Sulfonylureas</b>	Glipizide ER (Generic)	Glipizide (Glucotrol®)
* <a href="#">Request Form</a>	Glyburide (Generic)	Glipizide ER (Glucotrol® XL)
* <a href="#">Criteria</a>	Glyburide Micronized (Generic)	Tolazamide (Generic)
		Tolbutamide (Generic)
<b>DIABETES (14)</b>	Pioglitazone (Generic)	Pioglitazone (Actos®)
<b>Hypoglycemics</b>		Pioglitazone/Glimepiride (AG for Duetact®)
<b>Thiazolidinediones (TZDs)</b>		Pioglitazone/Metformin (Generic Actoplus Met®)
* <a href="#">Request Form</a>		Pioglitazone/Metformin ER (Actoplus Met XR®)
* <a href="#">Criteria</a>		Rosiglitazone (Avandia®)
<b>DIABETES (14)</b>	Glipizide-Metformin (Generic)	Metformin (Glucophage®)
<b>Metformins</b>	Glyburide-Metformin (Generic)	Metformin ER (Generic; Fortamet™)
* <a href="#">Request Form</a>	Metformin (Generic)	Metformin ER (Generic; Glumetza™)
* <a href="#">Criteria</a>	Metformin ER (Generic)	Metformin Oral Solution (Riomet™)
		Metformin ER (Glucophage XR®)
<b>DIGESTIVE DISORDERS (15)</b>	Meclizine Tablet (Generic)	Aprepitant Capsule (Generic; Emend®)
<b>Antiemetic/Antivertigo Agents</b>	Metoclopramide Vial (Generic)	Aprepitant Pack (Generic; Emend TriPack®)
* <a href="#">Request Form</a>	Metoclopramide Tablet; Solution (Generic)	Aprepitant Powder for Oral Suspension Packet (Emend®)
* <a href="#">Criteria</a>	Ondansetron Tablet; ODT Tablet; Solution (Generic)	Aprepitant Injectable Emulsion (Cinvanti®)
	Ondansetron Vial (Generic)	Dimenhydrinate Injection (Generic)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (15)</b>	Prochlorperazine Oral (Generic)	Dolasetron Oral (Anzemet®)
<b>Antiemetic/Antivertigo Agents Continued</b>	Promethazine Ampule; Vial (Generic)	Doxylamine/Pyridoxine Tablet (Diclegis®; Bonjesta®)
	Promethazine Tablet; Syrup (Generic)	Dronabinol Oral (Generic; Marinol®)
	Promethazine Rectal 12.5, 25mg (Generic)	Dronabinol Oral Solution (Syndros®)
	Scopolamine Transdermal (Generic)	Fosaprepitant Dimeglumine Injection (Emend®)
		Fosnetupitant/Palonosetron (Akynzeo®) (Intravenous)
		Granisetron Oral; IV (Generic)
		Granisetron ER Injection (Sustol®)
		Granisetron Transdermal (Sancuso®)
		Metoclopramide Tablet (Reglan®)
		Metoclopramide ODT (Generic)
		Metoclopramide Syringe (Generic)
		Nabilone (Cesamet®)
		Netupitant/Palonosetron HCl Capsule (Akynzeo®)
		Ondansetron Ampule (Generic)
		Ondansetron Syringe (Generic)
		Ondansetron Tablet; ODT; Solution (Zofran®)
		Ondansetron Oral Film (Zuplenz®)
		Palonosetron Injection (AG; Generic; Aloxi®)
		Prochlorperazine Rectal (Generic; Compro®)
		Prochlorperazine Injection (Generic)
		Promethazine Ampule; Vial (Phenergan®)
		Promethazine Rectal 50 mg (Generic)
		Rolapitant Tablet (Varubi®)
		Scopolamine Transdermal (Transderm-Scop®)
		Trimethobenzamide IM Injection (Tigan®)
		Trimethobenzamide Oral (Generic)
<b>DIGESTIVE DISORDERS (15)</b>	Ursodiol Tablet (Generic)	Chenodiol Tablet (Chenodal®)
<b>Bile Acid Salts</b>		Cholic Acid Capsule (Cholbam®)
* <a href="#">Request Form</a>		Obeticholic Acid Tablet (Ocaliva®)
* <a href="#">Criteria</a>		Ursodiol 300 mg Capsule (Generic; Actigall®)
		Ursodiol (URSO 250®; URSO Forte®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (15)</b>	Famotidine Tablet (Generic)	Cimetidine Solution; Tablet (Generic)
<b>Histamine II Receptor Blockers</b>	Ranitidine Syrup; Tablet (Generic)	Famotidine Suspension (Generic; Pepcid®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a>		Famotidine Tablet (Pepcid®) Nizatidine Capsule; Solution (Generic) Ranitidine Capsule (Generic)
<b>DIGESTIVE DISORDERS (15)</b>	Pancrelipase (Creon®)	Pancrelipase (Pancreaze®)
<b>Pancreatic Enzymes</b>	Pancrelipase (Zenpep®)	Pancrelipase (Pertzeye®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a>		Pancrelipase (Viokace®)
<b>DIGESTIVE DISORDERS (15)</b>	Lansoprazole Capsule (Generic)	Dexlansoprazole (Dexilant®)
<b>Proton Pump Inhibitors</b>	Omeprazole Rx (Generic)	Esomeprazole Capsule (AG; Generic; Nexium®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a>	Pantoprazole (Generic) Pantoprazole Suspension (Protonix®)	Esomeprazole Kit Esomeprazole Suspension (Nexium®) Esomeprazole Strontium (Generic) Lansoprazole Capsule (Prevacid®) Lansoprazole Disintegrating Tablet (Generic; Prevacid® SoluTab®) Omeprazole Granules for Suspension (Prilosec®) Omeprazole/Sodium Bicarbonate Rx (Generic; Zegerid®) Pantoprazole (Protonix®) Rabeprazole Capsule Sprinkle (AcipHex® Sprinkle™) Rabeprazole Tablet (Generic; AcipHex®)
<b>DIGESTIVE DISORDERS (15)</b>	Balsalazide (Generic)	Balsalazide Capsule (Colazal®)
<b>Ulcerative Colitis Agents</b>	Mesalamine ER (Apriso®)	Balsalazide Tablet (Giazo®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a>	Mesalamine Rectal (Generic) Sulfasalazine (Generic) Sulfasalazine DR (Generic)	Budesonide DR Tablet; Rectal Foam (Uceris®) Budesonide DR Tablet (AG; Generic) Mesalamine DR (Generic; Asacol HD®) Mesalamine DR Capsule (Delzicol®) Mesalamine Enema (Rowasa®) Mesalamine Kit (Generic) Mesalamine DR Tablet MMX® (AG; Generic; Lialda®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (15)</b>	(preferred agents listed on page 18)	Mesalamine ER Capsule (Pentasa®)
<b>Ulcerative Colitis Agents Continued</b>		Mesalamine Suppositories (AG; Generic; Canasa®)
		Olsalazine Capsule (Dipentum®)
		Sulfasalazine DR Tablet (Azulfidine EN-Tabs®)
		Sulfasalazine Tablet (Azulfidine®)
<b>EPINEPHRINE, SELF-INJECTED (16)</b>	Epinephrine 0.3mg (AG for EpiPen®)	Epinephrine 0.3mg (EpiPen®)
* <a href="#">Request Form</a>	Epinephrine 0.15mg (AG for EpiPen Jr®)	Epinephrine 0.15mg (EpiPen Jr®)
* <a href="#">Criteria</a>		Epinephrine 0.15 Mg (AG for Adrenaclick®)
		Epinephrine 0.3 Mg (AG for Adrenaclick®)
<b>GI MOTILITY, CHRONIC (17)</b>	Linaclotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)
* <a href="#">Request Form</a>	Lubiprostone Capsule (Amitiza®)	Eluxadoline Tablet (Viberzi®)
* <a href="#">Criteria</a>	Naloxegol Tablet (Movantik®)	Methylnaltrexone Syringe; Tablet; Vial (Relistor®)
		Naldemedine (Symproic®)
		Plecanatide (Trulance®)
		Prucalopride (Motegrity®)
<b>GLUCOCORTICOIDS, ORAL (18)</b>	Budesonide Delayed Release Capsules (Generic)	Budesonide Delayed Release Capsules (Entocort EC®)
* <a href="#">Request Form</a>	Dexamethasone Tablet	Cortisone Acetate Tablet
* <a href="#">Criteria</a>	Hydrocortisone Tablet	Deflazacort Suspension; Tablet (Emflaza®)
	Methylprednisolone Tablet Dose Pack	Dexamethasone (DexPak®; TaperDex®)
	Prednisolone Sodium Phosphate Oral Solution 5mg/5ml (Generic)	Dexamethasone Elixir; Intensol Concentrate; Solution; Tablet Dose Pack
	Prednisolone Sodium Phosphate Oral Solution 15mg/5ml (Generic)	Hydrocortisone Tablet (Cortef®)
	Prednisolone Sodium Phosphate Oral Solution 25mg/5ml (Generic)	Methylprednisolone Therapy Pack; Tablet (Medrol®)
	Prednisolone Solution	Methylprednisolone 4mg; 8mg; 16mg; 32mg Tablet
	Prednisone Tablet	Prednisone Delayed Release Tablet (Rayos®)
		Prednisone Intensol Concentrate; Solution; Tablet Dose Pack
		Prednisolone Solution; Tablet; Tablet Dose Pack (Millipred®)
		Prednisolone Sodium Phosphate 10mg/5ml (Generic Millipred®)
		Prednisolone Sodium Phosphate 20mg/5ml (Generic Veripred®)
		Prednisolone Sodium Phosphate ODT (AG; Generic; Orapred ODT®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>GOUT AGENTS (19)</b>	Allopurinol Tablet (Generic)	Colchicine Capsule (Mitigare®)
<b>Antihyperuricemics</b>	Colchicine Capsule (AG)	Colchicine Tablet (AG; Colcrys®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a>	Probenecid Tablet (Generic)	Febuxostat Tablet (Uloric®)
	Probenecid/Colchicine Tablet (Generic)	Pegloticase (Krystexxa®) (Intravenous)
<b>GROWTH DEFICIENCY (20)</b>	Somatropin Cartridge; Syringe (Genotropin®)	Somatropin Cartridge; Vial (Humatrope®)
<b>Growth Hormones</b>	Somatropin Pen (Norditropin® FlexPro®)	Somatropin Pen (Nutropin AQ® NuSpin®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a>		Somatropin Cartridge; Vial (Omnitrope®)
		Somatropin Cartridge; Vial (Saizen®)
		Somatropin Vial (Serostim®)
		Somatropin Vial (Zomacton®)
		Somatropin Vial (Zorbtive®)
<b>H. PYLORI TREATMENT (21)</b>	<b>NONE</b>	Bismuth Subcitrate Potassium/Metronidazole/Tetracycline (Pylera®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a>		Lansoprazole/Amoxicillin/Clarithromycin (Generic Prevpac®)
		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Apixaban Tablet; Dose Pack (Eliquis®)	Dalteparin Syringe (Fragmin®)
<b>Anticoagulants</b>	Dabigatran (Pradaxa®)	Dalteparin Vial (Fragmin®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a>	Enoxaparin Syringe (AG; Generic)	Edoxaban Tablet (Savaysa®)
	Enoxaparin Vial (AG)	Enoxaparin Vial (Lovenox®)
	Rivaroxaban (Xarelto®; Xarelto® Starter Pack)	Enoxaparin Syringe (Lovenox®)
	Warfarin (Generic)	Fondaparinux (Generic; Arixtra®)
		Warfarin (Coumadin®)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Clopidogrel (Generic)	Aspirin/Dipyridamole ER Capsule (AG; Generic; Aggrenox®)
<b>Anticoagulants</b>	Dipyridamole (Generic)	Aspirin/Omeprazole DR Tablet (Yosprala®)
<b>Platelet Aggregation Inhibitors</b>	Prasugrel (Generic)	Clopidogrel (Plavix®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a>	Ticagrelor (Brilinta®)	Prasugrel (Effient®)
		Vorapaxar Tablet (Zontivity®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Benazepril (Generic)	Aliskiren (Tekturna®)
<b>Hypertension</b>	Enalapril (Generic)	Aliskiren/HCTZ (Tekturna HCT®)
<b>ACE Inhibitors &amp; Direct Renin Inhibitors</b>	Enalapril/HCTZ (Generic)	Azilsartan Medoxomil (Edarbi®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Fosinopril/HCTZ (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)
	Irbesartan (Generic)	Benazepril/HCTZ (Generic)
	Irbesartan/HCTZ (Generic)	Candesartan (AG; Generic; Atacand®)
	Lisinopril (Generic)	Candesartan/HCTZ (AG; Generic; Atacand HCT®)
	Lisinopril/HCTZ (Generic)	Captopril (Generic)
	Losartan (Generic)	Captopril/HCTZ (Generic)
	Losartan/HCTZ (Generic)	Enalapril for Solution (Epaned®)
	Olmesartan (AG; Generic)	Enalapril (Vasotec®)
	Quinapril (Generic)	Eprosartan (Generic)
	Ramipril (Generic)	Fosinopril (Generic)
	Sacubitril/Valsartan (Entresto®)	Irbesartan (Avapro®)
	Valsartan (Generic)	Irbesartan/HCTZ (Avalide®)
	Valsartan/HCTZ (Generic)	Lisinopril Solution (Qbrelis®)
		Lisinopril (Zestril®; Prinivil®)
		Lisinopril/HCTZ (Zestoretic®)
		Losartan (Cozaar®)
		Losartan/HCTZ (Hyzaar®)
		Moexipril (Generic)
		Moexipril/HCTZ (Generic)
		Olmesartan (Benicar®)
		Olmesartan/HCTZ (AG; Generic; Benicar HCT®)
	Perindopril (Generic)	
	Quinapril (Accupril®)	
	Quinapril/HCTZ (Generic)	
	Ramipril (Altace®)	
	Telmisartan (AG; Generic; Micardis®)	
	Telmisartan/HCTZ (AG; Generic; Micardis HCT®)	
	Trandolapril (Generic)	
	Valsartan (Diovan®)	
	Valsartan/HCTZ (Diovan HCT®)	

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)
<b>Hypertension</b>	Amlodipine/Valsartan (AG; Generic)	Amlodipine/Olmesartan (AG; Generic; Azor®)
<b>Angiotensin Modulators/Calcium Channel Blockers Combinations</b>	Amlodipine/Valsartan/HCTZ (Generic)	Amlodipine/Olmesartan/HCTZ (AG; Generic; Tribenzor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>		Amlodipine/Perindopril (Prestalia®) Amlodipine/Telmisartan (Generic Twynsta®) Amlodipine/Valsartan (Exforge®) Amlodipine/Valsartan/HCTZ (Exforge HCT®) Nebivolol/Valsartan (Byvalson®) Trandolapril/Verapamil (AG; Tarka®)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Atenolol (Generic)	Atenolol (Tenormin®)
<b>Hypertension</b>	Acebutolol (Generic)	Atenolol/Chlorthalidone (Tenoretic®)
<b>Beta Blocker Agents</b>	Atenolol/Chlorthalidone (Generic)	Bisoprolol/HCTZ (Ziac®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Betaxolol (Generic) Bisoprolol (Generic) Bisoprolol/HCTZ (Generic) Carvedilol (Generic) Labetalol (Generic) Metoprolol Tartrate (Generic) Metoprolol Succinate ER (Generic) Propranolol ER (AG; Generic) Propranolol Tablet; Solution (Generic) Sotalol (Generic)	Carvedilol (Coreg®) Carvedilol ER (Generic; Coreg CR®) Metoprolol/HCTZ (Generic) Metoprolol Succinate (Kaspargo®) Metoprolol Tartrate ER (Toprol XL®) Metoprolol Tartrate (Lopressor®) Nadolol (Generic; Corgard®) Nadolol/Bendroflumethiazide (Generic) Nebivolol (Bystolic®) Pindolol (Generic) Propranolol (Hemangeol®) Propranolol ER Capsule (Innopran XL®; Inderal XL®) Propranolol LA (Inderal LA®) Propranolol/HCTZ (Generic) Sotalol (Betapace® AF) Sotalol Solution (Sotylize®) Timolol Maleate (Generic)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Amlodipine Tablet (Generic)	Amlodipine (Norvasc®)
<b>Hypertension</b>	Diltiazem ER Capsule (Generic)	Diltiazem CD (Cardizem CD®; Cardizem CD® 360mg)
<b>Calcium Channel Blockers</b>	Diltiazem IR Tablet (Generic)	Diltiazem LA Tablet (AG; Cardizem LA®; Matzim LA®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Felodipine ER (Generic)	Diltiazem (Tiazac® 420mg)
	Nifedipine ER Tablet (Generic)	Isradipine (Generic)
	Verapamil ER Tablet (Generic)	Nicardipine (Generic)
	Verapamil ER PM (Generic)	Nifedipine ER (Adalat CC®; Procardia XL®)
	Verapamil IR Tablet (Generic)	Nifedipine IR Capsule (Generic; Procardia®)
		Nimodipine Capsule (Generic)
		Nimodipine Solution (Nymalize®)
		Nisoldipine (Generic)
		Verapamil 360mg Capsule (Generic)
		Verapamil Capsule (Verelan®)
		Verapamil ER PM (Verelan PM®)
	Verapamil ER Capsule (Generic)	
	Verapamil ER Tablet (Calan® SR)	
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Cholestyramine/Sucrose (Generic Questran®)	Alirocumab Subcutaneous Pen (Praluent®)
<b>Lipotropics, Other</b>	Colestipol Granules; Tablet (Generic)	Cholestyramine (Questran®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Ezetimibe (Generic)	Cholestyramine/Aspartame (Generic)
	Fenofibrate Nanocrystalized Tablet (AG; Generic Tricor® 48mg)	Colesevelam Powder Pack; Tablet (AG; Generic; Welchol®)
	Fenofibrate Nanocrystalized Tablet (AG; Generic Tricor® 145mg)	Colestipol Granules (Colestid®)
	Gemfibrozil (Generic)	Evolocumab Auto-Injector (Repatha® SureClick®)
	Niacin ER (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 Capsule [Micronized]; Tablet (Generic Lofibra®)
		Fenofibrate Tablet Nanocrystalized Tablet (Tricor®)
		Fenofibrate Tablet Nanocrystalized Tablet (AG; Triglide®)
		Fenofibric Acid Tablet (Generic Fibricor®)



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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	(preferred agents listed on page 23)	Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
<b>Lipotropics, Other Continued</b>		Gemfibrozil (Lopid®) Icosapent Ethyl (Vascepa®) Lomitapide (Juxtapid®) Niacin ER (Niaspan®) Omega-3-acid Ethyl Esters (Generic; Lovaza®)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Atorvastatin (Generic)	Amlodipine/Atorvastatin (Generic; Caduet®)
<b>Statins &amp; Statin Combination Agents</b>	Lovastatin (Generic)	Atorvastatin (Lipitor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Pravastatin (Generic) Rosuvastatin (Generic) Simvastatin (Generic)	Ezetimibe/Simvastatin (Generic; Vytorin®) Fluvastatin (Generic) Fluvastatin ER (AG; Generic; Lescol XL®) Lovastatin ER (Altoprev®) Pitavastatin (Livalo®; Zypitamag®) Pravastatin (Pravachol®) Rosuvastatin (Crestor®) Simvastatin (Zocor®)
<b>HEART DISEASE HYPERLIPIDEMIA (22)</b>	Ambrisentan Tablet (Letairis®)	Bosentan Suspension (Tracleer®)
<b>Pulmonary Arterial Hypertension (PAH)</b>	Bosentan Tablet (Tracleer®)	Iloprost Inhalation Solution (Ventavis®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Sildenafil Tablet (Generic Revatio®)	Macitentan Tablet (Opsumit®) Riociguat Tablet (Adempas®) Selexipag Tablet; Dose Pack (Uptravi®) Sildenafil Tablet; Oral Suspension (Revatio®) Tadalafil Tablet (Generic; Adcirca®) Treprostinil Inhalation Solution (Tyvaso®) Treprostinil ER Tablet (Orenitram ER®)
<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Clonidine Patch (Catapres-TTS®)	Clonidine Tablet (Catapres®)
<b>Sympatholytics</b>	Clonidine Tablet (Generic)	Clonidine Patch (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Guanfacine Tablet (Generic) Methyldopa Tablet (Generic)	Methyldopa/Hydrochlorothiazide Tablet (Generic) Methyldopate HCl (Intravenous)

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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEMOPHILIA TREATMENT (25) Continued</b>	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII, Human (Monoclote-P® Kit)	Factor VIII (Helixate FS®, Kogenate FS®)
	Factor VIII, Recombinant (Recombine®)	Factor VIII (Kovaltry®)
	Factor VIII/VWF (Alphanate®)	Factor VIII, Full-Length PEGylated (Adynovate®)
	Factor VIII/VWF (Humate-P® Kit)	Factor VIII, Human (Hemofil-M®)
	Factor VIII/VWF (Wilate®)	Factor VIII, Human Kit; Vial (Koate DVI®)
	Factor X (Coagadex®)	Factor VIII, Recombinant Porcine (Obizur®)
	Factor XIII Concentrate, Human (Corifact® Kit)	Factor VIII, Recombinant, Fc Fusion (Eloctate®)
		Factor VIII, Recombinant, PEGylated-aucl (Jivi®)
		Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)
		Factor XIII A-Subunit, Recombinant (Tretten®)
		Von Willebrand Factor, Recombinant (Vonvendi®)
<b>IMMUNOSUPPRESSIVES, ORAL (26)</b>	Azathioprine Tablet (Generic)	Azathioprine (Azasan®; Imuran®)
* <a href="#">Request Form</a>	Cyclosporine Capsule - MODIFIED (Generic)	Cyclosporine Capsule (Generic; Sandimmune®)
* <a href="#">Criteria</a>	Mycophenolate Mofetil Capsule; Tablet (Generic)	Cyclosporine Softgel; Solution - MODIFIED (Generic; Neoral®)
	Tacrolimus Capsule (Generic)	Cyclosporine Solution (Sandimmune®)
		Everolimus (Zortress®)
		Mycophenolate Mofetil Capsule; Tablet; Suspension (CellCept®)
		Mycophenolate Mofetil Suspension (Generic)
		Mycophenolate Sodium as Mycophenolic Acid (Generic; Myfortic®)
		Sirolimus Solution (Generic; Rapamune®)
		Sirolimus Tablet (AG; Generic; Rapamune®)
		Tacrolimus Capsule; Granule Packet (Prograf®)
		Tacrolimus ER Capsule (Astagraf® XL)
		Tacrolimus ER Tablet (Envarsus® XR)
<b>INFECTIOUS DISORDERS (27)</b>	Amoxicillin/Clavulanate Suspension; Tablet (Generic)	Amoxicillin/Clavulanate ER (Generic; Augmentin XR®)
<b>Antibiotics</b>	Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate Chewable Tablet (Generic)
<b>Cephalosporin and Related Antibiotics</b>	Cefdinir Capsule; Suspension (Generic)	Amoxicillin/Clavulanate Suspension (Augmentin® 125mg; 250mg)
* <a href="#">Request Form</a>	Cefprozil Suspension; Tablet (Generic)	Cefaclor Capsule; Suspension (Generic)
* <a href="#">Criteria</a>	Cefuroxime Tablet (Generic)	Cefaclor ER Tablet (Generic)
	Cephalexin Capsule; Suspension (Generic)	Cefadroxil Suspension; Tablet (Generic)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (27)</b>	(preferred agents listed on page 26)	Cefixime Capsule; Chewable Tablet (Suprax®)
<b>Antibiotics</b>		Cefixime Suspension (Generic; Suprax®)
<b>Cephalosporin and Related Antibiotics Continued</b>		Cephalexin Capsule (Daxbia®; Keflex®)
		Cephalexin Tablet (Generic)
		Cefpodoxime Proxetil Suspension; Tablet (Generic)
<b>INFECTIOUS DISORDERS (27)</b>	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Generic; Cipro®)
<b>Antibiotics</b>	Levofloxacin Tablet (Generic)	Ciprofloxacin Tablet (Cipro®)
<b>Fluoroquinolones</b>		Ciprofloxacin ER Tablet (Generic)
* <a href="#">Request Form</a>		Delafloxacin (Baxdela®)
* <a href="#">Criteria</a>		Levofloxacin Solution (Generic)
		Levofloxacin Tablet (Levaquin®)
		Moxifloxacin (AG; Generic; Avelox®)
		Ofloxacin (Generic)
<b>INFECTIOUS DISORDERS (27)</b>	Metronidazole Tablet (Generic)	Fidaxomicin (Difcid®)
<b>Antibiotics</b>	Neomycin Tablet (Generic)	Metronidazole Capsule (Generic; Flagyl®)
<b>Gastrointestinal Antibiotics</b>	Vancomycin HCl Capsule (AG; Generic)	Metronidazole Tablet (Flagyl®)
* <a href="#">Request Form</a>	Vancomycin Solution (Firvanq ®)	Paromomycin (Generic)
* <a href="#">Criteria</a>		Rifaximin (Xifaxan®)
		Secnidazole (Solosec™)
		Tinidazole (Generic; Tindamax®)
		Vancomycin HCl (Vancocin®)
<b>INFECTIOUS DISORDERS (27)</b>	Tobramycin Solution (Bethkis®)	Amikacin Inhalation Suspension (Arikayce®)
<b>Antibiotics</b>	Tobramycin Pak (AG for Kitabis Pak®)	Aztreonam Solution (Cayston®)
<b>Inhaled Antibiotics</b>		Tobramycin Solution (AG; Generic; Tobi®)
* <a href="#">Request Form</a>		Tobramycin (Tobi Podhaler®)
* <a href="#">Criteria</a>		Tobramycin Inhalation Solution Pak (Kitabis Pak®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (27)</b>	Clindamycin Capsule (Generic)	Clindamycin Capsule (Cleocin®)
<b>Antibiotics</b>	Clindamycin Palmitate Solution (Generic)	Clindamycin Palmitate Solution (Cleocin®)
<b>Lincosamides</b>		Clindamycin Phosphate Piggyback Injection (Generic)
* <a href="#">Request Form</a>		Clindamycin Phosphate Injection Vial (Generic; Cleocin®)
* <a href="#">Criteria</a>		Clindamycin in 0.9% Sodium Chloride Piggyback Intravenous
		Lincomycin HCl Injection (Generic; Lincocin®)
<b>INFECTIOUS DISORDERS (27)</b>	Azithromycin Packet; Suspension; Tablet (Generic)	Azithromycin Packet; Suspension; Tablet (Zithromax®)
<b>Antibiotics</b>	Clarithromycin Tablet (Generic)	Clarithromycin ER (Generic)
<b>Macrolides - Ketolides</b>	Erythromycin Base DR Capsule (Generic)	Clarithromycin Suspension (Generic)
* <a href="#">Request Form</a>		Erythromycin Base Tablet (Generic)
* <a href="#">Criteria</a>		Erythromycin Ethyl Succinate Suspension (AG; E.E.S. ® 200; EryPed® 200)
		Erythromycin Ethyl Succinate Suspension (EryPed® 400)
		Erythromycin Ethyl Succinate Tablet (E.E.S. ® 400)
		Erythromycin Stearate (Erythrocin®) Erythromycin Tablet (Ery-Tab®)
<b>INFECTIOUS DISORDERS (27)</b>	Nitrofurantoin Macrocrystals Capsule (Generic)	Nitrofurantoin Suspension (Generic; Furadantin®)
<b>Antibiotics</b>	Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Macrocrystals Capsule (Macrochantin®)
<b>Nitrofuran Derivatives</b>		Nitrofurantoin Monohydrate Macrocrystals Capsule (Macrobid®)
* <a href="#">Request Form</a>		
* <a href="#">Criteria</a>		
<b>INFECTIOUS DISORDERS (27)</b>	Linezolid Tablet (AG; Generic)	Linezolid Injection (AG; Generic; Zyvox®)
<b>Antibiotics</b>		Linezolid Suspension (AG; Generic; Zyvox®)
<b>Oxazolidinones</b>		Linezolid Tablet (Zyvox®)
* <a href="#">Request Form</a> * <a href="#">Sivextro Criteria</a> * <a href="#">Zyvox Criteria</a>		Tedizolid IV; Tablet (Sivextro®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (27)</b>	NONE	Quinupristin/Dalfopristin Vial (Synercid®)
Antibiotics		
Streptogramins		
* <a href="#">Request Form</a>		
* <a href="#">Criteria</a>		
<b>INFECTIOUS DISORDERS (27)</b>	Doxycycline Hyclate Tablet (Generic)	Demeclocycline (Generic)
Antibiotics	Doxycycline Hyclate Capsule (AG; Generic)	Doxycycline Calcium Suspension; Syrup (Vibramycin®)
Tetracyclines	Doxycycline Monohydrate 50mg; 100 mg Capsule (Generic)	Doxycycline Hyclate DR Tablet (Doryx® MPC)
* <a href="#">Request Form</a>	Doxycycline Monohydrate Tablet (Generic)	Doxycycline Hyclate DR Tablet (Generic Doryx®)
* <a href="#">Criteria</a>	Minocycline Capsule (Generic)	Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit)
		Doxycycline Monohydrate 40mg DR Capsule (AG; Oracea®)
		Doxycycline Monohydrate Capsule 75mg (Generic)
		Doxycycline Monohydrate Capsule 150 mg (Generic)
		Doxycycline Monohydrate Suspension (Generic)
		Minocycline ER Capsule (Generic; Ximino®)
		Minocycline Tablet (Generic)
		Omadacycline Tosylate (Nuzyra®)
		Tetracycline Capsule
<b>INFECTIOUS DISORDERS (27)</b>	Clindamycin Vaginal Cream (Generic)	Clindamycin Vaginal Cream (Cleocin®)
Antibiotics	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Ovules (Cleocin®)
Vaginal	Metronidazole Vaginal Gel (Generic)	Metronidazole Vaginal Gel (MetroGel-Vaginal®; Vandazole®)
* <a href="#">Request Form</a>	Metronidazole Vaginal Gel (Nuversa®)	
* <a href="#">Criteria</a>		
<b>INFECTIOUS DISORDERS (27)</b>	Clotrimazole Troches (Generic)	Fluconazole Tablet; Suspension (Diflucan®)
Antifungals	Fluconazole Tablet; Suspension (Generic)	Flucytosine (Generic; Ancobon®)
Antifungals, Oral	Griseofulvin Suspension (Generic)	Griseofulvin Tablet (Generic)
* <a href="#">Request Form</a>	Nystatin Tablet; Suspension (Generic)	Griseofulvin Ultramicronsize Tablet (Generic)
* <a href="#">Criteria</a>	Terbinafine Tablet (Generic)	Isavuconazonium (Cresemba®)
		Itraconazole Capsule; Solution (Generic; Sporanox®)
		Itraconazole Tablet (Onmel®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (27)</b>	(preferred agents listed on page 29)	Itraconazole Capsule (Tolsura®)
<b>Antifungals</b>		Ketoconazole (Generic)
<b>Antifungals, Oral Continued</b>		Miconazole Buccal Tablet (Oravig®)
		Posaconazole Tablet; Suspension (Noxafil®)
		Voriconazole Tablet (Generic)
		Voriconazole Suspension (Generic; Vfend®)
<b>INFECTIOUS DISORDERS (27)</b>	Sofosbuvir/Velpatasvir (AG for Epclusa®)	Daclatasvir Tablet (Daklinza®)
<b>Hepatitis C Agents</b>	<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>	Elbasvir/Grazoprevir (Zepatier®)
<b>Direct Acting Antiviral Agents</b>		Glecaprevir/Pibrentasvir (Mavyret®)
		Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®)
		Ombitasvir/Paritaprevir/Ritonavir (Technivie®) <b>Discontinued</b>
		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)
		Sofosbuvir (Sovaldi®)
		Sofosbuvir/Velpatasvir (Epclusa®)
		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)
<b>INFECTIOUS DISORDERS (27)</b>	Peginterferon alfa 2a Proclick; Syringe; Vial (Pegasys®)	Peginterferon alfa 2b Kit (Peg-Intron®)
<b>Hepatitis C Agents</b>	Ribavirin Tablet (Generic)	Ribavirin Capsule (Generic)
<b>Not Direct Acting Antiviral Agents</b>	<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Ribavirin Tablet (Ribasphere® 400mg; 600mg; Ribasphere Ribapak®)
		Ribavirin Tablet (Moderiba® Dose Pack)
		Ribavirin Solution (Rebetol®)
<b>MULTIPLE SCLEROSIS (28)</b>	Fingolimod Capsule (Gilenya®)	Alemtuzumab Vial (Lemtrada®)
<b>Multiple Sclerosis Agents</b>	Glatiramer Acetate 20mg/ml (Copaxone®)	Dalfampridine ER Tablet (AG; Generic; Ampyra®)
<b>Immunomodulatory Agents</b>	Interferon β-1a Pen, Syringe (Avonex®)	Dimethyl Fumarate Capsule (Tecfidera®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Interferon β-1a Auto-Injector (Rebif® Rebidose®)	Glatiramer Acetate 20mg/ml (Generic; Glatopa®)
	Interferon β-1a Auto-Injector (Rebif® Rebidose® Titration Pack)	Glatiramer Acetate 40mg/ml (Generic; Copaxone®; Glatopa®)
	Interferon β-1a Syringe (Rebif®)	Interferon β-1b Kit; Vial (Extavia®)
	Interferon β-1b Kit (Betaseron®)	Natalizumab Vial (Tysabri®)
		Ocrelizumab Injection (Ocrevus®)
		Peginterferon β -1a Pen; Syringe; Starter Pack (Plegridy®)
		Teriflunomide Tablet (Aubagio®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (29)</b>	Anastrozole (Generic)	Abemaciclib (Verzenio®)
<b>Oral – Breast</b>	Capecitabine (Xeloda®)	Anastrozole (Arimidex®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Cyclophosphamide (Generic)	Capecitabine (Generic)
	Exemestane (Generic)	Exemestane (Aromasin®)
	Letrozole (Generic)	Fulvestrant (Faslodex®)
	Palbociclib (Ibrance®)	Lapatinib Ditosylate (Tykerb®)
	Tamoxifen Citrate (Generic)	Letrozole (Femara®)
		Neratinib Maleate (Nerlynx®)
		Ribociclib Succinate (Kisqali®)
		Ribociclib Succinate/Letrozole (Kisqali/Femara Kit®)
		Toremifene Citrate (Fareston®)
<b>ONCOLOGY (29)</b>	Busulfan (Myleran®)	Acalabrutinib (Calquence®)
<b>Oral – Hematologic</b>	Chlorambucil (Leukeran®)	Bosutinib (Bosulif®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Dasatinib (Sprycel®)	Enasidenib Mesylate (Idhifa®)
	Hydroxyurea (Generic)	Hydroxyurea (Hydrea®)
	Ibrutinib Capsule; Tablet (Imbruvica®)	Idelalisib (Zydelig®)
	Imatinib Mesylate (Gleevec®)	Imatinib Mesylate (Generic)
	Lenalidomide (Revlimid®)	Ivosidenib (Tibsovo®)
	Melphalan (Generic)	Ixazomib Citrate (Ninlaro®)
	Mercaptopurine (Generic)	Melphalan (Alkeran®)
	Nilotinib HCl (Tasigna®)	Mercaptopurine (Purixan®)
	Procarbazine HCl (Matulane®)	Midostaurin (Rydapt®)
	Ruxolitinib Phosphate (Jakafi®)	Panobinostat Lactate (Farydak®)
	Tretinoin (Generic)	Pomalidomide (Pomalyst®)
		Ponatinib HCl (Iclusig®)
		Thalidomide (Thalomid®)
		Thioguanine (Tabloid®)
		Venetoclax Tablet; Therapy Pack (Venclexta®)
		Vorinostat (Zolinza®)



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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (29)</b>	Afatinib Dimaleate (Gilotrif®)	Brigatinib (Alunbrig®)
<b>Oral – Lung</b>	Alectinib HCl (Alecensa®)	Ceritinib (Zykadia®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Crizotinib (Xalkori®)	
	Erlotinib HCl (Tarceva®)	
	Gefitinib (Iressa®)	
	Osimertinib Mesylate (Tagrisso®)	
	Topotecan HCl (Hycamtin®)	
<b>ONCOLOGY (29)</b>	Temozolomide (AG; Generic)	Altretamine (Hexalen®)
<b>Oral – Other</b>	Vandetanib (Caprelsa®)	Cabozantinib S-Malate (Cometriq®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>		Niraparib Tosylate (Zejula®)
		Olaparib (Lynparza®)
		Regorafenib (Stivarga®)
		Rucaparib Camsylate (Rubraca®)
		Temozolomide (Temodar®)
		Trifluridine/Tipiracil HCl (Lonsurf®)
<b>ONCOLOGY (29)</b>	Bicalutamide (Generic)	Abiraterone Acetate (Zytiga®)
<b>Oral – Prostate</b>	Flutamide (Generic)	Abiraterone Acetate, Submicronized (Yonsa®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>		Apalutamide (Erleada®)
		Bicalutamide (Casodex®)
		Enzalutamide (Xtandi®)
		Estramustine Phosphate Sodium (Emcyt®)
		Nilutamide (Generic)
<b>ONCOLOGY (29)</b>	Axitinib (Inlyta®)	Cabozantinib S-Malate (Cabometyx®)
<b>Oral - Renal Cell</b>	Lenvatinib Mesylate (Lenvima®)	Everolimus (Afinitor®, Afinitor Disperz®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Pazopanib HCl (Votrient®)	
	Sorafenib Tosylate (Nexavar®)	
	Sunitinib Malate (Sutent®)	

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (29)</b>	Cobimetinib Fumarate (Cotellic®)	Encorafenib (Braftovi®)
<b>Oral – Skin</b>	Dabrafenib Mesylate (Tafinlar®)	Binimetinib (Mektovi®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Sonidegib Phosphate (Odomzo®)	
	Trametinib Dimethyl Sulfoxide (Mekinist®)	
	Vemurafenib (Zelboraf®)	
	Vismodegib (Erivedge®)	
<b>OPHTHALMIC DISORDERS (30)</b>	Cromolyn Sodium Solution (Generic)	Alcaftadine Solution (Lastacaft®)
<b>Allergic Conjunctivitis</b>	Loteprednol Suspension (Alrex®)	Azelastine HCl Solution (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Olopatadine HCl Solution (AG; Generic for Patanol®)	Bepotastine Solution (Bepreve®)
	Olopatadine HCl Solution (Pazeo®)	Emedastine Difumarate Solution (Emadine®)
		Epinastine Solution (Generic)
		Lodoxamide Tromethamine Solution (Alomide®)
		Nedocromil Sodium Solution (Alocril®)
		Olopatadine HCl Solution (AG; Generic; Pataday®) Olopatadine HCl Solution (Patanol®)
<b>OPHTHALMIC DISORDERS (30)</b>	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)
<b>Antibiotics</b>	Ciprofloxacin Solution Ophthalmic (Generic)	Bacitracin Ointment (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Erythromycin Base Ointment (Generic)	Besifloxacin Suspension (Besivance®)
	Gentamicin Sulfate Ointment; Solution (Generic)	Ciprofloxacin Ointment; Solution (Ciloxan®)
	Moxifloxacin Solution (Moxeza®)	Gatifloxacin Solution (Generic; Zymaxid®)
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)	Levofloxacin Solution (Generic)
	Ofloxacin Solution Ophthalmic (Generic)	Moxifloxacin Solution (AG; Generic; Vigamox®)
	Polymyxin B Sulfate/Trimethoprim (Generic)	Natamycin Suspension (Natacyn®)
	Sulfacetamide Sodium Solution (Generic)	Neomycin/Polymyxin B/Bacitracin Ointment (Generic)
	Tobramycin Solution (Generic)	Ofloxacin Solution (Ocuflax®)
		Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)
		Sulfacetamide Sodium Ointment (Generic)
		Sulfacetamide Sodium Solution (Bleph-10®)
		Tobramycin Solution; Ointment (Tobrex®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (30)</b>	Neomycin/Polymyxin B/Dexamethasone Suspension; Ointment	Gentamicin/Prednisolone Ointment; Suspension (Pred-G®)
<b>Antibiotic-Steroid Combinations</b>	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Tobramycin/Dexamethasone Ointment; Suspension (Tobradex®)	Neomycin/Polymyxin B/Dexamethasone Suspension (Maxitrol®)
		Neomycin/Polymyxin B/Dexamethasone Ointment (Maxitrol®)
		Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
		Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P.®)
		Sulfacetamide/Prednisolone Solution (Blephamide®)
		Tobramycin/Dexamethasone Susp. (AG; Generic)
		Tobramycin/Dexamethasone ST (Tobradex ST®)
Tobramycin/Loteprednol Suspension (Zylet®)		
<b>OPHTHALMIC DISORDERS (30)</b>	Dexamethasone Sodium Phosphate (Generic)	Bromfenac Sodium 0.07% Solution (Prolensa®)
<b>Anti-Inflammatories</b>	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (BromSite®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Difluprednate Emulsion (Durezol®)	Bromfenac Sodium 0.09% Solution (Generic)
	Fluorometholone 0.1% Suspension (Generic)	Dexamethasone Intraocular Implant (Ozurdex®)
	Flurbiprofen Sodium Solution (Generic)	Dexamethasone Suspension (Maxidex®)
	Ketorolac Tromethamine LS Solution 0.4%; Solution 0.5%	Fluocinolone Acetonide Intraocular Implant (Iluvien®; Retisert®)
	Nepafenac 0.3% Suspension (Ilevro®)	Fluorometholone 0.1% Ointment (FML S.O.P.®)
	Prednisolone Acetate 1% Suspension (Generic)	Fluorometholone 0.1% Suspension (FML®)
		Fluorometholone 0.25% Suspension (FML Forte®)
		Fluorometholone Acetate 0.1% Suspension (Flarex®)
		Ketorolac Tromethamine 0.4% Solution (Acular LS®)
		Ketorolac Tromethamine 0.5% Solution (Acular®)
		Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)
		Loteprednol Suspension; Gel; Ointment (Lotemax®)
		Loteprednol Etabonate 1% Ophthalmic Suspension (Inveltys®)
		Nepafenac 0.1% Suspension (Nevanac®)
		Prednisolone Acetate 0.12% Solution (Pred Mild®)
		Prednisolone Acetate 1% Suspension (Pred Forte®)
Prednisolone Sodium Phosphate (Generic)		
Triamcinolone Acetonide Suspension (Triesence®)		

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (30)</b>	Cyclosporine (Restasis®; Restasis® Multidose™)	Cyclosporine 0.09% Ophthalmic Solution (Cequa®)
<b>Anti-Inflammatory/Immunomodulators</b>		Lifitegrast (Xiidra®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>		
<b>OPHTHALMIC DISORDERS (30)</b>	Brimonidine 0.15% Solution (Alphagan P® 0.15%)	Apraclonidine Solution (Generic; Iopidine®)
<b>Glaucoma Agents</b>	Brimonidine 0.2% Solution (Generic)	Betaxolol 0.25% Suspension (Betoptic S®)
<b>Intraocular Pressure (IOP) Reducers</b>	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Betaxolol 0.5% Solution (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Brimonidine/Timolol Solution (Combigan®)	Bimatoprost Solution (Generic; Lumigan®)
	Carteolol Solution (Generic)	Brimonidine 0.1% Solution (Alphagan P® 0.1%)
	Dorzolamide Solution (Generic)	Brimonidine P 0.15% Solution (Generic)
	Dorzolamide/Timolol Solution (Generic)	Brinzolamide Suspension (Azopt®)
	Latanoprost 2.5ml Solution (Generic)	Dorzolamide Solution (Trusopt®)
	Levobunolol Solution (Generic)	Dorzolamide/Timolol Solution (Cosopt®)
	Netarsudil Mesylate (Rhopressa®)	Dorzolamide/Timolol/PF Solution (Generic; Cosopt PF®)
	Pilocarpine HCl Solution (Generic)	Echothiophate Iodide (Phospholine Iodide®)
	Timolol Maleate Solution; Gel-Forming Solution	Latanoprost Emulsion (Xelpros®)
	Travoprost (Travatan Z®)	Latanoprost Solution (Xalatan®)
		Latanoprostene Bunod Solution (Vyzulta®)
		Tafluprost Solution (Zioptan®)
		Timolol Maleate LA Solution (AG; Generic; Istalol®)
		Timolol Maleate Solution (Timoptic® Ocudose®)
<b>OPIATE DEPENDENCE AGENTS (31)</b>	Buprenorphine/Naloxone Sublingual Film (Suboxone®)	Buprenorphine Sublingual Tablet (Generic)
<a href="#">*Request Form</a>	Naloxone Nasal Spray (Narcan®)	Buprenorphine Injection (Sublocade®)
<a href="#">*Criteria</a>	Naloxone Syringe; Vial (Generic)	Buprenorphine Implant (Probuphine®)
	Naltrexone Tablet (Generic)	Buprenorphine/Naloxone Film Buccal Film (Bunavail®)
		Buprenorphine/Naloxone Sublingual Film
		Buprenorphine/Naloxone Sublingual Tablet (Generic)
		Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)
		Lofexidine (Lucemyra®)
		Naltrexone Extended-Release Injectable Suspension (Vivitrol®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OSTEOPOROSIS (32)</b>	Alendronate Tablet (Generic)	Abaloparatide (Tymlos®)
<b>Bone Resorption Suppression Agents</b>	Calcitonin-Salmon Nasal (Generic)	Alendronate Effervescent Tablet (Binosto®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>		Alendronate Tablet (Fosamax®) Alendronate Solution (Generic) Alendronate/Vitamin D (Fosamax Plus D®) Denosumab (Prolia®) Etidronate Disodium (Generic) Ibandronate Sodium Tablet (Generic; Boniva®) Raloxifene (Generic; Evista®) Risedronate (AG; Generic; Actonel®) Risedronate DR (AG; Atelvia®) Teriparatide Subcutaneous (Forteo®)
<b>OTIC AGENTS (33)</b>	Ciprofloxacin Otic (Generic)	Ciprofloxacin Otic (Otiprio®)
<b>Antibiotics</b>	Ciprofloxacin/Dexamethasone (Ciprodex®)	Ciprofloxacin/Fluocinolone Acetonide (Otovel®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Neomycin/Polymyxin B/Hydrocortisone Solution; Suspension	Ciprofloxacin/Hydrocortisone (Cipro HC Otic®) Neomycin/Colistin/Thonzonium/Hydrocortisone (Coly-Mycin S®) Ofloxacin Otic (Generic)
<b>OTIC AGENTS (33)</b>	Acetic Acid (Generic)	<b>NONE</b>
<b>Anti-Infectives and Anesthetics</b>	Acetic Acid/Hydrocortisone (Generic)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a>		
<b>PAIN MANAGEMENT (34)</b>	Galcanezumab-gnlm Pen (Emgality®)	Erenumab-aooe (Aimovig®)
<b>Antimigraine Agents</b>	Galcanezumab-gnlm Syringe (Emgality®)	Fremanezumab-vfrm Subcutaneous (Ajovy®)
<b>CGRP Antagonists</b>		
<a href="#">*Request Form</a> <a href="#">*Criteria</a>		

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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 37)	Golimumab Pen; Syringe; Vial (Simponi®; Simponi Aria®)
<b>Cytokine and CAM Antagonists Continued</b>		Guselkumab Syringe (Tremfya®)
		Infliximab Vial (Remicade®)
		Infliximab-abda ( Renflexis®)
		Infliximab-dyyb ( Inflectra®)
		Ixekizumab Syringe; Autoinjector (Taltz®)
		Rilonacept (Arcalyst®)
		Sarilumab Pen; Syringe (Kevzara®)
		Tildrakizumab-asmn Syringe (Ilumya®)
		Tocilizumab Syringe; Vial (Actemra®)
		Tofacitinib Tablet (Xeljanz®)
		Tofacitinib ER Tablet (Xeljanz® XR)
		Ustekinumab Syringe; Vial (Stelara®)
	Vedolizumab (Entyvio®)	
<b>PAIN MANAGEMENT (34)</b>	Acetaminophen w/Codeine Elixir; Tablet (Generic)	Acetaminophen w/Codeine (Capital with Codeine®; Tylenol #3®; Tylenol #4®)
<b>Narcotic Analgesics - Short-Acting</b>	Hydrocodone/Acetaminophen Tablet (Generic)	Benzhydrocodone/Acetaminophen (Apadaz®)
* <a href="#">Request Form</a>	Hydrocodone/Acetaminophen Solution (Generic)	Butalbital/Caffeine/APAP w/ Codeine (Generic)
* <a href="#">Criteria</a>	Hydromorphone Tablet (Generic)	Butalbital Compound with Codeine (Generic; Fiorinal w/ Codeine®)
	Morphine IR Tablet (Generic)	Butorphanol Tartrate Nasal (Generic)
	Morphine Sulfate Oral Syringe	Carisoprodol Compound-Codeine (Generic)
	Oxycodone Tablet (Generic)	Codeine Tablet (Generic)
	Oxycodone/Acetaminophen Tablet (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)
	Tramadol (Generic)	Fentanyl Buccal (Generic; Fentora®)
	Tramadol/Acetaminophen (Generic)	Fentanyl Nasal Solution (Lazanda®)
		Fentanyl Sublingual (Abstral®)
		Fentanyl Sublingual Spray (Subsys®)
		Hydrocodone/Acetaminophen Solution (Lortab®)
		Hydrocodone/Acetaminophen Tablet (Lortab®; Norco®)
		Hydrocodone/Ibuprofen (Generic; Ibudone®)
		Hydromorphone Liquid (Dilaudid®)
		Hydromorphone Tablet (Dilaudid®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 38)	Hydromorphone Suppositories; Liquid (Generic)
<b>Narcotic Analgesics - Short-Acting Continued</b>		Levorphanol Tablet (Generic)
		Meperidine Solution (Generic)
		Meperidine Tablet (Generic)
		Morphine Oral Solution Concentrate (Generic)
		Morphine Solution (Generic)
		Morphine Suppositories (Generic)
		Oxycodone Capsule (Generic)
		Oxycodone Tablet (Roxybond®)
		Oxycodone HCl Tablet (Oxaydo® Abuse-Deterrent)
		Oxycodone Tablet (Roxicodone®)
		Oxycodone Oral Solution Concentrate (Generic)
		Oxycodone Oral Syringe (Generic)
		Oxycodone Solution (Generic)
		Oxycodone/Acetaminophen Tablet (Nalocet®; Percocet®; Primlev®)
		Oxycodone/Aspirin (Generic)
		Oxycodone/Ibuprofen (Generic)
		Oxymorphone IR Tablet (Generic; Opana®)
		Pentazocine/Naloxone (Generic)
	Tapentadol (Nucynta®)	
	Tramadol (Ultram®)	
	Tramadol/Acetaminophen (Ultracet®)	
<b>PAIN MANAGEMENT (34)</b>	Fentanyl Transdermal (12mcg; 25mcg; 50mcg; 75mcg; 100mcg)	Buprenorphine Buccal Film (Belbuca®)
<b>Narcotic Analgesics - Long-Acting</b>	Morphine Sulfate ER Tablet (Generic)	Buprenorphine Transdermal (AG; Generic; Butrans®)
* <a href="#">Request Form</a>	Morphine Sulfate/Naltrexone HCl ER Capsule (Embeda®)	Fentanyl Transdermal (Duragesic®)
* <a href="#">Criteria</a>		Fentanyl Transdermal (Generic 37.5mcg; 62.5mcg; 87.5mcg)
* <a href="#">Methadone Clinical Criteria</a>		Hydrocodone Bitartrate ER Capsule (Zohydro ER®)
		Hydrocodone Bitartrate ER Tablet (Hysingla ER®)
		Hydromorphone ER Tablet (AG; Generic; Exalgo®)
		Methadone Oral Concentrate; Oral Solution
		Methadone Soluble Tablet
	Methadone Tablet (Generic; Dolophine®)	



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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 39)	Morphine ER Capsule (Generic Avinza®)
<b>Narcotic Analgesics - Long-Acting Continued</b>		Morphine ER Capsule (Generic Kadian; Kadian®)
		Morphine ER Tablet (Arymo ER®; MorphaBond ER®; MS Contin®)
		Oxycodone ER Tablet (AG; OxyContin®)
		Oxycodone Myristate (Xtampza® ER)
		Oxymorphone ER (Generic Opana ER®)
		Tapentadol Extended Release (Nucynta ER®)
		Tramadol ER Capsule (AG; Conzip®)
		Tramadol ER Tablet (Generic Ryzolt®; Generic Ultram ER®)
<b>PAIN MANAGEMENT (34)</b>	Duloxetine Capsule (Generic)	Capsaicin/Skin Cleanser (Qutenza Kit®)
<b>Neuropathic Pain</b>	Gabapentin Capsule; Solution; Tablet (Generic)	Duloxetine Capsule (Cymbalta®; Generic for Irenka®)
* <a href="#">Request Form</a>	Lidocaine Patch (AG; Generic)	Gabapentin Capsule; Solution; Tablet (Neurontin®)
* <a href="#">Criteria</a>		Gabapentin Enacarbil Tablet (Horizant®)
		Gabapentin ER Tablet (Gralise®)
		Lidocaine Patch (Lidoderm®)
		Lidocaine Topical System (Ztlido®)
		Lidocaine/Emollient Combo No. 102 (DermacinRx® PHN Pak™)
		Milnacipran (Savella®; Savella Titration Pack®)
		Pregabalin Capsule; Solution (Lyrica®)
		Pregabalin ER Tablet (Lyrica CR®)
<b>PAIN MANAGEMENT (34)</b>	Diclofenac Sodium Tablet (Generic)	Celecoxib (AG; Generic; Celebrex®)
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)</b>	Diclofenac Sodium Transdermal Gel (Generic; Voltaren®)	Diclofenac Epolamine Patch (Flector®)
* <a href="#">Request Form</a>	Diclofenac SR (Generic)	Diclofenac Potassium Capsule (Zipsor®)
* <a href="#">Criteria</a>	Ibuprofen Suspension Rx; Tablet Rx (Generic)	Diclofenac Potassium Tablet (Generic)
	Indomethacin Capsule (Generic)	Diclofenac Sodium Topical Solution (Generic; Pennsaid®)
	Ketorolac Tablet (Generic)	Diclofenac Sodium/Isopropyl Alcohol (Vopac MDS Kit)
	Meloxicam Tablet (Generic)	Diclofenac Submicronized Capsule (Zorvolex®)
	Nabumetone Tablet (Generic)	Diclofenac/Capsicum Oleoresin Kit
	Naproxen EC DR (Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
	Naproxen Suspension; Tablet (Generic)	Diflunisal Tablet (Generic)
	Sulindac Tablet (Generic)	Etodolac Tablet; Capsule; SR Tablet (Generic)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 40)	Fenoprofen Capsule (AG; Generic; Nalfon®)
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Continued</b>		Flurbiprofen Tablet (Generic)
		Ibuprofen/Famotidine Tablet (Duexis®)
		Indomethacin ER Capsule (Generic)
		Indomethacin Submicronized Capsule (Tivorbex®)
		Indomethacin Suppository; Suspension (Indocin®)
		Ketoprofen Capsule (Generic)
		Ketoprofen ER Capsule (Generic)
		Ketorolac Nasal Spray (Sprix®)
		Meclofenamate Sodium Capsule (Generic)
		Mefenamic Acid (Generic)
		Meloxicam, Submicronized (Vivlodex®)
		Meloxicam Tablet (Mobic®)
		Naproxen CR (AG; Generic)
		Naproxen Sodium (Generic; Naprelan®)
		Naproxen/Esomeprazole Tablet (Vimovo®)
		Oxaprozin Tablet (Generic)
	Piroxicam Capsule (Generic; Feldene®)	
	Tolmetin Capsule; Tablet (Generic)	
<b>PAIN MANAGEMENT (34)</b>	Baclofen (Generic)	Carisoprodol Compound
<b>Skeletal Muscle Relaxants</b>	Chlorzoxazone (Generic)	Carisoprodol Tablet 250mg & 350mg (Generic; Soma®)
* <a href="#">Request Form</a>	Cyclobenzaprine (Generic)	Chlorzoxazone (Lorzone®)
* <a href="#">Criteria</a>	Methocarbamol (Generic)	Cyclobenzaprine ER (Amrix®)
	Tizanidine Tablet (Generic)	Dantrolene Sodium (AG; Generic; Dantrium®)
		Metaxalone (Generic; Skelaxin®)
		Methocarbamol (Robaxin®)
		Orphenadrine ER Tablet (Generic)
		Tizanidine Capsule (Generic; Zanaflex®)
		Tizanidine Tablet (Zanaflex®)

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

**Effective Date: October 1, 2019**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PARKINSON'S (35)</b>	Amantadine Capsule; Syrup (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
<b>Antiparkinson Agents</b>	Benztropine Tablet (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
<b>Anticholinergic and Other</b>	Carbidopa/Levodopa ER Tablet (Generic)	Amantadine Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Carbidopa/Levodopa Tablet (Generic)	Bromocriptine Capsule; Tablet (Generic)
	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
	Pramipexole Tablet (Generic)	Carbidopa/Levodopa Enteral Suspension (Duopa®)
	Ropinirole Tablet (Generic)	Carbidopa/Levodopa ER Capsule (Rytary®)
	Selegiline Capsule, Tablet (Generic)	Carbidopa/Levodopa ER Tablet (Sinemet CR®)
	Trihexyphenidyl Elixir, Tablet (Generic)	Carbidopa/Levodopa ODT (Generic)
		Carbidopa/Levodopa Tablet (Sinemet®)
		Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)
		Entacapone Tablet (Generic)
		Pramipexole (Mirapex®)
		Pramipexole ER (Generic; Mirapex ER®)
		Rasagiline (Generic; Azilect®)
		Ropinirole (Requip®)
		Ropinirole ER (Generic; Requip XL®)
	Rotigotine Patch (Neupro®)	
	Safinamide Tablet (Xadago®)	
	Selegiline (Zelapar®)	
	Tolcapone Tablet (Generic)	
<b>PEDIATRIC MULTIVITAMINS (36)</b>	Pediatric MVI A, C, D3 No. 21 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 21 With FL Drop (Tri-Vitamin with FL)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Pediatric MVI No. 2 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 38 with FL Drop (Tri-Vi-Flor®)
	Pediatric MVI No. 16 With FL Chewable	Pediatric MVI No. 33 With FL & Fe Chewable (Poly-Vi-Flor® Fe)
	Pediatric MVI No. 17 With FL Chewable (Generic)	Pediatric MVI No. 33 With FL Chewable (Poly-Vi-Flor®)
	Pediatric MVI No. 45 With FL & Fe Drop (Generic)	Pediatric MVI No. 37 With FL & Fe Drop (Poly-Vi-Flor® Fe)
	Pediatric MVI No. 75 With FL & Fe Drop (Generic)	Pediatric MVI No. 37 With FL Drop (Poly-Vi-Flor®)
	Pediatric MVI No. 82 With FL Drop (Generic)	Pediatric MVI No. 47 With FL & Fe Chewable (Escavite™)
		Pediatric MVI No. 63 With FL Chewable (Quflora™)
		Pediatric MVI No. 78 With FL & Fe Chewable (Escavite™ D)
		Pediatric MVI No. 83 With FL 0.25 mg/ml Drop (Quflora™)
	Pediatric MVI No. 84 With FL 0.5 mg/ml Drop (Quflora™)	

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

Effective Date: October 1, 2019

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PEDIATRIC MULTIVITAMINS (36) Continued</b>	(preferred agents listed on page 42)	Pediatric MVI No. 85 With FL Chewable (Floriva™)
		Pediatric MVI No. 86 With FL & Fe Drop (Escavite® LQ)
		Pediatric MVI No. 130 With FL Drop (Floriva Plus™)
		Pediatric MVI No. 142 With FL & Fe Chewable (Quflora™ FE)
		Pediatric MVI No. 151 With FL & Fe Drop (Quflora™ FE)
<b>PITUITARY SUPPRESSIVE AGENTS (37)</b>	Goserelin Acetate (Zoladex®)	Histrelin Implant Kit (Supprelin LA®)
* <a href="#">Request Form</a>	Leuprolide Acetate Subcutaneous (Generic)	Histrelin Kit (Vantas®)
* <a href="#">Criteria</a>	Leuprolide Acetate (Lupron Depot®)	Leuprolide Acetate (Lupron Depot-Ped®)
	Leuprolide Acetate (Lupron Depot Kit®)	Leuprolide Acetate Subcutaneous Kit (Eligard®)
	Leuprolide Acetate (Lupron Depot-Ped Kit®)	Triptorelin Pamoate (Trelstar®; Trelstar LA®)
	Leuprolide Acetate Suspension/Norethindrone Tablet (Lupaneta Pack®)	Triptorelin Pamoate (Triptodur®)
	Nafarelin Acetate Nasal Solution (Synarel®)	
<b>PROGESTATIONAL AGENTS (38)</b>	Hydroxyprogesterone Caproate MDV; SDV; Auto Injector (Makena®)	Hydroxyprogesterone Caproate (Generic by ANI; Generic by Mylan) – <b>NOT indicated for pre-term labor</b>
* <a href="#">Request Form</a>	Hydroxyprogesterone Caproate Vial (AG; Generic)	Medroxyprogesterone Acetate (Depo-Provera® 400mg/ml)
* <a href="#">Criteria</a>	Medroxyprogesterone Acetate Tablet (Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
	Norethindrone Acetate Tablet (Generic)	Norethindrone Acetate Tablet (Aygestin®)
	Progesterone Capsule (Generic)	Progesterone Injection (Generic)
		Progesterone, Micronized, Oral (Prometrium®)
		Progesterone, Micronized, Vaginal (Crinone®)
<b>PROSTATE (39)</b>	Alfuzosin (Generic)	Doxazosin (Cardura®)
<b>Benign Prostatic Hyperplasia Treatment (BPH)</b>	Doxazosin (Generic)	Doxazosin ER (Cardura XL®)
* <a href="#">Request Form</a>	Dutasteride (Generic)	Dutasteride (Avodart®)
* <a href="#">Criteria</a>	Finasteride (Generic)	Dutasteride/Tamsulosin (Generic; Jalyn®)
	Tamsulosin (Generic)	Finasteride (Proscar®)
	Terazosin (Generic)	Silodosin (Generic; Rapaflo®)
		Tamsulosin (Flomax®)

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

**Effective Date: October 1, 2019**

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

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

**Effective Date: October 1, 2019**

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

**DIABETIC SUPPLY LIST LINKS BY PLAN**

- [AETNA](#)
- [AMERIHEALTH CARITAS LA](#)
- [HEALTHY BLUE](#)
- [LOUISIANA HEALTHCARE CONNECTIONS](#)
- [UNITEDHEALTHCARE](#)

**Prior Authorization Information Phone Numbers for MCOs and FFS**

- Aetna Better Health of Louisiana **1-855-242-0802**
- AmeriHealth Caritas Louisiana **1-800-684-5502**
- Healthy Blue **1-844-521-6942**
- Louisiana Healthcare Connections **1-888-929-3790**
- UnitedHealthcare **1-800-310-6826**
- Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**