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 or via an electronic prescription 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.

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL (1)	Clindamycin Phosphate Gel	Adapalene (Plixda™)
*Request Form	Clindamycin Phosphate Medicated Swab	Adapalene Cream (Generic; Differin®)
*Criteria	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)

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)

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 (Zenzedi®)
	Methylphenidate ER Chewable (QuilliChew ER®)	Dextroamphetamine Solution (Generic)
	Methylphenidate ER Suspension (Quillivant XR®)	Dextroamphetamine Sulfate ER (Generic; Dexedrine® Spansule®)
	Methylphenidate ER Tablet (AG; Generic for Concerta®)	Guanfacine ER Tablet (Intuniv®)
	Methylphenidate IR Tablet (Generic)	Methamphetamine Tablet (Generic; Desoxyn®)
	Modafinil Tablet (Generic)	Methylphenidate ER Capsule (Ritalin LA®)
		Methylphenidate ER Tablet (Concerta®)
		Methylphenidate ER Tablet (Generic for Metadate ER)
		Methylphenidate ER Tablet 72mg (Generic)
		Methylphenidate IR Chew Tablet (Generic)
		Methylphenidate IR Tablet (Ritalin®)
		Methylphenidate Patch (Daytrana®)
		Methylphenidate Solution (AG; Generic; Methylin®)
		Methylphenidate XR ODT (Cotempla XR ODT®)
		Modafinil Tablet (Provigil®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ALLERGY (3)	Cetirizine Tablet OTC (Generic)	Acrivastin/Pseudoephedrine (Semprex-D®)
Antihistamines – Minimally Sedating	Cetirizine Solution OTC/Rx (1mg/ml) (Generic)	Cetirizine Chewable Tablet OTC (Generic)
*Request Form	Levocetirizine Tablet (Generic)	Cetirizine 5mg/5ml Solution OTC (Generic)
*Criteria	Loratadine Solution OTC; Tablet OTC; ODT OTC (Generic)	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)
ALLERGY (3)	Azelastine (Generic for Astelin®)	Azelastine (Astepro®)
Rhinitis Agents, Nasal	Azelastine (AG; Generic for Astepro®)	Azelastine/Fluticasone (Dymista®)
*Request Form	Fluticasone Propionate Nasal Spray (Generic)	Beclomethasone (Beconase AQ®; Qnasl 40®; Qnasl 80®)
*Criteria	Ipratropium Bromide Nasal Spray (Generic)	Ciclesonide (Omnaris®; Zetonna®)
		Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate (Xhance®)
		Mometasone (AG; Generic; Nasonex®)
		Mometasone Furoate Implant (Sinuva™)
		Olopatadine (AG; Generic; Patanase®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ALZHEIMER'S AGENTS (4)	Donepezil ODT (Generic)	Donepezil (Aricept®)
Cholinesterase Inhibitors	Donepezil Tablet (Generic)	Donepezil 23mg (Generic; Aricept®)
*Request Form	Memantine Tablet (AG; Generic)	Donepezil/Memantine ER Capsule; Dose Pack (Namzaric®)
*Criteria	Rivastigmine Transdermal (Generic)	Galantamine ER Capsule; Solution; Tablet (Generic)
		Memantine Capsule ER (Generic; Namenda XR®)
		Memantine Solution (Generic)
		Memantine Tablet (Namenda®)
		Memantine Titration Pack (AG for Namenda®)
		Rivastigmine Capsule (Generic)
		Rivastigmine Transdermal (AG; Exelon®)
ANDROGENIC AGENTS (5)	Testosterone Transdermal System (Androderm®)	Testosterone Gel (AG; Testim®)
*Request Form	Testosterone Gel; Gel Packet; Gel Pump (AG for Vogelxo®)	Testosterone Gel (AG for Fortesta®)
*Criteria	Testosterone Gel (Generic for Vogelxo®)	Testosterone Gel Packet (AG; Generic; Androgel®)
		Testosterone Gel Pump (Generic Axiron®)
		Testosterone Gel Pump (AG; Generic; Androgel®)
		Testosterone Gel Pump (Vogelxo®)
		Testosterone Gel Pump (Generic; Fortesta®)
ANTIPSYCHOTIC AGENTS (6)	**ORAL AGENTS**	**ORAL AGENTS**
Antipsychotic Oral Agents	Amitriptyline/Perphenazine (Generic)	Aripiprazole ODT, Solution (Generic)
*Request Form	Aripiprazole Tablet (Generic)	Aripiprazole Tablet (Abilify®)
*Antipsychotics Criteria	Chlorpromazine Tablet (Generic)	Aripiprazole Tablet with Sensor (Abilify® Mycite®)
*Nuplazid Criteria	Clozapine Tablet (Generic)	Asenapine Sublingual Tablet (Saphris®)
	Fluphenazine Tablet (Generic)	Brexpiprazole 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®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTIPSYCHOTIC AGENTS (6)	Risperidone Solution, Tablet (Generic)	Olanzapine Tablet, ODT (Zyprexa®; Zyprexa® Zydis®)
Antipsychotic Oral Agents Continued	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®)
ANTIPSYCHOTIC AGENTS (6)	**INJECTABLE AGENTS**	**INJECTABLE AGENTS**
Antipsychotic Injectable Agents	Aripiprazole Lauroxil (Aristada®)	Haloperidol Decanoate; Lactate (Haldol®)
*Request Form	Aripiprazole Lauroxil (Aristada® Initio®)	Olanzapine Solution (Generic; Zyprexa®)
*Criteria	Aripiprazole Suspension ER (Abilify Maintena®)	Olanzapine Suspension (Zyprexa® Relprevv®)
	Fluphenazine Decanoate (Generic)	Risperidone ER Suspension (Subcutaneous) (Perseris®)
	Haloperidol Decanoate (Generic)	
	Haloperidol Lactate (Generic)	
	Paliperidone (Invega® Sustenna®)	
	Paliperidone (Invega® Trinza®)	
	Risperidone ER Suspension (Intramuscular) (Risperdal® Consta®)	
	Ziprasidone (Geodon®)	
ANTIVIRALS, ORAL (7)	Acyclovir Capsule; Suspension; Tablet (Generic)	Acyclovir Suspension; Tablet (Zovirax®)
*Request Form	Famciclovir Tablet (Generic)	Baloxavir Marboxil (Xofluza®)
*Criteria	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®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANXIOLYTICS (8)	Alprazolam Tablet (Generic)	Alprazolam ER Tablet (Generic; Xanax XR®)
*Request Form	Buspirone Tablet (Generic)	Alprazolam Intensol Concentrate (Generic)
*Criteria	Lorazepam Tablet (Generic)	Alprazolam ODT (Generic)
		Alprazolam Tablet (Xanax®)
		Chlordiazepoxide Capsule (Generic)
		Clorazepate Dipotassium Tablet (Generic; Tranxene T-Tab®)
		Diazepam Injection Vial; Syringe (Generic)
		Diazepam Intensol Concentrate (Generic)
		Diazepam Solution (Generic)
		Diazepam Tablet (Generic)
		Lorazepam Intensol Concentrate (Generic)
		Lorazepam Tablet (Ativan®)
		Meprobamate (Generic)
		Oxazepam (Generic)
ASTHMA/COPD (9)	**INHALATION**	**INHALATION**
Bronchodilator, Anticholinergics (COPD) Inhalation	Albuterol Sulfate/Ipratropium (Combivent® Respimat®)	Aclidinium Bromide Inhalation Powder (Tudorza® Pressair®)
*Request Form	Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)	Glycopyrrolate (Seebri® Neohaler®)
*Criteria	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®)
ASTHMA/COPD (9)	**ORAL**	**ORAL**
Bronchodilator, Anticholinergics (COPD) Oral	**NONE**	Roflumilast (Daliresp®)
*Request Form		
*Daliresp Criteria		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD (9)	**INHALATION**	**INHALATION**
Bronchodilator, Beta-Adrenergic Inhalation Agents	Albuterol Sulfate Neb 0.63mg/3ml, 1.25mg/3ml, 2.5mg/3ml (Generic)	Albuterol Sulfate MDI (Ventolin HFA®)
*Request Form	Albuterol Sulfate Nebulizer Solution 100mg/20ml (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® RespiClick®)
*Criteria	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®)
ASTHMA/COPD (9)	**ORAL**	**ORAL**
Bronchodilator, Beta-Adrenergic Oral Agents	Albuterol Sulfate Syrup (Generic)	Albuterol Sulfate ER Tablet (Generic)
*Request Form	Terbutaline Sulfate Tablet (Generic)	Albuterol Sulfate Tablet (Generic)
*Criteria		Metaproterenol Sulfate Syrup; Tablet (Generic)
ASTHMA/COPD (9)	Budesonide Respules 0.25mg; 0.5mg; 1mg (Generic)	Beclomethasone HFA; Breath-Actuated HFA (QVAR®, QVAR® RediHaler®)
Glucocorticoids, Inhalation	Budesonide/Formoterol MDI (Symbicort®)	Budesonide DPI (Pulmicort® Flexhaler®)
*Request Form	Fluticasone MDI (Flovent® HFA)	Budesonide Respules 0.25mg; 0.5mg; 1mg (Pulmicort® Respules®)
*Criteria	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®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD (9)	Montelukast Chewable Tablet (Generic)	Montelukast Chewable Tablet; Tablet (Singulair®)
Leukotriene Modifiers	Montelukast Tablet (Generic)	Montelukast Granules (Generic; Singulair®)
*Request Form *Criteria		Zafirlukast Tablet (Generic; Accolate®)
		Zileuton ER Tablet (Generic; Zyflo CR®)
		Zileuton Tablet (Zyflo®)
COLONY STIMULATING FACTORS (10)	Filgrastim Syringe; Vial (Neupogen®)	Filgrastim-aafi (Nivestym®)
*Request Form *Criteria	Pegfilgrastim-cbqv (Udenyca®)	Filgrastim-sndz (Zarxio®)
	Pegfilgrastim-jmdb (Fulphila®)	Pegfilgrastim Kit; Syringe (Neulasta®)
	Tbo-Filgrastim (Granix®)	Sargramostim (Leukine®)
CYSTIC FIBROSIS, ORAL (11)	**NONE**	Ivacaftor Packet (Kalydeco®)
*Request Form *Kalydeco Criteria *Orkambi Criteria *Symdeko Criteria		Ivacaftor Tablet (Kalydeco®)
		Lumacaftor/Ivacaftor Packet (Orkambi®)
		Lumacaftor/Ivacaftor Tablet (Orkambi®)
		Tezacaftor/Ivacaftor (Symdeko®)
DEPRESSION (12)	Bupropion HCl IR (Generic)	Bupropion HBr ER (Aplenzin®)
Antidepressants, Other	Bupropion HCl SR (Generic)	Bupropion HCl SR (Wellbutrin SR®)
*Request Form *Criteria	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®)
		Tranylcypromine Sulfate (Generic; Parnate®)
		Venlafaxine ER Capsule (Effexor XR®)
		Venlafaxine ER Tablet (AG; Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DEPRESSION (12)	(preferred agents listed on page 9)	Vilazodone (Viibryd®; Viibryd® Dose Pack)
Antidepressants, Other Continued		Vortioxetine (Trintellix®)
DEPRESSION (12)	Citalopram Solution; Tablet (Generic)	Citalopram Tablet (Celexa®)
Selective Serotonin Reuptake Inhibitors (SSRIs)	Escitalopram Tablet (Generic)	Escitalopram Solution (Generic)
*Request Form	Fluoxetine Capsule; Solution (Generic)	Escitalopram Tablet (Lexapro®)
*Criteria	Fluvoxamine Maleate Tablet (Generic)	Fluoxetine 60 mg Tablet (Generic)
	Paroxetine Tablet (Generic)	Fluoxetine Capsule (Prozac®)
	Sertraline Concentrate; Tablet (Generic)	Fluoxetine Tablet (Generic; Sarafem®)
		Fluoxetine Delayed Release Capsule (Generic)
		Fluvoxamine Maleate ER (Generic)
		Paroxetine ER Tablet (Generic; Paxil CR®)
		Paroxetine HCl Suspension; Tablet (Paxil®)
		Paroxetine Mesylate (AG; Generic; Brisdelle®)
		Paroxetine Mesylate (Pexeva®)
		Sertraline Tablet (Zoloft®)
DERMATOLOGY (13)	Mupirocin Ointment (Generic)	Gentamicin Sulfate Cream; Ointment (Generic)
Antibiotics, Topical		Mupirocin Cream (Generic)
*Request Form		Mupirocin Ointment (Centany®; Centany® Kit)
*Criteria		
DERMATOLOGY (13)	Clotrimazole Rx Cream; Solution (Generic)	Butenafine Cream (Mentax®)
Antifungals, Topical	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Cream; Gel; Solution; Suspension (Generic)
*Request Form	Ketoconazole Cream (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
*Criteria	Ketoconazole Shampoo [Rx only] (Generic)	Ciclopirox Solution Kit (Generic)
	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)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (13)	(preferred agents listed on page 10)	Efinaconazole Solution (Jublia®)
Antifungals, Topical Continued		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®)
DERMATOLOGY (13)	Permethrin Cream (Generic)	Crotamiton Cream; Lotion (Eurax®)
Antiparasitic Agents, Topical	Ivermectin Lotion (Sklice®)	Crotamiton Lotion (Crotan®)
*Request Form	Spinosad Suspension (Natroba®)	Lindane Shampoo (Generic)
*Criteria		Malathion Lotion (Generic; Ovide®)
		Permethrin Cream (Elimite®)
		Spinosad Suspension (Generic)
DERMATOLOGY (13)	Acitretin Capsule (AG; Generic)	Acitretin Capsule (Soriatane®)
Antipsoriatics, Oral		Methoxsalen Rapid (Generic)
*Request Form		
*Criteria		
DERMATOLOGY (13)	Calcipotriene Cream; Solution (Generic)	Calcipotriene Cream (Dovonex®)
Antipsoriatics, Topical		Calcipotriene Foam (Sorilux®)
*Request Form		Calcipotriene Ointment (Generic; Calcitrene®)
*Criteria		Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®)
		Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic; Taclonex®)
		Calcipotriene/Betamethasone Dipropionate Suspension (Taclonex Scalp®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (13)	(preferred agents listed on page 12)	Hydrocortisone/Skin Cleanser No.35 (Dermasorb HC®)
Steroids, Topical		
Low Potency Continued		
DERMATOLOGY (13)	Fluticasone Propionate Cream; Ointment (Generic)	Betamethasone Valerate Foam (Generic; Luxiq®)
Steroids, Topical	Mometasone Furoate Cream; Ointment; Solution (Generic)	Clocortolone Pivalate Cream (AG; Cloderm®)
Medium Potency		Fluocinolone Acetonide Cream; Ointment; Solution (Generic)
*Request Form		Fluocinolone Acetonide Ointment; Solution (Synalar®)
*Criteria		Fluocinolone Acetonide/Emollient No. 65 Cream Kit; Ointment Kit (Synalar®)
		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)
DERMATOLOGY (13)	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)	Amcinonide Cream; Lotion (Generic)
Steroids, Topical	Betamethasone Valerate Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate Cream; Gel; Lotion; Ointment (Generic)
High Potency	Triamcinolone Acetonide Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate Spray (Sernivo®)
*Request Form		Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)
*Criteria		Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)
		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®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (14)	(preferred agents listed on page 14)	Saxagliptin/Metformin ER (Kombiglyze XR®)
Hypoglycemics		Semaglutide Pen (Ozempic®)
Incretin Mimetics/Enhancers Continued		Sitagliptin/Ertugliflozin (Steglujan®) **(See SGLT2 Criteria)**
DIABETES (14)	Insulin Aspart Cartridge; Pen; Vial (Novolog®)	Insulin Aspart Pen (Fiasp® FlexTouch®)
Hypoglycemics	Insulin Aspart/Insulin Aspart Protamine Pen; Vial (Novolog Mix 70/30®)	Insulin Aspart 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®)
DIABETES (14)	Nateglinide (Generic)	Nateglinide (Starlix®)
Hypoglycemics	Repaglinide (Generic)	Repaglinide (Prandin®)
Meglitinides		Repaglinide/Metformin (Generic)
*Request Form		
*Criteria		

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (15)	Prochlorperazine Oral (Generic)	Dolasetron Oral (Anzemet®)
Antiemetic/Antivertigo Agents Continued	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)
DIGESTIVE DISORDERS (15)	Ursodiol Tablet (Generic)	Chenodiol Tablet (Chenodal®)
Bile Acid Salts		Cholic Acid Capsule (Cholbam®)
*Request Form		Obeticholic Acid Tablet (Ocaliva®)
*Criteria		Ursodiol 300 mg Capsule (Generic; Actigall®)
		Ursodiol (URSO 250®; URSO Forte®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (15)	Famotidine Tablet (Generic)	Cimetidine Solution; Tablet (Generic)
Histamine II Receptor Blockers	Ranitidine Syrup; Tablet (Generic)	Famotidine Suspension (Generic; Pepcid®)
*Request Form		Famotidine Tablet (Pepcid®)
*Criteria		Nizatidine Capsule; Solution (Generic)
		Ranitidine Capsule (Generic)
DIGESTIVE DISORDERS (15)	Pancrelipase (Creon®)	Pancrelipase (Pancreaze®)
Pancreatic Enzymes	Pancrelipase (Zenpep®)	Pancrelipase (Pertzye®)
*Request Form		Pancrelipase (Viokace®)
*Criteria		
DIGESTIVE DISORDERS (15)	Lansoprazole Capsule (Generic)	Dexlansoprazole (Dexilant®)
Proton Pump Inhibitors	Omeprazole Rx (Generic)	Esomeprazole Capsule (AG; Generic; Nexium®)
*Request Form	Pantoprazole (Generic)	Esomeprazole Kit
*Criteria	Pantoprazole Suspension (Protonix®)	Esomeprazole Suspension (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®)
DIGESTIVE DISORDERS (15)	Balsalazide (Generic)	Balsalazide Capsule (Colazal®)
Ulcerative Colitis Agents	Mesalamine ER (Apriso®)	Balsalazide Tablet (Giazo®)
*Request Form	Mesalamine Rectal (Generic)	Budesonide DR Tablet; Rectal Foam (Uceris®)
*Criteria	Sulfasalazine (Generic)	Budesonide DR Tablet (AG; Generic)
	Sulfasalazine DR (Generic)	Mesalamine DR (Generic; Asacol HD®)
		Mesalamine DR Capsule (Delzicol®)
		Mesalamine Enema (Rowasa®)
		Mesalamine Kit (Generic)
		Mesalamine DR Tablet MMX® (AG; Generic; Lialda®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (15)	(preferred agents listed on page 18)	Mesalamine ER Capsule (Pentasa®)
Ulcerative Colitis Agents Continued		Mesalamine Suppositories (AG; Generic; Canasa®)
		Olsalazine Capsule (Dipentum®)
		Sulfasalazine DR Tablet (Azulfidine EN-Tabs®)
		Sulfasalazine Tablet (Azulfidine®)
EPINEPHRINE, SELF-INJECTED (16)	Epinephrine 0.3mg (AG for EpiPen®)	Epinephrine 0.3mg (EpiPen®)
*Request Form	Epinephrine 0.15mg (AG for EpiPen Jr®)	Epinephrine 0.15mg (EpiPen Jr®)
*Criteria		Epinephrine 0.15 Mg (AG for Adrenaclick®)
		Epinephrine 0.3 Mg (AG for Adrenaclick®)
GI MOTILITY, CHRONIC (17)	Linaclotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)
*Request Form	Lubiprostone Capsule (Amitiza®)	Eluxadoline Tablet (Viberzi®)
*Criteria	Naloxegol Tablet (Movantik®)	Methylnaltrexone Syringe; Tablet; Vial (Relistor®)
		Naldemedine (Symproic®)
		Plecanatide (Trulance®)
		Prucalopride (Motegrity®)
GLUCOCORTICOIDS, ORAL (18)	Budesonide Delayed Release Capsules (Generic)	Budesonide Delayed Release Capsules (Entocort EC®)
*Request Form	Dexamethasone Tablet	Cortisone Acetate Tablet
*Criteria	Hydrocortisone Tablet	Deflazacort Suspension; Tablet (Emflaza®)
	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®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (22)	Benazepril (Generic)	Aliskiren (Tekturna®)
Hypertension	Enalapril (Generic)	Aliskiren/HCTZ (Tekturna HCT®)
ACE Inhibitors & Direct Renin Inhibitors	Enalapril/HCTZ (Generic)	Azilsartan Medoxomil (Edarbi®)
*Request Form	Fosinopril/HCTZ (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)
*Criteria	Irbesartan (Generic)	Benazepril/HCTZ (Generic)
	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®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (22)	Amlodipine Tablet (Generic)	Amlodipine (Norvasc®)
Hypertension	Diltiazem ER Capsule (Generic)	Diltiazem CD (Cardizem CD®; Cardizem CD® 360mg)
Calcium Channel Blockers	Diltiazem IR Tablet (Generic)	Diltiazem LA Tablet (AG; Cardizem LA®; Matzim LA®)
*Request Form	Felodipine ER (Generic)	Diltiazem (Tiazac® 420mg)
*Criteria	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)
HEART DISEASE, HYPERLIPIDEMIA (22)	Cholestyramine/Sucrose (Generic Questran®)	Alirocumab Subcutaneous Pen (Praluent®)
Lipotropics, Other	Colestipol Granules; Tablet (Generic)	Cholestyramine (Questran®)
*Request Form	Ezetimibe (Generic)	Cholestyramine/Aspartame (Generic)
*Criteria	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 Nanocrystallized Tablet (Tricor®)
		Fenofibrate Tablet Nanocrystallized Tablet (AG; Triglide®)
		Fenofibric Acid Tablet (Generic Fibricor®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (22)	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (Isordil®)
Vasodilators, Coronary	Isosorbide Mononitrate Tablet (Generic)	Isosorbide Dinitrate ER Capsule (Dilatrate-SR®)
*Request Form	Isosorbide Mononitrate SR Tablet (Generic)	Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)
*Criteria	Nitroglycerin Sublingual Tablet (AG; Generic)	Nitroglycerin ER Capsule (Generic)
	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®)
HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (23)	Epoetin Alfa (Procrit®)	Darbepoetin Syringe; Vial (Aranesp®)
Erythropoietins	Epoetin Alfa-epbx (Retacrit®)	Epoetin alfa (Epogen®)
*Request Form		Methoxy Polyethylene Glycol-Epoetin Beta (Mircera®)
*Criteria		
HEMODIALYSIS (24)	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)
Phosphate Binders	Sevelamer HCl Tablet (RenaGel®)	Calcium Acetate Solution (Phoslyra®)
*Request Form		Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)
*Criteria		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®)
HEMOPHILIA TREATMENT (25)	Factor IX (Mononine® Kit)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
*Request Form	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)	Emicizumab-kxwh (Hemlibra®)
*Criteria	Factor IX Human Recombinant (BeneFIX® Kit)	Factor IX Complex (PCC) 3-Factor (Bebulin®)
	Factor VIIa, Recombinant (Novoseven® RT)	Factor IX Human (AlphaNine SD®)
	Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Factor IX Human Recomb, GlycoPEGylated (Rebinyn®)
	Factor VIII, B-Domain-Deleted (Xyntha® Solofuse Syringe Kit®)	Factor IX Human Recombinant (Ixinity®)
	Factor VIII, B-Domain-Truncated (Novoeight®)	Factor IX Recombinant (Rixubis®)
	Factor VIII, Full-Length (Advate®)	Factor IX Recombinant, Albumin Fusion (Idelvion®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEMOPHILIA TREATMENT (25) Continued	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII, Human (Monoclate-P® Kit)	Factor VIII (Helixate FS®, Kogenate FS®)
	Factor VIII, Recombinant (Recombinate®)	Factor VIII (Kovaltry®)
	Factor VIIIVWF (Alphanate®)	Factor VIII, Full-Length PEGylated (Adynovate®)
	Factor VIII/VWF (Humate-P® Kit)	Factor VIII, Human (Hemofil-M®)
	Factor VIII/VWF (Wilate®)	Factor VIII, Human Kit; Vial (Koate DVI®)
	Factor X (Coagadex®)	Factor VIII, Recombinant 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®)
IMMUNOSUPPRESSIVES, ORAL (26)	Azathioprine Tablet (Generic)	Azathioprine (Azasan®; Imuran®)
*Request Form	Cyclosporine Capsule - MODIFIED (Generic)	Cyclosporine Capsule (Generic; Sandimmune®)
*Criteria	Mycophenolate Mofetil Capsule; Tablet (Generic)	Cyclosporine Softgel; Solution - MODIFIED (Generic; Neoral®)
	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)
INFECTIOUS DISORDERS (27)	Amoxicillin/Clavulanate Suspension; Tablet (Generic)	Amoxicillin/Clavulanate ER (Generic; Augmentin XR®)
Antibiotics	Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate Chewable Tablet (Generic)
Cephalosporin and Related Antibiotics	Cefdinir Capsule; Suspension (Generic)	Amoxicillin/Clavulanate Suspension (Augmentin® 125mg; 250mg)
*Request Form	Cefprozil Suspension; Tablet (Generic)	Cefaclor Capsule; Suspension (Generic)
*Criteria	Cefuroxime Tablet (Generic)	Cefaclor ER Tablet (Generic)
	Cephalexin Capsule; Suspension (Generic)	Cefadroxil Suspension; Tablet (Generic)

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (27)	**NONE**	Quinupristin/Dalfopristin Vial (Synercid®)
Antibiotics		
Streptogramins		
*Request Form *Criteria		
INFECTIOUS DISORDERS (27)	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)
*Request Form	Doxycycline Monohydrate Tablet (Generic)	Doxycycline Hyclate DR Tablet (Generic Doryx®)
*Criteria	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
INFECTIOUS DISORDERS (27)	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®)
*Request Form	Metronidazole Vaginal Gel (Nuvessa®)	
*Criteria		
INFECTIOUS DISORDERS (27)	Clotrimazole Troches (Generic)	Fluconazole Tablet; Suspension (Diflucan®)
Antifungals	Fluconazole Tablet; Suspension (Generic)	Flucytosine (Generic; Ancobon®)
Antifungals, Oral	Griseofulvin Suspension (Generic)	Griseofulvin Tablet (Generic)
*Request Form	Nystatin Tablet; Suspension (Generic)	Griseofulvin Ultramicrosize Tablet (Generic)
*Criteria	Terbinafine Tablet (Generic)	Isavuconazonium (Cresemba®)
		Itraconazole Capsule; Solution (Generic; Sporanox®)
		Itraconazole Tablet (Onmel®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (29)	Anastrozole (Generic)	Abemaciclib (Verzenio®)
Oral – Breast	Capecitabine (Xeloda®)	Anastrozole (Arimidex®)
*Request Form	Cyclophosphamide (Generic)	Capecitabine (Generic)
*Criteria	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®)
ONCOLOGY (29)	Busulfan (Myleran®)	Acalabrutinib (Calquence®)
Oral – Hematologic	Chlorambucil (Leukeran®)	Bosutinib (Bosulif®)
*Request Form	Dasatinib (Sprycel®)	Enasidenib Mesylate (Idhifa®)
*Criteria	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®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (29)	Cobimetinib Fumarate (Cotellic®)	Encorafenib (Braftovi®)
Oral – Skin	Dabrafenib Mesylate (Tafinlar®)	Binimetinib (Mektovi®)
*Request Form *Criteria	Sonidegib Phosphate (Odomzo®)	
	Trametinib Dimethyl Sulfoxide (Mekinist®)	
	Vemurafenib (Zelboraf®)	
	Vismodegib (Erivedge®)	
OPHTHALMIC DISORDERS (30)	Cromolyn Sodium Solution (Generic)	Alcaftadine Solution (Lastacaft®)
Allergic Conjunctivitis	Loteprednol Suspension (Alrex®)	Azelastine HCl Solution (Generic)
*Request Form *Criteria	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®)
OPHTHALMIC DISORDERS (30)	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)
Antibiotics	Ciprofloxacin Solution Ophthalmic (Generic)	Bacitracin Ointment (Generic)
*Request Form *Criteria	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 (Ocuflox®)
		Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)
		Sulfacetamide Sodium Ointment (Generic)
		Sulfacetamide Sodium Solution (Bleph-10®)
		Tobramycin Solution; Ointment (Tobrex®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (30)	Neomycin/Polymyxin B/Dexamethasone Suspension; Ointment	Gentamicin/Prednisolone Ointment; Suspension (Pred-G®)
Antibiotic-Steroid Combinations	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment
*Request Form	Tobramycin/Dexamethasone Ointment; Suspension (Tobradex®)	Neomycin/Polymyxin B/Dexamethasone Suspension (Maxitrol®)
*Criteria		Neomycin/Polymyxin B/Dexamethasone Ointment (Maxitrol®)
		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®)
OPHTHALMIC DISORDERS (30)	Dexamethasone Sodium Phosphate (Generic)	Bromfenac Sodium 0.07% Solution (Prolensa®)
Anti-Inflammatories	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (BromSite®)
*Request Form	Difluprednate Emulsion (Durezol®)	Bromfenac Sodium 0.09% Solution (Generic)
*Criteria	Fluorometholone 0.1% Suspension (Generic)	Dexamethasone Intraocular Implant (Ozurdex®)
	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®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OSTEOPOROSIS (32)	Alendronate Tablet (Generic)	Abaloparatide (Tymlos®)
Bone Resorption Suppression Agents	Calcitonin-Salmon Nasal (Generic)	Alendronate Effervescent Tablet (Binosto®)
*Request Form *Criteria		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®)
OTIC AGENTS (33)	Ciprofloxacin Otic (Generic)	Ciprofloxacin Otic (Otiprio®)
Antibiotics	Ciprofloxacin/Dexamethasone (Ciprodex®)	Ciprofloxacin/Fluocinolone Acetonide (Otovel®)
*Request Form	Neomycin/Polymyxin B/Hydrocortisone Solution; Suspension	Ciprofloxacin/Hydrocortisone (Cipro HC Otic®)
*Criteria		Neomycin/Colistin/Thonzonium/Hydrocortisone (Coly-Mycin S®)
		Ofloxacin Otic (Generic)
OTIC AGENTS (33)	Acetic Acid (Generic)	**NONE**
Anti-Infectives and Anesthetics	Acetic Acid/Hydrocortisone (Generic)	
*Request Form *Criteria		
PAIN MANAGEMENT (34)	Galcanezumab-gnlm Pen (Emgality®)	Erenumab-aooe (Aimovig®)
Antimigraine Agents	Galcanezumab-gnlm Syringe (Emgality®)	Fremanezumab-vfrm Subcutaneous (Ajovy®)
CGRP Antagonists		
*Request Form *Criteria		

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (34)	(preferred agents listed on page 37)	Guselkumab Syringe (Tremfya®)
Cytokine and CAM Antagonists Continued		Infliximab Vial (Remicade®)
		Infliximab-abda (Renflexis®)
		Infliximab-dyyb (Inflectra®)
		Ixekizumab Syringe; Autoinjector (Taltz®)
		Rilonacept (Arcalyst®)
		Sarilumab Pen; Syringe (Kevzara®)
		Tildrakizumab-asmn Syringe (Ilumya®)
		Tocilizumab Syringe; Vial (Actemra®)
		Tofacitinib Tablet (Xeljanz®)
		Tofacitinib ER Tablet (Xeljanz® XR)
		Ustekinumab Syringe; Vial (Stelara®)
		Vedolizumab (Entyvio®)
PAIN MANAGEMENT (34)	Acetaminophen w/Codeine Elixir; Tablet (Generic)	Acetaminophen w/Codeine (Capital with Codeine®; Tylenol #3®; Tylenol #4®)
Narcotic Analgesics - Short-Acting	Hydrocodone/Acetaminophen Tablet (Generic)	Benzhydrocodone/Acetaminophen (Apadaz®)
*Request Form	Hydrocodone/Acetaminophen Solution (Generic)	Butalbital/Caffeine/APAP w/ Codeine (Generic)
*Criteria	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®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (34)	(preferred agents listed on page 38)	Hydromorphone Suppositories; Liquid (Generic)
Narcotic Analgesics - Short-Acting Continued		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®)
PAIN MANAGEMENT (34)	Fentanyl Transdermal (12mcg; 25mcg; 50mcg; 75mcg; 100mcg)	Buprenorphine Buccal Film (Belbuca®)
Narcotic Analgesics - Long-Acting	Morphine Sulfate ER Tablet (Generic)	Buprenorphine Transdermal (AG; Generic; Butrans®)
*Request Form	Morphine Sulfate/Naltrexone HCl ER Capsule (Embeda®)	Fentanyl Transdermal (Duragesic®)
*Criteria		Fentanyl Transdermal (Generic 37.5mcg; 62.5mcg; 87.5mcg)
*Methadone Clinical Criteria		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®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (34)	(preferred agents listed on page 39)	Morphine ER Capsule (Generic Avinza®)
Narcotic Analgesics - Long-Acting Continued		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®)
PAIN MANAGEMENT (34)	Duloxetine Capsule (Generic)	Capsaicin/Skin Cleanser (Qutenza Kit®)
Neuropathic Pain	Gabapentin Capsule; Solution; Tablet (Generic)	Duloxetine Capsule (Cymbalta®; Generic for Irenka®)
*Request Form	Lidocaine Patch (AG; Generic)	Gabapentin Capsule; Solution; Tablet (Neurontin®)
*Criteria		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®)
PAIN MANAGEMENT (34)	Diclofenac Sodium Tablet (Generic)	Celecoxib (AG; Generic; Celebrex®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	Diclofenac Sodium Transdermal Gel (Generic; Voltaren®)	Diclofenac Epolamine Patch (Flector®)
*Request Form	Diclofenac SR (Generic)	Diclofenac Potassium Capsule (Zipsor®)
*Criteria	Ibuprofen Suspension Rx; Tablet Rx (Generic)	Diclofenac Potassium Tablet (Generic)
	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)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (34)	(preferred agents listed on page 40)	Fenoprofen Capsule (AG; Generic; Nalfon®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) Continued		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)
PAIN MANAGEMENT (34)	Baclofen (Generic)	Carisoprodol Compound
Skeletal Muscle Relaxants	Chlorzoxazone (Generic)	Carisoprodol Tablet 250mg & 350mg (Generic; Soma®)
*Request Form	Cyclobenzaprine (Generic)	Chlorzoxazone (Lorzone®)
*Criteria	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®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PARKINSON'S (35)	Amantadine Capsule; Syrup (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
Antiparkinson Agents	Benztropine Tablet (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
Anticholinergic and Other	Carbidopa/Levodopa ER Tablet (Generic)	Amantadine Tablet (Generic)
*Request Form	Carbidopa/Levodopa Tablet (Generic)	Bromocriptine Capsule; Tablet (Generic)
*Criteria	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
	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)
PEDIATRIC MULTIVITAMINS (36)	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)
*Request Form	Pediatric MVI No. 2 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 38 with FL Drop (Tri-Vi-Flor®)
*Criteria	Pediatric MVI No. 16 With FL Chewable	Pediatric MVI No. 33 With FL & Fe Chewable (Poly-Vi-Flor® Fe)
	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™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PEDIATRIC MULTIVITAMINS (36) Continued	(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)
PITUITARY SUPPRESSIVE AGENTS (37)	Goserelin Acetate (Zoladex®)	Histrelin Implant Kit (Supprelin LA®)
*Request Form	Leuprolide Acetate Subcutaneous (Generic)	Histrelin Kit (Vantas®)
*Criteria	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®)	
PROGESTATIONAL AGENTS (38)	Hydroxyprogesterone Caproate MDV; SDV; Auto Injector (Makena®)	Hydroxyprogesterone Caproate (Generic by ANI; Generic by Mylan) – **NOT** indicated for pre-term labor
*Request Form	Hydroxyprogesterone Caproate Vial (AG; Generic)	Medroxyprogesterone Acetate (Depo-Provera® 400mg/ml)
*Criteria	Medroxyprogesterone Acetate Tablet (Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
	Norethindrone Acetate Tablet (Generic)	Norethindrone Acetate Tablet (Aygestin®)
	Progesterone Capsule (Generic)	Progesterone Injection (Generic)
		Progesterone, Micronized, Oral (Prometrium®)
		Progesterone, Micronized, Vaginal (Crinone®)
PROSTATE (39)	Alfuzosin (Generic)	Doxazosin (Cardura®)
Benign Prostatic Hyperplasia Treatment (BPH)	Doxazosin (Generic)	Doxazosin ER (Cardura XL®)
*Request Form	Dutasteride (Generic)	Dutasteride (Avodart®)
*Criteria	Finasteride (Generic)	Dutasteride/Tamsulosin (Generic; Jalyn®)
	Tamsulosin (Generic)	Finasteride (Proscar®)
	Terazosin (Generic)	Silodosin (Generic; Rapaflo®)
		Tamsulosin (Flomax®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
UROLOGY INCONTINENCE (43)	Fesoterodine Fumarate ER (Toviaz®)	Darifenacin ER (AG; Generic; Enablex®)
Bladder Relaxant Preparations	Oxybutynin Syrup; Tablet (Generic)	Flavoxate (Generic)
*Request Form	Oxybutynin ER (AG; Generic)	Mirabegron ER Tablet (Myrbetriq®)
*Criteria	Solifenacin (VESIcare®)	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)
UTERINE DISORDER TREATMENTS (44)	Elagolix Tablet (Orilissa®)	**NONE**
*Request Form *Orilissa Criteria		

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