

## 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.

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**Effective Date: January 13, 2020**

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)	

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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)

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<b>ACNE AGENTS, TOPICAL (1) Continued</b>	(preferred agents listed on page 1)	Tretinoin (Tretin-X®)
		Tretinoin/Emollient 9/Skin Cleanser 1 (Tretin-X® Combo Pack)
<b>ADD/ADHD (2)</b>	Amphetamine Salt Combo ER (AG; Generic)	Amphetamine ER Suspension (Adzenys ER®)
<b>Stimulants and Related Agents</b>	Amphetamine Salt Combo Tablet (Generic)	Amphetamine ODT (Adzenys XR ODT®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	Atomoxetine Capsule (AG; Generic)	Amphetamine Salt Combo ER (Adderall XR®)
	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®)	

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<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®)
	Ipratropium Bromide Nasal Spray (Generic)	Ciclesonide (Omnaris®; Zetonna®)
	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate (Xhance®)
		Mometasone (AG; Generic; Nasonex®)
		Mometasone Furoate Implant (Sinuva™)
		Olopatadine (AG; Generic; Patanase®)

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<b>ALZHEIMER'S AGENTS (4)</b>	Donepezil ODT (Generic)	Donepezil (Aricept®)	
<b>Cholinesterase Inhibitors</b>	Donepezil Tablet (Generic)	Donepezil 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®)	

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<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®)

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<b>ANXIOLYTICS (8)</b>	Alprazolam Tablet (Generic)	Alprazolam ER Tablet (Generic; Xanax XR®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	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>		



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<b>ASTHMA/COPD (9)</b>	<b>INHALATION</b>	<b>INHALATION</b>
<b>Bronchodilator, Beta-Adrenergic Inhalation Agents</b>	Albuterol Sulfate Neb 0.63mg/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®)

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<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: January 13, 2020**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DEPRESSION (12)</b>	(preferred agents listed on page 9)	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>		Mupirocin Ointment (Centany®; Centany® Kit)
<a href="#">*Criteria</a>		
<b>DERMATOLOGY (13)</b>	Clotrimazole Rx Cream; Solution (Generic)	Butenafine Cream (Mentax®)
<b>Antifungals, Topical</b>	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Cream; Gel; Solution; Suspension (Generic)
<a href="#">*Request Form</a>	Ketoconazole Cream (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
<a href="#">*Criteria</a>	Ketoconazole Shampoo [Rx only] (Generic)	Ciclopirox Solution Kit (Generic)
	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: January 13, 2020**

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: January 13, 2020**

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)**

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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: January 13, 2020

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (13)</b>	(preferred agents listed on page 13)	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: January 13, 2020**

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®) <b>(See SGLT2 Criteria)</b>
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		



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

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>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)**

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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®)

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<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: January 13, 2020**

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®)

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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®)

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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®)
<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®)	

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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)

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<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®)



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<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)

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<b>HEART DISEASE, HYPERLIPIDEMIA (22)</b>	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (Isordil®)
<b>Vasodilators, Coronary</b>	Isosorbide Mononitrate Tablet (Generic)	Isosorbide Dinitrate ER Capsule (Dilatrate-SR®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a>	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 (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®)

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<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)

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<b>INFECTIOUS DISORDERS (27)</b>	(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)
<b>INFECTIOUS DISORDERS (27)</b>	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)
<b>INFECTIOUS DISORDERS (27)</b>	Metronidazole Tablet (Generic)	Fidaxomicin (Difcid®)
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®)
<b>INFECTIOUS DISORDERS (27)</b>	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®)

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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>Nitrofurans 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®)

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (27)</b>	NONE	Quinupristin/Dalfopristin Vial (Synercid®)
<b>Antibiotics</b>		
<b>Streptogramins</b>		
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<b>INFECTIOUS DISORDERS (27)</b>	Doxycycline Hyclate Tablet (Generic)	Demeclocycline (Generic)
<b>Antibiotics</b>	Doxycycline Hyclate Capsule (AG; Generic)	Doxycycline Calcium Suspension; Syrup (Vibramycin®)
<b>Tetracyclines</b>	Doxycycline Monohydrate 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®)
<b>Antibiotics</b>	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Ovules (Cleocin®)
<b>Vaginal</b>	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®)
<b>Antifungals</b>	Fluconazole Tablet; Suspension (Generic)	Flucytosine (Generic; Ancobon®)
<b>Antifungals, Oral</b>	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®)

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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®)

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<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) Exemestane (Generic) Letrozole (Generic) Palbociclib (Ibrance®) Tamoxifen Citrate (Generic)	Capecitabine (Generic) Exemestane (Aromasin®) Fulvestrant (Faslodex®) Lapatinib Ditosylate (Tykerb®) 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®) Hydroxyurea (Generic) Ibrutinib Capsule; Tablet (Imbruvica®) Imatinib Mesylate (Gleevec®) Lenalidomide (Revlimid®) Melphalan (Generic) Mercaptopurine (Generic) Nilotinib HCl (Tasigna®) Procarbazine HCl (Matulane®) Ruxolitinib Phosphate (Jakafi®) Tretinoin (Generic)	Enasidenib Mesylate (Idhifa®) Hydroxyurea (Hydrea®) Idelalisib (Zydelig®) Imatinib Mesylate (Generic) Ivosidenib (Tibsovo®) Ixazomib Citrate (Ninlaro®) Melphalan (Alkeran®) Mercaptopurine (Purixan®) Midostaurin (Rydapt®) Panobinostat Lactate (Farydak®) Pomalidomide (Pomalyst®) Ponatinib HCl (Iclusig®) Thalidomide (Thalomid®) Thioguanine (Tabloid®) Venetoclax Tablet; Therapy Pack (Venclexta®) Vorinostat (Zolinza®)



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<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®)	

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<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 (Ocuflox®)
		Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)
		Sulfacetamide Sodium Ointment (Generic)
		Sulfacetamide Sodium Solution (Bleph-10®)
		Tobramycin Solution; Ointment (Tobrex®)

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<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®)	

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<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> <a href="#">*Criteria</a>	Naloxone Nasal Spray (Narcan®)	Buprenorphine Injection (Sublocade®)
	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®)

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<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>		

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<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>	Adalimumab Pen Kit; Syringe Kit (Humira®)	Abatacept Injection Clickject; Syringe; Vial (Orencia®)
<b>Cytokine and CAM Antagonists</b>	Secukinumab Pen; Syringe (Cosentyx®)	Anakinra Syringe (Kineret®)
* <a href="#">Request Form</a>	Etanercept Kit; Mini Cartridge; Pen; Syringe (Enbrel®)	Apremilast Tablet (Otezla®)
* <a href="#">Criteria</a>		Baricitinib Tablet (Olumiant®)
		Brodalumab Syringe (Siliq®)
		Canakinumab/PF Vial (Ilaris®)
		Certolizumab Pegol Kit; Syringe Kit (Cimzia®)
		Golimumab Pen; Syringe; Vial (Simponi®; Simponi Aria®)

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

**Effective Date: January 13, 2020**

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)	Guselkumab Syringe (Tremfya®)
<b>Cytokine and CAM Antagonists Continued</b>		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> <a href="#">*Criteria</a>	Hydrocodone/Acetaminophen Solution (Generic) Hydromorphone Tablet (Generic) Morphine IR Tablet (Generic) Morphine Sulfate Oral Syringe Oxycodone Tablet (Generic) Oxycodone/Acetaminophen Tablet (Generic) Tramadol (Generic) Tramadol/Acetaminophen (Generic)	Butalbital/Caffeine/APAP w/ Codeine (Generic) Butalbital Compound with Codeine (Generic; Fiorinal w/ Codeine®) Butorphanol Tartrate Nasal (Generic) Carisoprodol Compound-Codeine (Generic) Codeine Tablet (Generic) Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic) Fentanyl Buccal (Generic; Fentora®) 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)**

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 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®)	



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<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)

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Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (34)</b>	(preferred agents listed on page 40)	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®)

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**Effective Date: January 13, 2020**

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)

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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®)

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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)**

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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)	Mirabegron ER Tablet (Myrbetriq®)
	Solifenacin (VESIcare®)	Oxybutynin ER (Ditropan XL®)
		Oxybutynin Gel Pump; Transdermal (Gelnique®)
		Oxybutynin Transdermal (Oxytrol® Rx)
		Tolterodine (Generic; Detrol®)
		Tolterodine ER (AG; Generic; Detrol LA®)
		Tropium (Generic) Tropium 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**