

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

- The PDL applies to **all** individuals enrolled in Louisiana Medicaid, including those covered by one of the managed care organizations (MCOs) and those in the Fee-for-Service (FFS) program.
- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. With the exception of excluded drug classes listed in the provider manual, medications that are not included in this PDL are almost always covered without the requirement of prior authorization. **Examples: digoxin, hydrochlorothiazide, amoxicillin suspension**
- To locate any medication on this list when searching electronically, you may use the keyboard shortcut **CTRL + F** to search.
- There is a mandatory generic substitution **unless** the brand is preferred, and the generic is non-preferred. When the brand is preferred and the generic is non-preferred, no special notations are required by the prescriber and the pharmacist enters “9” in the DAW field 408-D8.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, “Brand medically necessary” or “Brand necessary” must be written on the prescription in the prescriber’s handwriting or noted via an electronic prescription and the pharmacist enters “1” in the DAW field 408-D8. For more information, please refer to the [Provider Manual](#).
- Medications listed as non-preferred are available through the prior authorization (PA) process. See chart below for PA contact information. All MCOs and FFS use the same [PA Request Form](#).
- Some medications require a diagnosis code at the pharmacy to indicate the condition treated or to override a limit, such as quantity, patient age, or duration limit. These medications are found on the [Diagnosis Code List](#).
- New medications in classes reviewed by P&T will be added as non-preferred and require prior authorization until the next P&T committee meeting. Please refer to the following criteria: [New Drugs Introduced into the Market / Non-Preferred](#)
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.
- Requests for overrides to use a medication outside of established limits, such as diagnosis or quantity limits, can be made according to the: [Medically Necessary Policy](#)
- Any statement highlighted and underlined in blue is a hyperlink to more information.

<b>DIABETIC SUPPLY LIST</b> Effective 10/28/2023	<b>Pharmacy Prior Authorization Information Phone Numbers for MCOs and FFS</b>
<a href="#">Click this Link for Diabetic Supplies Preferred Drug List</a>	<p>MCOs: <i>Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Humana, LA Healthcare Connections, United Healthcare</i>: contact <b>Magellan Medicaid Administration 1-800-424-1664</b></p> <p>Fee-for-Service (FFS) Louisiana Legacy Medicaid <b>1-866-730-4357</b></p>

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

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

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

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

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

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

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ALLERGY (3)</b>	Cetirizine 1 mg/mL Solution OTC, Tablet OTC (Generic)	Cetirizine Capsule OTC, Chewable Tablet OTC, 5 mg/5mL Solution OTC (Generic)
<b>Antihistamines – Minimally Sedating</b>	Cetirizine Solution RX (1 mg/mL) (Generic)	Desloratadine ODT (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cetirizine-D Tablet OTC (Generic)	Desloratadine Tablet (Generic; Clarinex®)
	Levocetirizine Tablet (Generic)	Desloratadine/Pseudoephedrine ER Tablet (Clarinex-D 12-Hour®)
	Levocetirizine Tablet OTC (Generic)	Fexofenadine 60 mg Tablet OTC, 180 mg Tablet OTC, Suspension OTC (Generic)
	Loratadine ODT OTC, Solution OTC, Tablet OTC (Generic)	Fexofenadine-D 12-hour Tablet OTC, 24-hour Tablet OTC (Generic)
	Loratadine-D Tablet OTC (Generic)	Levocetirizine Solution (Generic)
		Loratadine Chewable Tablet OTC (Generic)
<b>ALLERGY (3)</b>	Azelastine Nasal Spray (AG; Generic for Astepro®)	Azelastine/Fluticasone Nasal Spray (AG; Generic; Dymista®)
<b>Rhinitis Agents, Nasal</b>	Azelastine Nasal Spray (Generic for Astelin®)	Beclomethasone Nasal Spray (Beconase AQ®; Qnasl 40®; Qnasl 80®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Fluticasone Propionate Nasal Spray (Generic)	Ciclesonide Nasal Spray (Omnaris®; Zetonna®)
	Ipratropium Bromide Nasal Spray (Generic)	Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate Nasal Spray (Xhance®)
		Mometasone Furoate Implant (Sinuva™)
		Mometasone Nasal Spray (Generic)
		Olopatadine Nasal Spray (AG; Generic; Patanase®)
		Olopatadine/Mometasone Nasal Spray (Ryaltris®)
<b>ALZHEIMER’S AGENTS (4)</b>	Donepezil ODT, Tablet (Generic)	Aducanumab-avwa IV Solution (Aduhelm™)
<b>Cholinesterase Inhibitors</b>	Memantine Tablet (AG; Generic)	Donepezil 23 mg Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>  *Aduhelm™ <a href="#">REQUEST FORM</a> * <a href="#">Leqembi™</a> <a href="#">REQUEST FORM</a>	Rivastigmine Transdermal Patch (AG; Generic)	Donepezil Tablet (Aricept®)
		Donepezil Transdermal Patch (Adlarity®)
		Galantamine ER Capsule, Solution, Tablet (Generic)
		<b>Lecanemab-irmb (Leqembi™)</b>
		Memantine ER Capsule (AG; Generic; Namenda XR®)
		Memantine ER Capsule Dose Pack (Namenda XR® Titration Pack)
		Memantine Solution (Generic)
		Memantine Tablet (Namenda®)
		Memantine Tablet Dose Pack (AG; Namenda® Titration Pack)
		Memantine/Donepezil ER Capsule (Namzatic®, Namzatic® Titration Pack)
		Rivastigmine Capsule (Generic)
		Rivastigmine Transdermal Patch (Exelon®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ANDROGENIC AGENTS (5)</b>	Testosterone Gel (AG; Generic for Vogelxo®)	Testosterone Gel (Testim®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Testosterone Gel Packet (AG for Vogelxo®)	Testosterone Gel Packet (Generic; Androgel®)
	Testosterone Gel Pump (AG for Vogelxo®)	Testosterone Gel Pump (AG; Generic; Fortesta®)
	Testosterone Gel Pump (Generic for Androgel®)	Testosterone Gel Pump (Androgel®)
	Testosterone Transdermal System (Androderm®)	Testosterone Gel Pump (Generic Axiron®)
		Testosterone Gel Pump (Generic; Vogelxo®)
	Testosterone Nasal (Natesto®)	
<b>ANTHELMINTICS (6)</b>	Albendazole Tablet (Generic)	Ivermectin Tablet (Stromectol®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ivermectin Tablet (Generic)	
	Mebendazole Chewable Tablet (Emverm®)	
	Praziquantel Tablet (Generic)	
<b>ANTI-ALLERGENS, ORAL (7)</b>	<b>NONE</b>	<b>Grass Pollen Allergen Extract [Timothy Grass] Sublingual Tablet (Grastek®)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		<b>House Dust Mite Allergen Extract Sublingual Tablet (Odactra®)</b>
		Mixed Grass Allergen Extracts Sublingual Tablet (Oralair®)
		Peanut Allergen Maintenance Sachet (Palforzia®)
		Peanut Allergen Titration Capsule (Palforzia®)
		<b>Ragweed Pollen Allergen Extract Sublingual Tablet (Ragwitek®)</b>
<b>ANTICONVULSANTS (8)</b>	Brivaracetam Solution, Tablet (Briviact®)	Carbamazepine ER Capsule (Equetro®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cannabidiol Solution (Epidiolex®)	Carbamazepine ER Capsule (Generic for Carbatrol®)
	Carbamazepine Chewable Tablet (Generic)	Carbamazepine ER Tablet (AG; Generic)
	Carbamazepine ER Capsule (Carbatrol®)	Carbamazepine Suspension (Generic; Tegretol®)
	Carbamazepine ER Tablet (Tegretol® XR)	Carbamazepine Tablet (Tegretol®)
	Carbamazepine Tablet (Generic)	Clobazam Film (Sympazan®)
	Cenobamate Daily Dose Pack, Tablet, Titration Pack (Xcopri®)	Clobazam Suspension, Tablet (Onfi®)
	Clobazam Suspension, Tablet (Generic)	Clonazepam Tablet (Klonopin®)
	Clonazepam ODT, Tablet (Generic)	Divalproex Sodium DR Tablet, ER Tablet (Depakote®; Depakote® ER)
	Diazepam Nasal Spray (Valtoco®)	Divalproex Sodium DR Sprinkle (Generic)
Diazepam Rectal (AG; Diastat®)	Ethosuximide Capsule, Syrup (Zarontin®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ANTICONVULSANTS (8) Continued</b>	Diazepam Rectal Device (AG; Diastat® AcuDial™)	Felbamate Suspension (Felbatol®)
	Divalproex DR Tablet (Generic)	Fenfluramine Solution (Fintepla®)
	Divalproex ER Tablet (Generic)	Lacosamide Solution, Tablet (Vimpat®)
	Divalproex Sodium DR Sprinkle (Depakote® Sprinkles)	Lamotrigine Dispersible Tablet, ODT, Tablet (Lamictal®)
	Eslicarbazepine Acetate Tablet (Aptiom®)	Lamotrigine ODT Titration Kit, Tablet Starter Kit (Generic; Lamictal®)
	Ethosuximide Capsule (AG; Generic)	Lamotrigine ER Tablet, Titration Kit (Lamictal® XR)
	Ethosuximide Syrup (Generic)	Levetiracetam ER Tablet (Keppra XR®)
	Felbamate Suspension (Generic)	Levetiracetam Tablet for Oral Suspension (Spritam®)
	Felbamate Tablet (Generic; Felbatol®)	Levetiracetam Solution, Tablet (Keppra®)
	Lacosamide Solution, Tablet (Generic)	Levetiracetam ER Tablet (Elepsia™ XR)
	Lamotrigine Dispersible Tablet, ER Tablet, ODT, Tablet (Generic)	Oxcarbazepine Suspension (Generic)
	Levetiracetam ER Tablet, Solution, Tablet (Generic)	Oxcarbazepine Tablet (Trileptal®)
	Methsuximide Capsule (Celontin®)	Phenytoin 100mg Capsule (Dilantin®)
	Midazolam Nasal Spray (Nayzilam®)	Phenytoin Chewable Tablet (Dilantin® Infatabs®)
	Oxcarbazepine Suspension (Trileptal®)	Phenytoin Sodium Capsule (Phenytek®)
	Oxcarbazepine Tablet (Generic)	Phenytoin Suspension (Dilantin®)
	Oxcarbazepine XR Tablet (Oxtellar XR®)	Primidone Tablet (Mysoline®)
	Perampanel Suspension, Tablet (Fycompa®)	Rufinamide Suspension, Tablet (Generic)
	Phenobarbital Elixir, Tablet (Generic)	Tiagabine Tablet (Generic; Gabitril®)
	Phenytoin 100mg Capsule (Generic)	Topiramate ER Capsule (Generic; Qudexy® XR)
	Phenytoin 30 mg Capsule (Dilantin®)	<b>Topiramate ER Capsule (Generic)</b>
	Phenytoin Chewable Tablet (Generic)	Topiramate Solution (Eprontia™)
	Phenytoin Sodium Capsule (Generic for Phenytek®)	Topiramate Sprinkle, Tablet (Topamax®)
	Phenytoin Suspension (AG; Generic)	Vigabatrin Powder Pack (Generic; Vigadrone®)
	Primidone Tablet (Generic)	Vigabatrin Tablet (Generic; Vigadrone®)
	Rufinamide Suspension, Tablet (Banzel®)	Zonisamide Suspension (Zonisade™)
	Stiripentol Capsule, Powder Pack (Diacomit®)	
	Topiramate ER Capsule (AG for Qudexy® XR)	
	<b>Topiramate ER Capsule (Trokendi XR®)</b>	
	Topiramate Sprinkle, Tablet (Generic)	
	Valproic Acid Capsule, Solution (Generic)	
	Vigabatrin Powder Pack, Tablet (Sabril®)	
	Zonisamide Capsule (Generic)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ANTIPSYCHOTIC AGENTS (9)</b>	<b>ORAL AGENTS</b>	<b>ORAL AGENTS</b>
<b>Antipsychotic Oral/Transdermal Agents</b>	Aripiprazole Tablet (Generic)	Aripiprazole ODT, Solution (Generic)
* <a href="#">Request Form</a>	Cariprazine Capsule, Therapy Pack (Vraylar®)	Aripiprazole Tablet, Tablet with Sensor (Abilify®; Abilify® Mycite®)
* <a href="#">Criteria</a>	Chlorpromazine Oral Concentrate, Tablet (Generic)	Asenapine Sublingual Tablet (AG; Generic; Saphris®)
* <a href="#">POS Edits</a>	Clozapine Tablet (Generic)	Asenapine Transdermal Patch (Secuado®)
	Fluphenazine Tablet (Generic)	Brexpiprazole Tablet (Rexulti®)
	Haloperidol Lactate Oral Concentrate (Generic)	Clozapine ODT (Generic)
	Haloperidol Tablet (Generic)	Clozapine Suspension (Versacloz®)
	Loxapine Capsule (Generic)	Clozapine Tablet (Clozaril®)
	Lurasidone Tablet (Generic)	Fluphenazine Elixir/Solution (Generic)
	Olanzapine ODT, Tablet (Generic)	Iloperidone Tablet, Titration Pack (Fanapt®)
	Perphenazine Tablet (Generic)	Loxapine Inhalation (Adasuve®)
	Perphenazine/Amitriptyline Tablet (Generic)	Lumateperone Capsule (Caplyta™)
	Pimozide Tablet (Generic)	Lurasidone Tablet (Latuda®)
	Quetiapine ER Tablet (Generic)	Molindone Tablet (Generic)
	Quetiapine Tablet (Generic)	Olanzapine Tablet, ODT (Zyprexa®; Zyprexa Zydis®)
	Risperidone Solution, Tablet (Generic)	Olanzapine/Fluoxetine Capsule (Generic; Symbyax®)
	Thioridazine Tablet (Generic)	Olanzapine/Samidorphan Tablet (Lybalvi™)
	Thiothixene Capsule (Generic)	Paliperidone ER Tablet (AG; Generic; Invega®)
	Trifluoperazine Tablet (Generic)	Pimavanserin Capsule, Tablet (Nuplazid®)
	Ziprasidone Capsule (AG; Generic)	Quetiapine ER Tablet, Tablet (Seroquel XR®; Seroquel®)
		Risperidone ODT (Generic)
		Risperidone Solution, Tablet (Risperdal®)
		Ziprasidone Capsule (Geodon®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ANTIPSYCHOTIC AGENTS (9)</b>	<b>INJECTABLE AGENTS</b>	<b>INJECTABLE AGENTS</b>
<b>Antipsychotic Injectable Agents</b> <a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Aripiprazole Lauroxil (Aristada®; Aristada® Initio®) Aripiprazole Suspension ER (Abilify <b>Asimtufii®/Maintena®</b> ) Fluphenazine Decanoate (Generic) Haloperidol Decanoate, Lactate (Generic) Paliperidone (Invega® Hafyera™/Sustenna®/Trinza®) Risperidone ER Suspension (Intramuscular) (Risperdal® Consta®) Risperidone ER Suspension (Subcutaneous) (Perseris®; <b>Uzedy</b> ) Ziprasidone Vial (Generic; Geodon®)	Chlorpromazine Ampule (Generic) Fluphenazine Vial (Generic) Haloperidol Decanoate Ampule (Haldol®) Olanzapine Solution (Generic; Zyprexa®) Olanzapine Suspension (Zyprexa® Relprevv®) <b>Risperidone ER Suspension (Intramuscular) (Rykindo®)</b>
<b>ANTIVIRALS, ORAL (10)</b>	Acyclovir Capsule, Suspension, Tablet (Generic)	Acyclovir Buccal Tablet (Sitavig®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Famciclovir Tablet (Generic) Oseltamivir Capsule, Suspension (Generic) Valacyclovir Tablet (Generic)	Baloxavir Marboxil (Xofluza®) Oseltamivir Capsule, Suspension (Tamiflu®) Rimantadine Tablet (Generic) Valacyclovir Caplet (Valtrex®) Zanamivir Inhalation Powder (Relenza® Diskhaler®)
<b>ANXIOLYTICS (11)</b>	Alprazolam Tablet (Generic)	Alprazolam ER Tablet (Generic; Xanax XR®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Buspirone Tablet (Generic) Lorazepam Tablet (Generic)	Alprazolam Intensol Concentrate, ODT (Generic) Alprazolam Tablet (Xanax®) Chlordiazepoxide Capsule (Generic) Clorazepate Dipotassium Tablet (Generic) Diazepam Intensol Concentrate, Solution, Syringe, Tablet, Vial (Generic) Lorazepam ER Capsule (Loreev XR™) Lorazepam Intensol Concentrate (Generic) Lorazepam Tablet (Ativan®) Meprobamate Tablet (Generic) Oxazepam Capsule (Generic)

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

Effective Date: January 1, 2024 (updated 3/4/2024)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD (12)	INHALATION	INHALATION
<b>Bronchodilator, Anticholinergics (COPD) Inhalation</b>  <a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Acclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)
	Ipratropium Nebulizer Solution (Generic)	Acclidinium Bromide Inhalation Powder (Tudorza® Pressair®)
	Ipratropium/Albuterol Sulfate (Combivent® Respimat®)	Glycopyrrolate/Formoterol Fumarate (Bevespi Aerosphere®)
	Ipratropium/Albuterol Sulfate Nebulizer Solution (Generic)	Revefenacin Inhalation Solution (Yupelri®)
	Tiotropium Inhalation Powder (Spiriva® HandiHaler®)	<b>Tiotropium Inhalation Powder (Generic)</b>
	Tiotropium/Olodaterol (Stiolto® Respimat®)	Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)
	Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)	Umeclidinium Inhalation Powder (Incruse® Ellipta®)
ASTHMA/COPD (12)	ORAL	ORAL
<b>Bronchodilator, Anticholinergics (COPD) Oral</b>  <a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	<b>Roflumilast Tablet (Generic)</b>	Roflumilast Tablet (Daliresp®)
ASTHMA/COPD (12)	INHALATION	INHALATION
<b>Bronchodilator, Beta-Adrenergic Inhalation/Oral Agents</b>  <a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL (AG; Generic)	Albuterol Sulfate ER Tablet, <b>Syrup</b> , Tablet (Generic)
	Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL (AG; Generic)	Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™)
	Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® RespiClick®)
	Albuterol Sulfate Nebulizer Solution 100 mg/20 mL (Generic)	<b>Albuterol Sulfate MDI (AG for Ventolin HFA®)</b>
	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL (Generic)	Arformoterol Inhalation Solution (AG; Generic; Brovana®)
	Albuterol Sulfate MDI (AG; Generic; ProAir HFA®)	Formoterol Inhalation Solution (AG; Generic; Perforomist®)
	Albuterol Sulfate MDI (AG; Generic; Proventil HFA®)	Levalbuterol Nebulizer Solution (Generic)
	Albuterol Sulfate MDI (Ventolin HFA®)	Levalbuterol Nebulizer Solution Concentrate (Generic)
	Salmeterol Xinafoate (Serevent® Diskus®)	Levalbuterol MDI (AG; Xopenex HFA®)
		Olodaterol (Striverdi® Respimat®)
	Terbutaline Sulfate Tablet (AG; Generic)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ASTHMA/COPD (12)</b>	Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Generic)	<b>Albuterol/Budesonide (AirSupra HFA®)</b>
<b>Glucocorticoids, Inhalation</b>	Budesonide/Formoterol MDI (Symbicort®)	Beclomethasone Breath-Actuated HFA (QVAR® RediHaler®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	<b>Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)</b>	Budesonide DPI (Pulmicort® Flexhaler®)
	Fluticasone MDI ( <b>AG</b> ; Flovent® HFA)	Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Pulmicort® Respules®)
	Fluticasone/Salmeterol DPI (Advair® Diskus®)	Budesonide/Formoterol Inhalation (AG; Generic for Symbicort®)
	Fluticasone/Salmeterol MDI (Advair HFA®)	Budesonide/Glycopyrrolate/Formoterol Inhalation (Breztri Aerosphere™)
	<b>Fluticasone/Umeclidinium/Vilanterol Inh Powder (Trelegy Ellipta®)</b>	Ciclesonide MDI (Alvesco®)
	Mometasone Inhalation Powder (Asmanex® Twisthaler®)	Fluticasone Propionate Inhalation Powder (Armonair® Digihaler™)
	Mometasone/Formoterol MDI (Dulera®)	Fluticasone Propionate Inhalation Powder (Flovent® Diskus®)
		Fluticasone/Salmeterol Inhalation Powder (AG; AirDuo® RespiClick®)
		Fluticasone/Salmeterol Inhalation Powder (AirDuo® Digihaler™)
		Fluticasone/Salmeterol DPI (AG; Generic for Advair Diskus®, Wixela Inhub®)
	<b>Fluticasone/Salmeterol MDI (AG for Advair HFA®)</b>	
	Fluticasone/Vilanterol Inhalation Powder (AG; Breo Ellipta®)	
	Mometasone Furoate MDI (Asmanex HFA®)	
<b>ASTHMA/COPD (12)</b>	Benralizumab Pen (Fasenra®)	Mepolizumab Auto-Injector (Nucala®)
<b>Immunomodulators</b>	Benralizumab Syringe (Fasenra®)	Mepolizumab Syringe (Nucala®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Omalizumab Syringe (Xolair®)	Mepolizumab Vial (Nucala®)
	Omalizumab Vial (Xolair®)	Reslizumab Vial (Cinqair®)
		Tezepelumab-ekko Syringe, <b>Pen</b> (Tezspire™)
<b>ASTHMA/COPD (12)</b>	Montelukast Chewable Tablet (Generic)	Montelukast Chewable Tablet, Tablet (Singulair®)
<b>Leukotriene Modifiers</b>	Montelukast Tablet (Generic)	Montelukast Granules (Generic; Singulair®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Zafirlukast Tablet (AG; Generic; Accolate®)
		Zileuton ER Tablet (Generic)
		Zileuton Tablet (Zyflo®)

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

Effective Date: January 1, 2024 (updated 3/4/2024)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>BOTULINUM TOXINS (13)</b>	AbobotulinumtoxinA (Dysport®)	IncobotulinumtoxinA (Xeomin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	OnabotulinumtoxinA (Botox®)	RimabotulinumtoxinB (Myobloc®)
<b>COLONY STIMULATING FACTORS (14)</b>	Filgrastim Syringe, Vial (Neupogen®)	Eflapegrastim-xnst Syringe (Rolvedon™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pegfilgrastim-pbbk Syringe (Fylnetra®)	Filgrastim-aafi Syringe, Vial (Nivestym®) Filgrastim-ayow Syringe, Vial (Releuko®) Filgrastim-sndz Syringe (Zarxio®) Pegfilgrastim Kit, Syringe (Neulasta®) <b>Pegfilgrastim-apgf Syringe (Nyvepria®)</b> Pegfilgrastim-bmez Syringe (Ziextenzo®) Pegfilgrastim-cbqv <b>Autoinjector</b> , Syringe (Udenyca®) Pegfilgrastim-fpgk Syringe (Stimufend®) <b>Pegfilgrastim-jmdb Syringe (Fulphila®)</b> Sargramostim Vial (Leukine®) Tbo-Filgrastim Injection Syringe, Vial (Granix®)
<b>CYSTIC FIBROSIS, ORAL (15)</b>	NONE	Elexacaftor/Tezacaftor/Ivacaftor <b>Granules</b> , Tablet (Trikafta®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Ivacaftor Packet, Tablet (Kalydeco®) Lumacaftor/Ivacaftor Packet, Tablet (Orkambi®) Mannitol Inhalation (Bronchitol®) Tezacaftor/Ivacaftor Tablet (Symdeko®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DEPRESSION (16)</b>	Bupropion HCl IR Tablet (Generic)	Brexanolone IV Solution (Zulresso™)
<b>Antidepressants, Other</b>	Bupropion HCl SR 12-Hour Tablet (Generic)	Bupropion HBr ER 24-Hour Tablet (Aplenzin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Bupropion HCl XL 24-Hour Tablet (Generic)	Bupropion HCl SR 12-Hour (Wellbutrin SR®)
	Mirtazapine ODT (Generic)	Bupropion HCl XL (AG; Forfivo XL®)
	Mirtazapine Tablet (Generic)	Bupropion HCl XL 24-Hour (Wellbutrin XL®)
	Trazodone Tablet (Generic)	Desvenlafaxine ER (No Brand)
	Venlafaxine ER Capsule (Generic)	Desvenlafaxine Succinate ER Tablet (AG; Generic; Pristiq®)
	Venlafaxine IR Tablet (Generic)	Dextromethorphan/Bupropion Tablet (Auvelity™)
		Esketamine Nasal Spray (Spravato®)
		Isocarboxazid Tablet (Marplan®)
		Levomilnacipran ER Capsule, Titration Pack (Fetzima®)
		Mirtazapine ODT, Tablet (Remeron® ODT; Remeron®)
		Nefazodone Tablet (Generic)
		Phenelzine Tablet (Generic, Nardil®)
		Selegiline Transdermal Patch (Emsam®)
		Tranlycypromine Sulfate Tablet (Generic)
		Venlafaxine Besylate ER Tablet (Generic)
		Venlafaxine ER Capsule (Effexor XR®)
		Venlafaxine ER Tablet (AG; Generic)
	Vilazodone Dose Pack (Viibryd® Starter Pack)	
	Vilazodone Tablet (AG; Generic; Viibryd®)	
	Vortioxetine Tablet (Trintellix®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DEPRESSION (16)</b>	Citalopram Solution, Tablet (Generic)	Citalopram Capsule (Generic)
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	Escitalopram Tablet (Generic)	Citalopram Tablet (Celexa®)
	Fluoxetine Capsule, Solution (Generic)	Escitalopram Solution (Generic)
* <a href="#">Request Form</a>	Fluvoxamine Maleate Tablet (Generic)	Escitalopram Tablet (Lexapro®)
* <a href="#">Criteria</a>	Paroxetine Tablet (Generic)	Fluoxetine Capsule (Prozac®)
* <a href="#">POS Edits</a>	Sertraline Concentrate, Tablet (Generic)	Fluoxetine Delayed Release Capsule, Tablet, 60mg Tablet (Generic)
		Fluvoxamine Maleate ER Capsule (Generic)
		Paroxetine Suspension (Generic; Paxil®)
		Paroxetine Tablet (Paxil®)
		Paroxetine CR Tablet (AG; Generic; Paxil CR®)
		Paroxetine Mesylate Capsule (AG; Generic for Brisdelle®)
		Paroxetine Mesylate Tablet (Pexeva®)
		Sertraline Capsule (Generic)
		Sertraline Concentrate, Tablet (Zoloft®)
<b>DERMATOLOGY (17)</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>		Ozenoxacin Cream (Xepi®)
* <a href="#">POS Edits</a>		
<b>DERMATOLOGY (17)</b>	Clotrimazole Rx Cream (Generic)	Butenafine Cream (Mentax®)
<b>Antifungals, Topical</b>	Clotrimazole Rx Solution (Generic)	Ciclopirox Cream, Gel, 8% Solution (Generic)
* <a href="#">Request Form</a>	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox 0.77% Suspension (AG; Generic)
* <a href="#">Criteria</a>	Ketoconazole Cream (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
* <a href="#">POS Edits</a>	Ketoconazole Shampoo Rx (Generic)	Ciclopirox 8% Solution Treatment Kit (Generic)
	Nystatin Cream, Ointment, Topical Powder (Generic)	Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
	Nystatin/Triamcinolone Cream (Generic)	Clotrimazole/Betamethasone Lotion (Generic)
	Nystatin/Triamcinolone Ointment (Generic)	Econazole Nitrate Cream (Generic)
		Efinaconazole Solution (Jublia®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (17)</b>	(Preferred agents listed on page 13)	Ketoconazole Foam (AG; Generic; Extina®)
<b>Antifungals, Topical Continued</b>		Ketoconazole Foam; Foam Kit (Ketodan®)
		Luliconazole Cream (AG; Luzu®)
		Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®)
		Naftifine Cream (Generic)
		Naftifine Gel (Generic; Naftin®)
		Oxiconazole Lotion (Oxistat®)
		Oxiconazole Cream (Generic for Oxistat®)
		Salicylic Acid (Generic; Bensal HP®)
		Sertaconazole Cream (Ertaczo®)
		Sulconazole Cream, Solution (AG; Exelderm®)
		Tavaborole Solution (Generic; Kerydin®)
<b>DERMATOLOGY (17)</b>	Permethrin Cream (Generic)	Crotamiton Cream, Lotion (Eurax®)
<b>Antiparasitic Agents, Topical</b>	Spinosad Suspension (Natroba®)	Crotamiton Lotion (Crotan®)
* <a href="#">Request Form</a>		Lindane Shampoo (Generic)
* <a href="#">Criteria</a>		Malathion Lotion (Generic; Ovide®)
* <a href="#">POS Edits</a>		Spinosad Suspension (Generic)
<b>DERMATOLOGY (17)</b>	Acitretin Capsule (AG; Generic)	Methoxsalen Rapid Softgel (Generic)
<b>Antipsoriatics, Oral</b>		
* <a href="#">Request Form</a>		
* <a href="#">Criteria</a>		
* <a href="#">POS Edits</a>		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (17)</b>	Calcipotriene Cream (Generic)	Calcipotriene Ointment (Generic)
<b>Antipsoriatics, Topical</b>	Calcipotriene Solution (Generic)	Calcipotriene Foam (AG; Generic; Sorilux®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®) Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic; Taclonex®) Calcipotriene/Betamethasone Dipropionate Susp (AG; Generic; Taclonex Scalp®) Calcitriol Ointment (AG; Generic; Vectical®) Halobetasol/Tazarotene Lotion (Duobrii®) Roflumilast Cream (Zoryve™) Tapinarof Cream (Vtama®)
<b>DERMATOLOGY (17)</b>	Acyclovir Ointment (Generic)	Acyclovir Cream (AG; Generic; Zovirax®)
<b>Antiviral Agents, Topical</b>		Acyclovir Ointment (Zovirax®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Acyclovir/Hydrocortisone (Xerese®) Penciclovir Cream (Denavir®)
<b>DERMATOLOGY (17)</b>	Crisaborole Ointment (Eucrisa®)	Pimecrolimus Cream (AG; Generic)
<b>Atopic Dermatitis Immunomodulators</b>	Dupilumab Pen (Dupixent®)	Ruxolitinib Cream (Opzelura™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dupilumab Syringe (Dupixent®) Pimecrolimus Cream (Elidel®) Tralokinumab-ldrm Syringe (Adbry™)	Tacrolimus Ointment (AG; Generic; Protopic®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	Ammonium Lactate Cream, Lotion (Generic)	Emollient Combination No. 10 (Biafine®)
Emollients		Emollient Combination No. 10 (Luxamend®)
* <a href="#">Request Form</a>		Emollient Combination No. 43 (Promiseb®)
* <a href="#">Criteria</a>		Emollient Combination No. 103 (Ceracade®)
* <a href="#">POS Edits</a>		Hyaluronic Acid/Grape Seed Extract/Vitamin C & E (Atopiclair®)
DERMATOLOGY (17)	Imiquimod 5% Cream Packet (Generic for Aldara®)	Imiquimod (Generic; Zyclara®)
Immunomodulators, Topical	Podofilox Gel (Condylox®)	Podofilox Solution (Generic)
* <a href="#">Request Form</a>		Sinecatechins (Veregen®)
* <a href="#">Criteria</a>		Sirolimus (Hyftor™)
* <a href="#">POS Edits</a>		
DERMATOLOGY (17)	Hydrocortisone Rectal Cream, Topical Cream (Generic)	Alclometasone Dipropionate Cream, Ointment (Generic)
Steroids, Topical	Hydrocortisone Lotion (Generic)	Desonide Cream, Lotion, Ointment (Generic)
Low Potency	Hydrocortisone Ointment (Generic)	Fluocinolone Acetonide Body Oil, Scalp Oil (Generic; Derma-Smoothe/FS®)
* <a href="#">Request Form</a>		Fluocinolone Acetonide Shampoo (Capex®)
* <a href="#">Criteria</a>		Hydrocortisone Gel (Hydroxym®)
* <a href="#">POS Edits</a>		Hydrocortisone Solution (Texacort®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (17)</b>	Fluticasone Propionate Cream (Generic)	Betamethasone Valerate Foam (Generic; Luxiq®)
<b>Steroids, Topical</b>	Fluticasone Propionate Ointment (Generic)	Clocortolone Pivalate Cream (AG; Generic; Cloderm®)
<b>Medium Potency</b>	Mometasone Furoate Cream (Generic)	Fluocinolone Acetonide Cream (Generic)
* <a href="#">Request Form</a>	Mometasone Furoate Ointment (Generic)	Fluocinolone Acetonide Ointment, Solution (Generic; Synalar®)
* <a href="#">Criteria</a>	Mometasone Furoate Solution (Generic)	Fluocinolone Acetonide/Emollient No. 65 Cream Kit, Ointment Kit (Synalar®)
* <a href="#">POS Edits</a>		Fluocinolone Acetonide/Skin Cleanser No.28 Kit (Synalar® TS)
		Flurandrenolide Cream, Ointment (Generic)
		Flurandrenolide Lotion (AG; Generic)
		Fluticasone Propionate Lotion (Generic; Beser™)
		Fluticasone Propionate Lotion Kit (Beser™)
		Hydrocortisone Butyrate Lotion (AG; Generic; Locoid®)
		Hydrocortisone Butyrate Cream, Ointment, Solution (Generic)
		Hydrocortisone Butyrate/Emollient (AG; Generic)
		Hydrocortisone Probutate Cream (Pandel®)
		Hydrocortisone Valerate Cream, Ointment (Generic)
		Prednicarbate Cream; Ointment (Generic)
		<b>Triamcinolone Acetonide Dental Paste (Generic; Oralone®)</b>

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (17)</b>	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)	Amcinonide Cream (Generic)
<b>Steroids, Topical</b>	Betamethasone Valerate Cream (Generic)	Betamethasone Dipropionate Cream, Gel, Lotion, Ointment (Generic)
<b>High Potency</b>	Betamethasone Valerate Lotion (Generic)	Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Betamethasone Valerate Ointment (Generic)	Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)
	Triamcinolone Acetonide Cream (Generic)	Desoximetasone Cream, Gel, Ointment (Generic)
	Triamcinolone Acetonide Lotion (Generic)	Desoximetasone Spray (Generic; Topicort®)
	Triamcinolone Acetonide Ointment (Generic)	Diflorasone Diacetate Cream (Generic for Psorcon®)
		Diflorasone Diacetate Ointment (Generic)
		Fluocinonide Cream 0.05% (Generic)
		Fluocinonide Cream 0.1% (Generic; Vanos®)
		Fluocinonide Emollient, Gel, Ointment, Solution (Generic)
		Halcinonide Cream (AG; Generic; Halog®)
		Halcinonide Ointment, Solution (Halog®)
	Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)	
<b>DERMATOLOGY (17)</b>	Clobetasol Propionate Cream (Generic)	Clobetasol Propionate Foam (Generic for Olux®)
<b>Steroids, Topical</b>	Clobetasol Propionate Emollient (Generic)	Clobetasol Propionate Emollient Foam (Generic; Tovet®)
<b>Very High Potency</b>	Clobetasol Propionate Gel (Generic)	Clobetasol Propionate Emulsion Foam (AG; Generic; Olux-E®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Clobetasol Propionate Ointment (Generic)	Clobetasol Propionate Kit (Tovet™ Kit)
	Clobetasol Propionate Solution (Generic)	Clobetasol Propionate Lotion (Generic)
	Halobetasol Propionate Cream (Generic)	Clobetasol Propionate Shampoo (Generic; Clobex®; Clodan®)
	Halobetasol Propionate Ointment (Generic)	Clobetasol Propionate Spray (AG; Generic; Clobex®)
		Clobetasol/Skin Cleanser No. 28 (Clodan® Kit)
		Clobetasol Propionate Lotion (Impeklo®)
		Diflorasone Diacetate Cream (Apexicon E®)
		Halobetasol Propionate Foam (AG; Lexette™)
		Halobetasol Propionate Lotion (Bryhali®)
	Halobetasol Propionate Lotion (Ultravate®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (18)</b>	Acarbose (Generic)	Miglitol (Generic)
<b>Alpha-Glucosidase Inhibitors</b>		
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<a href="#">*POS Edits</a>		
<b>DIABETES (18)</b>	Dasiglucagon Auto-Injector (Zegalogue™)	Dasiglucagon Syringe (Zegalogue™)
<b>Glucagon Agents</b>	Glucagon Nasal (Baqsimi®)	Diazoxide Oral Suspension (Generic; Proglycem®)
<a href="#">*Request Form</a>	Glucagon, Human Recombinant Inj. (Generic)	Glucagon Subcutaneous Pen, Syringe, Vial (Gvoke®)
<a href="#">*Criteria</a>	Glucagon, Human Recombinant Inj. Emergency Kit (Eli Lilly)	Glucagon Injection Emergency Kit (Fresenius Kabi)
<a href="#">*POS Edits</a>	Glucagon, Human Recombinant Inj. Emergency Kit (Amphastar)	
<b>DIABETES (18)</b>	Exenatide Solution Pens (Byetta®)	Alogliptin Tablet (AG; Nesina®)
<b>Hypoglycemics</b>	Dulaglutide Pen (Trulicity®)	Alogliptin/Metformin Tablet (AG; Kazano®)
<b>Incretin Mimetics/Enhancers</b>	Linagliptin Tablet (Tradjenta®)	Alogliptin/Pioglitazone Tablet (AG; Oseni®)
<a href="#">*Request Form</a>	Linagliptin/Metformin Tablet (Jentaduo®)	Empagliflozin/Linagliptin/Metformin Tablet (Trijardy™ XR)
<a href="#">*Criteria</a>	Liraglutide Pen (Victoza®)	Exenatide Microspheres ER Auto-Injector (Bydureon BCise®)
<a href="#">*POS Edits</a>	Semaglutide Pen (Ozempic®)	Linagliptin/Empagliflozin (Glyxambi®) <i>(See <a href="#">SGLT2 Criteria</a>)</i>
	Sitagliptin Tablet (Januvia®)	Linagliptin/Metformin Tablet ER (Jentaduo XR®)
	Sitagliptin/Metformin Tablet (Janumet®)	Liraglutide/Insulin Degludec (Xultophy®) <i>(See <a href="#">Insulins &amp; Related Agents Criteria</a>)</i>
	Sitagliptin/Metformin Tablet ER (Janumet XR®)	Lixisenatide Pen (Adlyxin®)
		Lixisenatide/ Insulin Glargine (Soliqua®) <i>(See <a href="#">Insulins &amp; Related Agents Criteria</a>)</i>
		Pramlintide Pen (SymlinPen®)
		Saxagliptin Tablet (Onglyza®)
		Saxagliptin/Dapagliflozin Tablet (Qtern®) <i>(See <a href="#">SGLT2 Criteria</a>)</i>
		Saxagliptin/Metformin ER Tablet (Kombiglyze XR®)
		Semaglutide Tablet (Rybelsus®)
		Sitagliptin/Ertugliflozin Tablet (Steglujan®) <i>(See <a href="#">SGLT2 Criteria</a>)</i>
		Tirzepatide Pen (Mounjaro®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (18)</b>	Insulin Aspart Cartridge, Pen, Vial (AG; Novolog®)	Insulin Aspart Cartridge, Pen, Vial (Fiasp® Penfill®; Fiasp® FlexTouch®; Fiasp®)
<b>Hypoglycemics</b>	Insulin Aspart Protamine/Aspart Vial (AG; Novolog Mix 70/30®)	Insulin Degludec Pen, Vial (Generic; Tresiba® FlexTouch®; Tresiba®)
<b>Insulins &amp; Related Agents</b>	Insulin Aspart Protamine/Aspart Pen (AG; Novolog Mix 70/30®)	Insulin Glargine U-100 (Basaglar® KwikPen®; Basaglar® Tempo Pen™)
<a href="#">*Request Form</a>	Insulin Detemir Pen, Vial (Levemir®)	<b>Insulin Glargine-aglr (Rezvoglar® KwikPen®)</b>
<a href="#">*Criteria</a>	Insulin Glargine Pen, Vial (Generic; Lantus® SoloStar®; Lantus®)	Insulin Glargine-yfgn Pen, Vial (Generic; Semglee®)
<a href="#">*POS Edits</a>	Insulin Glulisine Pen, Vial (Apidra® SoloStar®; Apidra®)	Insulin Glargine Pen (Toujeo® Solostar®, Toujeo® Max Solostar®)
	Insulin Vial OTC (Humulin® N; Humulin® R)	Insulin Lispro Pen, Vial (Admelog® SoloStar®; Admelog®)
	Insulin Regular 500 units/mL Pen, Vial (Humulin® R U-500)	Insulin Lispro Pen (Humalog® KwikPen®; Humalog® Tempo Pen™)
	Insulin Isophane (NPH)/Insulin Regular Pen OTC (Humulin® 70/30)	Insulin Lispro-aabc Pen (Lyumjev® KwikPen®; Lyumjev® Tempo Pen™)
	Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)	Insulin Lispro-aabc Vial (Lyumjev®)
	Insulin Lispro (AG; Humalog® Junior KwikPen®)	Insulin Isophane (NPH)/Insulin Regular Pen OTC, Vial OTC (Novolin® 70/30)
	Insulin Lispro Cartridge (Humalog®)	Insulin Human Pen OTC, Vial OTC (Novolin® N; Novolin® R)
	Insulin Lispro Pen, Vial (AG; Humalog®)	Insulin Human in 0.9% Sodium Chloride Piggyback IV (Myxredlin®)
	Insulin Lispro Protamine/Insulin Lispro KwikPen (AG)	Insulin Human Inhalation Powder Cartridge (Afrezza®)
	Insulin Lispro Protamine/Insulin Lispro Pen, Vial (Humalog® Mix)	Insulin Human Pen OTC (Humulin® N Kwikpen)
<b>DIABETES (18)</b>	Nateglinide (Generic)	Repaglinide/Metformin (Generic)
<b>Hypoglycemics</b>	Repaglinide (Generic)	
<b>Meglitinides</b>		
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<a href="#">*POS Edits</a>		
<b>DIABETES (18)</b>	Canagliflozin Tablet (Invokana®)	Canagliflozin/Metformin ER Tablet (Invokamet® XR)
<b>Hypoglycemics</b>	Canagliflozin/Metformin Tablet (Invokamet®)	Empagliflozin/Metformin ER Tablet (Synjardy® XR)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>	Dapagliflozin Tablet (Farxiga®)	Ertugliflozin Tablet (Steglatro®)
	Dapagliflozin/Metformin ER Tablet (Xigduo® XR)	Ertugliflozin/Metformin Tablet (Segluromet®)
<a href="#">*Request Form</a>	Empagliflozin Tablet (Jardiance®)	<b>Sotagliflozin Tablet (Inpefa®)</b>
<a href="#">*Criteria</a>	Empagliflozin/Metformin Tablet (Synjardy®)	
<a href="#">*POS Edits</a>		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (18)</b>	Glimepiride (Generic)	Glimepiride (Amaryl®)
<b>Hypoglycemics</b>	Glipizide (Generic)	Glipizide ER (Glucotrol® XL)
<b>Sulfonylureas</b>	Glipizide ER (Generic)	Glyburide Micronized (Glynase®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Glyburide (Generic)	
	Glyburide Micronized (Generic)	
<b>DIABETES (18)</b>	Pioglitazone (Generic)	Pioglitazone (Actos®)
<b>Hypoglycemics</b>		Pioglitazone/Glimepiride (AG)
<b>Thiazolidinediones (TZDs)</b>		Pioglitazone/Metformin (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>DIABETES (18)</b>	Glipizide-Metformin (Generic)	Metformin ER (Generic for Fortamet™)
<b>Metformins</b>	Glyburide-Metformin (Generic)	Metformin ER (Generic; Glumetza™)
<a href="#">*Request Form</a>	Metformin (Generic)	Metformin Solution (Generic; Riomet™)
<a href="#">*Criteria</a>	Metformin ER (Generic for Glucophage® XR)	Metformin Oral Suspension (Riomet ER™)
<a href="#">*POS Edits</a>		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

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

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (19)</b>	Ursodiol 300 mg Capsule (Generic)	Chenodiol Tablet (Chenodal®)
<b>Bile Acid Salts</b>	Ursodiol Tablet (Generic)	Cholic Acid Capsule (Cholbam®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Maralixibat Solution (Livmarli™)
		Obeticholic Acid Tablet (Ocaliva®)
		Odevixibat Capsule, Pellet (Bylvay®)
		Ursodiol Capsule (Reltone®)
		Ursodiol Tablet (URSO 250®/URSO Forte®)
<b>DIGESTIVE DISORDERS (19)</b>	Famotidine Suspension (Generic)	Cimetidine Tablet (Generic)
<b>Histamine II Receptor Blockers</b>	Famotidine Tablet (Generic)	Famotidine Piggyback (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Famotidine Tablet (Pepcid®)
		Famotidine Vial (Generic)
		Nizatidine Capsule (Generic)
<b>DIGESTIVE DISORDERS (19)</b>	Pancrelipase (Creon®)	Pancrelipase (Pertzye®)
<b>Pancreatic Enzymes</b>	Pancrelipase (Zenpep®)	Pancrelipase (Viokace®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (19)</b>	Esomeprazole Suspension (Nexium®)	Dexlansoprazole Capsule (AG; Generic; Dexilant®)
<b>Proton Pump Inhibitors</b>	Lansoprazole Capsule (Generic)	Esomeprazole Capsule (Generic; Nexium®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Omeprazole Capsule Rx (Generic)	Esomeprazole Suspension (Generic)
	Pantoprazole Suspension (Protonix®)	Lansoprazole Capsule (Prevacid®)
	Pantoprazole Tablet (Generic)	Lansoprazole ODT (Generic; Prevacid® SoluTab®)
		Omeprazole Granules for Suspension (Prilosec®)
		Omeprazole/Sodium Bicarbonate for Oral Suspension (Konvomep®)
		Omeprazole/Sodium Bicarbonate Rx Capsule, Packet (Generic; Zegerid®)
		Pantoprazole Suspension (Generic)
		Pantoprazole Tablet (Protonix®)
		Rabeprazole Tablet (Generic; AcipHex®)
<b>DIGESTIVE DISORDERS (19)</b>	Balsalazide Capsule (Generic)	Budesonide Rectal Foam (Uceris®)
<b>Ulcerative Colitis Agents</b>	Mesalamine ER Capsule (Apriso®)	Budesonide DR Tablet (AG; Generic; Uceris®)
<a href="#">*Request Form</a>	Mesalamine Suppositories (AG; Generic for Canasa®)	Mesalamine DR Tablet (Generic; Asacol HD®)
<a href="#">*Criteria</a>	Sulfasalazine Tablet (AG; Generic)	Mesalamine DR Capsule (AG; Generic; Delzicol®)
<a href="#">*POS Edits</a>	Sulfasalazine DR Tablet (AG)	Mesalamine Enema (Rowasa®; sfRowasa®; Generic for sfRowasa®)
		Mesalamine Kit (Generic; Rowasa®)
		Mesalamine DR Tablet MMX® (AG; Generic; Lialda®)
		Mesalamine ER Capsule (AG for Apriso®; Generic for Apriso®)
		Mesalamine ER Capsule (Generic; Pentasa®)
		Mesalamine Suppositories (Canasa®)
		Olsalazine Capsule (Dipentum®)
		Sulfasalazine DR Tablet, Tablet (Azulfidine EN-Tabs®; Azulfidine®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ENZYME REPLACEMENTS (20)</b>	NONE	Eliglustat Capsule (Cerdelga®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	(Empty)	Imiglucerase 400 unit Vial (Cerezyme®) Miglustat Capsule (AG; Generic; Zavesca®) Taliglucerase alfa Vial (Elelyso®) Velaglucerase alfa 400 unit Vial (Vpriv®)
<b>EPINEPHRINE, SELF-INJECTED (21)</b>	<b>Epinephrine 0.1 mg Auto-Injector (Auvi-Q®)</b>	<b>Epinephrine 0.15 mg, 0.3 mg Auto-Injector (Auvi-Q®)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Epinephrine 0.15 mg Auto-Injector (AG; Generic; EpiPen Jr®) Epinephrine 0.3 mg Auto-Injector (AG; Generic; EpiPen®)	Epinephrine 0.15 mg, 0.3 mg Auto-Injector (AG for Adrenaclick®) Epinephrine Syringe (Symjepi®)
<b>GI MOTILITY, CHRONIC (22)</b>	Linacotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Lubiprostone Capsule (Amitiza®) Methylnaltrexone Syringe, Vial (Relistor®) Naloxegol Tablet (Movantik®)	Eluxadoline Tablet (Viberzi®) Lubiprostone Capsule (AG; Generic for Amitiza®) Methylnaltrexone Tablet (Relistor®) Naldemedine Tablet (Symproic®) Plecanatide Tablet (Trulance®) Prucalopride Tablet (Motegrity®) Tenapanor Tablet (Ibsrela®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>GLUCOCORTICOIDS, ORAL (23)</b>	Budesonide EC Capsules (Generic)	Budesonide DR Capsule (Tarpeyo™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dexamethasone Tablet (Generic)	Budesonide ER Capsule (Ortikos™)
	Hydrocortisone Tablet (Generic)	Cortisone Acetate (Generic)
	Methylprednisolone Tablet Dose Pack (Generic)	Deflazacort Suspension, Tablet (Emflaza®)
	Prednisolone Sodium Phosphate Solution (Generic)	Dexamethasone Tablet (Hemady®)
	Prednisolone Solution (Generic)	Dexamethasone Tablet Therapy Pack (Taperdex®)
	Prednisone Tablet (Generic)	Dexamethasone Elixir, Intensol Concentrate, Solution, Tablet Dose Pack (Generic)
		Hydrocortisone Tablet (Cortef®)
		Hydrocortisone Capsule (Alkindi® Sprinkle)
		Methylprednisolone Tablet, Dose Pack (Medrol®)
		Methylprednisolone Tablet 4 mg, 8 mg, 16 mg, 32 mg (Generic)
		Prednisolone Tablet, Tablet Dose Pack (Millipred®)
		Prednisolone Sodium Phosphate 10 mg/5 mL (Generic Millipred®)
		Prednisolone Sodium Phosphate 20 mg/5 mL (Generic Veripred®)
		Prednisolone Sodium Phosphate ODT (AG; Generic)
		Prednisone Delayed Release Tablet (Rayos®)
		Prednisone Intensol Concentrate, Solution, Tablet Dose Pack (Generic)
<b>GOUT AGENTS (24)</b>	Allopurinol Tablet 100mg, 300mg (Generic)	<b>Allopurinol Tablet 200mg (AG)</b>
<b>Antihyperuricemics</b>	Colchicine Tablet (AG; Generic)	Colchicine Capsule (AG; Mitigare®)
<a href="#">*Request Form</a>	Febuxostat Tablet (Generic)	Colchicine Solution (Gloperba®)
<a href="#">*Criteria</a>	Probenecid Tablet (Generic)	Colchicine Tablet (Colcrys®)
<a href="#">*POS Edits</a>	Probenecid/Colchicine Tablet (Generic)	Febuxostat Tablet (Uloric®)
		Pegloticase Intravenous (Krystexxa®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>GROWTH DEFICIENCY (25)</b>	Somatropin Cartridge, Syringe (Genotropin®)	Lonapegsomatropin-tcgd (Skytrofa®)
<b>Growth Hormones</b>	Somatropin Pen (Norditropin® FlexPro®)	<b>Somapacitan-beco (Sogroya®)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Somatropin Cartridge (Humatrope®)
		Somatropin Pen (Nutropin AQ® NuSpin®)
		Somatropin Cartridge, Vial (Omnitrope®)
		Somatropin Cartridge, Vial (Saizen®)
		Somatropin Vial (Serostim®)
		Somatropin Vial (Zomacton®)
		Somatropin Vial (Zorbitive®)
<b>GROWTH FACTORS (26)</b>	<b>NONE</b>	Mecasermin Subcutaneous (Increlex®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Tesamorelin Acetate Subcutaneous (Egrifta SV®)
		Vosoritide Vial (Voxzogo™)
<b>H. PYLORI TREATMENT (27)</b>	Bismuth Subcitrate Potassium/Metronidazole/Tetracycline (Pylera®)	Bismuth Subsalicylate/Metronidazole/Tetracycline (Helidac®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Lansoprazole/Amoxicillin/Clarithromycin (Generic Prevpac®)
		Omeprazole/Amoxicillin/Rifabutin (Taliaxia®)
		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)	
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Apixaban Dose Pack, Tablet (Eliquis®)	Dabigatran Capsule (Generic)	
<b>Anticoagulants</b>	Dabigatran Capsule (Pradaxa®)	Dabigatran Pellet Pack (Pradaxa®)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Enoxaparin Syringe, Vial (AG; Generic)	Dalteparin Syringe (Fragmin®)	
	Rivaroxaban Tablet (Xarelto®; Xarelto® Starter Pack)	Dalteparin Vial (Fragmin®)	
	Warfarin Tablet (Generic)	Edoxaban Tablet (Savaysa®)	
			Enoxaparin Syringe, Vial (Lovenox®)
			Fondaparinux Syringe (Generic; Arixtra®)
			Rivaroxaban Suspension (Xarelto®)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Aspirin/Dipyridamole ER Capsule (Generic)	Aspirin/Omeprazole (AG)	
<b>Anticoagulants</b>	Clopidogrel Tablet (Generic)	Clopidogrel Tablet (Plavix®)	
<b>Platelet Aggregation Inhibitors</b>	Dipyridamole Tablet (Generic)	Prasugrel Tablet (Effient®)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Prasugrel Tablet (Generic)		
	Ticagrelor Tablet (Brilinta®)		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (28)	Benazepril (Generic)	Aliskiren (AG; Generic; Tekturna®)
Hypertension	Benazepril/HCTZ (Generic)	Aliskiren/HCTZ (Tekturna HCT®)
ACE Inhibitors & Direct Renin Inhibitors	Enalapril Solution (AG; Generic)	Azilsartan Medoxomil (Edarbi®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Enalapril Tablet (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)
	Enalapril/HCTZ (Generic)	Candesartan (AG; Generic; Atacand®)
	Fosinopril (Generic)	Candesartan/HCTZ (AG; Generic; Atacand HCT®)
	Fosinopril/HCTZ (Generic)	Captopril (Generic)
	Irbesartan (Generic)	Captopril/HCTZ (Generic)
	Irbesartan/HCTZ (Generic)	Enalapril Solution (Epaned®)
	Lisinopril (Generic)	Enalapril Tablet (Vasotec®)
	Lisinopril/HCTZ (Generic)	Enalapril/HCTZ (Vaseretic®)
	Losartan (Generic)	Eprosartan (Generic)
	Losartan/HCTZ (Generic)	Irbesartan (Avapro®)
	Olmesartan (AG; Generic)	Irbesartan/HCTZ (Avalide®)
	Olmesartan/HCTZ (AG; Generic)	Lisinopril Solution (Qbrelis®)
	Quinapril (Generic)	Lisinopril (Zestril®)
	Quinapril/HCTZ (Generic)	Lisinopril/HCTZ (Zestoretic®)
	Ramipril (Generic)	Losartan (Cozaar®)
	Sacubitril/Valsartan (Entresto®)	Losartan/HCTZ (Hyzaar®)
	Valsartan (Generic)	Moexipril (Generic)
	Valsartan/HCTZ (Generic)	Olmesartan (Benicar®)
		Olmesartan/HCTZ (Benicar HCT®)
		Perindopril (Generic)
		Quinapril (Accupril®)
	Ramipril (Altace®)	
	Telmisartan (Generic; Micardis®)	
	Telmisartan/HCTZ (Generic; Micardis HCT®)	
	Trandolapril (Generic)	
	Valsartan (Diovan®)	
	Valsartan/HCTZ (Diovan HCT®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (28)	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)
Hypertension	Amlodipine/Olmesartan (AG; Generic)	Amlodipine/Olmesartan (Azor®)
Angiotensin Modulators/Calcium Channel Blockers Combinations	Amlodipine/Valsartan (Generic)	Amlodipine/Olmesartan/HCTZ (AG; Generic; Tribenzor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Amlodipine/Valsartan (Exforge®) Amlodipine/Valsartan/HCTZ (Generic; Exforge HCT®) Telmisartan/Amlodipine (Generic) Trandolapril/Verapamil (Generic)
HEART DISEASE, HYPERLIPIDEMIA (28)	Acebutolol (Generic)	Atenolol (Tenormin®)
Hypertension	Atenolol (Generic)	Betaxolol (Generic)
Beta Blocker Agents	Atenolol/Chlorthalidone (Generic)	Carvedilol (Coreg®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Bisoprolol (Generic) Bisoprolol/HCTZ (Generic) Carvedilol (Generic) Labetalol (Generic) Metoprolol Succinate ER (AG; Generic) Metoprolol Tartrate (Generic) Nadolol (Generic) Nebivolol (Generic; Bystolic®) Propranolol ER (AG; Generic) Propranolol Solution (Generic) Propranolol Tablet (Generic) Sotalol (Generic)	Carvedilol ER (AG; Generic; Coreg CR®) Metoprolol/HCTZ (Generic) Metoprolol Succinate Capsule (Kaspargo Sprinkle®) Metoprolol Succinate ER (Toprol XL®) Metoprolol Tartrate (Lopressor®) Nadolol (Corgard®) Pindolol (Generic) Propranolol Oral Solution (Hemangeol®) Propranolol ER Capsule (Inderal XL®) Propranolol ER Capsule (Innopran XL®) Propranolol LA (Inderal LA®) Propranolol/HCTZ (Generic) Sotalol Solution (Sotylize®) Timolol Maleate (Generic)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (28)	Amlodipine Tablet (Generic)	Amlodipine Solution (Norliqva®)
<b>Hypertension</b>	Diltiazem ER Capsule (Generic)	Amlodipine Suspension (Katerzia™)
<b>Calcium Channel Blockers</b>	Diltiazem IR Tablet (Generic)	Amlodipine Tablet (Norvasc®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Felodipine ER Tablet (Generic)	Diltiazem CD (Cardizem CD®; Cardizem CD® 360 mg; Tiazac®)
	Nifedipine ER Tablet (Generic)	Diltiazem LA Tablet (AG; Cardizem LA®; Matzim LA®)
	Nifedipine IR Capsule (Generic)	Isradipine Capsule (Generic)
	Verapamil ER Tablet (Generic)	Levamlodipine Maleate (AG)
	Verapamil IR Tablet (Generic)	Nicardipine Capsule (Generic)
		Nifedipine ER Tablet (Procardia XL®)
		Nimodipine Capsule (Generic)
		Nimodipine Oral Syringe, Solution (Nymalize®)
		Nisoldipine Tablet (Generic)
		Verapamil 360 mg Capsule (Generic)
		Verapamil ER PM Capsule (Generic; Verelan PM®)
		Verapamil ER Capsule (Generic for Verelan®)
		Verapamil ER Tablet (Calan® SR)
HEART DISEASE, HYPERLIPIDEMIA (28)	Alirocumab Subcutaneous Pen (Praluent®)	Bempedoic Acid Tablet (Nexletol™)
<b>Lipotropics, Other</b>	Cholestyramine/Sucrose Packet, Powder (Generic Questran®)	Bempedoic Acid and Ezetimibe Tablet (Nexlizet™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Colestipol Granules, Packet (Generic)	Cholestyramine/Aspartame Packet, Powder (Generic)
	Colestipol Tablet (Generic)	Cholestyramine/Sucrose Packet, Powder (Questran®)
	Ezetimibe (Generic)	Colesevelam Powder Pack, Tablet (AG; Generic; Welchol®)
	Fenofibrate Nanocrystallized Tablet (Generic Tricor® 48 mg)	Colestipol Granules, Tablet (Colestid®)
	Fenofibrate Nanocrystallized Tablet (Generic Tricor® 145 mg)	Evinacumab-dgnb Vial (Evkeeza®)
	Fenofibrate Capsule, Tablet (Generic for Lofibra®)	Evolocumab Auto-Injector (Repatha® SureClick®)
	Gemfibrozil Tablet (Generic)	Evolocumab Cartridge (Repatha® Pushtronex®)
	Niacin ER Tablet (Generic)	Evolocumab Prefilled Syringe (Repatha®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	(Preferred agents listed on page 29)	Ezetimibe (Zetia®)
<b>Lipotropics, Other Continued</b>		Fenofibrate Capsule Micronized (AG; Generic; Antara®)
		Fenofibrate Capsule (Generic; Lipofen®)
		Fenofibrate Tablet (AG; Generic; Fenoglide®)
		Fenofibrate Tablet Nanocrystallized Tablet (Tricor®)
		Fenofibric Acid Tablet (Generic for Fibracor®)
		Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
		Gemfibrozil Tablet (Lopid®)
		Icosapent Ethyl Capsule (Generic; Vascepa®)
		Inclisiran Syringe (Leqvio®)
		Lomitapide Capsule (Juxtapid®)
		Omega-3-acid Ethyl Esters Capsule (Generic; Lovaza®)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Ambrisentan Tablet (Generic)	Ambrisentan Tablet (Letairis®)
<b>Pulmonary Arterial Hypertension (PAH)</b>	Bosentan Tablet (AG; Generic; Tracleer®)	Bosentan Suspension (Tracleer®)
* <a href="#">Request Form</a>	Sildenafil Tablet (Generic for Revatio®)	Iloprost Inhalation Solution (Ventavis®)
* <a href="#">Criteria</a>	Sildenafil Oral Suspension (Revatio®)	Macitentan Tablet (Opsumit®)
* <a href="#">POS Edits</a>	Tadalafil Tablet (Generic for Adcirca®)	Riociguat Tablet (Adempas®)
		Selexipag Tablet, Dose Pack (Uptravi®)
		<b>Sildenafil Suspension (Liqrev®)</b>
		Sildenafil Oral Suspension (AG; Generic)
		Sildenafil Tablet (Revatio®)
		Tadalafil Suspension (Tadliq®)
		Tadalafil Tablet (Adcirca®)
		Treprostinil ER Tablet, Titration Kit (Orenitram ER®; Orenitram® Month 1/2/3)
		Treprostinil Inhalation Powder, Inhalation Solution (Tyvaso DPI™; Tyvaso®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Atorvastatin Tablet (Generic)	Amlodipine/Atorvastatin Tablet (AG; Generic; Caduet®)
<b>Statins &amp; Statin Combination Agents</b>	Lovastatin Tablet (Generic)	<b>Atorvastatin Calcium (Atorvaliq®)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pravastatin Tablet (Generic)	Atorvastatin Tablet (Lipitor®)
	Rosuvastatin Tablet (Generic)	Ezetimibe/Simvastatin Tablet (Generic; Vytorin®)
	Simvastatin Tablet (Generic)	Fluvastatin Capsule (Generic)
		Fluvastatin ER Tablet (AG; Generic; Lescol XL®)
		Lovastatin ER Tablet (Altoprev®)
		Pitavastatin Tablet (Livalo®)
		Pitavastatin Tablet (Zypitamag®)
		Rosuvastatin Tablet (Crestor®)
	Rosuvastatin Capsule (Ezallor™ Sprinkle)	
	Simvastatin Tablet (Zocor®)	
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Clonidine Patch (Generic; Catapres-TTS®)	<b>Clonidine ER Suspension (AG for Nexiclon®)</b>
<b>Sympatholytics</b>	Clonidine Tablet (Generic)	Methyldopate HCl (Intravenous)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Guanfacine Tablet (Generic)	Methyldopa/HCTZ Tablet (Generic)
	Methyldopa Tablet (AG; Generic)	
<b>HEART DISEASE, HYPERLIPIDEMIA (28)</b>	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (AG; Isordil®)
<b>Vasodilators, Coronary</b>	Isosorbide Dinitrate/Hydralazine Tablet (AG; Generic; BiDil®)	Nitroglycerin Translingual Spray (AG; Generic; Nitrolingual®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Isosorbide Mononitrate Tablet (Generic)	Nitroglycerin Transdermal Patch (Nitro-Dur®)
	Isosorbide Mononitrate SR Tablet (Generic)	Nitroglycerin Sublingual Powder Packet (GoNitro®)
	Nitroglycerin Sublingual Tablet (AG; Generic)	Nitroglycerin Sublingual Tablet (Nitrostat®)
	Nitroglycerin Transdermal Ointment (Nitro-Bid®)	Vericiguat (Verquvo®)
	Nitroglycerin Transdermal Patch (AG; Generic)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (29)</b>	Darbepoetin Syringe (Aranesp®)	Epoetin alfa-epbx Vial (Retacrit®) [by Vifor]
	Darbepoetin Vial (Aranesp®)	Epoetin alfa Vial (Procrit®)
<b>Erythropoietins</b>	Epoetin alfa-epbx Vial (Retacrit®) [by Pfizer]	Luspatercept-aamt Vial (Reblozyl®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Epoetin alfa Vial (Epoen®)	Methoxy Polyethylene Glycol-Epoetin Beta Syringe (Mircera®)
<b>HEMODIALYSIS (30)</b>	Calcium Acetate Capsule (Generic)	Calcium Acetate Solution (Phoslyra®)
<b>Phosphate Binders</b>	Sevelamer Carbonate Tablet (Renvela®)	Calcium Acetate Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)
		Ferric Citrate Tablet (Auryxia®)
		Lanthanum Carbonate Chewable Tablet (Generic; Fosrenol®)
		Lanthanum Carbonate Powder Pack (Fosrenol®)
		Sevelamer Carbonate Tablet (AG; Generic)
		Sevelamer Carbonate Powder Pack (Generic; Renvela®)
		Sevelamer HCl Tablet (AG; Generic; RenaGel®)
		Sucroferric Oxyhydroxide Chewable Tablet (Velphoro®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEMOPHILIA TREATMENT (31)</b>	Emicizumab-kxwh (Hemlibra®)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Factor IX Human Recombinant, GlycoPEGylated (Rebinyn®)	Etranacogene Dezaparvovec-drlb (Hemgenix®)
	Factor IX Human Recombinant (BeneFIX® Kit)	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)
	Factor VIIa, Recombinant (NovoSeven® RT)	Factor IX Human (AlphaNine SD®)
	Factor VIII (Kovaltry®)	Factor IX Human Recombinant (Ixinity®)
	Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Factor IX Recombinant (Rixubis®)
	Factor VIII, B-Domain-Deleted (Xyntha® Solofuse® Syringe Kit)	Factor IX Recombinant, Albumin Fusion (Idelvion®)
	Factor VIII, B-Domain-Truncated (Novoeight®)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor VIIa, (Recombinant)-jnec (Sevenfact®)
	Factor VIII, Recombinant, PEGylated-aucl (Jivi®)	Factor VIII, Full-Length (Advate®)
	Factor VIII/VWF (Alphanate®)	Factor VIII (Kogenate FS®)
	Factor VIII/VWF (Humate-P® Kit)	Factor VIII, Full-Length PEGylated (Adynovate®)
	Factor VIII/VWF (Wilate®)	Factor VIII, Human (Hemofil-M®)
	Factor X (Coagadex®)	Factor VIII, Human Kit (Koate DVI®)
	Factor XIII Concentrate, Human (Corifact® Kit)	Factor VIII, Human Vial (Koate DVI®)
		<b>Factor VIII, Recombinant Fc-VWF-XTEN Fusion Protein-ehrl (Altuviiiio™)</b>
		Factor VIII, Recombinant Glycopegylated-exei (Esperoct®)
		Factor VIII, Recombinant Porcine (Obizur®)
		Factor VIII, Recombinant (Recombinante®)
		Factor VIII, Recombinant, Fc Fusion (Eloctate®)
		Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)
Factor XIII A-Subunit, Recombinant (Tretten®)		
<b>Prothrombin Complex Concentrate Human-lans (Balfaxar®)</b>		
<b>Valoctocogene Roxaparvovec-rvox (Roctavian™)</b>		
Von Willebrand Factor, Recombinant (Vonvendi®)		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEREDITARY ANGIOEDEMA (32)</b>	C1 Esterase Inhibitor Subcutaneous (Haegarda®)	Berotralstat Hydrochloride (Orladeyo®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Icatibant Acetate Subcutaneous (Generic)	C1 Esterase Inhibitor Intravenous (Berinert®)
		C1 Esterase Inhibitor Intravenous (Cinryze®)
		C1 Esterase Inhibitor, Recombinant (Ruconest®)
		Ecallantide Subcutaneous (Kalbitor®)
		Icatibant Acetate Subcutaneous (Firazyr®)
		Lanadelumab-flyo Subcutaneous Syringe, Vial (Takhzyro®)
<b>HIV-AIDS (33)</b>	Abacavir Solution, Tablet (Generic; Ziagen®)	<b>NONE</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Abacavir/Dolutegravir/Lamivudine Tablet (Triumeq®)	
	Abacavir/Dolutegravir/Lamivudine Soluble Tablet (Triumeq PD®)	
	Abacavir/Lamivudine Tablet (Generic; Epzicom®)	
	Abacavir/Lamivudine/Zidovudine Tablet (Trizivir®)	
	Atazanavir Capsule (Generic)	
	Atazanavir Capsule, Powder Pack (Reyataz®)	
	Atazanavir Sulfate/Cobicistat Tablet (Evotaz®)	
	Bictegravir/Emtricitabine/Tenofovir AF Tablet (Biktarvy®)	
	Cabotegravir (Apretude™)	
	Cabotegravir/Rilpivirine IM (Cabenuva®)	
	Cobicistat Tablet (Tybost®)	
	Darunavir Ethanolate Tablet, Suspension (Prezista®)	
	Darunavir/Cobicistat/Emtricitabine/Tenofovir AF (Symtuza®)	
	Darunavir/Cobicistat Tablet (Prezcobix®)	
	Didanosine Capsule DR (Generic)	
	Dolutegravir Sodium Suspension, Tablet (Tivicay PD®; Tivicay®)	
	Dolutegravir Sodium/Lamivudine Tablet (Dovato®)	
	Dolutegravir/Rilpivirine Tablet (Juluca®)	
	Doravirine Tablet (Pifeltro®)	
	Doravirine/Lamivudine/Tenofovir DF Tablet (Delstrigo®)	
Efavirenz Capsule (Generic; Sustiva®)		
Efavirenz Tablet (Generic)		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HIV-AIDS (33) Continued</b>	Efavirenz/Emtricitabine/Tenofovir DF Tablet (Generic; Atripla®)	<b>NONE</b>
	Efavirenz/Lamivudine/Tenofovir DF Tablet (Generic; Symfi Lo®)	
	Efavirenz/Lamivudine/Tenofovir DF Tablet (Generic; Symfi®)	
	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir AF (Genvoya®)	
	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir DF (Stribild®)	
	Emtricitabine/Rilpivirine/Tenofovir DF Tablet (Complera®)	
	Emtricitabine/Rilpivirine/Tenofovir AF Tablet (Odefsey®)	
	Emtricitabine Capsule (Generic; Emtriva®)	
	Emtricitabine Solution (Emtriva®)	
	Emtricitabine/Tenofovir AF Tablet (Descovy®)	
	Emtricitabine/Tenofovir DF Tablet (Generic; Truvada®)	
	Enfuvirtide Vial (Fuzeon®)	
	Etravirine Tablet (Generic; Intelence®)	
	Fosamprenavir Tablet (Generic; Lexiva®)	
	Fosamprenavir Suspension (Lexiva®)	
	Fostemsavir Tromethamine Tablet (Rukobia®)	
	Ibalizumab-uiyk Vial (Trogarzo®)	
	Lamivudine Solution, Tablet (Generic; Epivir®)	
	Lamivudine/Tenofovir DF Tablet (Cimduo®)	
	Lenacapavir Subcutaneous, Tablet (Sunlenca®)	
	Lamivudine/Zidovudine Tablet (Generic; Combivir®)	
	Lopinavir/Ritonavir Solution (Generic; Kaletra®)	
	Lopinavir/Ritonavir Tablet (Generic; Kaletra®)	
	Maraviroc Solution (Selzentry®)	
	Maraviroc Tablet (Generic; Selzentry®)	
	Nelfinavir Mesylate Tablet (Viracept®)	
	Nevirapine ER Tablet (Generic for Viramune XR®)	
	Nevirapine Suspension (Generic for Viramune®)	
	Nevirapine Tablet (Generic)	
	Raltegravir Potassium Chewable, Powder Pack, Tablet (Isentress®)	
	Raltegravir Potassium Tablet (Isentress HD®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HIV-AIDS (33) Continued</b>	Rilpivirine HCl Tablet (Edurant®)	NONE
	Ritonavir Powder Pack, Solution (Norvir®)	
	Ritonavir Tablet (Generic; Norvir®)	
	Saquinavir Mesylate Tablet (Invirase®)	
	Stavudine Capsule (Generic)	
	Tenofovir Disoproxil Fumarate Tablet (Generic)	
	Tenofovir Disoproxil Fumarate Powder, Tablet (Viread®)	
	Tipranavir Capsule (Aptivus®)	
	Zidovudine Syrup (Generic; Retrovir®)	
	Zidovudine Capsule, Tablet (Generic)	
<b>IDIOPATHIC PULMONARY FIBROSIS (34)</b>	Nintedanib Capsule (Ofev®)	Pirfenidone Capsule, Tablet (Esbriet®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pirfenidone Capsule (Generic)	
	Pirfenidone Tablet (Generic)	
<b>IMMUNE GLOBULINS (IG) (35)</b>	IG Injection [(Human) Gamunex®-C]	Cytomegalovirus IG IV [(Human) Cytogam®]
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	IG Intravenous [(Human) Gammagard Liquid]	Hepatitis B IG Intravenous [(Human) HepaGam B®]
	IG Intravenous [(Human) Privigen®]	Hepatitis B IG Syringe [(Human) HyperHEP B® S/D]
	IG Subcutaneous Syringe [(Human) Hizentra®]	Hepatitis B IG Vial [(Human) HyperHEP B® S/D]
	IG Subcutaneous Vial [(Human) Hizentra®]	IG Infusion [(Human) Hyqvia®]
		IG Injection [(Human) Gammaked™]
		IG Intravenous [(Human) Flebogamma® DIF]
		IG Intravenous [(Human) Gammagard S/D]
		IG Intravenous [(Human) Gammaplex®]
		IG Intravenous [(Human) Octagam®]
		IG Intravenous [(Human-ifas) Panzyga®]

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>IMMUNE GLOBULINS (IG) Cont. (35)</b>	(Preferred agents listed on page 38)	<b>IG Intravenous [(Human-slra) Asceniv™]</b>
		<b>IG Intravenous [(Human) Bivigam®]</b>
		<b>IG Subcutaneous [(Human) Cuvitru®]</b>
		<b>IG Subcutaneous [(Human-hipp) Cutaquig®]</b>
		<b>IG Subcutaneous [(Human-klhw) Xembify®]</b>
		<b>IG Vial [(Human) GamaSTAN®]</b>
		<b>IG Vial [(Human) GamaSTAN® S/D]</b>
		<b>Rabies IG [(Human) Kedrab™]</b>
		<b>Rabies IG Vial [(Human) HyperRAB®]</b>
		<b>Varicella Zoster IG [(Human) Varizig®]</b>
<b>IMMUNOSUPPRESSIVES, ORAL (36)</b>	Azathioprine Tablet (Generic)	Avacopan Capsule (Tavneos™)
* <a href="#">Request Form</a>	Cyclosporine Capsule – MODIFIED 25 mg, 100 mg	Azathioprine (Azasan®; Imuran®)
* <a href="#">Criteria</a>	Cyclosporine Softgel – MODIFIED 50 mg (Generic)	Belumosudil Tablet (Rezurock™)
* <a href="#">POS Edits</a>	Mycophenolate Mofetil Capsule (Generic)	Cyclosporine Capsule 25 mg, 100 mg (Generic; Sandimmune®)
	Mycophenolate Mofetil Tablet (Generic)	Cyclosporine Capsule – MODIFIED (Neoral®)
	Mycophenolic Acid as Mycophenolate Sodium (Generic)	Cyclosporine Solution – MODIFIED (Generic; Neoral®)
	Sirolimus Solution (Generic; Rapamune®)	Cyclosporine Solution (Sandimmune®)
	Sirolimus Tablet (Generic; Rapamune®)	Everolimus Tablet (Generic; Zortress®)
	Tacrolimus Capsule (Generic)	Mycophenolate Mofetil Capsule (CellCept®)
		Mycophenolate Mofetil Suspension (CellCept®)
		Mycophenolate Mofetil Tablet (CellCept®)
		Mycophenolate Mofetil Suspension (Generic)
		Mycophenolic Acid as Mycophenolate Sodium (Myfortic®)
		Sirolimus Tablet (AG)
		Tacrolimus Capsule (Prograf®)
		Tacrolimus Granule Packet (Prograf®)
		Tacrolimus ER Capsule (Astagraf® XL)
		Tacrolimus ER Tablet (Envarsus® XR)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (37)</b>	Amoxicillin/Clavulanate Suspension (AG; Generic)	Amoxicillin/Clavulanate ER Tablet (Generic)
<b>Antibiotics</b>	Amoxicillin/Clavulanate Tablet (AG; Generic)	Amoxicillin/Clavulanate Chewable Tablet (Generic)
<b>Cephalosporin and Related Antibiotics</b>	Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate Suspension (Augmentin® 125mg/5ml)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cefdinir Capsule (Generic)	Cefaclor Capsule, ER Tablet, Suspension (Generic)
	Cefdinir Suspension (Generic)	Cefadroxil Suspension, Tablet (Generic)
	Cefprozil Suspension (Generic)	Cefixime Capsule (AG; Generic; Suprax®)
	Cefprozil Tablet (Generic)	Cefixime Chewable Tablet (Suprax®)
	Cefuroxime Tablet (Generic)	Cefixime Suspension (Generic; Suprax®)
	Cephalexin Capsule (Generic)	Cefpodoxime Proxetil Suspension, Tablet (Generic)
	Cephalexin Suspension (Generic)	Cephalexin Tablet (Generic)
<b>INFECTIOUS DISORDERS (37)</b>	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Generic; Cipro®)
<b>Antibiotics</b>	Levofloxacin Tablet (Generic)	Ciprofloxacin Tablet (Cipro®)
<b>Fluoroquinolones</b>		Delafloxacin Tablet (Baxdela®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Levofloxacin Solution (Generic)
		Moxifloxacin Tablet (Generic)
		Ofloxacin Tablet (Generic)
<b>INFECTIOUS DISORDERS (37)</b>	Metronidazole Tablet (Generic)	<b>Fecal Microbiota Spores, Live-brpk ( Vowst™)</b>
<b>Antibiotics</b>	Neomycin Tablet (Generic)	Fidaxomicin Suspension, Tablet (Dificid®)
<b>Gastrointestinal Antibiotics</b>	Tinidazole Tablet (Generic)	Metronidazole Capsule (Generic; Flagyl)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Vancomycin HCl Capsule (AG; Generic)	Metronidazole Tablet (Flagyl®)
		Nitazoxanide Tablet (AG; Generic)
		Paromomycin (Generic)
		Rifamycin Sodium (Aemcolo®)
		Rifaximin (Xifaxan®)
		Secnidazole Oral Granules (Solosec™)
		Vancomycin HCl Capsule (Vancocin®)
	Vancomycin Solution (Generic; Firvanq®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (37)</b>	Tobramycin Solution (Bethkis®)	Amikacin Inhalation Suspension (Arikayce®)
<b>Antibiotics</b>	Tobramycin Solution (Generic for Tobi®)	Aztreonam Solution (Cayston®)
<b>Inhaled Antibiotics</b>		Tobramycin Solution (AG; Generic for Bethkis®)
* <a href="#">Request Form</a>		Tobramycin Solution (Tobi®)
* <a href="#">Criteria</a>		Tobramycin (Tobi Podhaler®)
* <a href="#">POS Edits</a>		Tobramycin Inhalation Solution Pak (AG; Kitabis Pak®)
<b>INFECTIOUS DISORDERS (37)</b>	Clindamycin Capsule (Generic)	Clindamycin Capsule (Cleocin®)
<b>Antibiotics</b>	Clindamycin Palmitate Solution (Generic)	Clindamycin Palmitate Solution (Cleocin®)
<b>Lincosamides</b>		Clindamycin Phosphate in D5W 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 (Generic)
* <a href="#">POS Edits</a>		Lincomycin HCl Vial (Generic; Lincocin®)
<b>INFECTIOUS DISORDERS (37)</b>	Azithromycin Packet (AG)	Azithromycin Packet, Suspension, Tablet (Zithromax®)
<b>Antibiotics</b>	Azithromycin Suspension, Tablet (Generic)	Clarithromycin ER Tablet, Suspension (Generic)
<b>Macrolides - Ketolides</b>	Clarithromycin Tablet (Generic)	Erythromycin Base DR Capsule, Tablet (Generic)
* <a href="#">Request Form</a>	Erythromycin Base DR Tablet (Generic)	Erythromycin Base DR Tablet (Ery-Tab®)
* <a href="#">Criteria</a>		Erythromycin Ethyl Succinate Suspension (AG; Generic; E.E.S.® 200; EryPed® 200)
* <a href="#">POS Edits</a>		Erythromycin Ethyl Succinate Suspension (AG; Generic; EryPed® 400)
		Erythromycin Ethyl Succinate Tablet (E.E.S. ® 400)
		Erythromycin Stearate Filmtab (Erythrocin®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (37)</b>	Nitrofurantoin Macrocrystals Capsule (AG; Generic)	Nitrofurantoin Macrocrystals Capsule 25 mg, 50 mg, 100 mg (Macrochantin®)
<b>Antibiotics</b>	Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Monohydrate Macrocrystals Capsule 100 mg (Macrobid®)
<b>Nitrofuran Derivatives</b>		Nitrofurantoin Suspension (AG; Generic; Furadantin®)
* <a href="#">Request Form</a>		
* <a href="#">Criteria</a>		
* <a href="#">POS Edits</a>		
<b>INFECTIOUS DISORDERS (37)</b>	Linezolid Tablet (AG; Generic)	Linezolid in 0.9% Sodium Chloride IV (AG)
<b>Antibiotics</b>		Linezolid in Dextrose 5% IV (Generic; Zyvox®)
<b>Oxazolidinones</b>		Linezolid Suspension (AG; Generic; Zyvox®)
* <a href="#">Request Form</a>		Linezolid Tablet (Zyvox®)
* <a href="#">Criteria</a>		Tedizolid IV (Sivextro®)
* <a href="#">POS Edits</a>		Tedizolid Tablet (Sivextro®)
<b>INFECTIOUS DISORDERS (37)</b>	NONE	Lefamulin Acetate Tablet, Vial (Xenleta®)
<b>Antibiotics</b>		
<b>Pleuromutilins</b>		
* <a href="#">Request Form</a>		
* <a href="#">Criteria</a>		
* <a href="#">POS Edits</a>		
<b>INFECTIOUS DISORDERS (37)</b>	NONE	Quinupristin/Dalfopristin Vial (Synercid®)
<b>Antibiotics</b>		
<b>Streptogramins</b>		
* <a href="#">Request Form</a>		
* <a href="#">Criteria</a>		
* <a href="#">POS Edits</a>		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (37)</b>	Doxycycline Hyclate Capsule (Generic)	Demeclocycline Tablet (Generic)
<b>Antibiotics</b>	Doxycycline Hyclate Tablet (Generic)	Doxycycline Calcium Syrup (Vibramycin®)
<b>Tetracyclines</b>	Doxycycline Monohydrate 50 mg Capsule (AG; Generic)	Doxycycline Hyclate DR Tablet (Doryx® MPC)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Doxycycline Monohydrate 100 mg Capsule (AG; Generic)	Doxycycline Hyclate DR Tablet (AG; Generic; Doryx®)
	Doxycycline Monohydrate Tablet (Generic)	Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit)
	Minocycline Capsule (Generic)	Doxycycline Monohydrate 40 mg DR Capsule (AG)
		Doxycycline Monohydrate Capsule 75 mg (AG; Generic)
		Doxycycline Monohydrate Capsule 150 mg (AG; Generic)
		Doxycycline Monohydrate Suspension (Generic)
		Minocycline ER Capsule (AG; Ximino®)
		Minocycline ER Tablet (Generic; MinoLira®; Solodyn®)
		Minocycline Tablet (Generic)
		Omadacycline Tosylate Tablet (Nuzyra®)
	Tetracycline Capsule (Generic)	
<b>INFECTIOUS DISORDERS (37)</b>	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Cream (Generic; Cleocin®)
<b>Antibiotics</b>	Metronidazole Vaginal Gel (Nuversa®)	Clindamycin Vaginal Gel (Xaciato™)
<b>Vaginal</b>	Metronidazole Vaginal Gel (Generic for MetroGel-Vaginal®)	Clindamycin Vaginal Ovules (Cleocin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Metronidazole Vaginal Gel (MetroGel-Vaginal®)
		Metronidazole Vaginal Gel (Vandazole®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (37)</b>	Clotrimazole Troche (Generic)	Fluconazole Suspension, Tablet (Diflucan®)
<b>Antifungals</b>	Fluconazole Suspension (Generic)	Flucytosine Capsule (AG; Generic)
<b>Antifungals, Oral</b>	Fluconazole Tablet (Generic)	Griseofulvin Tablet, Ultramicronsize Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Griseofulvin Suspension (Generic) Nystatin Suspension (Generic) Nystatin Tablet (Generic) Terbinafine Tablet (Generic)	Ibrexafungerp Citrate Tablet (Brexafemme™) Isavuconazonium Capsule (Cresemba®) Itraconazole Capsule, Solution (Generic; Sporanox®) Itraconazole Capsule (Tolsura®) Ketoconazole Tablet (Generic) Miconazole Buccal Tablet (Oravig®) Oteseconazole Capsule (Vivjoa™) Posaconazole Suspension, Suspension Packet (Noxafil®) Posaconazole Tablet (AG; Generic; Noxafil®) Voriconazole Suspension, Tablet (Generic; Vfend®)
<b>INFECTIOUS DISORDERS (37)</b>	Sofosbuvir/Velpatasvir (AG for Epclusa®)	Elbasvir/Grazoprevir (Zepatier®)
<b>Hepatitis C Agents</b>		Glecaprevir/Pibrentasvir Pellet Pack, Tablet (Mavyret®)
<b>Direct Acting Antiviral Agents</b>		Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®)
<a href="#">*Request Form</a>		Ledipasvir/Sofosbuvir Pellet Pack (Harvoni®)
<a href="#">*Hepatitis C DAA Criteria</a>		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)
<a href="#">*Hepatitis C DAA Worksheet</a>		Sofosbuvir Tablet, Pellet Pack (Sovaldi®)
<a href="#">*Patient Treatment Agreement</a>		Sofosbuvir/Velpatasvir Tablet, Pellet Pack (Epclusa®)
<a href="#">*POS Edits</a>		Sofosbuvir/Velpatasvir/Voxilaprevir Tablet (Vosevi®)
<b>INFECTIOUS DISORDERS (37)</b>	Peginterferon alfa 2a Syringe (Pegasys®)	Ribavirin Capsule (Generic)
<b>Hepatitis C Agents</b>	Peginterferon alfa 2a Vial (Pegasys®)	
<b>Not Direct Acting Antiviral Agents</b>	Ribavirin Tablet (Generic)	
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<a href="#">*POS Edits</a>		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>LUPUS IMMUNOMODULATORS (38)</b>	NONE	Anifrolumab-fnia Vial (Saphnelo®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Belimumab Auto-Injector, IV, Syringe, Vial (Benlysta®)
		Voclosporin Capsule (Lupkynis®)
<b>METHOTREXATE (39)</b>	Methotrexate PF Vial (AG; Generic)	Methotrexate Auto-Injector (Otrexup®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Methotrexate Tablet	Methotrexate Auto-Injector (Rasuvo®)
	Methotrexate Vial	Methotrexate PF Syringe (RediTrex®)
		Methotrexate Solution (Xatmep®)
		Methotrexate Tablet (Trexall™)
<b>MOVEMENT DISORDERS (40)</b>	Deutetrabenazine Tablet (Austedo®; <b>Austedo XR®</b> )	Tetrabenazine Tablet (Xenazine®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Tetrabenazine Tablet (Generic)	
	Valbenazine Capsule (Ingrezza®)	
	Valbenazine Capsule Initiation Pack (Ingrezza®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>MULTIPLE SCLEROSIS (41)</b>	Dalfampridine ER Tablet (Generic)	Alemtuzumab Vial (Lemtrada®)
<b>Multiple Sclerosis Agents</b>	Dimethyl Fumarate DR Capsule (AG; Generic)	Cladribine Tablet (Mavenclad®)
<b>Immunomodulatory Agents</b>	Dimethyl Fumarate DR Starter Pack (Generic)	Dalfampridine ER Tablet (Ampyra®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Fingolimod Capsule (Generic for Gilenya®) Glatiramer Acetate Syringe 20mg, 40mg (Copaxone®) Interferon β-1a Pen Kit (Avonex® Pen) Interferon β-1b Kit (Betaseron®) Interferon β-1a Syringe, Syringe Kit (Avonex®) Interferon β-1a Vial Kit (Avonex®) Ofatumumab Pen (Kesimpta®)	Dimethyl Fumarate Capsule, Starter Pack (Tecfidera®) Diroximel Fumarate Capsule (Vumerity®) Fingolimod Capsule (Gilenya®) Fingolimod Lauryl Sulfate Orally Disintegrating Tablet (Tascenso ODT™) Glatiramer Acetate Syringe (Generic) Interferon β-1a Auto-Injector, Titration Pack (Rebif® Rebidose®) Interferon β-1a Syringe, Titration Pack (Rebif®) Interferon β-1b Kit, Vial (Extavia®) Monomethyl Fumarate Capsule DR (Bafiertam®) Natalizumab Vial (Tysabri®) Ocrelizumab Vial (Ocrevus®) Ozanimod Capsule, Starter Kit, Starter Pack (Zeposia®) Peginterferon β -1a IM, Subcutaneous (Plegridy®) Ponesimod Starter Pack, Tablet (Ponvory®) Siponimod Dose Pack, Tablet (Mayzent®) Teriflunomide Tablet (Aubagio®) Ublituximab-xiiy Vial (Briumvi®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (42)</b>	Anastrozole Tablet (Generic)	Abemaciclib Tablet (Verzenio®)
<b>Oral – Breast</b>	Capecitabine Tablet (Generic)	Alpelisib Tablet (Piqray®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cyclophosphamide Capsule, Tablet (Generic)	Anastrozole Tablet (Arimidex®)
	Exemestane Tablet (Generic)	Capecitabine Tablet (Xeloda®)
	<b>Fulvestrant Syringe (AG; Generic)</b>	<b>Elacestrant Tablet (Orserdu®)</b>
	Letrozole Tablet (Generic)	Exemestane Tablet (Aromasin®)
	Palbociclib Capsule (Ibrance®)	Fulvestrant Syringe (Faslodex®)
	Palbociclib Tablet (Ibrance®)	Lapatinib Ditosylate Tablet (Generic; Tykerb®)
	Tamoxifen Citrate Tablet (Generic)	Letrozole Tablet (Femara®)
		Neratinib Maleate Tablet (Nerlynx®)
		Ribociclib Succinate Tablet (Kisqali®)
		Ribociclib Succinate/Letrozole Tablet (Kisqali/Femara Kit®)
		Talazoparib Capsule (Talzenna®)
		Tamoxifen Citrate Solution (Soltamox®)
		Toremifene Citrate Tablet (Generic; Fareston®)
	Tucatinib Tablet (Tukysa™)	
<b>ONCOLOGY (42)</b>	Busulfan Tablet (Myleran®)	Acalabrutinib Capsule, Tablet (Calquence®)
<b>Oral – Hematologic</b>	Chlorambucil Tablet (Leukeran®)	Asciminib Tablet (Scemblix®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dasatinib Tablet (Sprycel®)	Azacitidine Tablet (Onureg™)
	Hydroxyurea Capsule (Generic)	Bosutinib Tablet (Bosulif®)
	Ibrutinib Capsule (Imbruvica®)	Decitabine/Cedazuridine Tablet (Inqovi®)
	Ibrutinib Tablet (Imbruvica®)	Duvelisib Capsule (Copiktra®)
	Imatinib Mesylate Tablet (Generic)	Enasidenib Mesylate Tablet (Idhifa®)
	Lenalidomide Capsule (Revlimid®)	Fedratinib Capsule (Inrebic®)
	Melphalan Tablet (Generic)	Gilterinib Tablet (Xospata®)
	Mercaptopurine Tablet (Generic)	Glasdegib Tablet (Daurismo®)
	Procarbazine HCl Capsule (Matulane®)	Hydroxyurea Capsule (Hydrea®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)	
<b>ONCOLOGY (42)</b>	Ruxolitinib Phosphate Tablet (Jakafi®)	Ibrutinib Suspension (Imbruvica®)	
<b>Oral – Hematologic Continued</b>	Tretinoin Capsule (Generic)	Idelalisib Tablet (Zydelig®)	
	Venetoclax Tablet (Venclexta®)	Imatinib Mesylate Tablet (Gleevec®)	
	Venetoclax Starting Pack Tablet (Venclexta®)	Ivosidenib Tablet (Tibsovo®)	
			Ixazomib Citrate Capsule (Ninlaro®)
			Lenalidomide Capsule (Generic)
			Mercaptopurine Suspension (Purixan®)
			Midostaurin Capsule (Rydapt®)
			Nilotinib HCl Capsule (Tasigna®)
			Olutasidenib Capsule (Rezlidhia®)
			Pacritinib Capsule (Vonjo®)
			Pomalidomide Capsule (Pomalyst®)
			Ponatinib HCl Tablet (Iclusig®)
			<b>Quizartinib Dihydrochloride (Vanflyta®)</b>
			Selinexor Tablet (Xpovio®)
			Thalidomide Capsule (Thalomid®)
			Vorinostat Capsule (Zolinza®)
Zanubrutinib Capsule (Brukinsa™)			

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (42)</b>	Afatinib Dimaleate Tablet (Gilotrif®)	<b>Adagrasib Tablet (Krazati®)</b>
<b>Oral – Lung</b>	Alectinib HCl Capsule (Alecensa®)	Brigatinib Tablet (Alunbrig®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Crizotinib Capsule (Xalkori®)	Capmatinib Tablet (Tabrecta™)
	Osimertinib Mesylate Tablet (Tagrisso®)	Ceritinib Tablet (Zykadia®)
	Topotecan HCl Capsule (Hycamtin®)	Dacomitinib Tablet (Vizimpro®)
		Entrectinib Capsule (Rozlytrek®)
		Erlotinib HCl Tablet (Generic; Tarceva®)
		Gefitinib Tablet ( <b>Generic</b> ; Iressa®)
		Lorlatinib Tablet (Lorbrena®)
		Mobocertinib Capsule (Exkivity®)
		Pralsetinib Capsule (Gavreto™)
		Selpercatinib Capsule (Retevmo™)
Sotorasib Tablet (Lumakras™)		
Tepotinib HCl Tablet (Tepmetko®)		

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (42)</b>	Niraparib Tosylate Capsule (Zejula®)	Avapritinib Tablet (Ayvakit™)
<b>Oral – Other</b>	Selumetinib Capsule (Koselugo™)	Cabozantinib S-Malate Capsule (Cometriq®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Temozolomide Capsule (Generic)	Erdafitinib Tablet (Balversa™) Futibatinib Tablet Therapy Pack (Lytgobi®) Infagratinib Phosphate Capsule (Truseltiq™) Larotrectinib Capsule (Vitrakvi®) Larotrectinib Solution (Vitrakvi®) <b>Niraparib Tosylate Tablet (Zejula®)</b> Olaparib Capsule, Tablet (Lynparza®) Pemigatinib Tablet (Pemazyre®) Pexidartinib Capsule (Turalio®) <b>Pirtobrutinib Tablet (Jaypirca®)</b> Regorafenib Tablet (Stivarga®) Ripretinib Tablet (Qinlock™) Rucaparib Camsylate Tablet (Rubraca®) Tazemetostat Tablet (Tazverik™) Trifluridine/Tipiracil HCl Tablet (Lonsurf®) Vandetanib Tablet (Caprelsa®)
<b>ONCOLOGY (42)</b>	Abiraterone Acetate Tablet (Generic for Zytiga®)	Abiraterone Acetate Tablet (Zytiga®)
<b>Oral – Prostate</b>	Bicalutamide Tablet (Generic)	Abiraterone Acetate Submicronized Tablet (Yonsa®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Enzalutamide Capsule, Tablet (Xtandi®) Flutamide Capsule (Generic)	Apalutamide Tablet (Erleada®) Bicalutamide Tablet (Casodex®) Darolutamide Tablet (Nubeqa®) Estramustine Phosphate Sodium Capsule (Emcyt®) Nilutamide Tablet (AG; Generic) <b>Niraparib/Abiraterone Tablet (Akeega®)</b> Relugolix Tablet (Orgovyx®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (42)</b>	Axitinib Tablet (Inlyta®)	Belzutifan Tablet (Welireg™)
<b>Oral - Renal Cell</b>	Everolimus Tablet (Generic)	Cabozantinib S-Malate Tablet (Cabometyx®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Lenvatinib Mesylate Capsule (Lenvima®)	<b>Everolimus Tablet (Afinitor®)</b>
	Pazopanib HCl Tablet (Votrient®)	Everolimus Tablet for Oral Suspension (Generic; Afinitor Disperz®)
	Sorafenib Tosylate Tablet (Generic; Nexavar®)	Tivozanib HCl Capsule (Fotivda™)
	Sunitinib Malate Capsule (Generic; Sutent®)	
<b>ONCOLOGY (42)</b>	Cobimetinib Fumarate Tablet (Cotellic®)	Binimetinib Tablet (Mektovi®)
<b>Oral - Skin</b>	Dabrafenib Mesylate Capsule (Tafinlar®)	<b>Dabrafenib Mesylate Tablet for Oral Suspension (Tafinlar®)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sonidegib Phosphate Capsule (Odomzo®)	Encorafenib Capsule (Braftovi®)
	Trametinib Dimethyl Sulfoxide Tablet (Mekinist®)	<b>Trametinib Dimethyl Sulfoxide for Oral Solution (Mekinist®)</b>
	Vemurafenib Tablet (Zelboraf®)	Vismodegib Capsule (Erivedge®)
<b>OPHTHALMIC DISORDERS (43)</b>	Azelastine HCl Solution (Generic)	Bepotastine Solution (AG; Generic; Bepreve®)
<b>Allergic Conjunctivitis</b>	Cromolyn Sodium Solution (Generic)	Cetirizine Solution (Zerviate™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Loteprednol Suspension (Alrex®)	Epinastine Solution (Generic)
	Olopatadine HCl 0.1% Solution (Generic for Patanol®)	Lodoxamide Tromethamine Solution (Alomide®)
		Nedocromil Sodium Solution (Alocril®)
		Olopatadine HCl 0.2% Solution Rx (Generic for Pataday®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (43)</b>	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)
<b>Antibiotics</b>	Ciprofloxacin Ophthalmic Solution (Generic)	Bacitracin Ointment (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Erythromycin Base Ointment (Generic)	Besifloxacin Suspension (Besivance®)
	Gentamicin Sulfate Solution (Generic)	Ciprofloxacin Ointment (Ciloxan®)
	Moxifloxacin Solution (AG; Generic for Vigamox®)	Gatifloxacin Solution (Generic; Zymaxid®)
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)	Moxifloxacin Solution (Generic for Moxeza®)
	Ofloxacin Ophthalmic Solution (Generic)	Moxifloxacin Solution (Vigamox®)
	Polymyxin B Sulfate/Trimethoprim Solution (Generic)	Natamycin Suspension (Natacyn®)
	Sulfacetamide Sodium Solution (Generic)	Neomycin/Bacitracin/Polymyxin B Ointment (AG; Generic)
	Tobramycin Solution (Generic)	Ofloxacin Solution (Ocuflox®)
		Sulfacetamide Sodium Ointment (Generic)
		Tobramycin Ointment (Tobrex®)
<b>OPHTHALMIC DISORDERS (43)</b>	Neomycin/Polymyxin B/Dexamethasone Ointment (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment (Generic)
<b>Antibiotic-Steroid Combinations</b>	Neomycin/Polymyxin B/Dexamethasone Suspension (Generic)	Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension (Maxitrol®)
<a href="#">*Request Form</a>	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
<a href="#">*Criteria</a>	Tobramycin/Dexamethasone Ointment (TobraDex®)	Tobramycin/Dexamethasone ST (TobraDex ST®)
<a href="#">*POS Edits</a>	Tobramycin/Dexamethasone Drops (AG; Generic; TobraDex®)	Tobramycin/Loteprednol Suspension (Zylet®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (43)	Dexamethasone Sodium Phosphate Solution (Generic)	Bromfenac Sodium 0.07% Solution (Prolensa®)
Anti-Inflammatories	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (BromSite®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Difluprednate Emulsion (AG; Generic; Durezol®) Fluorometholone 0.1% Suspension (Generic) Flurbiprofen Sodium Solution (Generic) Ketorolac Tromethamine LS Solution 0.4% (Generic) Ketorolac Tromethamine Solution 0.5% (Generic) Prednisolone Acetate 1% Suspension (Generic)	Bromfenac Sodium 0.09% Solution (Generic) Dexamethasone Insert (Dextenza®) Dexamethasone/PF Suspension (Dexycu™) Dexamethasone Suspension (Maxidex®) Dexamethasone Intravitreal Implant (Ozurdex®) Fluocinolone Acetonide Intravitreal Implant (Iluvien®; Retisert®) Fluocinolone Acetonide Intravitreal Implant (Yutiq®) Fluorometholone 0.1% Suspension (FML®) Fluorometholone 0.25% Suspension (FML Forte®) Fluorometholone Acetate 0.1% Suspension (Flarex®) Ketorolac Tromethamine 0.4% 0.5% Solution (Acular LS; Acular®) Ketorolac Tromethamine PF Solution 0.45% (Acuvail®) Loteprednol Etabonate 1% Ophthalmic Suspension (Inveltys®) Loteprednol Gel (AG; Generic; Lotemax®) Loteprednol Ointment (Lotemax®) Loteprednol Suspension (AG; Generic; Lotemax®) Nepafenac 0.1% Suspension (Nevanac®) Nepafenac 0.3% Suspension (Ilevro®) Prednisolone Acetate 0.12% Solution (Pred Mild®) Prednisolone Acetate 1% Suspension (Pred Forte®) Prednisolone Sodium Phosphate Solution (Generic) Triamcinolone Acetonide Suspension (Triesence®) Triamcinolone Acetonide/PF (Xipere®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (43)</b>	Cyclosporine 0.05% Emulsion (Restasis®; Restasis Multidose™)	Cyclosporine 0.05% Emulsion (AG; Generic for Restasis®)
<b>Anti-Inflammatory/Immunomodulators</b>	Lifitegrast Solution (Xiidra®)	Cyclosporine 0.09% Solution (Cequa®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		<b>Cyclosporine 0.1% Emulsion (Verkazia®)</b>
		Loteprednol Etabonate Suspension (Eysuvis®)
		<b>Perfluorohexyloctane/PF (Miebo®)</b>
		Varenicline Nasal Spray (Tyrvaya®)
<b>OPHTHALMIC DISORDERS (43)</b>	<b>NONE</b>	Cysteamine HCl Solution (Cystadrops®)
<b>Cystinosis</b>		Cysteamine HCl Solution (Cystaran®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>OPHTHALMIC DISORDERS (43)</b>	Brimonidine 0.15% Solution (Alphagan P® 0.15%)	Apraclonidine Solution 0.5% (Generic; Iopidine®)
<b>Glaucoma Agents</b>	Brimonidine 0.2% Solution (Generic)	Apraclonidine Solution 1% (Iopidine®)
<b>Intraocular Pressure (IOP) Reducers</b>	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Betaxolol 0.25% Suspension (Betoptic S®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Brimonidine/Timolol Solution (AG; Combigan®)	Betaxolol 0.5% Solution (Generic)
	Carteolol Solution (Generic)	Bimatoprost 0.01% Solution 2.5 mL, 5mL, 7.5mL (Lumigan®)
	Dorzolamide Solution (Generic)	Bimatoprost 0.03% Solution 2.5 mL, 5mL, 7.5mL (Generic)
	Dorzolamide/Timolol Solution (Generic)	<b>Bimatoprost Implant (Durysta®)</b>
	Latanoprost 2.5mL Solution (Generic)	Brimonidine 0.1% Solution ( <b>Generic</b> ; Alphagan P®)
	Levobunolol Solution (Generic)	Brimonidine P 0.15% Solution (Generic)
	Netarsudil Mesylate Solution (Rhopressa®)	Brimonidine/Timolol Solution (AG; Generic)
	Netarsudil Mesylate/Latanoprost Solution (Rocklatan®)	Brinzolamide Suspension (AG; Generic; Azopt®)
	Timolol Maleate Solution (Generic)	Dorzolamide Solution (Trusopt®)
	Timolol Maleate Gel-Forming Solution (Generic Timoptic-XE®)	Dorzolamide/Timolol Solution (Cosopt®)
	Travoprost Solution 2.5 mL, 5 mL ( <b>AG; Generic</b> ; Travatan Z®)	Dorzolamide/Timolol/PF Solution (Generic; Cosopt PF®)
		Echothiophate Iodide Solution (Phospholine Iodide®)
		Latanoprost Emulsion (Xelpros®)
	Latanoprost Solution 2.5 mL (Xalatan®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (43)</b>	(Preferred agents listed on page 54)	<b>Latanoprost/PF Solution (Iyuzeh®)</b>
<b>Glaucoma Agents</b>		Latanoprostene Bunod Solution (Vyzulta®)
<b>Intraocular Pressure (IOP) Reducers Cont</b>		Pilocarpine HCl Solution (Generic for Isopto Carpine®)
		Pilocarpine HCl Solution (Vuity™)
		Tafluprost Solution ( <b>AG; Generic</b> ; Zioptan®)
		Timolol Solution (Betimol®)
		Timolol Maleate LA Solution (AG; Generic; Istalol®)
		Timolol Maleate 0.25% Solution (Generic; Timoptic® Ocudose®)
		Timolol Maleate 0.5% Solution (AG; Generic; Timoptic® Ocudose®)
<b>OPIATE DEPENDENCE AGENTS (44)</b>	Buprenorphine Sublingual Tablet (Generic)	<b>Buprenorphine Syringe (Brixadi® [monthly]; Brixadi® [weekly])</b>
* <a href="#">Request Form</a>	Buprenorphine Syringe (Sublocade®)	Buprenorphine/Naloxone Sublingual Film (Generic)
* <a href="#">Criteria</a>	Buprenorphine/Naloxone Sublingual Film (Suboxone®)	Lofexidine Tablet (Lucemyra®)
* <a href="#">POS Edits</a>	Buprenorphine/Naloxone Sublingual Tablet (Generic)	Naloxone Injection (Zimhi™)
	Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)	Naloxone Spray (Kloxxado®)
	Naloxone Nasal Spray (AG; Generic; Narcan®)	
	Naloxone Syringe, Vial (Generic)	
	Naltrexone Extended-Release Suspension Vial (Vivitrol®)	
	Naltrexone Tablet (Generic)	
<b>OSTEOPOROSIS (45)</b>	Alendronate Tablet (Generic)	Abaloparatide Pen (Tymlos®)
<b>Bone Resorption Suppression Agents</b>	Calcitonin-Salmon Nasal (Generic)	Alendronate Tablet (Fosamax®)
* <a href="#">Request Form</a>	Ibandronate Sodium Tablet (Generic)	Alendronate Solution (Generic)
* <a href="#">Criteria</a>	Raloxifene Tablet (Generic)	Alendronate/Vitamin D Tablet (Fosamax Plus D®)
* <a href="#">POS Edits</a>		Denosumab Syringe (Prolia®)
		Ibandronate Sodium Tablet (Boniva®)
		Raloxifene Tablet (Evista®)
		Risedronate Tablet (AG; Generic; Actonel®)
		Risedronate DR Tablet (AG; Generic; Atelvia®)
		Romosozumab-aqqg Syringe (Evenity®)
		Teriparatide Pen (Brand)
		Teriparatide Pen (Forteo®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OTIC AGENTS (46)</b>	Ciprofloxacin/Dexamethasone Susp ( <b>AG; Generic</b> ; Ciprodex®)	Ciprofloxacin Solution (Generic)
<b>Antibiotics</b>	Neomycin/Polymyxin B/Hydrocortisone Solution (AG; Generic)	Ciprofloxacin/Fluocinolone Acetonide Solution (AG; Otovel®)
<a href="#">*Request Form</a>	Neomycin/Polymyxin B/Hydrocortisone Suspension (AG; Generic)	Ciprofloxacin/Hydrocortisone Suspension (Cipro HC Otic®)
<a href="#">*Criteria</a>	Ofloxacin Solution (Generic)	Colistin/Neomycin/Thonzonium/HC Suspension (Cortisporin® TC)
<a href="#">*POS Edits</a>		
<b>OTIC AGENTS (46)</b>	Acetic Acid Solution (Generic)	<b>NONE</b>
<b>Anti-Infectives and Anesthetics</b>	Acetic Acid/Hydrocortisone Solution (Generic)	
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<a href="#">*POS Edits</a>		
<b>PAIN MANAGEMENT (47)</b>	Fremanezumab-vfrm Autoinjector (Ajovy®)	Atogepant Tablet (Qulipta™)
<b>Antimigraine Agents</b>	Fremanezumab-vfrm Autoinjector 3-Pack (Ajovy®)	Eptinezumab-jjmr Vial (Vyepi™)
<b>CGRP Antagonists</b>	Fremanezumab-vfrm Syringe (Ajovy®)	Erenumab-aooe Autoinjector (Aimovig®)
<a href="#">*Request Form</a>	Galcanezumab-gnlm Pen (Emgality®)	Galcanezumab-gnlm 100 mg Syringe (Emgality®)
<a href="#">*Criteria</a>	Galcanezumab-gnlm 120 mg Syringe (Emgality®)	<b>Zavegepant Nasal (Zavzpret®)</b>
<a href="#">*POS Edits</a>	Rimegepant Disintegrating Tablet (Nurtec™ ODT)	
	Ubrogapant Tablet (Ubrelyv™)	
<b>PAIN MANAGEMENT (47)</b>	<b>NONE</b>	Celecoxib Oral Solution (Elyxyb™)
<b>Antimigraine Agents</b>		Diclofenac Potassium Oral Powder Packet (AG; Generic for Cambia®)
<b>Ergotamines</b>		Dihydroergotamine Mesylate Injection (Generic)
<a href="#">*Request Form</a>		Dihydroergotamine Mesylate Nasal (AG; Generic; Migranal®)
<a href="#">*Criteria</a>		Dihydroergotamine Mesylate Nasal (Trudhesa™)
<a href="#">*POS Edits</a>		Ergotamine Tartrate Sublingual (Ergomar®)
		Ergotamine Tartrate/Caffeine Rectal (Migergot®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (47)</b>	Rizatriptan ODT (Generic)	Almotriptan Tablet (Generic)
<b>Antimigraine Agents</b>	Rizatriptan Tablet (Generic)	Eletriptan Tablet (AG; Generic; Relpax®)
<b>Triptans</b>	Sumatriptan Nasal (AG; Generic; Imitrex®)	Frovatriptan Tablet (Generic; Frova®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sumatriptan Tablet (Generic)	Lasmiditan Tablet (Reyvow®)
	Sumatriptan Vial (Generic)	Naratriptan (Generic for Amerge®)
		Rizatriptan Tablet (Maxalt®)
		Rizatriptan Tablet (Maxalt MLT®)
		Sumatriptan Auto-Injector (Zembrace® SymTouch®)
		Sumatriptan Kit (AG; Generic; Imitrex®)
		Sumatriptan Kit (SUN)
		Sumatriptan Nasal (Onzetra® Xsail®)
		Sumatriptan Nasal (Tosymra™)
		Sumatriptan Tablet (Imitrex®)
		Sumatriptan/Naproxen (Generic; Treximet®)
		Zolmitriptan Tablet (Generic; Zomig®)
		Zolmitriptan ODT (Generic for Zomig ZMT®)
	Zolmitriptan Nasal (AG; Generic; Zomig®)	
<b>PAIN MANAGEMENT (47)</b>	Adalimumab Pen Kit (Humira®)	Abatacept Injection Clickject, Syringe, Vial (Orencia®)
<b>Cytokine and CAM Antagonists</b>	Adalimumab Syringe Kit (Humira®)	Abrocitinib Tablet (Cibinqo™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Apremilast Tablet (Otezla®)	Adalimumab-atto Kit, Pen Kit (Amjevita®)
	Etanercept Cartridge (Enbrel Mini®)	Adalimumab-aacf Autoinjector Kit, Pen Kit (Idacio®)
	Etanercept Pen (Enbrel SureClick®)	Adalimumab-aaty Kit, Pen Kit (Yuflyma®)
	Etanercept Syringe (Enbrel®)	Adalimumab-adaz Kit, Pen Kit (Generic; Hyrimoz®)
	Etanercept Vial (Enbrel®)	Adalimumab-adbm Kit, Pen Kit (Cyltezo®)
	Infliximab Vial (Generic for Remicade®)	Adalimumab-aqvh Pen Kit (Yusimry®)
	Tofacitinib Citrate Tablet (Xeljanz®)	Adalimumab-bwwd Kit, Pen Kit (Hadlima®)
		Adalimumab-fkjp Kit, Pen Kit (Generic; Hulio®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	(Preferred agents listed on page 57)	Anakinra Syringe (Kineret®)
Cytokine and CAM Antagonists		Baricitinib Tablet (Olumiant®)
		Brodalumab Syringe (Siliq®)
		Canakinumab/PF Vial (Ilaris®)
		Certolizumab Pegol Kit, Syringe Kit (Cimzia®)
		Deucravacitinib Tablet (Sotyktu®)
		Golimumab Pen, Syringe (Simponi®)
		Golimumab Vial (Simponi Aria®)
		Guselkumab Autoinjector, Syringe (Tremfya®)
		Inebilizumab-cdon Vial (Uplizna™)
		Infliximab Vial (Remicade®)
		Infliximab-abda Vial (Renflexis®)
		Infliximab-axxq Vial (Avsola™)
		Infliximab-dyyb Vial (Inflectra®)
		Ixekizumab Autoinjector, Syringe (Taltz®)
		Rilonacept Vial (Arcalyst®)
		Risankizumab-rzaa On-Body Cartridge, Pen, Syringe, Vial (Skyrizi®)
		Sarilumab Pen, Syringe (Kevzara®)
		Satralizumab-mwge Syringe (Enspryng™)
		Secukinumab Pen, Syringe (Cosentyx®)
		Spesolimab-sbzo Vial (Spevigo®)
	Tildrakizumab-asmn Syringe (Ilumya®)	
	Tocilizumab Pen, Syringe, Vial (Actemra®)	
	Tofacitinib Citrate ER Tablet (Xeljanz® XR)	
	Tofacitinib Citrate Solution (Xeljanz®)	
	Upadacitinib ER Tablet (Rinvoq™)	
	Ustekinumab Syringe, Vial (Stelara®)	
	Vedolizumab Vial (Entyvio®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

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

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

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

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (47)</b>	<b>Celecoxib (AG; Generic)</b>	Celecoxib (Celebrex®)
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	Diclofenac Sodium Tablet (Generic)	Diclofenac Epolamine Patch (AG; Flector®)
	Diclofenac Sodium Transdermal Gel (Generic)	Diclofenac Epolamine Patch (Licart™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ibuprofen Suspension Rx (Generic)	Diclofenac Potassium Capsule (AG; Generic; Zipsor®)
	Ibuprofen Tablet Rx (Generic)	Diclofenac Potassium Tablet (Generic; Lofena®)
	Indomethacin Capsule (Generic)	Diclofenac Sodium 1.5% Topical Solution (Generic)
	Ketorolac Tablet (Generic)	Diclofenac Sodium 2% Topical Solution (AG; Generic; Pennsaid® Pump)
	Meloxicam Tablet (Generic)	Diclofenac SR Tablet (Generic)
	Nabumetone Tablet (Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
	Naproxen Suspension (AG; Generic)	Diflunisal Tablet (Generic)
	Naproxen Tablet (Generic)	Etodolac Capsule, SR Tablet, Tablet (Generic)
	Sulindac Tablet (Generic)	Fenoprofen Capsule (AG; Nalfon®)
		Fenoprofen Tablet (Generic; Nalfon®)
		Flurbiprofen Tablet (Generic)
		Ibuprofen/Famotidine Tablet (AG; Generic; Duexis®)
		Indomethacin ER Capsule (Generic)
		Ketoprofen Capsule, ER Capsule (Generic)
		Ketorolac Nasal Spray (AG)
		Meclofenamate Sodium Capsule (Generic)
		Mefenamic Acid Capsule (Generic)
		Meloxicam, Submicronized Capsule (Generic)
		Nabumetone Tablet (Relafen DS™)
		Naproxen EC Tablet (AG; Generic)
		Naproxen Sodium CR Tablet (AG; Generic; Naprelan®)
		Naproxen Sodium Tablet (Generic)
		Naproxen/Esomeprazole Tablet (AG; Generic; Vimovo®)
		Oxaprozin Tablet (Generic)
		Piroxicam Capsule (Generic)
		Tolmetin Sodium Capsule, Tablet (Generic)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (47)</b>	Baclofen Tablet (Generic)	Baclofen Granule Pack (Lyvispah™)
<b>Skeletal Muscle Relaxant</b>	Cyclobenzaprine Tablet (Generic)	Baclofen Solution (AG)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Methocarbamol Tablet (Generic)	Baclofen Suspension (Fleqsuvy®)
	Tizanidine Tablet (Generic)	Carisoprodol Compound Tablet (Generic)
		Carisoprodol Tablet 250 mg, 350 mg (Generic; Soma®)
		Chlorzoxazone Tablet (Generic; Lorzone®)
		Cyclobenzaprine ER Capsule (AG; Generic; Amrix®)
		Cyclobenzaprine Tablet (Fexmid®)
		Dantrolene Sodium (AG; Generic; Dantrium®)
		Metaxalone Tablet (Generic)
		Orphenadrine ER Tablet (Generic)
		Orphenadrine/Aspirin/Caffeine (Generic for Norgesic®)
		Orphenadrine/Aspirin/Caffeine (Generic; Norgesic Forte®)
		Tizanidine Capsule (Generic; Zanaflex®)
	Tizanidine Tablet (Zanaflex®)	
<b>PARKINSON'S (48)</b>	Amantadine Capsule (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
<b>Antiparkinson Agents</b>	Amantadine Syrup (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
<b>Anticholinergic and Other</b>	Benzotropine Tablet (Generic)	Amantadine Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Carbidopa/Levodopa ER Tablet (Generic)	Apomorphine Cartridge (Generic; Apokyn®)
	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 Tablet (Generic)	Carbidopa/Levodopa ODT (Generic)
	Trihexyphenidyl Elixir (Generic)	Carbidopa/Levodopa Tablet ( <b>Dhivy®</b> , Sinemet®)
	Trihexyphenidyl Tablet (Generic)	Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)
		Entacapone Tablet (Generic )
		Istradefylline Tablet (Nourianz™)
	Levodopa Capsule for Inhalation (Inbrija®)	
	Opicapone Capsule (Ongentys®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PARKINSON'S (48)</b>	(Preferred agents listed on page 59)	Pramipexole ER Tablet (Generic; Mirapex ER®)
<b>Antiparkinson Agents</b>		Rasagiline Tablet (Generic; Azilect®)
<b>Anticholinergic and Other Continued</b>		Ropinirole ER Tablet (Generic)
		Rotigotine Patch (Neupro®)
		Safinamide Tablet (Xadago®)
		Selegiline Disintegrating Tablet (Zelapar®)
		Selegiline Capsule (Generic)
		Tolcapone Tablet (Generic)
<b>PEDIATRIC MULTIVITAMINS (49)</b>	Pediatric MVI A, C, D3 No. 21 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 21 With FL Drop (Tri-Vitamin with FL)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pediatric MVI No. 2 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 38 with FL Drop (Tri-Vi-Floro®)
	Pediatric MVI No. 16 With FL Chewable (Generic)	Pediatric MVI No. 63 With FL Chewable (Quflora™)
	Pediatric MVI No. 17 With FL Chewable (Generic)	Pediatric MVI No. 83 With FL 0.25 mg/ml Drop (Quflora™)
	Pediatric MVI No. 45 With FL & Fe Drop (Generic)	Pediatric MVI No. 84 With FL 0.5 mg/ml Drop (Quflora™)
		Pediatric MVI No. 85 With FL Chewable (Floriva™)
		Pediatric MVI No. 142 With FL & Fe Chewable (Quflora™ FE)
		Pediatric MVI No. 151 With FL & Fe Drop (Quflora™ FE)
		Pediatric MVI No. 205 With FL & Fe Chewable (Poly-Vi-Flor® Fe)
		Pediatric MVI No. 213 With FL 0.25mg Drop (Poly-Vi-Flor®)
		Pediatric MVI No. 214 With FL & Fe Drop (Poly-Vi-Flor® Fe)
		Pediatric MVI No. 217 With FL Gummy (Poly-Vi-Flor®)
		Pediatric MVI No. 219 With FL Chewable (Poly-Vi-Flor®)
	<b>PITUITARY SUPPRESSIVE AGENTS (50)</b>	Goserelin Acetate (Zoladex®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Leuprolide Acetate Syringe Kit (Fensolvi®)	Leuprolide Acetate Depot (AG)
	Leuprolide Acetate Subcutaneous Kit, Subcutaneous Vial (Generic)	Leuprolide Acetate Subcutaneous Kit (Eligard®)
	Leuprolide Acetate (Lupron Depot®)	Leuprolide Mesylate Syringe (Camcevi™)
	Leuprolide Acetate (Lupron Depot Kit®)	Triptorelin Pamoate Vial (Trelstar®)
	Leuprolide Acetate (Lupron Depot-Ped Kit®)	Triptorelin Pamoate Kit (Triptodur®)
	Leuprolide Acetate (Lupron Depot-Ped®)	
	Nafarelin Acetate Nasal Solution (Synarel®)	

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>POTASSIUM BINDERS (51)</b>	Sodium Polystyrene Sulfonate Powder (Generic)	Patiromer Sorbitex Calcium Powder Packet (Veltassa®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sodium Zirconium Cyclosilicate (Lokelma®)	
<b>PROGESTATIONAL AGENTS (52)</b>	Medroxyprogesterone Acetate Tablet (AG; Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Norethindrone Acetate Tablet (Generic) Progesterone Capsule (Generic)	Norethindrone Acetate Tablet (Aygestin®) Progesterone Vial (Generic) Progesterone, Micronized, Capsule (Prometrium®) Progesterone, Micronized, Vaginal Gel (Crinone®)
<b>PROSTATE (53)</b>	Alfuzosin ER Tablet (Generic)	Doxazosin ER Tablet, Tablet (Cardura XL®; Cardura®)
<b>Benign Prostatic Hyperplasia (BPH)</b>	Doxazosin Tablet (AG; Generic)	Dutasteride Capsule (Avodart®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dutasteride Capsule (Generic) Finasteride Tablet (Generic) Tamsulosin Capsule (Generic) Terazosin Capsule (Generic)	Dutasteride/Tamsulosin Capsule (Generic; Jalyn®) Finasteride Tablet (Proscar®) Finasteride/Tadalafil (Entadfi®) Silodosin Capsule (Generic; Rapaflo®) Tadalafil 2.5mg Tablet, 5mg Tablet (AG; Generic; Cialis®) Tamsulosin Capsule (Flomax®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>SEDATIVE/HYPNOTICS (54)</b>	Temazepam Capsule 15 mg, 30 mg (AG; Generic)	Daridorexant Tablet (Quviviq™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Triazolam Tablet (Generic)	Dexmedetomidine Film (Igalmi™)
	Zolpidem Tablet (Generic)	Doxepin Tablet (AG; Generic; Silenor®)
	<b>Zolpidem Tartrate ER Tablet (Generic)</b>	Estazolam Tablet (Generic)
		Eszopiclone Tablet (Generic; Lunesta®)
		Flurazepam Capsule (Generic)
		Lemborexant Tablet (Dayvigo®)
		Quazepam Tablet (AG)
		Ramelteon Tablet (Generic; Rozerem®)
		Suvorexant Tablet (Belsomra®)
		Tasimelteon Capsule ( <b>Generic</b> ; Hetlioz®)
		Tasimelteon /Suspension (Hetlioz LQ™)
		Temazepam Capsule 7.5mg, 15mg, 30mg (Restoril®)
		Temazepam 7.5 mg, 22.5 mg (Generic)
		Triazolam Tablet (Halcion®)
		Zaleplon Capsule (Generic)
		Zolpidem Tartrate ER Tablet (Ambien CR®)
		Zolpidem Tartrate Sublingual (Edluar®)
		Zolpidem Tartrate Sublingual (Generic for Intermezzo®)
		<b>Zolpidem Tartrate Capsule (Generic)</b>
		Zolpidem Tartrate Tablet (Ambien®)
<b>SICKLE CELL ANEMIA (55)</b>	Hydroxyurea Capsule (Droxia®)	Crizanlizumab-tmca Infusion (Adakveo®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Hydroxyurea Tablet (Siklos®)
		L-glutamine Powder Pack (Endari™)
		Voxelotor Tablet (Oxbryta®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>SINUS NODE INHIBITORS (56)</b>	<b>NONE</b>	Ivabradine Solution (Corlanor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Ivabradine Tablet (Corlanor®)
<b>SMOKING CESSATION PRODUCTS (57)</b>	Bupropion SR Tablet (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Nicotine Buccal Gum OTC, Buccal Lozenge OTC (Generic) Nicotine Patch OTC (Generic) Varenicline Tablet (Generic; Chantix®; Chantix Dose Pack®)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)
<b>SPINAL MUSCULAR ATROPHY (58)</b>	<b>NONE</b>	<b>Nusinersen (Spinraza®)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a> *SPINRAZA <a href="#">REQUEST FORM</a>		<b>Onasemnogene Apeparvovec-xioi (Zolgensma®)</b> <b>Risdiplam (Evrysdi™)</b>
<b>THROMBOPOIESIS STIMULATING PROTEINS (59)</b>	Eltrombopag Tablet (Promacta®)	Avatrombopag Tablet (Doptelet®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Eltrombopag Suspension Packet (Promacta®) Fostamatinib Disodium Hexahydrate Tablet (Tavalisse®) Lusutrombopag Tablet (Mulpleta®) Romiplostim Vial (Nplate®)

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)	
<b>UREA CYCLE DISORDERS (60)</b>	Sodium Phenylbutyrate Pellet (Pheburane®)	Carglumic Acid (Generic; Carbaglu®)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Glycerol Phenylbutyrate (Ravicti®)	
		Sodium Phenylbutyrate Powder, Tablet (Generic; Buphenyl®)	
		Sodium Phenylbutyrate Pellet for Oral Suspension (Olpruva®)	
<b>UROLOGY INCONTINENCE (61)</b>	Fesoterodine Fumarate ER Tablet (Generic; Toviaz®)	Darifenacin ER Tablet (Generic)	
<b>Bladder Relaxant Preparations</b>	Mirabegron ER Tablet (Myrbetriq®)	Flavoxate Tablet (Generic)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Oxybutynin Syrup (Generic)	Mirabegron ER Granules for Oral Suspension (Myrbetriq®)	
	Oxybutynin Tablet (Generic)	Oxybutynin ER Tablet (Ditropan XL®)	
	Oxybutynin ER Tablet (Generic)	Oxybutynin Transdermal Gel (Gelnique®)	
	Solifenacin Tablet (Generic)	Oxybutynin Transdermal Patch Rx (Oxytrol®)	
			Solifenacin Tablet, Suspension (VESicare®; VESicare® LS)
			Tolterodine Tablet (Generic; Detrol®)
			Tolterodine ER Capsule (AG; Generic; Detrol LA®)
			Trospium Tablet (Generic)
			Trospium ER Capsule (Generic)
			Vibegron Tablet (Gemtesa®)
<b>UTERINE DISORDER TREATMENTS (62)</b>	Elagolix Tablet (Orilissa®)	<b>NONE</b>	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Elagolix/Estradiol/Norethindrone Capsule (Oriahnn®)		
	Relugolix/Estradiol/Norethindrone Acetate (Myfembree™)		

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

AL – Age Limit		DS – Maximum Days’ Supply Allowed		PA – Prior Authorization	
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age		DT – Duration of Therapy Limit		PU – Prior Use of other Medication is Required	
BY – Diagnosis Codes Bypass Some Requirements		DX – Diagnosis Code Requirement		QL – Quantity Limit	
CL – Additional Clinical Information is Required		ER – Early Refill		RX – Specific Prescription Requirement	
CU – Concurrent Use with Other Medications is Restricted		MD – Maximum Dose Limit		TD – Therapeutic Duplication	
DD – Drug-Drug Interaction		MME – Maximum Morphine Milligram Equivalent		YQ – Yearly Quantity Limit	
Acetaminophen	<a href="#"><u>MD</u></a>	Givlaari® (Givosiran)	<a href="#"><u>CL</u></a>	Pulmozyme® (Dornase Alfa)	<a href="#"><u>DX</u></a>
Acthar® (Corticotropin)	<a href="#"><u>CL</u></a>	HyperTET SD (Tetanus IG)	<a href="#"><u>CL</u></a>	Pyrukynd® (Mitapivat)	<a href="#"><u>DX</u></a>
Actimmune® (Interferon Gamma-1b)	<a href="#"><u>DX</u></a>	Imipramine	<a href="#"><u>BH, TD</u></a>	Qalsody® (Tofersen)	<a href="#"><u>DX</u></a>
Aldurazyme™ (Laronidase)	<a href="#"><u>CL</u></a>	Intron-A® (Interferon Alfa-2B Recombinant)	<a href="#"><u>DX</u></a>	Qualaquin® (Quinine) 324 mg	<a href="#"><u>DS, DX, QL</u></a>
Amitriptyline	<a href="#"><u>BH, TD</u></a>	Jadenu® (Deferasirox)	<a href="#"><u>DX</u></a>	Radicava®, Radicava ORS® (Edaravone)	<a href="#"><u>DX</u></a>
Amitriptyline/Chlordiazepoxide	<a href="#"><u>BH</u></a>	Javygtor™ (Sapropterin)	<a href="#"><u>CL</u></a>	Ranexa® (Ranolazine)	<a href="#"><u>CL</u></a>
Amondys 45® (Casimersen)	<a href="#"><u>CL</u></a>	Joenja® (Leniolisib Phosphate)	<a href="#"><u>DX</u></a>	Reclast® (Zoledronic acid)	<a href="#"><u>CL, QL</u></a>
Amoxapine	<a href="#"><u>BH, TD</u></a>	Jynarque® (Tolvaptan)	<a href="#"><u>CL</u></a>	Relyvrio™ (Sodium Phenylbutyrate/Taurursodiol)	<a href="#"><u>DX</u></a>
Amvuttra™ (Vutrisiran)	<a href="#"><u>DX</u></a>	Kerendia® (Finerenone)	<a href="#"><u>CL</u></a>	Remodulin® (Treprostinil Sodium) Injection	<a href="#"><u>DX</u></a>
Aspirin	<a href="#"><u>MD</u></a>	Keveyis® (Dichlorphenamide)	<a href="#"><u>CL, QL</u></a>	Rilutek® (Riluzole)	<a href="#"><u>DX</u></a>
Aspruzyo Sprinkle™ (Ranolazine)	<a href="#"><u>CL</u></a>	Kuvan® (Sapropterin Dihydrochloride)	<a href="#"><u>CL</u></a>	<b>Rystiggo® (Rozanolixizumab-noli)</b>	<a href="#"><u>DX</u></a>
Besremi® (Ropeginterferon alfa-2b-njft)	<a href="#"><u>DX</u></a>	Lamzede® (Velmanase alfa-tycv)	<a href="#"><u>DX</u></a>	Samsca® (Tolvaptan)	<a href="#"><u>CL, QL</u></a>
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	<a href="#"><u>DX</u></a>	Lidocaine Patch Kit (Brand Example - Prilo Patch II®)	<a href="#"><u>CL</u></a>	<b>Skyclarys™ (Omaveloxolone)</b>	<a href="#"><u>CL, QL</u></a>
Brineura™ (Cerliponase alfa)	<a href="#"><u>DX</u></a>	<b>Litfulo™ ( Ritlecitinib)</b>	<a href="#"><u>CL</u></a>	Skysona® (Elivaldogene Autotemcel)	<a href="#"><u>CL</u></a>
Cablivi® (Caplacizumab-yhdp)	<a href="#"><u>CL</u></a>	Lithium	<a href="#"><u>BH</u></a>	Soliris® (Eculizumab)	<a href="#"><u>DX</u></a>
Camzyos™ (Mavacamten)	<a href="#"><u>CL, QL</u></a>	Lorazepam Injectable	<a href="#"><u>BH, BY, CU, TD</u></a>	<b>Spironolactone</b>	<a href="#"><u>DX</u></a>
Chlordiazepoxide/Clidinium	<a href="#"><u>BH</u></a>	Lumizyme® (Alglucosidase alfa)	<a href="#"><u>DX</u></a>	Strensiq® (Asfotase alfa)	<a href="#"><u>DX</u></a>
Chlorpromazine Injectable	<a href="#"><u>BH</u></a>	Maprotiline	<a href="#"><u>BH</u></a>	Sylatron® (Peginterferon alfa-2b)	<a href="#"><u>DX</u></a>
Clomipramine	<a href="#"><u>BH, TD</u></a>	Mepsevii™ (Vestronidase alfa-vjbc)	<a href="#"><u>CL</u></a>	Synagis® (Palivizumab) <a href="#"><u>REQUEST FORM</u></a>	<a href="#"><u>AL, ER, CL</u></a>

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

**Effective Date: January 1, 2024** *(updated 3/4/2024)*

Cortrophin™ (Repository corticotropin)	<a href="#">CL</a>	Methadone	<a href="#">CL, BY, CU, DX, MME, PU, QL, TD</a>	Tegsedi™ (Inotersen)	<a href="#">DX</a>
Cuprimine® (Penicillamine)	<a href="#">CL, QL</a>	Mosquito Repellant to Decrease Zika Virus Exposure Risk <a href="#">FFS Notice</a> <a href="#">MCO Notice</a>	<a href="#">AL, DX, QL</a>	<b>Testosterone (Oral, Injectable)</b>	<a href="#">DX</a>
<b>Cuvrior™ (Trientine Tetrahydrochloride)</b>	<a href="#">CL, QL</a>	Mytesi® (Crofelemer)	<a href="#">CL</a>	Tiglutik™ (Riluzole)	<a href="#">DX</a>
Daraprim® (Pyrimethamine)	<a href="#">CL</a>	Nabi-HB (Hepatitis B IG)	<a href="#">CL</a>	Tikosyn® (Dofetilide)	<a href="#">CL</a>
Daybue® (Trofinetide)	<a href="#">DX</a>	Naglazyme™ (Galsulfase)	<a href="#">CL</a>	Trimipramine	<a href="#">BH, TD</a>
Depen® (Penicillamine)	<a href="#">CL, QL</a>	Nexplanon® (Etonogestrel)	<a href="#">QL</a>	Twyneo® (Tretinoin/Benzoyl Peroxide)	<a href="#">CL, AL, QL</a>
Desipramine	<a href="#">BH, TD</a>	Nexviazyme® (Avalglucosidase-alfa)	<a href="#">DX</a>	Tziield® (Teplizumab-mzwv)	<a href="#">CL</a>
Doxepin (10 mg-150 mg)	<a href="#">BH, TD</a>	<b>Ngenla® (Somatrogon-ghla)</b>	<a href="#">CL</a>	Ultomiris® (Ravulizumab-cwvz)	<a href="#">DX</a>
Elaprase™ (Idursulfase)	<a href="#">CL</a>	Nityr® (Nitisinone)	<a href="#">CL</a>	Veletri® (Epoprostenol)	<a href="#">DX</a>
<b>Elevidys™ (Delandistrogene Moxeparvec-rokl)</b>	<a href="#">CL</a>	Nocurna® (Desmopressin)	<a href="#">QL</a>	Vijoice® (Alpelisib)	<a href="#">CL</a>
Elfabrio® (Pegunigalsidase alfa-iwxj)	<a href="#">DX</a>	Nortriptyline	<a href="#">BH, TD</a>	Viltepso® (Viltolarsen)	<a href="#">CL</a>
Empaveli® (Pegcetacoplan)	<a href="#">DX</a>	Novarel® (Human Chorionic Gonadotropin)	<a href="#">DX</a>	Vimizim™ (Elosulfase alfa)	<a href="#">CL</a>
<b>Estrogenic Agents &amp; Combos</b>	<a href="#">DX</a>	Nuedexta® (Dextromethorphan/Quinidine)	<a href="#">CL, QL</a>	<b>Vyjuvek™ (Beremagene Geperpavec-svdt)</b>	<a href="#">CL</a>
Exjade® (Deferasirox)	<a href="#">DX</a>	Nulibry™ (Fosdenopterin)	<a href="#">CL</a>	Vyndamax™, Vyndaqel® (Tafamidis)	<a href="#">CL, QL</a>
Exondys 51® (Eteplirsen)	<a href="#">CL</a>	Onpattro® (Patisiran)	<a href="#">DX</a>	Vyondys 53® (Golodirsen)	<a href="#">CL</a>
Exservan™ (Riluzole)	<a href="#">DX</a>	Orfadin® (Nitisinone)	<a href="#">CL</a>	<b>Vyvgart® (Efgartigimod alfa-fcab)</b> <b>Vyvgart® Hytrulo (Efgartigimod alfa and Hyaluronidase-qvfc)</b>	<a href="#">DX</a>
Fabrazyme® (Agalsidase beta)	<a href="#">DX, TD</a>	Oxlumo® (Lumasiran)	<a href="#">CL</a>	Xenical® (Orlistat)	<a href="#">AL, DS, DX, RX, QL</a>
Ferriprox® (Deferiprone)	<a href="#">DX</a>	Palynziq® (Pegvaliase-pqpz)	<a href="#">CL, PU</a>	Xenpozyme™ (Olipudase alfa-rpcp)	<a href="#">DX</a>
Fetroja® (Cefiderocol)	<a href="#">CL</a>	Pamidronate Disodium	<a href="#">CL</a>	Xyrem® (Sodium Oxybate)	<a href="#">CL, TD</a>
Firdapse® (Amifampridine)	<a href="#">DX, MD</a>	Pregnyl® (Human Chorionic Gonadotropin)	<a href="#">DX</a>	Xywav™ (Oxybate Salts)	<a href="#">CL, TD</a>
Flolan® (Epoprostenol Sodium)	<a href="#">DX</a>	<b>Progestational Agents, Other</b>	<a href="#">DX</a>	Zonalon® (Doxepin Topical)	<a href="#">AL, DX, TD, QL</a>
Galafold® (Migalastat)	<a href="#">DX, TD</a>	Proleukin® (Aldesleukin)	<a href="#">DX</a>	Ztalmy® (Ganaxolone)	<a href="#">DX, PU, PA</a>
Gattex® (Teduglutide)	<a href="#">CL</a>	Protriptyline	<a href="#">BH, TD</a>	Zynteglo® (Betibeglogene Autotemcel)	<a href="#">CL</a>
		Prudoxin® (Doxepin Topical)	<a href="#">AL, DX, TD, QL</a>		