

Pennsylvania Department of Human Services Preferred Drug List (PDL)

Effective January 20, 2016

ACNE AGENTS, ORAL (TETRACYCLINES)

Preferred Agents		Non-Preferred Agents		Prior Authorization
Doxycycline Monohydrate 50 & 100mg Capsules	Minocycline Capsules	<i>Adoxa</i>	<i>Minocycline ER</i>	❖ Link to PA Guidelines
Doxycycline Monohydrate Tablets	Tetracycline	<i>Demeclocycline</i>	<i>Minocycline Tablets</i>	
		<i>Doryx, Doryx DR</i>	<i>Morgidox</i>	
		<i>Doxycycline Hyclate</i>	<i>Oracea</i>	
		<i>Doxycycline Hyclate DR</i>	<i>Solodyn ER</i>	
		<i>Doxycycline Monohydrate 75 & 150mg Capsules</i>	<i>Vibramycin Capsules, Suspension, Syrup</i>	

ACNE AGENTS, TOPICAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Azelex ^{AR}	Duac	<i>Acanya</i>	<i>Erythromycin Gel</i>	❖ Link to PA Guidelines
BenzaClin Gel	Epiduo ^{AR}	<i>Aczone</i>	<i>Erythromycin Swabs</i>	
Benzoyl Peroxide 5% & 10% wash OTC	Erythromycin Solution	<i>Adapalene</i>	<i>Evoclin</i>	
Benzoyl Peroxide gel (OTC) & lotion (OTC)	Erythromycin/Benzoyl Peroxide	<i>Atralin</i>	<i>Fabior</i>	
Clindamycin gel, lotion, solution	Klaron	<i>Avita cream & gel</i>	<i>Neuac</i>	
Differin cream, lotion, gel, pump ^{AR}	Panoxyl-4 wash OTC	<i>BenzaClin Gel Pump</i>	<i>Onexton</i>	
	Panoxyl 10 OTC	<i>BenzamycinBenzePro Foam</i>	<i>Rosanil Kit</i>	
	Retin-A Gel ^{AR}	<i>Benzoyl Peroxide 6% cleanser OTC, foam, gel (RX), kit, towelette BP 10-1</i>	<i>Retin-A Cream^{AR}</i>	
	Tretinoin cream, gel ^{AR}	<i>Cleocin T gel, lotion, solution, swabs</i>	<i>Retin-A Micro^{AR}</i>	
		<i>Clindacin</i>	<i>Retin-A Micro Pump^{AR}</i>	
		<i>Clindamycin-Benzoyl Peroxide</i>	<i>Sulfacetamide</i>	
		<i>Clindamycin foam & medicated swabs</i>	<i>Sulfacetamide/Sulfur</i>	
			<i>Sumadan</i>	
			<i>Sumaxin</i>	
			<i>Tazorac^{AR}</i>	
			<i>Tretinoin microspheres^{AR}</i>	
			<i>Veltin</i>	
			<i>Ziana^{AR}</i>	

ALZHEIMER'S AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Donepezil ^{AR, QL}	Memantine Tablets ^{AR, QL}	<i>Aricept, Aricept ODT^{AR, QL}</i>	<i>Galantamine ER^{AR, QL}</i>	❖ Link to PA Guidelines
Exelon Transdermal ^{AR, QL}		<i>Aricept 23 mg^{AR, QL}</i>	<i>Namenda Solution^{AR, QL}</i>	❖ Link to Quantity Limits List
		<i>Donepezil ODT^{AR, QL}</i>	<i>Namenda XR^{AR, QL}</i>	❖ Link to PA Fax Form
		<i>Donepezil 23 mg^{AR, QL}</i>	<i>Namzaric^{AR, QL}</i>	
		<i>Exelon Capsules^{AR, QL}</i>	<i>Razadyne ER^{AR, QL}</i>	
		<i>Galantamine^{AR, QL}</i>	<i>Rivastigmine^{AR, QL}</i>	

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ANALGESICS, NARCOTIC – LONG ACTING

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Fentanyl (transdermal) 12, 25, 50, 75, 100mcg/hr ^{QL, AR} Kadian ^{QL, AR}	Morphine ER tablets ^{QL, AR} Avinza ^{QL, AR} Butrans (transdermal) ^{QL, AR} Dolophine ^{QL, AR} Duragesic ^{QL, AR} Embeda ^{QL, AR} Exalgo ^{QL, AR} Fentanyl (transdermal) 37.5, 62.5, 87.5mcg/hr ^{QL, AR} Hydromorphone ER ^{QL, AR} Hysingla ER ^{QL, AR} Methadone ^{QL, AR}	MS Contin ^{QL, AR} Morphine ER capsules ^{QL, AR} Nucynta ER ^{QL, AR} Opana ER ^{QL, AR} Oxycodone ER ^{QL, AR} Oxycontin ^{QL, AR} Oxymorphone ER ^{QL, AR} Tramadol ER ^{QL, AR} Ultram ER ^{QL, AR} Zohydro ER ^{QL, AR}	<ul style="list-style-type: none"> ❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form - Narcotics, Long Acting in Recipients >21 Years ❖ Link to PA Fax Form - Narcotics, Long Acting in Recipients < 21 Years ❖ Link to PA Fax Form - Multiple Narcotic Prescriptions

ANALGESICS, NARCOTIC – SHORT ACTING

Preferred Agents	Non-Preferred Agents	Prior Authorization		
APAP/Codeine ^{QL, AR} Hydrocodone/APAP Tablets ^{QL, AR} Hydromorphone Tablets ^{PA, QL, AR} Ibudone ^{QL, AR}	Morphine IR ^{QL, AR} Oxycodone IR Tablets ^{QL, AR} Oxycodone/APAP tablets ^{QL, AR} Tramadol ^{QL, AR}	Abstral ^{QL, AR} Actiq ^{QL, AR} Butalbital/Caffeine/APAP w/Codeine ^{QL, AR} Butalbital Compound w/Codeine ^{QL, AR} Butorphanol Tartrate (nasal) ^{QL, AR} Capital w/ Codeine ^{QL, AR} Carisoprodol Compound/Codeine ^{QL, AR} Codeine ^{QL, AR} Demerol ^{QL, AR} Dihydrocodeine/ASA/Caffeine ^{QL, AR} Dilaudid ^{QL, AR} Fentanyl (buccal) ^{QL, AR} Fentora ^{QL, AR} Fioricet/Codeine ^{QL, AR} Fiorinal/Codeine ^{QL, AR} Hycet ^{QL, AR} Hydrocodone/APAP Solution ^{QL, AR} Hydrocodone/Ibuprofen ^{QL, AR} Hydromorphone Liquid & Suppositories ^{QL, AR}	Levorphanol ^{QL, AR} Meperidine ^{QL, AR} Morphine suppositories ^{QL, AR} Norco ^{QL, AR} Nucynta ^{QL, AR} Opana IR ^{QL, AR} Oxecta ^{QL, AR} Oxycodone IR Capsules, Concentrate, Solution ^{QL, AR} Oxycodone/ASA ^{QL, AR} Oxycodone/Ibuprofen ^{QL, AR} Oxymorphone ^{QL, AR} Pentazocine/Naloxone ^{QL, AR} Percocet ^{QL, AR} Primlev ^{QL, AR} Roxicet Solution ^{QL, AR} Roxicodone ^{QL, AR} Subsys ^{QL, AR} Tramadol/APAP ^{QL, AR} Tylenol with Codeine ^{QL, AR} Ultracet ^{QL, AR} Ultram ^{QL, AR} Vicoprofen ^{QL, AR} Xartemis XR ^{QL, AR}	<ul style="list-style-type: none"> ❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form - Narcotics, Short Acting in Recipients ≥21 Years ❖ Link to PA Fax Form - Narcotics, Short Acting in Recipients < 21 Years ❖ Link to PA Fax Form - Multiple Narcotic Prescriptions

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ANDROGENIC AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
AndroGel ^{PA}	Oxandrolone ^{PA} Testosterone Cypionate ^{PA}	Anadrol-50 Androderm Android Aveed Axiron Depo-Testosterone Fortesta	Methitest Striant Testim Testosterone Gel Testosterone Enanthate Testred Vogelxo	❖ Link to PA Guidelines ❖ Link to PA Fax Form ❖ Link to Quantity Limits List

ANGIOTENSIN MODULATORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Benazepril ^{QL} Benicar, Benicar HCT ^{QL} Enalapril, Enalapril HCTZ ^{QL} Fosinopril ^{QL} Irbesartan, Irbesartan HCTZ ^{QL}	Lisinopril, Lisinopril HCTZ ^{QL} Losartan, Losartan HCTZ ^{QL} Quinapril ^{QL} Ramipril ^{QL} Valsartan ^{QL} Valsartan/HCTZ ^{QL}	Accupril ^{QL} Altace ^{QL} Atacand, Atacand HCT ^{QL} Avapro, Avalide ^{QL} Benazepril HCTZ ^{QL} Candesartan, Candesartan HCTZ ^{QL} Captopril, Captopril HCTZ ^{QL} Cozaar, Hyzaar ^{QL} Diovan ^{QL} Diovan HCT ^{QL} Edarbi, Edarbyclo ^{QL} Epaned ^{QL} Eprosartan ^{QL} Fosinopril HCTZ ^{QL} Lotensin ^{QL} Lotensin HCT ^{QL}	Mavik ^{QL} Micardis, Micardis HCT ^{QL} Moexipril, Moexipril HCTZ ^{QL} Perindopril ^{QL} Prinivil ^{QL} Quinapril, Quinapril HCTZ ^{QL} Tekturna, Tekturna HCT ^{QL} Telmisartan, Telmisartan HCTZ ^{QL} Teveten, Teveten HCT ^{QL} Trandolapril ^{QL} Univasc ^{QL} Vasotec, Vaseretic ^{QL} Zestril ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form ❖ Link to Entresto PA Fax Form

ANGIOTENSIN MODULATOR COMBINATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Amlodipine/Benazepril ^{QL} Azor ^{QL}	Exforge, Exforge HCT ^{QL}	Amlodipine/Valsartan, Amlodipine/Valsartan HCTZ ^{QL} Amturnide ^{QL} Lotrel ^{QL} Tarka ^{QL}	Tekamlo ^{QL} Telmisartan/Amlodipine ^{QL} Trandolapril/Verapamil ^{QL} Tribenzor ^{QL} Twynsta ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List

ANTI-ALLERGENS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
GRASTEK (Timothy grass pollen allergen extract) ^{PA} ORALAIR (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass mixed pollens allergen extract) ^{PA} RAGWITEK (Short Ragweed pollen allergen extract) ^{PA}		❖ Link to PA Guidelines

AR = Age Restriction, Clinical Prior Authorization Required
Non-preferred medications require prior authorization
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PA = Clinical Prior Authorization Required

QL = Quantity Limit Applies
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ANTIBIOTICS, GI

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alinia Suspension ^{QL}	Neomycin	<i>Difcid</i>	<i>Tindamax</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to Xifaxan PA Fax Form
Metronidazole Tablet	Vancomycin HCl	<i>Flagyl</i>	<i>Tinidazole</i>	
		<i>Flagyl ER^{QL}</i>	<i>Vancocin</i>	
		<i>Metronidazole Capsule</i>	<i>Xifaxan^{QL}</i>	
		<i>Paromomycin</i>		

ANTIBIOTICS, INHALED

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bethkis ^{QL}	Kitabis Pak ^{QL}	<i>Cayston^{QL}</i>	<i>Tobi Podhaler^{QL}</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
			<i>Tobramycin Solution^{QL}</i>	

ANTIBIOTICS, TOPICAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bacitracin	Neomycin/Polymyxin/ Pramoxine	<i>Altabax</i>	<i>Double Antibiotic Ointment OTC</i>	❖ Link to PA Guidelines
Bacitracin/Polymyxin	Triple Antibiotic Ointment OTC	<i>Bactroban Ointment</i>	<i>Gentamicin Sulfate</i>	
Bactroban Cream	Triple Antibiotic Packet OTC	<i>Centany</i>	<i>Mupirocin Cream</i>	
Mupirocin Ointment			<i>Triple Antibiotic Plus Ointment</i>	

ANTIBIOTICS, VAGINAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Cleocin Ovules	Metronidazole Vaginal Vandazole	<i>Cleocin Cream</i>	<i>Clindesse</i>	❖ Link to PA Guidelines
		<i>Clindamycin Vaginal</i>	<i>MetroGel-Vaginal</i>	
			<i>Nuversa</i>	

ANTICOAGULANTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Coumadin	Pradaxa ^{QL, PA}	<i>Arixtra^{QL}</i>	<i>Lovenox Vial^{QL}</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to Eliquis PA Fax Form ❖ Link to Pradaxa PA Fax Form ❖ Link to Xarelto PA Fax Form ❖ Link to Injectable Anticoagulants PA Fax Form
Enoxaparin Syringe ^{QL}	Warfarin	<i>Eliquis^{QL}</i>	<i>Savaysa^{QL}</i>	
Enoxaparin Vial^{QL}	Xarelto ^{QL, PA}	<i>Fondaparinux^{QL}</i>	<i>Xarelto Dose Pack^{QL}</i>	
Fragmin Syringe & Vial ^{QL}		<i>Lovenox Syringe^{QL}</i>		

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ANTICONVULSANTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Banzel Tablets ^{QL}	Oxcarbazepine	<i>Aptiom^{QL}</i>	<i>Keppra XR^{QL}</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
Carbamazepine Chewable Tablet ^{QL}	Suspension , Tablet ^{QL}	<i>Banzel Suspension^{QL}</i>	<i>Klonopin^{QL}</i>	
Carbamazepine ER	Peganone	Carbamazepine Suspension, Tablet^{QL}	<i>Lamictal</i>	
Celontin ^{QL}	Phenobarbital	<i>Carbamazepine XR^{QL}</i>	<i>Lamictal ODT</i>	
Clonazepam Tablets ^{QL}	Phenytoin ^{QL}	<i>Carbatrol^{QL}</i>	<i>Lamictal XR</i>	
Diastat (rectal)	Phenytoin Chewable Tablet ^{QL}	<i>Clonazepam ODT^{QL}</i>	Lamotrigine ODT	
Dilantin 30 mg Capsules ^{QL}	Primidone ^{QL}	<i>Depakene</i>	<i>Levetiracetam ER^{QL}</i>	
Divalproex ER ^{QL}	Tegretol Suspension, Tablet^{QL}	<i>Depakote</i>	<i>Mysoline^{QL}</i>	
Divalproex Tablets	Tegretol XR ^{QL}	<i>Depakote ER</i>	Neurontin^{QL}	
Ethosuximide Syrup ^{QL}	Topamax Sprinkle ^{QL}	<i>Depakote Sprinkle</i>	<i>Onfi suspension</i>	
Gabapentin Capsules ^{QL}	Topiramate Tablet and Sprinkle ^{QL}	<i>Diazepam (rectal)</i>	<i>Oxtellar XR</i>	
Gabitril	Trileptal Suspension ^{QL}	<i>Dilantin 100 mg capsules^{QL}</i>	<i>Phenytek^{QL}</i>	
Lamotrigine Tablet	Valproic Acid ^{QL}	<i>Dilantin Infatabs^{QL}</i>	<i>Potiga^{QL}</i>	
Levetiracetam Solution, Tablets ^{QL}	Vimpat ^{QL}	<i>Dilantin suspension^{QL}</i>	<i>Qudexy XR^{QL}</i>	
Lyrica ^{PA, QL}	Zarontin Capsule ^{QL}	<i>Divalproex Sprinkle</i>	<i>Sabril^{QL}</i>	
Onfi Tablets ^{QL}	Zonisamide ^{QL}	<i>Equetro^{QL}</i>	<i>Tiagabine</i>	
		<i>Ethosuximide Capsule^{QL}</i>	<i>Topamax Tablet^{QL}</i>	
		<i>Felbamate</i>	<i>Trileptal Tablets^{QL}</i>	
		<i>Felbatol</i>	<i>Trokendi XR</i>	
		<i>Fycompa^{QL}</i>	<i>Zarontin Syrup^{QL}</i>	
		Gabapentin Solution, Tablets^{QL}	<i>Zonegran^{QL}</i>	
		<i>Keppra^{QL}</i>		

ANTIDEPRESSANTS, OTHER

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bupropion ^{QL}	Mirtazapine Tablets ^{QL}	<i>Aplenzin</i>	<i>Nardil</i>	❖ Link to PA Guidelines ❖ Link to PA Fax Form ❖ Link to Quantity Limits List
Bupropion SR ^{QL}	Trazodone	<i>Brintellix^{QL}</i>	<i>Nefazodone</i>	
Bupropion XL ^{QL}	Venlafaxine ER Capsules ^{QL}	<i>Cymbalta^{QL}</i>	<i>Oleptro ER</i>	
Duloxetine (Cymbalta) ^{PA, QL}		<i>Desvenlafaxine ER^{QL}</i>	<i>Parnate</i>	
		<i>Desvenlafaxine fumarate ER^{QL}</i>	<i>Phenelzine</i>	
		Duloxetine (Irenka)	<i>Pristiq^{QL}</i>	
		<i>Effexor XR^{QL}</i>	<i>Remeron^{QL}</i>	
		<i>Emsam Transdermal^{QL}</i>	<i>Tranlycypromine Sulfate</i>	
		<i>Fetzima^{QL}</i>	<i>Venlafaxine^{QL}</i>	
		Forfivo XL	<i>Venlafaxine ER Tablets^{QL}</i>	
		Irenka	<i>Venlafaxine ER Tablets (Generic)^{QL}</i>	
		<i>Khedeza^{QL}</i>	<i>Viiibryd^{QL}</i>	
		<i>Marplan</i>	<i>Wellbutrin, SR, XL^{QL}</i>	
		<i>Mirtazapine ODT^{QL}</i>		

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ANTIDEPRESSANTS, SSRIS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Citaloprom Solution ^{QL}	Fluoxetine 10 mg, 20 mg,	<i>Brisdelle</i>	<i>Paxil Tablet, Paxil CR, Paxil</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
Citalopram Tablet ^{QL}	60 mg Tablet ^{QL}	<i>Celexa^{QL}</i>	<i>Suspension^{QL}</i>	
Escitalopram Tablet ^{QL}	Fluvoxamine ^{QL}	<i>Escitalopram solution^{QL}</i>	<i>Pexeva^{QL}</i>	
Fluoxetine IR Capsule, Solution ^{QL}	Paroxetine Tablet ^{QL}	<i>Fluoxetine Capsule DR^{QL}</i>	<i>Prozac^{QL}</i>	
	Sertraline Tablet ^{QL}	<i>Fluvoxamine ER^{QL}</i>	<i>Sarafem^{QL}</i>	
		<i>Lexapro^{QL}</i>	<i>Sertraline Concentrate^{QL}</i>	
		<i>Paroxetine CR^{QL}</i>	<i>Zoloft^{QL}</i>	

ANTIEMETICS/ANTIVERTIGO AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Aloxi (Intravenous) ^{QL}	Ondansetron, Tab, ODT & Solution	<i>Akynzeo^{QL}</i>	<i>Prochlorperazine (Injection)</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
Dimenhydrinate OTC		<i>Anzemet^{QL}</i>		
Emend ^{QL}	Prochlorperazine Oral & Rectal	<i>Anzemet (Intravenous)</i>	<i>Promethergan Rectal 50mg^{AR, QL}</i>	
Emend (Intravenous) ^{QL}	Promethazine (Injection) ^{AR}	<i>Cesamet^{QL}</i>	<i>Marinol^{QL}</i>	
Dronabinol ^{QL}	Promethazine Oral ^{AR, QL}	<i>Compro (rectal)</i>	<i>Metozolv ODT</i>	
Granisetron (Intravenous)	Promethazine (Rectal – except 50mg) ^{AR, QL}	<i>Diclegis^{QL}</i>	<i>Reglan</i>	
Meclizine OTC & Rx	Transderm-Scop (Transdermal) ^{QL}	<i>Dimenhydrinate (Injection)</i>	<i>Sancuso (Transdermal)^{QL}</i>	
Metoclopramide, Oral	Trimethobenzamide Oral ^{QL} & Intramuscular	<i>Granisetron^{QL}</i>	<i>Tigan^{QL}</i>	
Metoclopramide, Syringe & Vial		<i>Phenergan Injection^{AR}</i>	<i>Zofran^{QL}</i>	
Ondansetron, Syringe & Vial			<i>Zuplenz^{QL}</i>	

ANTIFUNGALS, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Clotrimazole Mucous Membrane	Griseofulvin Ultramicrosized	<i>Ancobon</i>	<i>Noxafil</i>	❖ Link to PA Guidelines
Fluconazole	Nystatin	<i>Diflucan</i>	<i>Onmel</i>	
Griseofulvin Suspension	Terbinafine	<i>Grifulvin V</i>	<i>Oravig</i>	
		<i>Gris-Peg</i>	<i>Sporanox</i>	
		<i>Itraconazole</i>	<i>Vfend</i>	
		<i>Ketoconazole</i>	<i>Voriconazole</i>	
		<i>Lamisil Granules</i>		

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ANTIFUNGALS, TOPICAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Athlete's Foot	Lamisil AT Cream, AT Gel & Spray	<i>Alevazol OTC</i>	<i>Kerydin</i>	❖ Link to PA Guidelines
Clotrimazole-Betamethasone Cream & Lotion	Miconazole OTC	<i>Bensal HP</i>	<i>Loprox</i>	
Clotrimazole OTC	Nystatin	<i>Ciclodan</i>	<i>Lotrisone</i>	
Desenex	Oxistat Lotion	<i>Ciclopirox CR / Susp / Gel</i>	<i>Luzu</i>	
Ketoconazole Cream & Shampoo	Terbinafine OTC	<i>Ciclopirox Shampoo</i>	<i>Mentax</i>	
	Tolnaftate OTC	<i>Ciclopirox Solution</i>	<i>Naftin</i>	
		<i>Clotrimazole RX</i>	<i>Nizoral Shampoo</i>	
		<i>CNL 8</i>	<i>Nystatin-Triamcinolone Cream & Ointment</i>	
		<i>Econazole</i>	<i>Nystatin Powder</i>	
		<i>Ertaczo</i>	<i>Oxistat Cream</i>	
		<i>Exelderm</i>	<i>Pediaderm AF</i>	
		<i>Extina</i>	<i>Penlac</i>	
		<i>Fungoid, Fungoid Kit</i>	<i>Vusion</i>	
		<i>Jublia</i>		

ANTIHISTAMINES, MINIMALLY SEDATING

Preferred Agents		Non-Preferred Agents		Prior Authorization
Cetirizine Solution, Tablet OTC ^{QL}	Loratadine ^{QL}	<i>Cetirizine Chewable OTC^{QL}</i>	<i>Desloratadine ODT^{QL}</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
Cetirizine Solution Rx ^{QL}	Loratadine-D ^{AR, QL}	<i>Cetirizine Solution 5 mg/ 5 ml OTC^{QL}</i>	<i>Fexofenadine^{QL}</i>	
		<i>Cetirizine-D OTC^{AR, QL}</i>	<i>Fexofenadine-D^{AR, QL}</i>	
		<i>Clarinet^{QL}</i>	<i>Levocetirizine^{QL}</i>	
		<i>Clarinet-D^{AR, QL}</i>	<i>Semprex D^{AR, QL}</i>	
		<i>Desloratadine^{QL}</i>	<i>Xyzal^{QL}</i>	

ANTIHYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents		Non-Preferred Agents		Prior Authorization
Catapres-TTS ^{QL}	Guanfacine ^{QL}	<i>Catapres Tablet</i>	<i>Methyldopa/HCTZ</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
Clonidine Tablet	Methyldopa	<i>Clonidine Transdermal^{QL}</i>	<i>Reserpine</i>	
		<i>Clorpres</i>	<i>Tenex^{QL}</i>	

ANTIHYPERURICEMICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Allopurinol	Probenecid-Colchicine	<i>Colchicine</i>	<i>Uloric</i>	❖ Link to PA Guidelines
Probenecid		<i>Colcrys</i>	<i>Zyloprim</i>	❖ Link to PA Fax Form
		<i>Krystexxa</i>		

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ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
	<i>Cafergot</i> ^{QL} <i>Cambia</i> ^{QL} <i>Dihydroergotamine mesylate Injection & Nasal Spray</i>	<i>Migranal Nasal Spray</i> ^{QL} <i>Nodolor</i> ^{QL}
		❖ Link to PA Guidelines ❖ Link to Quantity Limits List

ANTIMIGRAINE AGENTS, TRIPTANS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<i>Imitrex Nasal, Syringe Kit</i> ^{QL} <i>Relpax</i> ^{QL} <i>Rizatriptan, Rizatriptan ODT</i> ^{QL}	<i>Sumatriptan Tablet</i> ^{QL} <i>Sumatriptan Vial</i> ^{QL}	<i>Amerge</i> ^{QL} <i>Axert</i> ^{QL} <i>Frova</i> ^{QL} <i>Imitrex Tablet</i> ^{QL} <i>Imitrex Vial</i> ^{QL} <i>Maxalt Tablet</i> ^{QL} <i>Maxalt MLT</i>^{QL} <i>Naratriptan</i> ^{QL}
	<i>Sumatriptan Nasal, Syringe Kit</i> ^{QL} <i>Sumavel</i> ^{QL} <i>Treximet</i> ^{QL} <i>Zolmitriptan, Zolmitriptan ODT</i> ^{QL} <i>Zomig, Zomig ZMT</i> ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to Triptan PA Fax Form

ANTIPARASITICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
<i>Eurax Cream</i> <i>Natroba</i> <i>Permethrin</i> <i>Permethrin OTC</i>	Piperonyl Butoxide/Pyrethrins Kit, Liquid & Shampoo OTC Ulesfia	<i>Elimite</i> <i>Eurax Lotion</i> <i>Lindane</i> <i>Malathion</i> <i>Ovide</i>
	<i>Pip Butoxide/Pyrethrins/Permethrin Kit OTC</i> <i>Sklice</i> <i>Spinosad</i>	❖ Link to PA Guidelines

ANTIPARKINSON'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
<i>Amantadine Capsule, Syrup, Tablet</i> <i>Benzotropine</i> ^{QL} <i>Bromocriptine</i> ^{QL} <i>Carbidopa/Levodopa</i> ^{QL} <i>Pramipexole</i> ^{QL}	Ropinirole ^{QL} <i>Selegilene Tablet</i>^{QL} Stalevo ^{QL} Trihexyphenidyl ^{QL}	<i>Azilect</i> ^{QL} <i>Carbidopa</i> <i>Carbidopa/Levodopa ODT</i> ^{QL} <i>Carbidopa/Levodopa/Entacapone</i> <i>Comtan</i> ^{QL} <i>Entacapone</i> ^{QL} <i>Lodosyn</i> <i>Mirapex</i> ^{QL} <i>Mirapex ER</i> ^{QL}
	<i>Neupro</i> <i>Pramipexole ER</i>^{QL} <i>Requip, Requip XL</i> ^{QL} <i>Ropinirole ER</i>^{QL} <i>Rytary</i>^{QL} <i>Selegilene Capsule</i> ^{QL} <i>Sinemet</i>^{QL} <i>Tasmar</i> ^{QL} <i>Tolcapone</i>^{QL} <i>Zelapar</i> ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List

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ANTIPSORIATICS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Soriatane ^{QL}	8-MOP Acitretin ^{QL}	Methoxsalen Oxsoralen-Ultra
		❖ Link to PA Guidelines ❖ Link to Quantity Limits List

ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Calcipotriene Solution Dovonex Cream	Calcipotriene Cream , Ointment Calcipotriene/ Betamethasone Ointment Calcitrene	Calcitriol Ointment Sorilux Taclonex Ointment, Scalp Suspension Vectical
		❖ Link to PA Guidelines

ANTIPSYCHOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization	
Abilify Tablet ^{AR, QL} Clozapine ^{AR, QL} Fluphenazine ^{AR} Fluphenazine Decanoate (Injection) ^{AR} Geodon (Intramuscular) ^{AR} Haldol (Injection) ^{AR} Haloperidol ^{AR} Haloperidol Decanoate (Intramuscular) ^{AR} Haloperidol Lactate (Injection) ^{AR} Invega Sustenna (Intramuscular) ^{AR}	Invega Trinza (Intramuscular) ^{AR} Loxapine ^{AR} Orap ^{AR} Perphenazine ^{AR} Quetiapine ^{AR, QL} Risperdal Consta (Intramuscular) ^{AR, QL} Risperidone Tablets, Solution ^{AR, QL} Thioridazine ^{AR} Thiothixene ^{AR} Trifluoperazine ^{AR} Ziprasidone ^{AR, QL}	Abilify Discmelt, Solution ^{AR, QL} Abilify (Intramuscular.) Abilify Maintena ^{AR} Adasuve Amitriptyline / Perphenazine ^{AR} Aripiprazole ^{AR, QL} Chlorpromazine ^{AR} Clozapine ODT ^{AR, QL} Clozaril ^{AR, QL} Fanapt ^{AR, QL} Fazaclo ^{AR, QL} Geodon ^{AR, QL} Haldol Decanoate (Injection) ^{AR} Invega ^{AR, QL}	Latuda ^{AR, QL} Olanzapine ^{AR, QL} Olanzapine ODT ^{AR, QL} Olanzapine/Fluoxetine ^{AR, QL} Rexulti ^{AR, QL} Risperdal Solution, Tablet ^{AR, QL} Risperidone ODT ^{AR, QL} Saphris ^{AR, QL} Seroquel, Seroquel XR ^{AR, QL} Symbyax ^{AR, QL} Versacloz Zyprexa ^{AR, QL} Zyprexa (Intramuscular) ^{AR, QL} Zyprexa Relprevv (Intramuscular) ^{AR, QL}
		❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form	

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ANXIOLYTICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alprazolam Tablet ^{QL, AR}	Diazepam Tablet, Solution ^{QL, AR}	<i>Alprazolam ER, Intenol, ODT^{QL, AR}</i>	<i>Meprobamate</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
Bupirone ^{QL}			<i>Oxazepam^{QL, AR}</i>	
Chlordiazepoxide ^{QL, AR}	Diazepam Vial	<i>Ativan Tablet^{QL, AR}</i>	<i>Tranxene T-Tab^{QL, AR}</i>	
Clorazepate ^{QL, AR}	Lorazepam Tablet, Intenol ^{QL, AR}	<i>Diazepam Intenol^{QL, AR}</i> <i>Diazepam Syringe</i>	<i>Xanax Tablet^{QL, AR}</i> <i>Xanax XR^{QL, AR}</i>	

ANTIVIRALS, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Acyclovir	Tamiflu	<i>Famvir</i>	<i>Valtrex</i>	❖ Link to PA Guidelines
Famciclovir	Tamiflu Suspension	<i>Sitavig</i>	<i>Zovirax</i>	
Rimantadine	Valacyclovir			
Relenza				

ANTIVIRALS, TOPICAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Abreva	Zovirax Cream	<i>Acyclovir Ointment</i>	<i>Zovirax Ointment</i>	❖ Link to PA Guidelines
Denavir		<i>Xerese</i>		

BETA-BLOCKERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Atenolol,	Metoprolol	<i>Acebutolol</i>	<i>Metoprolol/HCTZ</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
Atenolol/Chlorthalidone	Metoprolol XL	<i>Betapace</i>	<i>Nadolol</i>	
Bisoprolol/HCTZ	Propranolol	<i>Betaxolol</i>	<i>Nadolol/ Bendroflumethiazide</i>	
Carvedilol ^{QL}	Propranolol ER	<i>Bisoprolol</i>	<i>Pindolol</i>	
Inderal LA	Sotalol	<i>Bystolic</i>	<i>Propranolol HCTZ</i>	
Labetalol		<i>Coreg^{QL}</i>	<i>Sectral</i>	
		<i>Coreg CR^{QL}</i>	<i>Sotylize</i>	
		<i>Corgard, Corzide</i>	<i>Tenormin, Tenoretic</i>	
		<i>Hemangeol</i>	<i>Timolol</i>	
		<i>Innopran XL^{QL}</i>	<i>Toprol XL</i>	
		<i>Levator</i>	<i>Trandate</i>	
		<i>Lopressor, Lopressor HCT</i>	<i>Zebeta</i>	

BILE SALTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Actigall ^{QL}	Urso ^{QL}	<i>Chenodal^{QL}</i>	<i>Ursodiol Capsule, Tablet^{QL}</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
Cholbam ^{PA}	Urso Forte ^{QL}			

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BLADDER RELAXANT PREPARATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Oxybutynin ^{QL}	Oxytrol ^{QL}	<i>Detrol, Detrol LA^{QL}</i>	<i>Myrbetriq^{QL}</i>	❖ Link to PA Guidelines
Oxybutynin ER ^{QL}	Vesicare ^{QL}	<i>Ditropan XL^{QL}</i>	<i>Tolterodine,</i>	❖ Link to Quantity Limits List
		<i>Enablex^{QL}</i>	<i>Tolterodine ER^{QL}</i>	❖ Link to PA Fax Form
		<i>Flavoxate</i>	<i>Toviaz^{QL}</i>	
		<i>Gelnique^{QL}</i>	<i>Trospium, Trospium ER^{QL}</i>	

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Actonel ^{QL}	Pamidronate Disodium (Intravenous)	<i>Alendronate Solution^{QL}</i>	<i>Ibandronate Tablets & Injection^{QL}</i>	❖ Link to PA Guidelines
Alendronate Tablet ^{QL}	Zoledronic Acid (generic)	<i>Atelvia^{QL}</i>	<i>Miacalcin Nasal & Injection^{QL}</i>	❖ Link to Quantity Limits List
Calcitonin Salmon (Nasal) ^{QL}	Zometa (Intravenous)	<i>Binosto^{QL}</i>	<i>Prolia^{QL}</i>	❖ Link to Forteo PA Fax Form
		<i>Boniva^{QL}</i>	<i>Raloxifene^{QL}</i>	
		<i>Boniva (Intravenous)^{QL}</i>	<i>Reclast (Intravenous)</i>	
		<i>Etidronate Disodium</i>	<i>Risedronate^{QL}</i>	
		<i>Evista^{QL}</i>	<i>Xgeva (Sub-Q)^{QL}</i>	
		<i>Forteo (Subcutaneous)^{QL}</i>	<i>Zoledronic Acid (generic Reclast)</i>	
		<i>Fortical (Nasal)^{QL}</i>	<i>Zometa (Intravenous)</i>	
		<i>Fosamax, Fosamax Plus D^{QL}</i>		

BOTULINUM TOXINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Botox ^{PA, QL}	Xeomin ^{PA, QL}	<i>Dysport^{QL}</i>	<i>Myobloc^{QL}</i>	❖ Link to PA Guidelines
				❖ Link to PA Fax Form
				❖ Link to Quantity Limits List

BPH TREATMENT

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alfuzosin ^{QL}	Tamsulosin ^{QL}	<i>Avodart^{QL}</i>	<i>Jalyn^{QL}</i>	❖ Link to PA Guidelines
Doxazosin ^{QL}	Terazosin ^{QL}	<i>Cardura, Cardura XL^{QL}</i>	<i>Proscar^{QL}</i>	❖ Link to Quantity Limits List
Finasteride ^{QL}		<i>Cialis^{QL}</i>	<i>Rapaflo^{QL}</i>	❖ Link to PA Fax Form
		<i>Flomax^{QL}</i>	<i>Uroxatral^{QL}</i>	

BRONCHODILATORS, BETA AGONIST

Preferred Agents		Non-Preferred Agents		Prior Authorization
Albuterol Neb Soln 2.5 mg, 100 mg/20 ml	Proair HFA^{QL}	<i>Albuterol (Oral)</i>	<i>Perforomist^{QL}</i>	❖ Link to PA Guidelines
	Proventil HFA ^{QL}	<i>Albuterol Neb Soln 0.63, 1.25 mg</i>	Proair Respiclick^{QL}	❖ Link to Quantity Limits List
		<i>Arcapta^{QL}</i>	<i>Serevent^{QL}</i>	❖ Link to PA Fax Form
		<i>Brovana^{QL}</i>	<i>Striverdi Respimat^{QL}</i>	
		<i>Foradil^{QL}</i>	<i>Terbutaline (Oral)</i>	
		<i>Levalbutero^{QL}</i>	<i>Ventolin HFA^{QL}</i>	
		<i>Levalbuterol Neb Soln^{QL}</i>	<i>Xopenex HFA^{QL}</i>	
		<i>Metaproterenol (Oral)</i>	<i>Xopenex Neb Soln and Concentrate</i>	

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CALCIUM CHANNEL BLOCKERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Amlodipine ^{QL}	Nimodipine	<i>Adalat CC^{QL}</i>	<i>Norvasc^{QL}</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
Diltiazem, Diltiazem ER ^{QL}	Tiazac ^{QL}	<i>Calan, Calan SR^{QL}</i>	<i>Nymalize</i>	
Nicardipine ^{QL}	Verapamil, Verapamil ER ^{QL}	<i>Cardizem, Cardizem CD, Cardizem LA^{QL}, Cardizem SR^{QL}</i>	<i>Procardia XL^{QL}</i>	
Nifedipine, Nifedipine ER ^{QL}	Verelan PM ^{QL}	<i>Diltiazem LA^{QL}</i>	<i>Procardia</i>	
		<i>Felodipine ER^{QL}</i>	<i>Sular^{QL}</i>	
		<i>Isradipine^{QL}</i>	<i>Tiazac 420mg^{QL}</i>	
		<i>Nisoldipine^{QL}</i>	<i>Verapamil 360mg Caps^{QL}</i>	
			<i>Verapamil ER PM^{QL}</i>	
			<i>Verelan^{QL}</i>	

CEPHALOSPORINS AND RELATED ANTIBIOTICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Amoxicillin / Clav Suspension	Cefdinir Suspension	<i>Amoxicillin / Clav XR</i>	<i>Cefdinir Capsules</i>	❖ Link to PA Guidelines
Amoxicillin / Clav Tablet	Cefuroxime	<i>Augmentin XR</i>	<i>Cefpodoxime</i>	
Augmentin 125mg Suspension	Cephalexin Capsule	<i>Augmentin 250mg Suspension</i>	<i>Cefprozil Tablet</i>	
Cefaclor Capsule	Cefprozil Suspension	<i>Cedax</i>	<i>Ceftibuten</i>	
Cefadroxil Capsule	Suprax Capsule and Suspension	<i>Cefaclor ER</i>	<i>Ceftin</i>	
		<i>Cefaclor Suspension</i>	<i>Cephalexin Tablet</i>	
		<i>Cefadroxil Tablets</i>	<i>Keflex</i>	
			<i>Suprax Chew Tablet</i>	

COLONY STIMULATING FACTORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Neulasta ^{QL, PA}	Neupogen ^{PA}	<i>Granix</i>	Zarxio	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
Neulasta Kit ^{PA}		<i>Leukine</i>		

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CONTRACEPTIVES, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Aubra	Necon-28 0.5/35	<i>Altavera</i>	<i>Lomedia 24 FE</i>	❖ Link to PA Guidelines
Caziant	monophasic	<i>Alyacen-28 1/35</i>	<i>Loryna</i>	❖ Link to PA Fax Form
Chateal	Necon-28 1/35	<i>monophasic</i>	<i>Loseasonique</i>	
Cryselle	monophasic	<i>Alyacen-28 7/7/7 triphasic</i>	<i>Low-Ogestrel</i>	
Dasetta-28 1/35	Necon-28 1/50	<i>Amethia</i>	<i>Lutera</i>	
monophasic	monophasic	<i>Amethia Lo</i>	<i>Marlissa</i>	
Dasetta-28 7/7/7 triphasic	Norethindrone-28 0.35	<i>Amethyst</i>	<i>Micronor</i>	
Delyla	Norethindrone/ethinyl	<i>Apri</i>	<i>Minastrin 24 FE</i>	
	estradiol-21 1/20	<i>Aranelle</i>	<i>Mircette</i>	
Desogestrel/ethinyl	Norethindrone/ethinyl	<i>Aviane</i>	<i>Modicon</i>	
estradiol-28 0.15/30	estradiol FE-28 1/20	<i>Azurette</i>	<i>Mono-Linyah</i>	
monophasic		<i>Balziva</i>	<i>MonoNessa</i>	
Desogestrel/ethinyl	Norgestimate/ethinyl	<i>Beyaz</i>	<i>Myzilra</i>	
estradiol biphasic	estradiol-28 monophasic	<i>Brevicon</i>	<i>Natazia</i>	
Elinest	Norgestimate/ethinyl	<i>Briellyn</i>	<i>Necon-28 10/11 biphasic</i>	
Emoquette	estradiol-28 triphasic	<i>Camila</i>	<i>Necon-28 7/7/7 triphasic</i>	
Falmina	Norylroc	<i>Camrese</i>	<i>Nikki</i>	
Femcon FE chewable	Ortho Tri-Cyclen Lo	<i>Camrese Lo</i>	<i>Nora-Be</i>	
Gildess FE-28 1/20	Previfem	<i>Cyclafem-28 1/35</i>	<i>Norinyl-28 1/35</i>	
Gildess FE-28 1.5/30	Reclipsen	<i>monophasic</i>	<i>monophasic</i>	
Levonest	Seasonique	<i>Cyclafem-28 7/7/7</i>	<i>Norinyl-28 1/50</i>	
Levonorgestrel/ethinyl	Tarina FE 1/20	<i>triphasic</i>	<i>monophasic</i>	
estradiol-28 0.1/20	Tri-Previfem	<i>Cyclessa</i>	<i>Nortrel-28 0.5/35</i>	
monophasic (Mylan)	Tri-Sprintec	<i>Daysee</i>	<i>monophasic</i>	
Levonorgestrel/ethinyl	Velivet	<i>Desogen</i>	<i>Nortrel-28 1/35</i>	
estradiol-28 0.15/30		<i>Enpresse</i>	<i>monophasic</i>	
monophasic		<i>Enskyce</i>	<i>Nortrel-28 7/7/7 triphasic</i>	
Lyza		<i>Errin</i>	<i>Nor-Q-D</i>	
Microgestin-21 1/20		<i>Estarylla</i>	<i>Ocella</i>	
Microgestin-21 1.5/30		<i>Estrostep FE-28</i>	<i>Ogestrel</i>	
Microgestin FE-28 1/20		<i>Ethinyl</i>	<i>Orsythia</i>	
Microgestin FE-28 1.5/30		<i>estradiol/drospirenone</i>	<i>Ortho-Cept</i>	
		<i>monophasic</i>	<i>Ortho-Cyclen</i>	
		<i>Generess FE</i>	<i>Ortho-Novum-28 1/35</i>	
		<i>Gianvi</i>	<i>monophasic</i>	
		<i>Gildagia</i>	<i>Ortho-Novum-28 7/7/7</i>	
		<i>Gildess-21</i>	<i>triphasic</i>	
		<i>Gildess 24 FE</i>	<i>Ortho Tri-Cyclen</i>	
		<i>Heather</i>	<i>Ovcon-35</i>	
		<i>Introvale</i>	<i>Pirmella-28 1/35</i>	
		<i>Jencycla</i>	<i>monophasic</i>	
		<i>Jolessa</i>	<i>Pirmella-28 7/7/7 triphasic</i>	
		<i>Jolivette</i>	<i>Portia</i>	
		<i>Junel-21</i>	<i>Quartette</i>	
		<i>Junel-28 FE</i>	<i>Quasense</i>	
		<i>Kariva</i>	<i>Safyral</i>	
		<i>Kelnor</i>	<i>Sharobel</i>	
		<i>Kurvelo</i>	<i>Sprintec</i>	

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Preferred Agents	Non-Preferred Agents	Prior Authorization
	<i>Larin-28 FE</i>	<i>Sronyx</i>
	<i>Leena</i>	<i>Syeda</i>
	<i>Lessina</i>	<i>Tilia FE</i>
	<i>Levonorgestrel/ethinyl estradiol-28 0.1/20 monophasic (Lupin)</i>	<i>Tri-Estarylla</i>
		<i>Tri-Legest FE</i>
		<i>TriNessa</i>
	<i>Levonorgestrel/ethinyl estradiol-91 0.15/30 extended cycle</i>	<i>Tri-Norinyl</i>
		<i>Trivora</i>
	<i>Levonorgestrel/ethinyl estradiol-91 0.15/30 + EE 10 extended-cycle</i>	<i>Vestura</i>
		<i>Viorele</i>
		<i>Vyfemla</i>
	<i>Levonorgestrel/ethinyl estradiol lo-91 0.1/20 + EE 10 extended-cycle</i>	<i>Wymzya FE chewable</i>
		<i>Yasmin</i>
		<i>Yaz</i>
	<i>Levora</i>	<i>Zarah</i>
	<i>Loestrin-21</i>	<i>Zenchent</i>
	<i>Loestrin FE-28</i>	<i>Zenchent FE chewable</i>
	<i>Loestrin 24 FE</i>	<i>Zeosa FE chewable</i>
	<i>Lo Loestrin FE</i>	<i>Zovia 1/35</i>
		<i>Zovia 1/50</i>

CONTRACEPTIVES, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
Depo-SubQ Provera 104 ^{QL}	Nexplanon ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
Medroxyprogesterone Acetate Syringe & Vial ^{QL}	Nuvaring ^{QL}	
Mirena ^{QL}	Paragard T 380-A ^{QL}	
	Xulane ^{QL}	
	<i>Depo-Provera Syringe & Vial^{QL}</i>	
	<i>Skyla^{QL}</i>	

COPD AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Atrovent HFA ^{QL}	Ipratropium Nebulizer	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form ❖ Link to Daliresp PA Fax Form
Combivent Respimat ^{QL}	Spiriva ^{QL}	
Ipratropium/Albuterol ^{QL}	Tudorza Pressair^{QL}	
	Incruse Ellipta^{QL}	
	<i>Anoro Ellipta^{QL}</i>	
	<i>Daliresp^{QL}</i>	
	<i>Spiriva Respimat^{QL}</i>	
	<i>Stiolto Respimat^{QL}</i>	

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CYTOKINE AND CAM ANTAGONISTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Enbrel ^{PA}	Humira ^{PA}	Actemra	Orencia ^{QL}	❖ Link to PA Guidelines ❖ Link to Actemra PA Fax Form ❖ Link to Arcalyst PA Fax Form ❖ Link to Cimzia PA Fax Form ❖ Link to Enbrel PA Fax Form ❖ Link to Entyvio PA Form ❖ Link to Humira PA Fax Form ❖ Link to Ilaris PA Fax Form ❖ Link to Kineret PA Fax Form ❖ Link to Orencia PA Fax Form ❖ Link to Otezla PA Fax Form ❖ Link to Remicade PA Fax Form ❖ Link to Stelara PA Fax Form ❖ Link to Simponi PA Fax Form ❖ Link to Xeljanz PA Fax Form ❖ Link to Quantity Limit List
		Arcalyst	Otezla	
		Cimzia	Remicade	
		Cosentyx	Simponi	
		Entyvio	Simponi Aria	
		Ilaris	Stelara	
		Kineret	Xeljanz ^{QL}	

DIABETIC METERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Abbott (Freestyle Lite, Freestyle Freedom Lite, Precision Xtra, Freestyle Insulinx) ^{QL}	LifeScan (OneTouch Ultra 2, OneTouch Ultra Mini, OneTouch Verio IQ) ^{QL}	Agamatrix ^{QL}	HMD ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
		Arkray ^{QL}	Home Diagnostics ^{QL}	
		Bayer ^{QL}	Roche ^{QL}	
		Becton Dickinson ^{QL}	TrueTrack ^{QL}	
		CCS ^{QL}	US Diagnostics ^{QL}	
		Envision ^{QL}	Vertex ^{QL}	

DIABETIC STRIPS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Abbott (Precision Xtra, Freestyle, Freestyle Lite, Freestyle Insulinx, Precision XTR B-Ketone Test Strips) ^{QL}	LifeScan (OneTouch Ultra Test Strips, OneTouch Verio) ^{QL}	Agamatrix ^{QL}	Diabetic Supply ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
		Arkray ^{QL}	Dispense Express ^{QL}	
		Bayer ^{QL}	Home Diagnostics ^{QL}	
		Becton Dickinson ^{QL}	Solartek ^{QL}	
		CCS Medical ^{QL}	Roche ^{QL}	

EMOLLIENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Ammonium Lactate Cream/Lotion OTC		Amlactin Ultra OTC	Emollient Combo #32 Cream	❖ Link to PA Guidelines
		Biafine	HPR Plus	
		Bionect	HPR Plus Hydrogel	
		Cerave PM OTC	HPR Plus-MB Hydrogel	
		Eletone	MB Hydrogel	
		Emollient Combo #10 Cream	Promiseb	

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ENZYME REPLACEMENT, GAUCHERS DISEASE

Preferred Agents		Non-Preferred Agents		Prior Authorization
Cerdelga	Vpriv			❖ Link to PA Guidelines
Cerezyme	Zavesca			
Elyso				

EPINEPHRINE, SELF-INJECTED

Preferred Agents		Non-Preferred Agents		Prior Authorization
Epinephrine injection	EpiPen Jr	AdrenaClick		❖ Link to PA Guidelines
EpiPen		Auvi-Q		

ERYTHROPOIESIS STIMULATING PROTEINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Aranesp ^{PA}		Epogen		❖ Link to PA Guidelines
Procrit ^{PA}				❖ Link to PA Fax Form

FLUOROQUINOLONES, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Cipro Suspension	Levofloxacin Tablets	Avelox	Levofloxacin Solution	❖ Link to PA Guidelines
Ciprofloxacin Suspension		Cipro Tablet	Moxifloxacin	
Ciprofloxacin IR		Ciprofloxacin ER		

GI MOTILITY, CHRONIC

Preferred Agents		Non-Preferred Agents		Prior Authorization
Amitiza ^{QL, PA}	Linzess ^{QL, PA}	Lotronex ^{QL}	Relistor ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
		Movantik ^{QL}		

GLUCOCORTICOIDS, INHALED

Preferred Agents		Non-Preferred Agents		Prior Authorization
Advair Diskus ^{QL}	Qvar ^{QL}	Advair HFA ^{QL}	Budesonide Respules ^{QL}	❖ Link to PA Guidelines
Aerospan ^{QL}	Symbicort ^{QL}	Alvesco ^{QL}	Flovent Diskus ^{QL}	❖ Link to Quantity Limits List
Asmanex ^{QL}		Arnuity Ellipta	Pulmicort Flexhaler ^{QL}	❖ Link to PA Fax Form
Dulera ^{QL}		Asmanex HFA ^{QL}	Pulmicort Respules 0.25, 0.5 mg and 1 mg ^{QL}	
Flovent HFA ^{QL}		Breo Ellipta ^{QL}		

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GLUCOCORTICOIDS, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Budesonide EC ^{QL}	Methylprednisolone	<i>Cortef</i>	<i>Millipred</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
Dexamethasone Solution, Tablets	Tablets 4 & 32 mg	<i>Cortisone</i>	<i>Orapred ODT</i>	
Hydrocortisone	Prednisolone Sodium Phosphate Solution	<i>Dexamethasone Elixir</i>	<i>Pediapred</i>	
Methylprednisolone Dosepak	Prednisolone Solution	<i>Dexamethasone Intensol</i>	Prednisolone Sodium Phosphate ODT	
	Prednisone Tabs, Solution & Dosepak	<i>DexPak</i>	<i>Prednisone Intensol</i>	
		<i>Entocort EC^{QL}</i>	<i>Rayos</i>	
		<i>Medrol</i>	<i>Veripred 20 mg Tablets</i>	

GROWTH FACTORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Increlex ^{PA}				❖ Link to PA Guidelines

GROWTH HORMONES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Norditropin ^{PA}	Nutropin AQ ^{PA}	<i>Genotropin</i>	<i>Saizen</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limit List
		<i>Humatrope</i>	<i>Serostim^{QL}</i>	
		<i>Omnitrope</i>	<i>Tev-Tropin</i>	
			<i>Zorbtive</i>	

H. PYLORI TREATMENT

Preferred Agents		Non-Preferred Agents		Prior Authorization
		<i>Lansoprazole-Amoxicillin-Clarithromycin</i>	<i>Prevpac^{QL}</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limit List
		<i>Omeclamox-Pak</i>	<i>Pylera</i>	

HEREDITARY ANGIOEDEMA TREATMENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Berinert ^{PA}	Firazyr ^{PA}	<i>Cinryze</i>	<i>Kalbitor</i> <i>Ruconest</i>	❖ Link to PA Guidelines

HEPATITIS B AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Baraclude ^{QL}	Hepsera ^{QL}	<i>Adefovir Dipivoxil^{QL}</i>	<i>Lamivudine HBV^{QL}</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
Epivir HBV ^{QL}	Tyzeka ^{QL}	<i>Entecavir^{QL}</i>		

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HEPATITIS C AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Daklinza ^{PA, QL}	Ribavirin Capsule & Tablet	Olysio ^{QL}	Ribasphere 400, 600 mg	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form for Initial Request ❖ Link to PA Fax Form for Therapy Renewal / Continuation Request
Harvoni ^{PA, QL}	Technivie ^{PA, QL}	Rebetol	Ribavirin Dose Pack	
Pegasys ^{PA, QL}	Viekira Pak ^{PA, QL}	Ribapak	Sovaldi ^{QL}	
Peg-Intron ^{PA}				

HISTAMINE II RECEPTOR BLOCKERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Famotidine Piggyback and Vial (injection)	Ranitidine Syrup	Cimetidine	Pepcid ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limit List ❖ Link to PA Fax Form
Famotidine Tablets (RX and OTC) ^{QL}	Ranitidine Tablets (RX and OTC) ^{QL}	Famotidine Suspension	Ranitidine Capsules	
		Famotidine/Calcium Carbonate/Magnesium Hydroxide	Ranitidine Injection	
		Nizatidine	Zantac (RX and OTC) ^{QL}	

HIV/AIDS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Abacavir ^{QL}	Prezista Tablets & Suspension ^{QL}	Abacavir-Lamivudine-Zidovudine ^{QL}	Prezcobix ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
Atripla ^{QL}		Aptivus ^{QL}	Rescriptor ^{QL}	
Complera ^{QL}	Reyataz ^{QL}	Combivir ^{QL}	Retrovir ^{QL}	
Crixivan ^{QL}	Reyataz Powder Pack ^{QL}	Didanosine DR ^{QL}	Selzentry ^{QL}	
Emtriva ^{QL}	Stavudine Capsule ^{QL}	Edurant ^{QL}	Stavudine Solution ^{QL}	
Epivir ^{QL}	Stribild ^{QL}	Fuzeon (Injection) ^{QL}	Trizivir ^{QL}	
Epzicom ^{QL}	Sustiva ^{QL}	Isentress Powder Pack ^{QL}	Viracept ^{QL}	
Evotaz ^{QL}	Tivicay ^{QL}	Lamivudine Tablet & Solution ^{QL}	Viramune Tablet ^{QL}	
Intelence ^{QL}	Triumeq ^{QL}	Nevirapine ER ^{QL}	Viramune XR ^{QL}	
Invirase ^{QL}	Truvada ^{QL}	Nevirapine Suspension ^{QL}	Vitekta ^{QL}	
Isentress ^{QL}	Tybost ^{QL}		Zerit ^{QL}	
Kaletra ^{QL}	Videx Solution ^{QL}			
Lexiva ^{QL}	Videx EC Capsule ^{QL}			
Lamivudine/Zidovudine ^{QL}	Viramune Suspension ^{QL}			
Nevirapine Tablets ^{QL}	Viread ^{QL}			
Norvir ^{QL}	Ziagen ^{QL}			
	Zidovudine ^{QL}			

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HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Acarbose ^{QL}	Glyset ^{QL}	Precose ^{QL}		❖ Link to PA Guidelines ❖ Link to Quantity Limits List

HYPOGLYCEMICS, INCRETIN MIMETICS/ ENHANCERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bydureon ^{PA, QL}	Onglyza ^{PA, QL}	Glyxambi ^{QL}	Kazano ^{QL}	❖ Link to PA Guidelines
Bydureon Pens ^{PA, QL}	Symlin Pens ^{PA, QL}	Janumet ^{QL}	Nesina ^{QL}	❖ Link to Quantity Limits List
Byetta Pens ^{PA, QL}	Tanzeum ^{PA, QL}	Janumet XR ^{QL}	Oseni ^{QL}	❖ Link to Incretin Enhancers PA Fax Form
Jentadueto ^{PA, QL}	Tradjenta ^{PA, QL}	Januvia ^{QL}	Trulicity ^{QL}	❖ Link to Byetta & Bydureon PA Fax Form
Kombiglyze XR ^{PA, QL}			Victoza ^{QL}	❖ Link to Symlin PA Fax Form ❖ Link to Victoza PA Fax Form

HYPOGLYCEMICS, INSULIN

Preferred Agents		Non-Preferred Agents		Prior Authorization
Humalog	Levemir Pens	Afrezza	Humalog Mix Pens	❖ Link to PA Guidelines
Humalog Mix	Novolin	Apidra	Humulin Pens	
Humulin	NovoLog	Apidra Pens	Toujeo	
Lantus	NovoLog Mix 70/30	Humalog Pens		
Lantus Pens	NovoLog Mix 70/30 Pens			
Levemir	NovoLog Pens			

HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Repaglinide ^{QL}		Nateglinide ^{QL}	Prandin ^{QL}	❖ Link to PA Guidelines
		Prandimet ^{QL}	Starlix ^{QL}	❖ Link to Quantity Limits List

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HYPOGLYCEMICS, METFORMINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Glipizide-Metformin ^{QL}	Metformin ER (generic Glucophage XR) ^{QL}	Fortamet ^{QL}	Glumetza ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
Glyburide-Metformin ^{QL}		Glucophage, Glucophage XR ^{QL}	Metformin ER (generic Fortamet) ^{QL}	
Metformin ^{QL}		Glucovance ^{QL}	Riomet ^{QL}	

HYPOGLYCEMICS, SGLT2 INHIBITORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Invokana ^{PA, QL}		Farxiga ^{QL}	Jardiance ^{QL}	❖ Link to PA Guidelines ❖ Link to PA Fax Form ❖ Link to Quantity Limits List
		Invokamet ^{QL}	Xigduo XR ^{QL}	

HYPOGLYCEMICS, SULFONYLUREAS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Glimepiride ^{QL}	Glyburide ^{QL}	Amaryl ^{QL}	Glucotrol, Glucotrol XL ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List
Glipizide, Glipizide ER ^{QL}	Glyburide Micronized ^{QL}	Chlorpropamide ^{QL}	Tolazamide ^{QL}	
		Diabeta ^{QL}	Tolbutamide ^{QL}	

HYPOGLYCEMICS, TZDS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Pioglitazone ^{PA, QL}		Actos ^{QL}	Avandia ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
		Actoplus Met ^{QL}	Duetact ^{QL}	
		Actoplus Met XR ^{QL}	Pioglitazone/Glimepiride ^{QL}	
		Avandamet ^{QL}	Pioglitazone/Metformin ^{QL}	

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Esbriet ^{PA}	Ofev ^{PA}			

IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Elidel		Protopic	tacrolimus	❖ Link to PA Guidelines

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IMMUNOMODULATORS, TOPICAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Aldara		<i>Imiquimod</i>	<i>Zyclara</i>	❖ Link to PA Guidelines

IMMUNOSUPPRESSIVE, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Azathioprine	Neoral Capsule	<i>Astagraf XL</i>	<i>Mycophenolic Acid</i>	❖ Link to PA Guidelines
Cyclosporine Capsule	Rapamune Solution	<i>Azasan</i>	<i>Myfortic</i>	
Cyclosporine, Modified	Sandimmune	<i>CellCept</i>	<i>Neoral Solution</i>	
Mycophenolate Mofetil Capsule & Tablet	Sirolimus	<i>Cyclosporine Softgel</i>	<i>Prograf</i>	
	Tacrolimus	<i>Imuran</i>	<i>Rapamune Tablet</i>	
		<i>Mycophenolate Mofetil Suspension</i>	<i>Zortress</i>	

INTRANASAL RHINITIS AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Azelastine (Astelin)	Nasonex	Astepro	<i>Olopatadine</i>	❖ Link to PA Guidelines
Fluticasone	Patanase	<i>Atrovent</i>	<i>Omnaris</i>	❖ Link to PA Fax Form
Ipratropium		<i>Azelastine (Astepro)</i>	<i>Qnasl</i>	
		<i>Beconase AQ</i>	<i>Rhinocort Aqua</i>	
		<i>Budesonide</i>	<i>Triamcinolone</i>	
		<i>Dymista</i>	<i>Veramyst</i>	
		Flonase OTC	<i>Zetonna</i>	
		<i>Flunisolide</i>		

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IRON, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Ferate OTC	Iron Carbonyl/Ascorbic Acid OTC	Active FE	Hematogen FA	❖ Link to PA Guidelines
Fer-in-Sol Drops OTC	Iron Polysaccharides OTC	Bifera RX	Hemocyte	
Ferrimin 150	Iron Polysaccharides/B12/Folic Acid	Corvita 150	Hemocyte Plus	
Ferrous Gluconate OTC	Novaferrum Drops OTC	Corvite 150	Hemocyte-F	
Ferrous Sulfate OTC		Corvite FE	Integra	
		Fergon	Integra F	
		Feriva 21-7	Integra Plus	
		Feriva FA	Iron Carbonyl	
		Ferralet 90 Dual-Iron	Iron Carbonyl/Iron Gluconate/Folic Acid/B12/Ascorbic Acid/Docusate	
		Ferraplus 90	Iron Polysaccharides/Heme Iron Polypeptide/Folic Acid/B12	
		Ferrous Fumarate OTC	Irospan	
		Ferrous Fumarate/Ascorbic Acid/B12/Folic Acid	Nephron FA	
		Ferrous Fumarate/Folic Acid/Multivitamins & Minerals	Novaferrum 50 mg	
		Ferrous Fumarate/Iron Polysaccharides/Folic Acid/Multivitamin	Novaferrum 125 Liquid	
		Ferrous Sulfate/Ascorbic Acid/Folic Acid OTC	Tandem Dual Action	
		Folivane-F	Tandem Plus	
		Fusion OTC	Taron Forte	
		Fusion Plus	TL-HEM 150	
		Hematogen	Vitafof	

IRON, PARENTERAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Ferrlecit	Sodium Ferric Gluconate Complex in Sucrose	Feraheme	Venofer	❖ Link to PA Guidelines
INFeD		Injectafer		❖ Link to PA Fax Form

LEUKOTRIENE MODIFIERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Montelukast Tabs, Chew ^{QL}		Accolate ^{QL}	Zafirlukast ^{QL}	❖ Link to PA Guidelines
		Montelukast Granules ^{QL}	Zyflo ^{QL}	❖ Link to Quantity Limits List
		Singulair ^{QL}	Zyflo CR ^{QL}	❖ Link to PA Fax Form

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LIPOTROPICS, OTHER

Preferred Agents		Non-Preferred Agents		Prior Authorization
Cholestyramine	Niaspan	<i>Antara^{QL}</i>	<i>Lipofen^{QL}</i>	❖ Link to PA Guidelines
Colestipol Tablet ^{QL}	Tricor ^{QL}	<i>Colestia^{QL}</i>	<i>Lopid^{QL}</i>	❖ Link to PA Fax Form
Gemfibrozil ^{QL}	Trilipix ^{QL}	<i>Colestipol Granules</i>	<i>Lovaza^{QL}</i>	❖ Link to Praluent, Repatha PA Fax Form
Kynamro ^{PA}	Zetia ^{QL}	<i>Fenofibrate Capsule</i>	<i>Niacin ER</i>	❖ Link to Quantity Limits List
		<i>(generic Antara, Lofibra & Lipofen)^{QL}</i>	<i>Niacor</i>	
		<i>Fenofibrate Tablet (generic Lofibra & Tricor)^{QL}</i>	<i>Omega-3 Acid Ethyl Esters</i>	
		<i>Fenofibric Acid (generic Fibricor & Trilipix)^{QL}</i>	<i>Questran, Questran Lite</i>	
		<i>Fibricor^{QL}</i>	<i>Triglide^{QL}</i>	
		<i>Juxtapid^{QL}</i>	<i>Vascepa^{QL}</i>	
			<i>Welchol^{QL}</i>	

LIPOTROPICS, STATINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Atorvastatin ^{QL}	Pravastatin ^{QL}	<i>Advicor^{QL}</i>	<i>Liptruzet^{QL}</i>	❖ Link to PA Guidelines
Crestor ^{QL}	Simvastatin ^{QL}	<i>Amlodipine-Atorvastatin^{QL}</i>	<i>Livalo^{QL}</i>	❖ Link to Quantity Limits List
Lovastatin ^{QL}		<i>Altoprev^{QL}</i>	<i>Pravachol^{QL}</i>	❖ Link to PA Fax Form
		<i>Caduet^{QL}</i>	<i>Simcor^{QL}</i>	
		<i>Fluvastatin^{QL}</i>	<i>Vytorin^{QL}</i>	
		<i>Lescol, Lescol XL^{QL}</i>	<i>Zocor^{QL}</i>	
		<i>Lipitor^{QL}</i>		

MACROLIDES/KETOLIDES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Azithromycin	EryPed 400 Suspension	<i>Biaxin</i>	<i>Erythromycin Base Cap DR</i>	❖ Link to PA Guidelines
Clarithromycin	Ery-Tab	<i>Clarithromycin ER</i>	<i>Erythromycin Base Tablet</i>	
E.E.S. 200 Suspension	PCE	<i>E.E.S. 400 Tabs</i>	<i>Ketek</i>	
		<i>EryPed 200 Suspension</i>	<i>Zithromax, Zmax</i>	
		<i>Erythrocin (Erythromycin Stearate)</i>		

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MACULAR DEGENERATION AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Eylea ^{PA, QL}	Macugen ^{QL}	❖ Link to PA Guidelines ❖ Link to PA Fax Form
Lucentis ^{PA, QL}		

METHOTREXATE

Preferred Agents	Non-Preferred Agents	Prior Authorization
Methotrexate Tablet, Vial, PF Vial	Otrexup ^{QL} Rasuvo ^{QL}	❖ Link to PA Guidelines ❖ Link to PA Fax Form
	Rheumatrex Trexall	

MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ampyra ^{PA, QL}	Copaxone Syringe (weekly) Lemtrada	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to Ampyra PA Fax Form ❖ Link to Aubagio PA Fax Form ❖ Link to Gilenya PA Fax Form ❖ Link to Tecfidera PA Fax Form
Aubagio ^{PA, QL}	Extavia Plegridy	
Avonex ^{QL}	Gilenya ^{QL}	
Betaseron		
Copaxone Syringe (daily) ^{QL}		
Rebif ^{QL}		
Rebif Rebidose Pen		
Tecfidera ^{PA, QL}		

NEUROPATHIC PAIN

Preferred Agents	Non-Preferred Agents	Prior Authorization
Capsaicin	Lidocaine	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form ❖ Link to Savella PA Fax Form
Duloxetine (Cymbalta) ^{PA, QL}	Lidoderm ^{QL}	
Gabapentin Capsule ^{QL}	Lyrice Solution ^{QL}	
Lyrice Capsule ^{PA, QL}	Neurontin Capsule, Solution, Tablet ^{QL}	
	Qutenza Patch ^{QL}	
	Savella ^{QL}	

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NITROFURAN DERIVATIVES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Macrobid ^{QL} Macrochantin Capsules ^{QL} Nitrofurantoin Macrocrystals ^{QL}	Nitrofurantoin Mono-Macro Capsules ^{QL}	<i>Furadantin Suspension</i> ^{QL}	<i>Nitrofurantoin Suspension</i> ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List

NSAIDS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Diclofenac (oral) ^{QL} Flurbiprofen ^{QL} Ibuprofen OTC ^{QL} Ibuprofen RX ^{QL} Indomethacin IR ^{QL} Ketoprofen ^{QL} Ketorolac ^{PA, QL}	Meloxicam Tablet ^{QL} Mobic Suspension ^{QL} Nabumetone ^{QL} Naproxen ^{QL} Naproxen OTC ^{QL} Sulindac ^{QL} Voltaren Gel ^{QL}	<i>Advil</i> ^{QL} Anaprox <i>Arthrotec</i> ^{QL} <i>Celebrex</i> ^{QL} Celecoxib ^{QL} Daypro DermacinRx Lexitral <i>Diclofenac (topical)</i> <i>Diclofenac/Misoprostol</i> ^{QL} <i>Diflunisal</i> ^{QL} Duexis <i>Etodolac IR</i> ^{QL} <i>Etodolac SR</i> ^{QL} Feldene <i>Fenoprofen</i> ^{QL} <i>Flector Patch</i> ^{QL} <i>Indocin (Rectal)</i> ^{QL} <i>Indocin Suspension</i> ^{QL} <i>Indomethacin ER</i> ^{QL} <i>Ketoprofen ER</i> ^{QL} <i>Meclofenamate</i> ^{QL}	<i>Mefenamic Acid</i> ^{QL} <i>Meloxicam Suspension</i> ^{QL} <i>Mobic Tablet</i> ^{QL} <i>Nalfon</i> ^{QL} <i>Naprelan</i> ^{QL} <i>Naprosyn</i> ^{QL} <i>Naprosyn EC</i> ^{QL} Naproxen CR ^{QL} <i>Oxaprozin</i> ^{QL} <i>Pennsaid Pump</i> <i>Pennsaid Solution</i> ^{QL} <i>Piroxicam</i> ^{QL} <i>Ponstel</i> ^{QL} Sprix Tivorbex ^{QL} <i>Tolmetin</i> ^{QL} <i>Vimovo</i> ^{QL} Voltaren Voltaren XR <i>Zipsor</i> ^{QL} Zorvolex	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form ❖ Link to Ketorolac PA Fax Form

ONCOLOGY AGENTS, BREAST CANCER

Preferred Agents		Non-Preferred Agents		Prior Authorization
Anastrozole ^{QL} Exemestane ^{QL}	Letrozole ^{QL} Tamoxifen Citrate ^{QL}	<i>Arimidex</i> ^{QL} <i>Aromasin</i> ^{QL}	<i>Fareston</i> ^{QL} <i>Femara</i> ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List

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Preferred Agents		Non-Preferred Agents		Prior Authorization
Afinitor, Afinitor Disperz ^{PA}	Sprycel ^{PA}	Capecitabine		❖ Link to PA Guidelines ❖ Link to PA Fax Form
Bicalutamide ^{PA}	Stivarga ^{PA}	Casodex		
Bosulif ^{PA}	Sutent ^{PA}	Temozolomide		
Caprelsa ^{PA}	Tafinlar ^{PA}			
Cometriq ^{PA}	Tarceva ^{PA}			
Erivedge ^{PA}	Tasigna ^{PA}			
Farydak ^{PA}	Temodar ^{PA}			
Gilotrif ^{PA}	Temozolomide (AG) ^{PA}			
Gleevac ^{PA}	Tykerb ^{PA}			
Ibrance ^{PA}	Votrient ^{PA}			
Iclusig ^{PA}	Xalkori ^{PA}			
Imbruvica ^{PA}	Xeloda ^{PA}			
Inlyta ^{PA}	Xtandi ^{PA}			
Iressa ^{PA}	Zelboraf ^{PA}			
Jakafi ^{PA}	Zolinza ^{PA}			
Lenvima ^{PA}	Zydelig ^{PA}			
Lynparza ^{PA}	Zykadia ^{PA}			
Mekinist ^{PA}	Zytiga ^{PA}			
Nexavar ^{PA}				

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alrex	Pataday	<i>Alocril</i>	<i>Emadine</i>	❖ Link to PA Guidelines
Cromolyn Sodium	Pazeo	<i>Alomide</i>	<i>Epinastine</i>	
Ketotifen OTC	Zaditor OTC	<i>Azelastine</i>	<i>Lastacaft</i>	
		<i>Bepreve</i>	<i>Patanol</i>	
		<i>Elestat</i>		

OPHTHALMIC ANTIBIOTICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Ciprofloxacin Solution	Polymyxin / Trimethoprim	<i>AzaSite</i>	<i>Natacyn</i>	❖ Link to PA Guidelines
Erythromycin	Sulfacetamide Solution	<i>Bacitracin</i>	<i>Neomycin-Bacitracin-Polymyxin</i>	
Gentamicin Solution	Tobramycin	<i>Bacitracin / Polymyxin</i>	<i>Polymyxin</i>	
Moxeza	Tobrex Ointment	<i>Besivance</i>	<i>Neomycin-Polymyxin-Gramicidin</i>	
Ofloxacin	Vigamox	<i>Bleph-10</i>	<i>Ocuflox</i>	
		<i>Ciloxan</i>	<i>Polytrim</i>	
		<i>Garamycin solution</i>	<i>Sulfacetamide Ointment</i>	
		<i>Gatifloxacin</i>	<i>Tobrex Solution</i>	
		<i>Gentamicin Ointment</i>	<i>Zymaxid</i>	
		<i>Ilotycin</i>		
		<i>Levofloxacin</i>		

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OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Blephamide	Pred-G Suspension	Blephamide S.O.P.	<i>TobraDex ST</i>	❖ Link to PA Guidelines
Neomycin/Polymyxin/ Dexamethasone	Sulfacetamide/ Prednisolone	<i>Maxitrol</i>	<i>Tobramycin/ Dexamethasone</i>	
Pred-G Ointment	TobraDex	<i>Neomycin/Bacitracin/ Polymyxin/HC</i>	<i>Zylet</i>	
		<i>Neomycin/Polymyxin/HC</i>		

OPHTHALMICS, GLAUCOMA AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alphagan P 0.15%	Latanoprost	<i>Alphagan P 0.1%</i>	<i>Lumigan</i>	❖ Link to PA Guidelines
Apraclonidine	Levobunolol	Betagan	Phospholine Iodide	
Azopt	Metipranolol	<i>Betaxolol</i>	<i>Timoptic Oudose</i>	
Betoptic S	Pilocarpine	Bimatoprost	<i>Timoptic-XR</i>	
Brimonidine	Simbrinza	<i>Brimonidine P</i>	<i>Travoprost</i>	
Carteolol	Timolol	<i>Cosopt, Cosopt PF</i>	<i>Trusopt</i>	
Combigan	Timoptic	Iopidine	<i>Xalatan</i>	
Dorzolamide	Travatan Z	<i>Istalol</i>	<i>Zioptan</i>	
Dorzolamide / Timolol				

OPHTHALMIC ANTIINFLAMMATORIES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Dexamethasone	FML S.O.P.	Acular	Omnipred	❖ Link to PA Guidelines
Diclofenac	Ketorolac, Ketorolac LS	<i>Acular LS</i>	<i>Pred Forte</i>	
Durezol	Lotemax Drops	<i>Acuvail</i>	<i>Prednisolone Sodium Phosphate</i>	❖ Link to Quantity Limits List
Flarex	Maxidex	<i>Bromfenac</i>	<i>Prolensa</i>	
Fluorometholone	Pred Mild	<i>FML</i>	<i>Retisert</i>	
Flurbiprofen	Prednisolone	<i>Ilevro</i>	<i>Triesence^{QL}</i>	
FML Forte		Iluvien	<i>Vexol</i>	
		<i>Lotemax Gel, Ointment</i>		
		<i>Nevanac</i>		

OTIC ANTI-INFECTIVES & ANESTHETICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Acetic Acid	Antipyrine/Benzocaine	<i>Acetic Acid/Aluminum</i>	<i>Otozin</i>	❖ Link to PA Guidelines
		<i>Acetic Acid HC</i>	<i>Pinnacaine</i>	

OTIC ANTIBIOTIC PREPARATIONS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Ciprodex	Neomycin/Polymyxin/HC	<i>Cipro HC</i>	<i>Cortisporin-TC</i>	❖ Link to PA Guidelines
Ciprofloxacin Otic		<i>Coly-Mycin S</i>	Ofloxacin	

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OPIATE DEPENDENCE TREATMENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Buprenorphine HCL ^{PA, QL}	Suboxone Film ^{PA, QL}	<i>Bunavail^{QL}</i>	<i>Evzio</i>	❖ Link to PA Guidelines
Naltrexone	Vivitrol ^{QL}	<i>Buprenorphine/Naloxone Tablet^{QL}</i>	<i>Zubsolv^{QL}</i>	❖ Link to Quantity Limits List ❖ Link to PA Fax Form

PAH AGENTS, ORAL

Preferred Agents		Non-Preferred Agents		Prior Authorization
Letairis ^{QL}	Tracleer ^{QL}	<i>Adcirca^{QL}</i>	<i>Orenitram ER</i>	❖ Link to PA Guidelines
Sildenafil ^{QL}	Ventavis	<i>Adempas^{QL}</i> <i>Opsumit^{QL}</i>	<i>Revatio^{QL}</i> <i>Tyvaso^{QL}</i>	❖ Link to Quantity Limits List ❖ Link to PA Fax Form

PANCREATIC ENZYMES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Creon	Zenpep	<i>Pancreaze</i>	<i>Ultresa</i>	❖ Link to PA Guidelines
Pancrelipase		<i>Pertzye</i>	<i>Viokace</i>	

PHOSPHATE BINDERS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Calcium acetate ^{QL}	Renagel	<i>Auryxia</i>	<i>Phoslyra^{QL}</i>	❖ Link to PA Guidelines
		<i>Eliphos^{QL}</i> <i>Fosrenol^{QL}</i> <i>Phos Lo^{QL}</i>	<i>Renvela</i> <i>Sevelamer Carbonate</i> <i>Velphoro^{QL}</i>	❖ Link to Quantity Limits List

PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents		Non-Preferred Agents		Prior Authorization
Leuprolide Acetate (SQ)	Lupron Depot-Ped Kit 7.5, 11.25 & 15 mg-1 month ^{QL}	<i>Eligard (SQ)</i>	<i>Trelstar^{QL}</i>	❖ Link to PA Guidelines
Lupron Depot & Kit ^{QL}	Synarel (Nasal) ^{QL}	<i>Lupaneta Pack^{QL}</i> <i>Lupron Depot-Ped 11.25 & 30 mg-3 month^{QL}</i> <i>Supprelin LA Kit (Implant)^{QL}</i>	<i>Vantas Kit^{QL}</i> <i>Zoladex^{QL}</i>	❖ Link to Quantity Limits List

PLATELET AGGREGATION INHIBITORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Aggrenox ^{QL}	Dipyridamole ^{QL}	<i>Persantine^{QL}</i>	<i>Ticlopidine^{QL}</i>	❖ Link to PA Guidelines
Brilinta ^{QL}	Effient ^{QL}	<i>Plavix^{QL}</i>	<i>Zontivity^{QL}</i>	❖ Link to Quantity Limits List
Clopidogrel ^{QL}				

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PRENATAL VITAMINS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Calcium-PNV 28-1-250 mg Softgel	Vena-Bal DHA Combo Pack	<i>Nexa Plus Softgel</i>	<i>Taron-BC Tablet</i>	❖ Link to PA Guidelines
Complete Natal DHA	Virt-Advance Tablet	<i>OB Complete Caplet</i>	<i>Taron-Prex Prenatal DHA Capsule</i>	
Completenate Tablet Chewable	Virt-C DHA Softgel	<i>OB Complete + DHA Softgel</i>	<i>TL Folate Tablet</i>	
Elite-OB Caplet	Virt-Care One Capsule	<i>OB Complete One Softgel</i>	<i>Vol-Plus Tablet</i>	
Folivane-OB Capsule	Virt-Nate Tablet	<i>OB Complete Petite Softgel</i>	<i>VP-PNV-DHA Capsule</i>	
PNV 29-1 Tablet	Virtprex Capsule	<i>OB Complete Premier Tablet</i>		
PNV-VP-U Capsule	Virt-Select Capsule	<i>O-Cal FA Tablet</i>		
Taron-C DHA Capsule	Virt-Vite GT Tablet	<i>Provida OB Capsule</i>		
Trinatal RX 1 Tablet	Vol-Nate Tablet			
Triveen-Duo DHA Combo Pack	Zatean-PN Tablet			
Ultimatecare One Capsule	Zatean-PN DHA Capsule			
	Zatean-PN Plus Softgel			

PROGESTATIONAL AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Makena ^{PA}	Norethindrone acetate ^{QL}	<i>Aygestin^{QL}</i>	<i>Progesterone (intramuscular)</i>	❖ Link to PA Guidelines
Medroxyprogesterone acetate ^{QL}	Progesterone Capsule ^{QL}	<i>Crinone Vaginal</i>	<i>Prometrium^{QL}</i>	❖ Link to PA Fax Form for Makena
		<i>Depo-Provera Injection 400 mg/mL^{QL}</i>	<i>Provera^{QL}</i>	❖ Link to Quantity Limits List

PROTON PUMP INHIBITORS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Nexium Suspension ^{QL}	Pantoprazole ^{QL}	<i>Aciphex^{QL}</i>	<i>Prevacid Capsules Rx & OTC^{QL}</i>	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form
Omeprazole Rx ^{QL}	Protonix Suspension ^{QL}	<i>Aciphex Sprinkle^{QL}</i>	<i>Prevacid Solutab^{QL}</i>	
		<i>Dexilant^{QL}</i>	<i>Prilosec Capsule^{QL}</i>	
		<i>Esomeprazole Strontium^{QL}</i>	<i>Prilosec OTC^{QL}</i>	
		<i>Lansoprazole Rx & OTC^{QL}</i>	<i>Prilosec Suspension^{QL}</i>	
		<i>Lansoprazole Solutab^{QL}</i>	<i>Protonix^{QL}</i>	
		<i>Nexium^{QL}</i>	<i>Rabeprazole^{QL}</i>	
		<i>Nexium OTC^{QL}</i>	<i>Zegerid Rx & OTC^{QL}</i>	
		<i>Omeprazole OTC^{QL}</i>		
		<i>Omeprazole-Sodium Bicarbonate^{QL}</i>		

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SEDATIVE HYPNOTICS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Temazepam 15mg/30mg ^{AR, QL}	Zolpidem ^{QL}	Ambien, Ambien CR ^{QL} Belsomra ^{QL} Edluar ^{QL} Estazolam ^{AR, QL} Eszopiclone ^{QL} Flurazepam ^{AR, QL} Halcion ^{AR, QL} Hetlioz ^{QL} Intermezzo ^{QL} Lunesta ^{QL}	Restoril ^{AR, QL} Rozerem ^{QL} Silenor ^{QL} Sonata ^{QL} Temazepam 7.5mg/22.5mg ^{AR, QL} Triazolam ^{AR, QL} Zaleplon ^{QL} Zolpidem ER ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form

SKELETAL MUSCLE RELAXANTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Baclofen ^{QL} Cyclobenzaprine ^{QL} Dantrolene Sodium ^{QL}	Methocarbamol ^{QL} Tizanidine Tabs ^{QL}	Amrix ^{QL} Carisoprodol, Carisoprodol Compound ^{QL} Chlorzoxazone ^{QL} Dantrium ^{QL} Lorzone Metaxalone ^{QL}	Orphenadrine ^{QL} Parafon Forte ^{QL} Robaxin ^{QL} Skelaxin ^{QL} Soma ^{QL} Tizanidine Caps ^{QL} Zanaflex ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List ❖ Link to PA Fax Form

SMOKING CESSATION AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Bupropion SR ^{QL} Chantix ^{QL}	Nicotine Gum OTC ^{QL} Nicotine Lozenge OTC ^{QL} Nicotine Patch OTC ^{QL}	Nicoderm CQ ^{QL} Nicorette Gum OTC ^{QL} Nicorette Lozenge OTC ^{QL}	Nicotrol, Nicotrol NS ^{QL} Zyban ^{QL}	❖ Link to PA Guidelines ❖ Link to Quantity Limits List

STEROIDS, TOPICAL – LOW POTENCY

Preferred Agents		Non-Preferred Agents		Prior Authorization
Alclometasone Dipropionate Capex Hydrocortisone Cream, Ointment	Hydrocortisone OTC Hydrocortisone/Aloe Cream OTC	Derma-Smoothe-FS Desonate Desonide Cream, Ointment, Lotion Desowen	Fluocinolone in Oil Hydrocortisone Lotion Hydrocortisone/Urea Pediaderm HC, TA Scalpicin OTC Texacort	❖ Link to PA Guidelines

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STEROIDS, TOPICAL – MEDIUM POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Elocon Solution Fluticasone Cream, Ointment Hydrocortisone Butyrate Ointment (Rouses)	Mometasone Furoate Cream, Ointment, Solution Betamethasone Valerate Foam Clo cortolone Cream Cloderm Cordran Tape Cutivate Dermatop Ointment Elocon Cream, Ointment Fluocinolone Fluticasone Propionate Lotion	Hydrocortisone Butyrate Cream, Emollient, Ointment, Solution Hydrocortisone Valerate Luxiq Prednicarbate Synalar Synalar TS
		❖ Link to PA Guidelines

STEROIDS, TOPICAL – HIGH POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Betamethasone Dipropionate Lotion Betamethasone Valerate	Triamcinolone Acetonide Cream, Lotion , Ointment Amcinonide Betamethasone Diprop/Prop Glycol Betamethasone Dipropionate Cream, Ointment, Gel DermacinRx Silapak Desoximetasone Diflorasone Diacetate	Diprolene Fluocinonide Halog Kenalog Aerosol Topicort, Topicort LP Triamcinolone Acetonide Aerosol Trianex Vanos
		❖ Link to PA Guidelines

STEROIDS, TOPICAL – VERY HIGH POTENCY

Preferred Agents	Non-Preferred Agents	Prior Authorization
Clobetasol Emollient, Gel, Solution Clobex	Olux Temovate ApexiCon E Clobetasol Cream, Foam, Lotion, Ointment, Shampoo, Spray Clodan Kit	Halobetasol Olux-E Ultravate
		❖ Link to PA Guidelines

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STIMULANTS AND RELATED AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Adderall XR ^{AR, QL}	Metadate CD ^{AR, QL}	Amphetamine Salt Combo ^{AR, QL}	Methamphetamine ^{AR, QL}	❖ Link to PA Guidelines
Amphetamine Salt Combo ^{AR, QL}	Methylphenidate ^{AR, QL}	ER ^{AR, QL}	Methylin ^{AR, QL}	❖ Link to Quantity Limits List
Daytrana ^{AR, QL}	Methylphenidate ER ^{AR, QL}	Aptensio XR ^{AR, QL}	Methylphenidate CD ^{AR, QL}	❖ Link to PA Fax Form
Dextroamphetamine IR ^{AR, QL}	Methylphenidate ER (generic AB-rated Concerta) ^{AR, QL}	Clonidine ER ^{AR, QL}	Methylphenidate ER (generic non-AB-rated Concerta) ^{AR, QL}	❖ Link to Provigil/Nuvigil PA Fax Form
Focalin ^{AR, QL}	Quillivant XR ^{AR, QL}	Concerta ^{AR, QL}	Methylphenidate ER (generic Ritalin LA) ^{AR, QL}	
Focalin XR ^{AR, QL}	Strattera ^{AR, QL}	Desoxyn ^{AR, QL}	Methylphenidate Chewable Tablets, Solution ^{AR, QL}	
Guanfacine ER ^{AR, QL}	Vyvanse ^{AR, QL}	Dexedrine ^{AR, QL}	Modafinil ^{AR, QL}	
		Dexmethylphenidate ^{AR, QL}	Nuvigil ^{AR, QL}	
		Dexmethylphenidate XR ^{AR, QL}	Procentra ^{AR, QL}	
		Dextroamphetamine ER ^{AR, QL}	Provigil ^{AR, QL}	
		Dextroamphetamine Solution ^{AR, QL}	Ritalin ^{AR, QL}	
		Evekeo ^{AR, QL}	Ritalin LA ^{AR, QL}	
		Intuniv ^{AR, QL}	Zenzedi ^{AR, QL}	
		Kapvay ^{AR, QL}		

TETRACYCLINES

❖ See [Acne Agents, Oral](#).

THALIDOMIDE AND DERIVATIVES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Pomalyst ^{PA}	Thalidomine ^{PA}			❖ Link to PA Guidelines
Revlimid ^{PA}				

THYROID HORMONES

Preferred Agents		Non-Preferred Agents		Prior Authorization
Cytomel ^{QL}	Thyroid, Pork Tablets	Levothyroxine Sodium Injection	Synthroid	❖ Link to PA Guidelines
Levothyroxine Tablets		Liothyronine Injection	Thyrolar	❖ Link to Quantity Limits List
		Liothyronine Tablets ^{QL}	Tirosint	

ULCERATIVE COLITIS AGENTS

Preferred Agents		Non-Preferred Agents		Prior Authorization
Apriso ^{QL}	Pentasa ^{QL}	Asacol HD ^{QL}	Giazo ^{QL}	❖ Link to PA Guidelines
Canasa ^{QL}	Sulfasalazine, Sulfasalazine DR ^{QL}	Azulfidine, Azulfidine DR ^{QL}	Lialda ^{QL}	❖ Link to Quantity Limits List
		Balsalazide ^{QL}	Mesalamine (rectal) ^{QL}	
		Colaza ^{QL}	sfRowasa ^{QL}	
		Delzicol ^{QL}	Uceris ^{QL}	
		Dipentum ^{QL}		

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VASODILATORS, CORONARY

Preferred Agents		Non-Preferred Agents		Prior Authorization
Isosorbide Dinitrate oral	Minitran Transdermal	<i>BiDil</i>	<i>Isosorbide Dinitrate ER</i>	❖ Link to PA Guidelines
Isosorbide Mononitrate	Nitro-BID Ointment	<i>Dilatrate-SR</i>	<i>Nitro-DUR Patch</i>	
Isosorbide Mononitrate SR	Nitroglycerin Transdermal	<i>Isordil</i>	<i>Nitroglycerin ER</i>	
	Nitrostat	<i>Isosorbide Dinitrate sublingual</i>	<i>Nitroglycerin Translingual Nitrolingual Spray NitroMist</i>	