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

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. In addition, there are medications and/or classes of medications that are not reviewed by the committee. Unless there is a clinical pre-authorization requirement for the entire class (as noted on the last page of the PDL) these medications will continue to be covered without prior authorization. **Examples: spironolactone, hydrochlorothiazide, amoxicillin suspension**
- To locate any medication on this list, 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 via an electronic prescription and the pharmacist enters "1" in the DAW field 408-D8. For more information, please **CLICK THIS LINK** to the provider manual.
- New medications that enter the marketplace in classes reviewed by P&T committee will be considered non-preferred requiring prior authorization until the next P&T committee meeting. Please refer to the following criteria: **New Drugs Introduced into the Market / Non-Preferred**
- Medications listed as non-preferred are available through the prior authorization process. Each Managed Care Organization (MCO) and Fee for Service (FFS) have their own prior authorization departments.
- Any statement highlighted and underlined in blue is a hyperlink to go directly to forms and/or clinical criteria for medications with an explanation of the purpose and the requirements. **Example: Request Form**
- For medications that require a diagnosis code at the pharmacy, please **CLICK THIS LINK.**
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.

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

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL (1) Continued	(preferred agents listed on page 2)	Tretinoin Gel (Generic; Atralin®)
		Tretinoin Gel (AG for Avita®; Generic for Avita®)
		Tretinoin Gel (AG; Generic; Retin-A®)
		Tretinoin 0.06% Pump (Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel; Pump (AG; Generic; Retin-A® Micro)
		Tretinoin 0.08% Pump (Retin-A® Micro)
		Tretinoin (Tretin-X®)
		Tretinoin/Emollient 9/Skin Cleanser 1 (Tretin-X® Combo Pack)
		Trifarotene Cream (Aklief®)
ADD/ADHD (2)	Amphetamine Salt Combo ER (AG; Generic)	Amphetamine ER Suspension (AG; Adzenys ER®)
Stimulants and Related Agents	Amphetamine Salt Combo Tablet (Generic)	Amphetamine ODT (Adzenys XR ODT®)
*Request Form	Atomoxetine Capsule (AG; Generic)	Amphetamine Salt Combo ER (Adderall XR®)
*Criteria	Dexmethylphenidate ER Capsule (Focalin XR®)	Amphetamine Suspension (Dyanavel XR®)
*POS Edits	Dexmethylphenidate Tablet (AG; Generic)	Amphetamine Tablet (Generic; Evekeo®)
	Dextroamphetamine Tablet (Generic)	Amphetamine Sulfate ODT (Evekeo® ODT)
	Guanfacine ER Tablet (Generic)	Amphetamine/Dextroamphetamine XR Capsule (Mydayis® ER)
	Lisdexamfetamine Capsule (Vyvanse®)	Armodafinil Tablet (AG; Generic; Nuvigil®)
	Lisdexamfetamine Chewable Tablet (Vyvanse®)	Atomoxetine Capsule (Strattera®)
	Methylphenidate ER Capsule (AG and Generic for Metadate CD®)	Clonidine ER Tablet (Generic)
	Methylphenidate ER Capsule (Generic for Ritalin LA®)	Dexmethylphenidate ER Capsule (AG; Generic)
	Methylphenidate ER Chewable (QuilliChew ER®)	Dexmethylphenidate Tablet (Focalin®)
	Methylphenidate ER Suspension (Quillivant XR®)	Dextroamphetamine IR Tablet (Zenzedi®)
	Methylphenidate ER Tablet (AG and Generic for Concerta®)	Dextroamphetamine Solution (Generic; ProCentra®)
	Methylphenidate IR Tablet (Generic)	Dextroamphetamine Sulfate ER (Generic; Dexedrine® Spansule®)
	Methylphenidate Solution (Generic)	Guanfacine ER Tablet (Intuniv®)
	Modafinil Tablet (Generic)	Methamphetamine Tablet (Generic; Desoxyn®)
		Methylphenidate ER Capsule (Adhansia XR™)
		Methylphenidate ER Capsule (AG; Aptensio XR®)
		Methylphenidate ER Capsule (Jornay PM®)
		Methylphenidate ER Capsule (Ritalin LA®)
		Methylphenidate ER Tablet (Concerta®)
		Methylphenidate ER Tablet (Generic for Metadate ER)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ADD/ADHD (2)	(preferred agents listed on page 3)	Methylphenidate ER Tablet 72mg (Generic)
Stimulants and Related Agents Continued		Methylphenidate IR Chew Tablet (Generic)
		Methylphenidate IR Tablet (Ritalin®)
		Methylphenidate Patch (Daytrana®)
		Methylphenidate Solution (Methylin®)
		Methylphenidate XR ODT (Cotempla XR ODT®)
		Modafinil Tablet (Provigil®)
		Pitolisant HCl Tablet (Wakix®)
		Solriamfetol HCl (Sunosi™)
ALLERGY (3)	Cetirizine-D OTC (Generic)	Acrivastine/Pseudoephedrine (Semprex-D®)
Antihistamines – Minimally Sedating	Cetirizine Solution OTC (1 mg/mL) (Generic)	Cetirizine Injection (Quzyttir™)
*Request Form	Cetirizine Solution RX (1 mg/mL) (Generic)	Cetirizine Capsule OTC (Generic)
*Criteria	Cetirizine Tablet OTC (Generic)	Cetirizine Chewable Tablet OTC (Generic)
*POS Edits	Levocetirizine Tablet OTC (Generic)	Cetirizine 5 mg/5 mL Solution OTC (Generic)
	Levocetirizine Tablet (Generic)	Desloratadine Tablet (Generic; Clarinex®)
	Loratadine-D OTC (Generic)	Desloratadine ODT (Generic)
	Loratadine ODT OTC (Generic)	Desloratadine/Pseudoephedrine (Clarinex-D 12-Hour®)
	Loratadine Solution OTC (Generic)	Fexofenadine 60 mg OTC (Generic)
	Loratadine Tablet OTC (Generic)	Fexofenadine 180 mg OTC (Generic)
		Fexofenadine Suspension OTC (Generic)
		Fexofenadine/Pseudoephedrine 12-hour OTC (Generic)
		Levocetirizine Solution (Generic)
		Loratadine Chewable Tablet OTC (Generic)
ALLERGY (3)	Azelastine (Generic for Astelin®)	Azelastine/Fluticasone (AG; Generic; Dymista®)
Rhinitis Agents, Nasal	Azelastine (AG for Astepro®; Generic for Astepro®)	Beclomethasone (Beconase AQ®)
*Request Form	Fluticasone Propionate Nasal Spray (Generic)	Beclomethasone (Qnasl 40®)
*Criteria	Ipratropium Bromide Nasal Spray (Generic)	Beclomethasone (Qnasl 80®)
*POS Edits		Ciclesonide (Omnaris®)
		Ciclesonide (Zetonna®)
		Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate (Xhance®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ALLERGY (3)	(preferred agents listed on page 4)	Mometasone (AG; Generic; Nasonex®)
Rhinitis Agents, Nasal Continued		Mometasone Furoate Implant (Sinuva™)
		Olopatadine (AG; Generic; Patanase®)
ALZHEIMER'S AGENTS (4)	Donepezil ODT (Generic)	Donepezil (Aricept®)
Cholinesterase Inhibitors	Donepezil Tablet (Generic)	Donepezil 23 mg (Generic)
*Request Form	Memantine Tablet (AG; Generic)	Donepezil/Memantine ER Capsule (Namzaric®)
*Criteria	Rivastigmine Transdermal (AG; Generic)	Donepezil/Memantine ER Dose Pack (Namzaric®)
*POS Edits		Galantamine Solution (Generic)
		Galantamine Tablet (Generic)
		Galantamine ER Capsule (Generic)
		Memantine Capsule ER (AG; Generic; Namenda XR®)
		Memantine Solution (Generic)
		Memantine Tablet (Namenda®)
		Memantine Titration Pack (AG; Namenda® Dose Pack)
		Rivastigmine Capsule (Generic)
		Rivastigmine Transdermal (Exelon®)
ANDROGENIC AGENTS (5)	Testosterone Transdermal System (Androderm®)	Testosterone Gel (AG; Testim®)
*Request Form	Testosterone Gel (AG for Vogelxo®)	Testosterone Gel (AG for Fortesta®)
*Criteria	Testosterone Gel Packet (AG for Vogelxo®)	Testosterone Gel Packet (AG; Generic; Androgel®)
*POS Edits	Testosterone Gel Pump (AG for Vogelxo®)	Testosterone Gel Pump (Generic Axiron®)
	Testosterone Gel (Generic for Vogelxo®)	Testosterone Gel Pump (AG; Generic; Androgel®)
		Testosterone Gel Pump (Vogelxo®)
		Testosterone Gel Pump (Generic; Fortesta®)
ANTHELMINTICS (6)	Albendazole (AG; Generic)	Albendazole (Albenza®)
*Request Form	Ivermectin (Generic)	Ivermectin (Stromectol®)
*Criteria	Mebendazole (Emverm®)	Praziquantel (Biltricide®)
*POS Edits	Praziquantel (Generic)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTI-ALLERGENS (7)	**NONE**	Mixed Grass Allergen Extract (Oralair®)
*Request Form		Peanut Allergen Titration Capsule (Palforzia®)
*Criteria		Peanut Allergen Maintenance Sachet (Palforzia®)
*POS Edits		
ANTICONVULSANTS (8)	Brivaracetam Solution (Briviact®)	Carbamazepine ER (Generic for Carbatrol®)
*Request Form	Brivaracetam Tablet (Briviact®)	Carbamazepine XR (AG; Generic)
*Criteria	Cannabidiol Solution (Epidiolex®)	Carbamazepine Suspension (Generic; Tegretol®)
*POS Edits	Carbamazepine Tablet (Generic)	Carbamazepine Tablet (Tegretol®)
	Carbamazepine Extended Release Capsule (Carbatrol®)	Clobazam Film (Sympazan®)
	Carbamazepine Extended Release Capsule (Equetro®)	Clobazam Suspension (Onfi®)
	Carbamazepine Extended Release Tablet (Tegretol® XR)	Clobazam Tablet (Onfi®)
	Carbamazepine Chewable Tablet (Generic)	Clonazepam Tablet (Klonopin®)
	Cenobamate Tablet (Xcopri®)	Diazepam Rectal (Diastat®)
	Cenobamate Titration Pak (Xcopri®)	Diazepam Rectal (Diastat® AcuDial™)
	Clobazam Suspension (Generic)	Divalproex Sodium (Depakote®)
	Clobazam Tablet (Generic)	Divalproex Sodium (Depakote® ER)
	Clonazepam (Generic)	Divalproex Sodium Sprinkle (AG; Generic)
	Clonazepam ODT (Generic)	Ethosuximide Capsule (Zarontin®)
	Diazepam Device Rectal (AG)	Ethosuximide Syrup (Zarontin®)
	Diazepam Nasal Spray (Valtoco®)	Felbamate Suspension (Generic)
	Diazepam Rectal (AG)	Felbamate Tablet (Generic)
	Divalproex ER (Generic)	Fenfluramine Oral Solution (Fintepla®)
	Divalproex Sodium Sprinkle (Depakote®)	Lamotrigine Dispersible Tablet (Lamictal®)
	Divalproex Tablet (Generic)	Lamotrigine ODT (Lamictal®)
	Ethosuximide Capsule (AG; Generic)	Lamotrigine ODT Dose Pack (Generic; Lamictal®)
	Ethosuximide Syrup (Generic)	Lamotrigine XR Dose Pack (Lamictal® XR)
	Ethotoin (Peganone®)	Lamotrigine Extended Release Tablet (Lamcital® XR®)
	Eslicarbazepine Acetate (Aptiom®)	Lamotrigine Tablet (Lamictal®)
	Felbamate Suspension (Felbatol®)	Lamotrigine Tablet Dose Pack (Generic; Lamictal®)
	Felbamate Tablet (Felbatol®)	Levetiracetam Extended Release Tablet (Keppra XR®)
	Lacosamide Solution (Vimpat®)	Levetiracetam Tablet for Oral Suspension (Spritam®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTICONVULSANTS (8) Continued	Lacosamide Tablet (Vimpat®)	Levetiracetam Solution (Keppra®)
	Lamotrigine Dispersible Tablet (Generic)	Levetiracetam Tablet (Keppra®)
	Lamotrigine ODT (Generic)	Oxcarbazepine Suspension (Generic)
	Lamotrigine Tablet (Generic)	Oxcarbazepine Tablet (Trileptal®)
	Lamotrigine XR (Generic)	Phenytoin (Dilantin®)
	Levetiracetam ER (Generic)	Phenytoin (Dilantin® Infatab)
	Levetiracetam Solution (Generic)	Phenytoin Ext Capsule (Phenytek®)
	Levetiracetam Tablet (Generic)	Phenytoin Suspension (Dilantin®)
	Methsuximide (Celontin®)	Primidone (Mysoline®)
	Midazolam Nasal Spray (Nayzilam®)	Tiagabine Tablet (Generic; Gabitril®)
	Oxcarbazepine (Oxtellar XR®)	Topiramate Extended Release Capsule (Qudexy® XR)
	Oxcarbazepine Suspension (Trileptal®)	Topiramate Sprinkle (Topamax®)
	Oxcarbazepine Tablet (Generic)	Topiramate Tablet (Topamax®)
	Perampanel Suspension (Fycompa®)	Vigabatrin Powder Pack (Generic)
	Perampanel Tablet (Fycompa®)	Vigabatrin Tablet (Generic)
	Phenobarbital Elixir (Generic)	
	Phenobarbital Tablet (Generic)	
	Phenytoin Capsule (Generic)	
	Phenytoin 30 mg Capsule (Dilantin®)	
	Phenytoin Chewable Tablet (Generic)	
	Phenytoin Ext Capsule (Generic for Phenytek®)	
	Phenytoin Suspension (AG; Generic)	
	Primidone (AG for Mysoline®; Generic for Mysoline®)	
	Rufinamide Suspension (Banzel®)	
	Rufinamide Tablet (Banzel®)	
	Stiripentol Capsule (Diacomit®)	
	Stiripentol Powder Pack (Diacomit®)	
	Topiramate Extended Release Capsule (AG for Qudexy® XR)	
	Topiramate Extended Release Capsule (Trokendi XR®)	
	Topiramate Sprinkle (Generic)	
	Topiramate Tablet (Generic)	
	Valproic Acid Capsule (Generic)	
	Valproic Acid Solution (Generic)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTICONVULSANTS (8) Continued	Vigabatrin Powder Pack (Sabril®)	(non-preferred agents listed on page 7)
	Vigabatrin Tablet (Sabril®)	
	Zonisamide (Generic)	
ANTIPSYCHOTIC AGENTS (9)	**ORAL AGENTS**	**ORAL AGENTS**
Antipsychotic Oral/Transdermal Agents	Amitriptyline/Perphenazine (Generic)	Aripiprazole ODT (Generic)
*Request Form	Aripiprazole Tablet (Generic)	Aripiprazole Solution (Generic)
*Criteria	Cariprazine (Vraylar®)	Aripiprazole Tablet (Abilify®)
*POS Edits	Chlorpromazine Tablet (Generic)	Aripiprazole Tablet with Sensor (Abilify® Mycite®)
	Clozapine Tablet (AG; Generic)	Asenapine Sublingual Tablet (Saphris®)
	Fluphenazine Tablet (Generic)	Asenapine Transdermal (Secuado®)
	Haloperidol Tablet (Generic)	Brexpiprazole Tablet (Rexulti®)
	Haloperidol Lactate Concentrate (Generic)	Clozapine ODT (AG; Generic)
	Loxapine Capsule (Generic)	Clozapine Tablet (Clozaril®)
	Lurasidone Tablet (Latuda®)	Clozapine Suspension (Versacloz®)
	Olanzapine ODT (Generic)	Fluphenazine Elixir/Solution (Generic)
	Olanzapine Tablet (Generic)	Iloperidone Tablet (Fanapt®)
	Perphenazine Tablet (Generic)	Loxapine Inhalation (Adasuve®)
	Pimozide Tablet (Generic)	Lumateperone Capsule (Caplyta™)
	Quetiapine ER Tablet (AG; Generic)	Molindone Tablet (Generic)
	Quetiapine Tablet (Generic)	Olanzapine Tablet (Zyprexa®)
	Risperidone Solution (Generic)	Olanzapine ODT (Zyprexa Zydis®)
	Risperidone Tablet (Generic)	Olanzapine/Fluoxetine (Generic; Symbyax®)
	Thioridazine Tablet (Generic)	Paliperidone ER Tablet (AG; Generic; Invega®)
	Thiothixene Capsule (Generic)	Pimavanserin Capsule (Nuplazid®)
	Trifluoperazine Tablet (Generic)	Pimavanserin Tablet (Nuplazid®)
	Ziprasidone Capsule (Generic)	Quetiapine ER Tablet (Seroquel XR®)
		Quetiapine Tablet (Seroquel®)
		Risperidone ODT (Generic)
		Risperidone Solution (Risperdal®)
		Risperidone Tablet (Risperdal®)
		Ziprasidone Capsule (Geodon®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANXIOLYTICS (11)	(preferred agents listed on page 9)	Meprobamate (Generic)
		Oxazepam (Generic)
ASTHMA/COPD (12)	**INHALATION**	**INHALATION**
Bronchodilator, Anticholinergics (COPD) Inhalation	Albuterol Sulfate/Ipratropium (Combivent® Respimat®)	Aclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)
*Request Form	Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)	Aclidinium Bromide Inhalation Powder (Tudorza® Pressair®)
*Criteria	Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Glycopyrrolate (Seebri® Neohaler®)
*POS Edits	Ipratropium Nebulizer Solution (Generic)	Glycopyrrolate and Formoterol Fumarate (Bevespi Aerosphere®)
	Tiotropium Inhalation Powder (Spiriva® HandiHaler®)	Glycopyrrolate Inhalation Solution (Lonhala® Magnair®)
	Tiotropium/Olodaterol (Stiolto® Respimat®)	Indacaterol/Glycopyrrolate (Utibron® Neohaler®)
	Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)	Revefenacin Inhalation Solution (Yupelri®)
		Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)
		Umeclidinium Inhalation Powder (Incruse® Ellipta®)
ASTHMA/COPD (12)	**ORAL**	**ORAL**
Bronchodilator, Anticholinergics (COPD) Oral	**NONE**	Roflumilast (Daliresp®)
*Request Form		
*Criteria		
*POS Edits		
ASTHMA/COPD (12)	**INHALATION**	**INHALATION**
Bronchodilator, Beta-Adrenergic Inhalation Agents	Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL (Generic)	Albuterol Sulfate MDI (Proventil HFA®)
*Request Form	Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL (Generic)	Albuterol Sulfate MDI (Ventolin HFA®)
*Criteria	Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™)
*POS Edits	Albuterol Sulfate Nebulizer Solution 100 mg/20 mL (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® RespiClick®)
	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL (Generic)	Arformoterol Inhalation Solution (Brovana®)
	Albuterol Sulfate MDI (AG; Generic; ProAir HFA®)	Formoterol Inhalation Solution (Perforomist®)
	Albuterol Sulfate MDI (AG and Generic for Proventil HFA®)	Indacaterol Inhalation Powder (Arcapta® Neohaler®)
	Albuterol Sulfate MDI (AG for Ventolin HFA®)	Levalbuterol Nebulizer Solution (Generic; Xopenex®)
	Salmeterol Xinafoate (Serevent® Diskus®)	Levalbuterol Nebulizer Solution Concentrate (Generic; Xopenex®)
		Levalbuterol MDI (AG; Xopenex HFA®)
		Olodaterol (Striverdi® Respimat®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD (12)	**ORAL**	**ORAL**
Bronchodilator, Beta-Adrenergic Oral Agents	Albuterol Sulfate Syrup (Generic)	Albuterol Sulfate ER Tablet (Generic)
*Request Form	Terbutaline Sulfate Tablet (AG; Generic)	Albuterol Sulfate Tablet (Generic)
*Criteria		Metaproterenol Sulfate Syrup (Generic)
*POS Edits		
ASTHMA/COPD (12)	Budesonide Respules 0.25 mg (Generic)	Beclomethasone Breath-Actuated HFA (QVAR® RediHaler®)
Glucocorticoids, Inhalation	Budesonide Respules 0.5 mg (Generic)	Budesonide DPI (Pulmicort® Flexhaler®)
*Request Form	Budesonide Respules 1 mg (Generic)	Budesonide Respules 0.25 mg (Pulmicort® Respules®)
*Criteria	Budesonide/Formoterol MDI (Symbicort®)	Budesonide Respules 0.5 mg (Pulmicort® Respules®)
*POS Edits	Fluticasone MDI (Flovent® HFA)	Budesonide Respules 1 mg (Pulmicort® Respules®)
	Fluticasone/Salmeterol DPI (Advair® Diskus®)	Budesonide/Formoterol Inhalation (Breztri Aerosphere™)
	Fluticasone/Salmeterol MDI (Advair HFA®)	Budesonide/Formoterol Inhalation (AG for Symbicort®)
	Mometasone Inhalation Powder (Asmanex® Twisthaler®)	Ciclesonide MDI (Alvesco®)
	Mometasone/Formoterol MDI (Dulera®)	Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)
		Fluticasone Propionate Inhalation Powder (Flovent® Diskus®)
		Fluticasone/Salmeterol Inhalation Powder (AG; AirDuo® RespiClick®)
		Fluticasone/Salmeterol (AirDuo® Digihaler™)
		Fluticasone/Salmeterol DPI (AG and Generic for Advair Diskus®)
		Fluticasone/Vilanterol Inhalation Powder (Breo Ellipta®)
		Fluticasone/Umeclidinium/Vilanterol Inhalation Powder (Trelegy Ellipta®)
		Mometasone Furoate MDI (Asmanex HFA®)
ASTHMA/COPD (12)	Benralizumab Pen (Fasenra®)	Mepolizumab Auto-Injector (Nucala®)
Immunomodulators	Benralizumab Syringe (Fasenra®)	Mepolizumab Syringe (Nucala®)
*Request Form		Mepolizumab Vial (Nucala®)
*Criteria		Omalizumab Syringe (Xolair®)
*POS Edits		Omalizumab Vial (Xolair®)
		Reslizumab (Cinqair®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD (12)	Montelukast Chewable Tablet (Generic)	Montelukast Chewable Tablet (Singulair®)
Leukotriene Modifiers	Montelukast Tablet (Generic)	Montelukast Granules (Generic; Singulair®)
*Request Form		Montelukast Tablet (Singulair®)
*Criteria		Zafirlukast Tablet (Generic; Accolate®)
*POS Edits		Zileuton ER Tablet (Generic)
		Zileuton Tablet (Zyflo®)
BOTULINUM TOXINS (13)	AbobotulinumtoxinA (Dysport®)	IncobotulinumtoxinA (Xeomin®)
*Request Form	OnabotulinumtoxinA (Botox®)	RimabotulinumtoxinB (Myobloc®)
*Criteria		
*POS Edits		
COLONY STIMULATING FACTORS (14)	Filgrastim Syringe (Neupogen®)	Filgrastim-aafi Syringe (Nivestym®)
*Request Form	Filgrastim Vial (Neupogen®)	Filgrastim-aafi Vial (Nivestym®)
*Criteria	Pegfilgrastim-cbqv (Udenyca®)	Filgrastim-sndz (Zarxio®)
*POS Edits	Pegfilgrastim-jmdb (Fulphila®)	Pegfilgrastim Kit (Neulasta®)
	Tbo-Filgrastim Vial (Granix®)	Pegfilgrastim Syringe (Neulasta®)
		Pegfilgrastim-bmez Syringe (Ziextenzo®)
		Sargramostim (Leukine®)
		Tbo-Filgrastim Injection Syringe (Granix®)
CYSTIC FIBROSIS, ORAL (15)	**NONE**	Ivacaftor Packet (Kalydeco®)
*Request Form		Ivacaftor Tablet (Kalydeco®)
*Criteria		Lumacaftor/Ivacaftor Packet (Orkambi®)
*POS Edits		Lumacaftor/Ivacaftor Tablet (Orkambi®)
		Tezacaftor/Ivacaftor (Symdeko®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DEPRESSION (16)	Bupropion HCl IR (Generic)	Brexanolone (Zulresso™)
Antidepressants, Other	Bupropion HCl SR (Generic)	Bupropion HBr ER (Aplenzin®)
*Request Form	Bupropion HCl XL (Generic)	Bupropion HCl SR (Wellbutrin SR®)
*Criteria	Mirtazapine ODT (Generic)	Bupropion HCl XL (AG; Forfivo XL®)
*POS Edits	Mirtazapine Tablet (Generic)	Bupropion HCl XL (Wellbutrin XL®)
	Trazodone (Generic)	Desvenlafaxine ER (No Brand)
	Venlafaxine ER Capsule (Generic)	Desvenlafaxine Succinate ER Tablet (AG; Generic; Pristiq®)
	Venlafaxine IR Tablet (Generic)	Esketamine (Spravato®)
		Isocarboxazid (Marplan®)
		Levomilnacipran (Fetzima®)
		Mirtazapine ODT (Remeron® ODT)
		Mirtazapine Tablet (Remeron®)
		Nefazodone Tablet (Generic)
		Phenelzine (Generic; Nardil®)
		Selegiline Patch (Emsam®)
		Tranylcypromine Sulfate (Generic)
		Venlafaxine ER Capsule (Effexor XR®)
		Venlafaxine ER Tablet (AG; Generic)
		Vilazodone (Viibryd®)
		Vilazodone Dose Pack (Viibryd®)
		Vortioxetine (Trintellix®)
DEPRESSION (16)	Citalopram Solution (Generic)	Citalopram Tablet (Celexa®)
Selective Serotonin Reuptake Inhibitors (SSRIs)	Citalopram Tablet (Generic)	Escitalopram Solution (Generic)
*Request Form	Escitalopram Tablet (Generic)	Escitalopram Tablet (Lexapro®)
*Criteria	Fluoxetine Capsule (Generic)	Fluoxetine Capsule (Prozac®)
*POS Edits	Fluoxetine Solution (Generic)	Fluoxetine Delayed Release Capsule (Generic)
	Fluvoxamine Maleate Tablet (Generic)	Fluoxetine Tablet (Generic)
	Paroxetine Tablet (Generic)	Fluoxetine 60 mg Tablet (Generic)
	Sertraline Concentrate (Generic)	Fluvoxamine Maleate ER (Generic)
	Sertraline Tablet (Generic)	Paroxetine Tablet (Paxil®)
		Paroxetine CR Tablet (AG; Generic; Paxil CR®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DEPRESSION (16)	(preferred agents listed on page 13)	Paroxetine Mesylate (AG; Generic; Brisdelle®)
Selective Serotonin Reuptake Inhibitors (SSRIs) Continued		Paroxetine Mesylate (Pexeva®)
		Paroxetine HCl Suspension (Paxil®)
		Sertraline Conc (Zoloft®)
		Sertraline Tablet (Zoloft®)
DERMATOLOGY (17)	Mupirocin Ointment (Generic)	Gentamicin Sulfate Cream (Generic)
Antibiotics, Topical		Gentamicin Sulfate Ointment (Generic)
*Request Form		Mupirocin Cream (Generic)
*Criteria		Mupirocin Ointment (Centany®)
*POS Edits		Mupirocin Ointment (Centany® Kit)
DERMATOLOGY (17)	Clotrimazole Rx Cream (Generic)	Butenafine Cream (Mentax®)
Antifungals, Topical	Clotrimazole Rx Solution (Generic)	Ciclopirox Cream (Generic)
*Request Form	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Gel (Generic)
*Criteria	Ketoconazole Cream (Generic)	Ciclopirox Solution (Generic)
*POS Edits	Ketoconazole Shampoo [Rx only] (Generic)	Ciclopirox Suspension (Generic)
	Nystatin Cream (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
	Nystatin Ointment (Generic)	Ciclopirox Solution Kit (Generic; Ciclodan® Kit)
	Nystatin Topical Powder (Generic)	Ciclopirox Suspension (AG for Loprox®)
	Nystatin/Triamcinolone Cream	Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
	Nystatin/Triamcinolone Ointment (Generic)	Ciclopirox Solution (Penlac®)
		Clotrimazole/Betamethasone Lotion (Generic)
		Clotrimazole/Betamethasone Cream (Lotrisone®)
		Clotrimazole/Betamethasone/Zinc Oxide (DermacinRx® Therazole Pak™)
		Econazole Cream (Generic)
		Efinaconazole Solution (Jublia®)
		Ketoconazole Foam (AG; Generic; Ketodan®)
		Ketoconazole Foam Kit (Ketodan® Kit)
		Luliconazole Cream (AG; Luzu®)
		Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	(preferred agents listed on page 14)	Naftifine Cream (Generic)
Antifungals, Topical Continued		Naftifine Gel (Generic; Naftin®)
		Oxiconazole Lotion (Oxistat®)
		Oxiconazole Cream (Generic)
		Salicylic Acid/Benzoic Acid (Bensal HP®)
		Sertaconazole (Ertaczo®)
		Sulconazole Cream (Exelderm®)
		Sulconazole Solution (Exelderm®)
		Tavaborole Solution (Kerydin®)
DERMATOLOGY (17)	Permethrin Cream (Generic)	Crotamiton Cream (Eurax®)
Antiparasitic Agents, Topical	Spinosad Suspension (Natroba®)	Crotamiton Lotion (Eurax®)
*Request Form		Crotamiton Lotion (Crotan®)
*Criteria		Ivermectin Lotion (Sklice®)
*POS Edits		Lindane Shampoo (Generic)
		Malathion Lotion (Generic; Ovide®)
		Permethrin Cream (Elimite®)
		Spinosad Suspension (Generic)
DERMATOLOGY (17)	Acitretin Capsule (AG; Generic)	Acitretin Capsule (Soriatane®)
Antipsoriatics, Oral		Methoxsalen Rapid (Generic)
*Request Form		
*Criteria		
*POS Edits		
DERMATOLOGY (17)	Calcipotriene Cream (Generic)	Calcipotriene Cream (Dovonex®)
Antipsoriatics, Topical	Calcipotriene Solution (Generic)	Calcipotriene Ointment (Generic)
*Request Form		Calcitriol (Generic; Vectical®)
*Criteria		Calcipotriene Foam (Sorilux®)
*POS Edits		Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®)
		Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic; Taclonex®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	(preferred agents listed on page 15)	Calcipotriene/Betamethasone Dipropionate Suspension (AG; Generic; Taclonex Scalp®)
Antipsoriatics, Topical Continued		Halobetaol/Tazarotene Lotion (Duobrii®)
DERMATOLOGY (17)	Acyclovir Ointment (Generic)	Acyclovir Cream (AG; Generic; Zovirax®)
Antiviral Agents, Topical		Acyclovir Ointment (Zovirax®)
*Request Form		Acyclovir/Hydrocortisone (Xerese®)
*Criteria		Penciclovir Cream (Denavir®)
*POS Edits		
DERMATOLOGY (17)	Crisaborole Ointment (Eucrisa®)	Dupilumab Pen (Dupixent®)
Atopic Dermatitis Immunomodulators	Pimecrolimus Cream (Elidel®)	Dupilumab Syringe (Dupixent®)
*Request Form		Pimecrolimus Cream (AG; Generic)
*Criteria		Tacrolimus Ointment (AG; Generic; Protopic®)
*POS Edits		
DERMATOLOGY (17)	Ammonium Lactate Cream (Generic)	Emollient Combination No. 10 (Biafine® Emulsion)
Emollients	Ammonium Lactate Lotion (Generic)	Emollient Combination No. 43 (Promiseb®)
*Request Form		
*Criteria		
*POS Edits		
DERMATOLOGY (17)	Imiquimod 5% Cream Packet (Generic for Aldara®)	Imiquimod 5% Cream Packet (Aldara®)
Immunomodulators, Topical		Imiquimod (Generic; Zyclara®)
*Request Form		Podofilox Gel (Condylox®)
*Criteria		Podofilox Solution (Generic)
*POS Edits		Sinecatechins (Veregen®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	Hydrocortisone Cream (Generic)	Alclometasone Dipropionate Cream (Generic)
Steroids, Topical	Hydrocortisone Lotion (Generic)	Alclometasone Dipropionate Ointment (Generic)
Low Potency	Hydrocortisone Ointment (Generic)	Desonide Cream (Generic)
*Request Form		Desonide Lotion (Generic)
*Criteria		Desonide Ointment (Generic)
*POS Edits		Desonide Gel (Desonate®)
		Fluocinolone Acetonide 0.01% Oil (Generic; Derma-Smoothe-FS®)
		Fluocinolone Acetonide Shampoo (Capex®)
		Hydrocortisone Solution (Texacort®)
		Hydrocortisone/Skin Cleanser No.25 (Aqua Glycolic HC®)
DERMATOLOGY (17)	Fluticasone Propionate Cream (Generic)	Betamethasone Valerate Foam (Generic)
Steroids, Topical	Fluticasone Propionate Ointment (Generic)	Clocortolone Pivalate Cream (AG; Cloderm®)
Medium Potency	Mometasone Furoate Cream (Generic)	Fluocinolone Acetonide Cream (Generic)
*Request Form	Mometasone Furoate Ointment (Generic)	Fluocinolone Acetonide Ointment (Generic)
*Criteria	Mometasone Furoate Solution (Generic)	Fluocinolone Acetonide Solution (Generic)
*POS Edits		Fluocinolone Acetonide/Emollient No. 65 Cream Kit (Synalar®)
		Fluocinolone Acetonide/Emollient No. 65 Ointment Kit (Synalar®)
		Fluocinolone Acetonide/Skin Cleanser No.28 Kit (Synalar® TS)
		Flurandrenolide Cream (Generic)
		Flurandrenolide Ointment (Generic)
		Flurandrenolide Lotion (AG; Generic)
		Flurandrenolide Tape (Cordran Tape®)
		Fluticasone Propionate Lotion (Generic)
		Fluticasone Propionate Lotion (Beser™)
		Fluticasone Propionate Lotion Kit (Beser™)
		Hydrocortisone Butyrate Cream (AG; Generic)
		Hydrocortisone Butyrate Lotion (AG; Generic)
		Hydrocortisone Butyrate Solution (AG; Generic)
		Hydrocortisone Butyrate Ointment (Generic)
		Hydrocortisone Butyrate/Emollient (AG; Generic)
		Hydrocortisone Probutate Cream (Pandel®)
		Hydrocortisone Valerate Cream (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	(preferred agents listed on page 17)	Hydrocortisone Valerate Ointment (Generic)
Steroids, Topical		Prednicarbate Cream (Generic)
Medium Potency Continued		Prednicarbate Ointment (Generic)
DERMATOLOGY (17)	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)	Amcinonide Cream (Generic)
Steroids, Topical	Betamethasone Valerate Cream (Generic)	Amcinonide Lotion (Generic)
High Potency	Betamethasone Valerate Lotion (Generic)	Betamethasone Dipropionate Cream (Generic)
*Request Form	Betamethasone Valerate Ointment (Generic)	Betamethasone Dipropionate Gel (Generic)
*Criteria	Triamcinolone Acetonide Cream (Generic)	Betamethasone Dipropionate Lotion (Generic)
*POS Edits	Triamcinolone Acetonide Lotion (Generic)	Betamethasone Dipropionate Ointment (Generic)
	Triamcinolone Acetonide Ointment (Generic)	Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)
		Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)
		Desoximetasone Cream (Generic)
		Desoximetasone Gel (Generic)
		Desoximetasone Ointment (Generic)
		Desoximetasone Spray (Generic; Topicort®)
		Diflorasone Diacetate Cream (Generic)
		Diflorasone Diacetate Ointment (Generic)
		Fluocinonide Cream 0.05% (Generic)
		Fluocinonide Cream 0.1% (Generic)
		Fluocinonide Emollient (Generic)
		Fluocinonide Gel (Generic)
		Fluocinonide Ointment (Generic)
		Fluocinonide Solution (Generic)
		Fluocinonide Cream 0.1% (Vanos®)
		Halcinonide Cream (Generic; Halog®)
		Halcinonide Ointment (Halog®)
		Halcinonide Solution (Halog®)
		Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)
		Triamcinolone Acetonide Ointment (Trianex®)
		Triamcinolone Acetonide/Dimethicone Ointment (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	Clobetasol Propionate Cream (Generic)	Clobetasol Propionate Foam (AG; Generic; Olux-E®)
Steroids, Topical	Clobetasol Propionate Emollient (Generic)	Clobetasol Propionate Kit (Tovet™ Kit)
Very High Potency	Clobetasol Propionate Gel (Generic)	Clobetasol Propionate Lotion (Generic)
*Request Form	Clobetasol Propionate Ointment (Generic)	Clobetasol Propionate Shampoo (Generic; Clobex®)
*Criteria	Clobetasol Propionate Solution (Generic)	Clobetasol Propionate Spray (AG; Generic; Clobex®)
*POS Edits	Halobetasol Propionate Cream (Generic)	Clobetasol/Skin Cleanser No. 28 (Clodan® Kit)
	Halobetasol Propionate Ointment (Generic)	Diflorasone Diacetate (Apexicon E®)
		Halobetasol Propionate Foam (AG; Lexette™)
		Halobetasol Propionate Lotion (Bryhali®)
		Halobetasol Propionate Lotion (Ultravate®)
DIABETES (18)	Acarbose (Generic)	Acarbose (Precose®)
Alpha-Glucosidase Inhibitors		Miglitol (Generic; Glyset®)
*Request Form		
*Criteria		
*POS Edits		
DIABETES (18)	Exenatide ER Pen-Injector; Vial (Bydureon®)	Albiglutide (Tanzeum®)
Hypoglycemics	Exenatide Solution Pens (Byetta®)	Alogliptin (AG; Nesina®)
Incretin Mimetics/Enhancers	Linagliptin Tablet (Tradjenta®)	Alogliptin/Metformin (AG; Kazano®)
*Request Form	Linagliptin/Empagliflozin (Glyxambi®) ***(See SGLT2 Criteria)***	Alogliptin/Pioglitazone (AG; Oseni®)
*Criteria	Linagliptin/Metformin (Jentadueto®)	Dulaglutide Pen (Trulicity®)
*POS Edits	Liraglutide (Victoza®)	Empagliflozin/Linagliptin/Metformin (Trijardy™ XR)
	Sitagliptin Tablet (Januvia®)	Exenatide ER Auto-Injector (Bydureon BCise®)
	Sitagliptin/Metformin Tablet (Janumet®)	Linagliptin/Metformin Tablet ER (Jentadueto XR®)
	Sitagliptin/Metformin Tablet ER (Janumet XR®)	Liraglutide/Insulin Degludec (Xultophy®) ***(See Insulins & Related Agents Criteria)***
		Lixisenatide (Adlyxin®)
		Lixisenatide/ Insulin Glargine (Soliqua®) ***(See Insulins & Related Agents Criteria)***
		Pramlintide Pens (SymlinPen®)
		Semaglutide Tablet (Rybelsus®)
		Saxagliptin (Onglyza®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (18)	(preferred agents listed on page 19)	Saxagliptin/Dapagliflozin (Qtern®) ***(See SGLT2 Criteria)***
Hypoglycemics		Saxagliptin/Metformin ER (Kombiglyze XR®)
Incretin Mimetics/Enhancers Continued		Semaglutide Pen (Ozempic®)
		Sitagliptin/Ertugliflozin (Steglujan®) ***(See SGLT2 Criteria)***
DIABETES (18)	Insulin Aspart Cartridge (Novolog®)	Insulin Aspart Pen (Fiasp® FlexTouch®)
Hypoglycemics	Insulin Aspart Pen (Novolog®)	Insulin Aspart Cartridge (AG for Novolog®)
Insulins & Related Agents	Insulin Aspart Vial (Novolog®)	Insulin Aspart Pen (AG for Novolog®)
*Request Form	Insulin Aspart/Insulin Aspart Protamine Pen (Novolog Mix 70/30®)	Insulin Aspart Vial (AG for Novolog®)
*Criteria	Insulin Aspart/Insulin Aspart Protamine Vial (Novolog Mix 70/30®)	Insulin Aspart Vial (Fiasp®)
*POS Edits	Insulin Detemir Pen (Levemir®)	Insulin Aspart/Insulin Aspart Protamine Pen (AG for Novolog Mix 70/30®)
	Insulin Detemir Vial (Levemir®)	Insulin Aspart/Insulin Aspart Protamine Vial (AG for Novolog Mix 70/30®)
	Insulin Glargine Pen (Lantus® SoloStar®)	Insulin Degludec 100 U/mL (Tresiba® FlexTouch®)
	Insulin Glargine Vial (Lantus®)	Insulin Degludec 200 U/mL (Tresiba® FlexTouch®)
	Insulin Human Pen OTC (Humulin® N)	Insulin Degludec Vial (Tresiba®)
	Insulin Human Vial OTC (Humulin® N)	Insulin Glargine (Toujeo Solostar Pen®)
	Insulin Human Vial OTC (Humulin® R)	Insulin Glargine 300 units/mL (Toujeo Max Solostar Pen®)
	Insulin Human Regular 500 units/ml Pen (Humulin® R U-500)	Insulin Glargine U-100 (Basaglar® KwikPen®)
	Insulin Human Regular 500 units/ml Vial (Humulin® R U-500)	Insulin Glulisine Pens (Apidra® SoloStar®)
	Insulin Isophane (NPH)/Insulin Regular Pen OTC (Humulin® 70/30)	Insulin Glulisine Vial (Apidra®)
	Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)	Insulin Human Inhalation Powder Cartridge (Afrezza®)
	Insulin Lispro (Humalog® Jr KwikPen)	Insulin Human Pen OTC (Novolin®)
	Insulin Lispro Cartridge (Humalog®)	Insulin Human Vial OTC (Novolin®)
	Insulin Lispro Pen (Humalog®)	Insulin Human in 0.9% Sodium Chloride Piggyback Intravenous (Myxredlin)
	Insulin Lispro Vial (Humalog®)	Insulin Isophane (NPH) Insulin Regular Pen OTC (Novolin® 70/30)
	Insulin Lispro/Protamine Lispro Pen (Humalog Mix®)	Insulin Isophane (NPH) Insulin Regular Vial OTC (Novolin® 70/30)
	Insulin Lispro/Protamine Lispro Vial (Humalog Mix®)	Insulin Lispro – aabc 100 U/mL Pen (Lyumjev®)
		Insulin Lispro – aabc 200 U/mL Pen (Lyumjev®)
		Insulin Lispro – aabc Vial (Lyumjev®)
		Insulin Lispro 200 U/ml Pen (Humalog®)
		Insulin Lispro Pen (Admelog® SoloStar®)
		Insulin Lispro Pen (AG for Humalog®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (18)	(preferred agents listed on page 20)	Insulin Lispro Vial (Admelog®)
Hypoglycemics		
Insulins & Related Agents Continued		
DIABETES (18)	Nateglinide (Generic)	Nateglinide (Starlix®)
Hypoglycemics	Repaglinide (Generic)	Repaglinide (Prandin®)
Meglitinides		Repaglinide/Metformin (Generic)
*Request Form *Criteria *POS Edits		
DIABETES (18)	Canagliflozin (Invokana®)	Canagliflozin/Metformin ER (Invokamet® XR)
Hypoglycemics	Canagliflozin/Metformin (Invokamet®)	Empagliflozin/Metformin (Synjardy®)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Dapagliflozin (Farxiga®)	Empagliflozin/Metformin ER (Synjardy® XR)
*Request Form	Dapagliflozin/Metformin ER Tablet (Xigduo® XR)	Ertugliflozin (Steglatro®)
*Criteria	Empagliflozin (Jardiance®)	Ertugliflozin/Metformin (Segluromet®)
*POS Edits		
DIABETES (18)	Glimepiride (Generic)	Glimepiride (Amaryl®)
Hypoglycemics	Glipizide (Generic)	Glipizide (Glucotrol®)
Sulfonylureas	Glipizide ER (Generic)	Glipizide ER (Glucotrol® XL)
*Request Form	Glyburide (Generic)	Tolbutamide (Generic)
*Criteria	Glyburide Micronized (Generic)	
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (18)	Pioglitazone (Generic)	Pioglitazone (Actos®)
Hypoglycemics		Pioglitazone/Glimepiride (AG for Duetact®)
Thiazolidinediones (TZDs)		Pioglitazone/Metformin (Generic Actoplus Met®)
*Request Form		Pioglitazone/Metformin ER (Actoplus Met XR®)
*Criteria		Rosiglitazone (Avandia®)
*POS Edits		
DIABETES (18)	Glipizide-Metformin (Generic)	Metformin (Glucophage®)
Metformins	Glyburide-Metformin (Generic)	Metformin ER (Generic; Fortamet™)
*Request Form	Metformin (Generic)	Metformin ER (Generic; Glumetza™)
*Criteria	Metformin ER (Generic)	Metformin Oral Solution (Riomet™)
*POS Edits		Metformin Oral Suspension (Riomet ER™)
		Metformin ER (Glucophage XR®)
DIGESTIVE DISORDERS (19)	Meclizine Tablet (Generic)	Aprepitant Capsule (Generic; Emend®)
Antiemetic/Antivertigo Agents	Metoclopramide Vial (Generic)	Aprepitant Pack (Generic; Emend TriPack®)
*Request Form	Metoclopramide Solution (Generic)	Aprepitant Powder for Oral Suspension Packet (Emend®)
*Criteria	Metoclopramide Tablet (Generic)	Aprepitant Injectable Emulsion (Cinvanti®)
*POS Edits	Ondansetron ODT Tablet (Generic)	Dimenhydrinate Injection (Generic)
	Ondansetron Tablet (Generic)	Doxylamine/Pyridoxine Tablet (AG; Generic; Diclegis®)
	Ondansetron Solution (Generic)	Doxylamine/Pyridoxine Tablet (Bonjesta®)
	Ondansetron Vial (Generic)	Dronabinol Oral (Generic; Marinol®)
	Prochlorperazine Oral (Generic)	Fosaprepitant Dimeglumine Injection (AG; Generic; Emend®)
	Promethazine Ampule (Generic)	Fosnetupitant/Palonosetron (Akynzeo®) (Intravenous)
	Promethazine Vial (Generic)	Granisetron Oral; IV (Generic)
	Promethazine Syrup (Generic)	Granisetron ER Injection (Sustol®)
	Promethazine Tablet (Generic)	Granisetron Transdermal (Sancuso®)
	Promethazine Rectal 12.5 mg (Generic)	Metoclopramide Tablet (Reglan®)
	Promethazine Rectal 25 mg (Generic)	Metoclopramide ODT (Generic)
	Scopolamine Transdermal (Transderm-Scop®)	Metoclopramide Syringe (Generic)
		Netupitant/Palonosetron HCl Capsule (Akynzeo®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (19)	(preferred agents listed on page 22)	Ondansetron Ampule (Generic)
Antiemetic/Antivertigo Agents Continued		Ondansetron Syringe (Generic)
		Ondansetron Tablet (Zofran®)
		Ondansetron Oral Film (Zuplenz®)
		Palonosetron Injection (AG; Generic; Aloxi®)
		Prochlorperazine Rectal (Generic; Compro®)
		Prochlorperazine Injection (Generic)
		Promethazine Ampule (Phenergan®)
		Promethazine Vial (Phenergan®)
		Promethazine Rectal 50 mg (Generic)
		Rolapitant Tablet (Varubi®)
		Scopolamine Transdermal (Generic)
		Trimethobenzamide IM Injection (Tigan®)
		Trimethobenzamide Oral (Generic)
DIGESTIVE DISORDERS (19)	Ursodiol 300 mg Capsule (Generic)	Chenodiol Tablet (Chenodal®)
Bile Acid Salts	Ursodiol Tablet (Generic)	Cholic Acid Capsule (Cholbam®)
*Request Form		Obeticholic Acid Tablet (Ocaliva®)
*Criteria		Ursodiol 300 mg Capsule (Actigall®)
*POS Edits		Ursodiol (URSO 250®/URSO Forte®)
DIGESTIVE DISORDERS (19)	Famotidine Suspension (Generic)	Cimetidine Solution (Generic)
Histamine II Receptor Blockers	Famotidine Tablet (Generic)	Cimetidine Tablet (Generic)
*Request Form		Famotidine Piggyback (Generic)
*Criteria		Famotidine Tablet (Pepcid®)
*POS Edits		Famotidine Vial (Generic)
		Nizatidine Capsule (Generic)
		Nizatidine Solution (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (19)	Pancrelipase (Creon®)	Pancrelipase (Pancreaze®)
Pancreatic Enzymes	Pancrelipase (Zenpep®)	Pancrelipase (Pertzye®)
*Request Form *Criteria *POS Edits		Pancrelipase (Viokace®)
DIGESTIVE DISORDERS (19)	Lansoprazole Capsule (Generic)	Dexlansoprazole (Dexilant®)
Proton Pump Inhibitors	Omeprazole Rx (Generic)	Esomeprazole Capsule (AG; Generic; Nexium®)
*Request Form	Pantoprazole (Generic)	Esomeprazole Kit
*Criteria	Pantoprazole Suspension (Protonix®)	Esomeprazole Suspension (Generic; Nexium®)
*POS Edits		Esomeprazole Strontium (Generic)
		Lansoprazole Capsule (Prevacid®)
		Lansoprazole Disintegrating Tablet (Generic; Prevacid® SoluTab®)
		Omeprazole Granules for Suspension (Prilosec®)
		Omeprazole/Sodium Bicarbonate Rx (Generic; Zegerid®)
		Pantoprazole (Protonix®)
		Rabeprazole Capsule Sprinkle (AcipHex® Sprinkle™)
		Rabeprazole Tablet (Generic; AcipHex®)
DIGESTIVE DISORDERS (19)	Balsalazide (Generic)	Balsalazide Capsule (Colazal®)
Ulcerative Colitis Agents	Mesalamine ER (Apriso®)	Budesonide DR Tablet; Rectal Foam (Uceris®)
*Request Form	Mesalamine Rectal (Generic)	Budesonide DR Tablet (AG; Generic)
*Criteria	Sulfasalazine (Generic)	Mesalamine DR (Generic; Asacol HD®)
*POS Edits		Mesalamine DR Capsule (AG; Generic; Delzicol®)
		Mesalamine Enema (Rowasa®)
		Mesalamine Kit (Generic)
		Mesalamine DR Tablet MMX® (AG; Generic; Lialda®)
		Mesalamine ER Capsule (AG for Apriso®; Generic for Apriso®)
		Mesalamine ER Capsule (Pentasa®)
		Mesalamine Suppositories (AG; Generic; Canasa®)
		Olsalazine Capsule (Dipentum®)
		Sulfasalazine DR Tablet (Azulfidine EN-Tabs®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (19)	(preferred agents listed on page 24)	Sulfasalazine Tablet (Azulfidine®)
Ulcerative Colitis Agents Continued		
ENZYME REPLACEMENTS (20)	Miglustat (Zavesca®)	Eliglustat (Cerdelga®)
*Request Form		Imiglucerase 400 units Injection (Cerezyme®)
*Criteria		Miglustat (AG; Generic)
*POS Edits		Taliglucerase alfa Injection (Elelyso®)
		Velaglucerase alfa 400 units Injection (Vpriv®)
EPINEPHRINE, SELF-INJECTED (21)	Epinephrine 0.3 mg (AG and Generic for EpiPen®)	Epinephrine 0.3 mg (EpiPen®)
*Request Form	Epinephrine 0.15 mg (AG and Generic for EpiPen Jr®)	Epinephrine 0.15 mg (EpiPen Jr®)
*Criteria		Epinephrine 0.15 mg (AG for Adrenaclick®)
*POS Edits		Epinephrine 0.3 mg (AG for Adrenaclick®)
		Epinephrine Injection (Symjepi®)
GI MOTILITY, CHRONIC (22)	Linaclotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)
*Request Form	Lubiprostone Capsule (Amitiza®)	Eluxadoline Tablet (Viberzi®)
*Criteria	Naloxegol Tablet (Movantik®)	Methylnaltrexone Syringe (Relistor®)
*POS Edits		Methylnaltrexone Tablet (Relistor®)
		Methylnaltrexone Vial (Relistor®)
		Naldemedine (Symproic®)
		Plecanatide (Trulance®)
		Prucalopride (Motegrity®)
GLUCOCORTICOIDS, ORAL (23)	Budesonide Delayed Release Capsules (Generic)	Budesonide Delayed Release Capsules (Entocort EC®)
*Request Form	Dexamethasone Tablet	Budesonide ER Capsule (Ortikos™)
*Criteria	Hydrocortisone Tablet	Cortisone Acetate Tablet
*POS Edits	Methylprednisolone Tablet Dose Pack	Deflazacort Suspension (Emflaza®)
	Prednisolone Sodium Phosphate Oral Solution 5 mg/5 mL (Generic)	Deflazacort Tablet (Emflaza®)
	Prednisolone Sodium Phosphate Oral Solution 15 mg/5 mL (Generic)	Dexamethasone (Taperdex®)
	Prednisolone Sodium Phosphate Oral Solution 25 mg/5 mL (Generic)	Dexamethasone Elixir
	Prednisolone Solution	Dexamethasone Intensol Concentrate

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GLUCOCORTICOIDS, ORAL (23) Continued	Prednisone Tablet	Dexamethasone Solution
		Dexamethasone Tablet Dose Pack
		Hydrocortisone Tablet (Cortef®)
		Methylprednisolone Tablet (Medrol®)
		Methylprednisolone Therapy Pack (Medrol®)
		Methylprednisolone 4 mg Tablet
		Methylprednisolone 8 mg Tablet
		Methylprednisolone 16 mg Tablet
		Methylprednisolone 32 mg Tablet
		Prednisone Delayed Release Tablet (Rayos®)
		Prednisone Intensol Concentrate
		Prednisone Solution
		Prednisone Tablet Dose Pack
		Prednisolone Tablet (Millipred®)
		Prednisolone 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)
GOUT AGENTS (24)	Allopurinol Tablet (Generic)	Allopurinol (Zyloprim®)
Antihyperuricemics	Colchicine Tablet (AG; Generic)	Colchicine Capsule (AG; Mitigare®)
*Request Form	Probenecid Tablet (Generic)	Colchicine Oral Solution (Gloperba®)
*Criteria	Probenecid/Colchicine Tablet (Generic)	Colchicine Tablet (Colcrys®)
*POS Edits		Febuxostat Tablet (Generic; Uloric®)
		Pegloticase Intavenous (Krystexxa®)
GROWTH DEFICIENCY (25)	Somatropin Cartridge (Genotropin®)	Somatropin Cartridge (Humatrope®)
Growth Hormones	Somatropin Syringe (Genotropin®)	Somatropin Vial (Humatrope®)
*Request Form	Somatropin Pen (Norditropin® FlexPro®)	Somatropin Pen (Nutropin AQ® NuSpin®)
*Criteria		Somatropin Cartridge (Omnitrope®)
*POS Edits		Somatropin Vial (Omnitrope®)
		Somatropin Cartridge (Saizen®)
		Somatropin Vial (Saizen®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GROWTH DEFICIENCY (25)	(preferred agents listed on page 26)	Somatropin Vial (Serostim®)
Growth Hormones Continued		Somatropin Vial (Zomacton®)
		Somatropin Vial (Zorbtive®)
H. PYLORI TREATMENT (26)	**NONE**	Bismuth Subcitrate Potassium/Metronidazole/Tetracycline (Pylera®)
*Request Form		Lansoprazole/Amoxicillin/Clarithromycin (Generic Prevpac®)
*Criteria		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
*POS Edits		
HEART DISEASE, HYPERLIPIDEMIA (27)	Apixaban Dose Pack (Eliquis®)	Betrixaban Capsule (Bevyxxa®)
Anticoagulants	Apixaban Tablet (Eliquis®)	Dalteparin Syringe (Fragmin®)
*Request Form	Dabigatran (Pradaxa®)	Dalteparin Vial (Fragmin®)
*Criteria	Enoxaparin Syringe (AG; Generic)	Edoxaban Tablet (Savaysa®)
*POS Edits	Enoxaparin Vial (AG; Generic)	Enoxaparin Vial (Lovenox®)
	Rivaroxaban (Xarelto®)	Enoxaparin Syringe (Lovenox®)
	Rivaroxaban (Xarelto® Starter Pack)	Fondaparinux (Generic; Arixtra®)
	Warfarin (Generic)	Warfarin (Coumadin®)
HEART DISEASE, HYPERLIPIDEMIA (27)	Clopidogrel (Generic)	Aspirin/Dipyridamole ER Capsule (AG; Generic; Aggrenox®)
Anticoagulants	Dipyridamole (Generic)	Aspirin/Omeprazole DR Tablet (Yosprala®)
Platelet Aggregation Inhibitors	Prasugrel (Generic)	Clopidogrel (Plavix®)
*Request Form	Ticagrelor (Brilinta®)	Prasugrel (Effient®)
*Criteria		Vorapaxar Tablet (Zontivity®)
*POS Edits		
HEART DISEASE, HYPERLIPIDEMIA (27)	Benazepril (Generic)	Aliskiren (AG; Generic; Tekturna®)
Hypertension	Enalapril (Generic)	Aliskiren/HCTZ (Tekturna HCT®)
ACE Inhibitors & Direct Renin Inhibitors	Enalapril/HCTZ (Generic)	Azilsartan Medoxomil (Edarbi®)
*Request Form	Fosinopril/HCTZ (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)
*Criteria	Irbesartan (Generic)	Benazepril/HCTZ (Generic)
*POS Edits	Irbesartan/HCTZ (Generic)	Candesartan (AG; Generic; Atacand®)
	Lisinopril (Generic)	Candesartan/HCTZ (AG; Generic; Atacand HCT®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (27)	Lisinopril/HCTZ (Generic)	Captopril (Generic)
Hypertension	Losartan (Generic)	Captopril/HCTZ (Generic)
ACE Inhibitors & Direct Renin Inhibitors Continued	Losartan/HCTZ (Generic)	Enalapril for Solution (Epaned®)
	Olmesartan (AG; Generic)	Enalapril (Vasotec®)
	Quinapril (Generic)	Enalapril/HCTZ (Vaseretic®)
	Ramipril (Generic)	Eprosartan (Generic)
	Sacubitril/Valsartan (Entresto®)	Fosinopril (Generic)
	Valsartan (Generic)	Irbesartan (Avapro®)
	Valsartan/HCTZ (Generic)	Irbesartan/HCTZ (Avalide®)
		Lisinopril Solution (Qbrelis®)
		Lisinopril (Prinivil®)
		Lisinopril (Zestril®)
		Lisinopril/HCTZ (Zestoretic®)
		Losartan (Cozaar®)
		Losartan/HCTZ (Hyzaar®)
		Moexipril (Generic)
		Olmesartan (Benicar®)
		Olmesartan/HCTZ (AG; Generic; Benicar HCT®)
		Perindopril (Generic)
		Quinapril (Accupril®)
		Quinapril/HCTZ (Generic)
		Ramipril (Altace®)
		Telmisartan (AG; Generic; Micardis®)
		Telmisartan/HCTZ (AG; Generic; Micardis HCT®)
		Trandolapril (Generic)
		Valsartan (Diovan®)
		Valsartan/HCTZ (Diovan HCT®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (27)	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)
Hypertension	Amlodipine/Valsartan (AG; Generic)	Amlodipine/Olmesartan (AG; Generic; Azor®)
Angiotensin Modulators/Calcium Channel Blockers Combinations	Amlodipine/Valsartan/HCTZ (Generic)	Amlodipine/Olmesartan/HCTZ (AG; Generic; Tribenzor®)
*Request Form		Amlodipine/Telmisartan (Generic Twynsta®)
*Criteria		Amlodipine/Valsartan (Exforge®)
*POS Edits		Amlodipine/Valsartan/HCTZ (Exforge HCT®)
		Trandolapril/Verapamil (AG; Tarka®)
HEART DISEASE, HYPERLIPIDEMIA (27)	Acebutolol (Generic)	Atenolol (Tenormin®)
Hypertension	Atenolol (Generic)	Atenolol/Chlorthalidone (Tenoretic®)
Beta Blocker Agents	Atenolol/Chlorthalidone (Generic)	Bisoprolol/HCTZ (Ziac®)
*Request Form	Betaxolol (Generic)	Carvedilol (Coreg®)
*Criteria	Bisoprolol (Generic)	Carvedilol ER (Generic; Coreg CR®)
*POS Edits	Bisoprolol/HCTZ (Generic)	Metoprolol/HCTZ (Generic)
	Carvedilol (Generic)	Metoprolol Succinate (Kapspargo®)
	Labetalol (Generic)	Metoprolol Tartrate ER (Toprol XL®)
	Metoprolol Succinate ER (AG; Generic)	Metoprolol Tartrate (Lopressor®)
	Metoprolol Tartrate (Generic)	Nadolol (Generic; Corgard®)
	Propranolol ER (AG; Generic)	Nadolol/Bendroflumethiazide (Generic)
	Propranolol Solution (Generic)	Nebivolol (Bystolic®)
	Propranolol Tablet (Generic)	Pindolol (Generic)
	Sotalol (Generic)	Propranolol (Hemangeol®)
		Propranolol ER Capsule (Inderal XL)
		Propranolol ER Capsule (Innopran XL®)
		Propranolol LA (Inderal LA®)
		Propanolol/HCTZ (Generic)
		Sotalol (Betapace® AF)
		Sotalol Solution (Sotylize®)
		Timolol Maleate (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (27)	Amlodipine Tablet (Generic)	Amlodipine (Norvasc®)
Hypertension	Diltiazem ER Capsule (Generic)	Amlodipine Suspension (Katerzia™)
Calcium Channel Blockers	Diltiazem IR Tablet (Generic)	Diltiazem HCl (Cardizem®)
*Request Form	Felodipine ER (Generic)	Diltiazem CD (Cardizem CD®)
*Criteria	Nifedipine ER Tablet (Generic)	Diltiazem CD (Cardizem CD® 360mg)
*POS Edits	Nifedipine IR Capsule (Generic)	Diltiazem LA Tablet (AG; Cardizem LA®; Matzim LA®)
	Verapamil ER Tablet (Generic)	Diltiazem Capsule (Tiazac®)
	Verapamil IR Tablet (Generic)	Diltiazem (Tiazac® 420mg)
		Isradipine (Generic)
		Nicardipine (Generic)
		Nifedipine ER (Adalat CC®)
		Nifedipine ER (Procardia XL®)
		Nifedipine IR Capsule (Procardia®)
		Nimodipine Capsule (Generic)
		Nimodipine Solution (Nymalize®)
		Nisoldipine (Generic)
		Verapamil 360mg Capsule (Generic)
		Verapamil Capsule (Verelan®)
		Verapamil ER PM (Generic; Verelan PM®)
		Verapamil ER Capsule (Generic)
		Verapamil ER Tablet (Calan® SR)
HEART DISEASE, HYPERLIPIDEMIA (27)	Cholestyramine/Sucrose (Generic Questran®)	Alirocumab Subcutaneous Pen (Praluent®)
Lipotropics, Other	Colestipol Granules (Generic)	Bempedoic Acid Tablet (Nexletol™)
*Request Form	Colestipol Tablet (Generic)	Bempedoic Acid and Ezetimibe Tablet (Nexlizet™)
*Criteria	Ezetimibe (Generic)	Cholestyramine (Questran®)
*POS Edits	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 48 mg)	Cholestyramine/Aspartame (Generic)
	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 145 mg)	Colesevelam Powder Pack (AG; Generic; Welchol®)
	Gemfibrozil (Generic)	Colesevelam Powder Tablet (AG; Generic; Welchol®)
	Niacin ER (Generic)	Colestipol Granules (Colestid®)
		Evolocumab Auto-Injector (Repatha® SureClick®)
		Evolocumab Cartridge (Repatha® Pushtronex®)
		Evolocumab Prefilled Syringe (Repatha®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (27)	(preferred agents listed on page 30)	Ezetimibe (Zetia®)
Lipotropics, Other Continued		Fenofibrate Capsule Micronized (AG; Generic; Antara®)
		Fenofibrate Capsule (Generic; Lipofen®)
		Fenofibrate Tablet (AG; Generic; Fenoglide®)
		Fenofibrate Capsule [Micronized] (Generic Lofibra®)
		Fenofibrate Tablet (Generic Lofibra®)
		Fenofibrate Tablet Nanocrystallized Tablet (Tricor®)
		Fenofibrate Tablet Nanocrystallized Tablet (Triglide®)
		Fenofibric Acid Tablet (Generic Fibricor®)
		Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
		Gemfibrozil (Lopid®)
		Icosapent Ethyl (Vascepa®)
		Lomitapide (Juxtapid®)
		Niacin ER (Niaspan®)
		Omega-3-acid Ethyl Esters (Generic; Lovaza®)
HEART DISEASE, HYPERLIPIDEMIA (27)	Ambrisentan Tablet (Generic)	Ambrisentan Tablet (Letairis®)
Pulmonary Arterial Hypertension (PAH)	Bosentan Tablet (AG; Generic; Tracleer®)	Bosentan Suspension (Tracleer®)
*Request Form	Sildenafil Tablet (Generic for Revatio®)	Iloprost Inhalation Solution (Ventavis®)
*Criteria	Sildenafil Oral Suspension (Revatio®)	Macitentan Tablet (Opsumit®)
*POS Edits	Tadalafil Tablet (Generic; Alyq™)	Riociguat Tablet (Adempas®)
		Selexipag Tablet; Dose Pack (Uptravi®)
		Sildenafil Oral Suspension (AG; Generic)
		Sildenafil Tablet (Revatio®)
		Tadalafil Tablet (Adcirca®)
		Treprostinil Inhalation Solution (Tyvaso®)
		Treprostinil ER Tablet (Orenitram ER®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE HYPERLIPIDEMIA (27)	Atorvastatin (Generic)	Amlodipine/Atorvastatin (Generic; Caduet®)
Statins & Statin Combination Agents	Lovastatin (Generic)	Atorvastatin (Lipitor®)
*Request Form	Pravastatin (Generic)	Ezetimibe/Simvastatin (Generic; Vytorin®)
*Criteria	Rosuvastatin (Generic)	Fluvastatin (Generic)
*POS Edits	Simvastatin (Generic)	Fluvastatin ER (AG; Generic; Lescol XL®)
		Lovastatin ER (Altoprev®)
		Pitavastatin (Livalo®)
		Pitavastatin (Zypitamag®)
		Pravastatin (Pravachol®)
		Rosuvastatin (Crestor®)
		Rosuvastatin Capsule (Ezallor™ Sprinkle)
		Simvastatin (Zocor®)
HEART DISEASE, HYPERLIPIDEMIA (27)	Clonidine Patch (Catapres-TTS®)	Clonidine Patch (Generic)
Sympatholytics	Clonidine Tablet (Generic)	Clonidine Tablet (Catapres®)
*Request Form	Guanfacine Tablet (Generic)	Methyldopa/Hydrochlorothiazide Tablet (Generic)
*Criteria	Methyldopa Tablet (Generic)	Methyldopate HCl (Intravenous)
*POS Edits		
HEART DISEASE, HYPERLIPIDEMIA (27)	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (Isordil®)
Vasodilators, Coronary	Isosorbide Mononitrate Tablet (Generic)	Isosorbide Dinitrate ER Capsule (Dilatrate-SR®)
*Request Form	Isosorbide Mononitrate SR Tablet (Generic)	Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)
*Criteria	Nitroglycerin Sublingual Tablet (AG; Generic)	Nitroglycerin ER Capsule (Generic)
*POS Edits	Nitroglycerin Transdermal Ointment (Nitro-Bid®)	Nitroglycerin Spray (Generic; Nitrolingual®)
	Nitroglycerin Transdermal Patch (Generic)	Nitroglycerin Transdermal Patch (Nitro-Dur®)
		Nitroglycerin Sublingual Tablet (Nitrostat®)
		Nitroglycerin Sublingual Packet (GoNitro®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (28)	Epoetin alfa-epbx (Retacrit®)	Darbepoetin Syringe (Aranesp®)
Erythropoietins		Darbepoetin Vial (Aranesp®)
*Request Form		Epoetin alfa (Epogen®)
*Criteria		Epoetin alfa (Procrit®)
*POS Edits		Luspatercept-aamt (Reblozyl®)
		Methoxy Polyethylene Glycol-Epoetin Beta (Mircera®)
HEMODIALYSIS (29)	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)
Phosphate Binders	Sevelamer Carbonate Tablet (AG; Generic)	Calcium Acetate Solution (Phoslyra®)
*Request Form		Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)
*Criteria		Ferric Citrate Tablet (Auryxia®)
*POS Edits		Lanthanum Carbonate Chew Tablet (Generic; Fosrenol®)
		Lanthanum Carbonate Powder Pack (Fosrenol®)
		Sevelamer Carbonate Tablet (Renvela®)
		Sevelamer Carbonate Powder Pack (Generic; Renvela®)
		Sevelamer HCl Tablet (AG; Generic; RenaGel®)
		Sucroferric Oxyhydroxide (Velphoro®)
HEMOPHILIA TREATMENT (30)	Emicizumab-kxwh (Hemlibra®)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
*Request Form	Factor IX Human Recombinant (BeneFIX® Kit)	Factor IX (Mononine® Kit)
*Criteria	Factor VIIa, Recombinant (Novoseven® RT)	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)
*POS Edits	Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Factor IX Human (AlphaNine SD®)
	Factor VIII, B-Domain-Deleted (Xyntha® Solofuse Syringe Kit®)	Factor IX Human Recomb, GlycoPEGylated (Rebinyn®)
	Factor VIII, B-Domain-Truncated (Novoeight®)	Factor IX Human Recombinant (Ixinity®)
	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor IX Recombinant (Rixubis®)
	Factor VIII/VWF (Alphanate®)	Factor IX Recombinant, Albumin Fusion (Idelvion®)
	Factor VIII/VWF (Humate-P® Kit)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII/VWF (Wilate®)	Factor VIII, Full-Length (Advate®)
	Factor X (Coagadex®)	Factor VIII (Kogenate FS®)
	Factor XIII Concentrate, Human (Corifact® Kit)	Factor VIII (Kovaltry®)
		Factor VIII, Full-Length PEGylated (Adynovate®)
		Factor VIII, Human (Hemofil-M®)
		Factor VIII, Human Kit (Koate DVI®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEMOPHILIA TREATMENT (30) Continued	(preferred agents listed on page 33)	Factor VIII, Human Vial (Koate DVI®)
		Factor VIII, Recombinant Glycopegylated-exei (Esperoct®)
		Factor VIII, Recombinant Porcine (Obizur®)
		Factor VIII, Recombinant (Recombinate®)
		Factor VIII, Recombinant, Fc Fusion (Eloctate®)
		Factor VIII, Recombinant, PEGylated-aucl (Jivi®)
		Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)
		Factor XIII A-Subunit, Recombinant (Tretten®)
		Von Willebrand Factor, Recombinant (Vonvendi®)
IDIOPATHIC PULMONARY FIBROSIS (31)	Nintedanib (Ofev®)	Pirfenidone (Esbriet®)
*Request Form *Criteria *POS Edits		
IMMUNE GLOBULINS (32)	Cytomegalovirus Immune Globulin Intravenous [(Human) Cytogam®]	**NONE**
*Request Form *Criteria *POS Edits	Hepatitis B Immune Globulin Syringe [(Human) HyperHEP B® S/D]	
	Hepatitis B Immune Globulin Vial [(Human) HyperHEP B® S/D]	
	Hepatitis B Immune Globulin Intravenous [(Human) HepaGam B®]	
	Immune Globulin Infusion [(Human) Hyqvia]	
	Immune Globulin Injection [(Human) Gammaked™]	
	Immune Globulin Injection [(Human) Gamunex®-C]	
	Immune Globulin Intravenous [(Human) Bivigam®]	
	Immune Globulin Intravenous [(Human) Flebogamma® DIF]	
	Immune Globulin Intravenous [(Human) Gammagard Liquid]	
	Immune Globulin Intravenous [(Human) Gammagard S/D]	
	Immune Globulin Intravenous [(Human) Gammaplex®]	
	Immune Globulin Intravenous [(Human) Octagam®]	
	Immune Globulin Intravenous [(Human) Privigen®]	
	Immune Globulin Intravenous [(Human) Cuvitru®]	
	Immune Globulin Intravenous [(Human-slra) Asceniv™]	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
IMMUNE GLOBULINS (32) Continued	Immune Globulin Subcutaneous [(Human-hipp) Cutaquig®]	(non-preferred agents listed on page 34)
	Immune Globulin Subcutaneous [(Human-klhw) Xembify®]	
	Immune Globulin Subcutaneous Syringe [(Human) Hizentra®]	
	Immune Globulin Subcutaneous Vial [(Human) Hizentra®]	
	Immune Globulin Vial [(Human) GamaSTAN®]	
	Immune Globulin Vial [(Human) GamaSTAN® S/D]	
	Rabies Immune Globulin Vial [(Human) HyperRAB®]	
	Rabies Immune Globulin [(Human) HyperRAB® S/D]	
	Rabies Immune Globulin [(Human) Kedrab™]	
	Varicella Zoster Immune Globulin [(Human) Varizig®]	
IMMUNOSUPPRESSIVES, ORAL (33)	Azathioprine Tablet (Generic)	Azathioprine (Azasan®)
*Request Form	Cyclosporine Capsule - MODIFIED (Generic)	Azathioprine (Imuran®)
*Criteria	Mycophenolate Mofetil Capsule (Generic)	Cyclosporine Capsule (Generic; Sandimmune®)
*POS Edits	Mycophenolate Mofetil Tablet (Generic)	Cyclosporine Softgel; Solution - MODIFIED (Generic; Neoral®)
	Tacrolimus Capsule (Generic)	Cyclosporine Solution (Sandimmune®)
		Everolimus (Generic; Zortress®)
		Mycophenolate Mofetil Capsule (CellCept®)
		Mycophenolate Mofetil Suspension (CellCept®)
		Mycophenolate Mofetil Tablet (CellCept®)
		Mycophenolate Mofetil Suspension (Generic)
		Mycophenolate Sodium as Mycophenolic Acid (Generic; Myfortic®)
		Sirolimus Solution (Generic; Rapamune®)
		Sirolimus Tablet (AG; Generic; Rapamune®)
		Tacrolimus Capsule; Granule Packet (Prograf®)
		Tacrolimus ER Capsule (Astagraf® XL)
		Tacrolimus ER Tablet (Envarsus® XR)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (34)	Amoxicillin/Clavulanate Suspension (Generic)	Amoxicillin/Clavulanate ER (Generic)
Antibiotics	Amoxicillin/Clavulanate Tablet (AG; Generic)	Amoxicillin/Clavulanate Chewable Tablet (Generic)
Cephalosporin and Related Antibiotics	Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate Suspension (Augmentin® 125 mg)
*Request Form	Cefdinir Capsule (Generic)	Amoxicillin/Clavulanate Suspension (Augmentin® 250 mg)
*Criteria	Cefdinir Suspension (Generic)	Cefaclor Capsule (Generic)
*POS Edits	Cefprozil Suspension (Generic)	Cefaclor Suspension (Generic)
	Cefprozil Tablet (Generic)	Cefaclor ER Tablet (Generic)
	Cefuroxime Tablet (Generic)	Cefadroxil Suspension (Generic)
	Cephalexin Capsule (Generic)	Cefadroxil Tablet (Generic)
	Cephalexin Suspension (Generic)	Cefixime Capsule (AG; Generic; Suprax®)
		Cefixime Chewable Tablet (Suprax®)
		Cefixime Suspension (Generic; Suprax®)
		Cephalexin Capsule (Keflex®)
		Cephalexin Tablet (Generic)
		Cefpodoxime Proxetil Suspension (Generic)
		Cefpodoxime Proxetil Tablet (Generic
INFECTIOUS DISORDERS (34)	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Generic; Cipro®)
Antibiotics	Levofloxacin Tablet (Generic)	Ciprofloxacin Tablet (Cipro®)
Fluoroquinolones		Delafloxacin (Baxdela®)
*Request Form		Levofloxacin Solution (Generic)
*Criteria		Levofloxacin Tablet (Levaquin®)
*POS Edits		Moxifloxacin (AG; Generic)
		Ofloxacin (Generic)
INFECTIOUS DISORDERS (34)	Metronidazole Tablet (Generic)	Fidaxomicin (Dificid®)
Antibiotics	Neomycin Tablet (Generic)	Metronidazole Capsule (Generic; Flagyl®)
Gastrointestinal Antibiotics	Vancomycin HCl Capsule (AG; Generic)	Metronidazole Tablet (Flagyl®)
*Request Form	Vancomycin Solution (Firvanq®)	Paromomycin (Generic)
*Criteria		Rifaximin (Xifaxan®)
*POS Edits		Secnidazole (Solosec™)
		Tinidazole (Generic)
		Vancomycin HCl (Vancocin®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (34)	Tobramycin Solution (Bethkis®)	Vancomycin Solution (Generic)
Antibiotics	Tobramycin Pak (AG for Kitabis Pak®)	Amikacin Inhalation Suspension (Arikayce®)
Inhaled Antibiotics		Aztreonam Solution (Cayston®)
*Request Form		Tobramycin Solution (AG; Generic; Tobi®)
*Criteria		Tobramycin (Tobi Podhaler®)
*POS Edits		Tobramycin Inhalation Solution Pak (Kitabis Pak®)
INFECTIOUS DISORDERS (34)	Clindamycin Capsule (Generic)	Clindamycin Capsule (Cleocin®)
Antibiotics	Clindamycin Palmitate Solution (Generic)	Clindamycin Palmitate Solution (Cleocin®)
Lincosamides		Clindamycin Phosphate Piggyback Injection (Generic)
*Request Form		Clindamycin Phosphate Injection Vial (Generic; Cleocin®)
*Criteria		Clindamycin in 0.9% Sodium Chloride Piggyback Intravenous
*POS Edits		Lincomycin HCl Injection (Generic; Lincocin®)
INFECTIOUS DISORDERS (34)	Azithromycin Packet (Generic)	Azithromycin Packet (Zithromax®)
Antibiotics	Azithromycin Suspension (Generic)	Azithromycin Suspension (Zithromax®)
Macrolides - Ketolides	Azithromycin Tablet (Generic)	Azithromycin Tablet (Zithromax®)
*Request Form	Clarithromycin Tablet (Generic)	Clarithromycin ER (Generic)
*Criteria	Erythromycin Base DR Capsule (Generic)	Clarithromycin Suspension (Generic)
*POS Edits		Erythromycin Base Tablet (Generic)
		Erythromycin Ethyl Succinate Suspension (AG; E.E.S. ® 200; EryPed® 200)
		Erythromycin Ethyl Succinate Suspension (AG; Generic; EryPed® 400)
		Erythromycin Ethyl Succinate Tablet (E.E.S. ® 400)
		Erythromycin Stearate (Erythrocin®)
		Erythromycin Tablet (Ery-Tab®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (34)	Nitrofurantoin Macrocrystals Capsule (Generic)	Nitrofurantoin Suspension (Generic; Furadantin®)
Antibiotics	Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Macrocrystals Capsule (Macrodantin®)
Nitrofuran Derivatives		Nitrofurantoin Monohydrate Macrocrystals Capsule (Macrobid®)
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (34)	Linezolid Tablet (AG; Generic)	Linezolid Injection (AG; Generic; Zyvox®)
Antibiotics		Linezolid Suspension (AG; Generic; Zyvox®)
Oxazolidinones		Linezolid Tablet (Zyvox®)
*Request Form		Tedizolid IV (Sivextro®)
*Criteria		Tedizolid Tablet (Sivextro®)
*POS Edits		
INFECTIOUS DISORDERS (34)	**NONE**	Quinupristin/Dalfopristin Vial (Synercid®)
Antibiotics		
Streptogramins		
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (34)	Doxycycline Hyclate Tablet (Generic)	Demeclocycline (Generic)
Antibiotics	Doxycycline Hyclate Capsule (AG; Generic)	Doxycycline Calcium Suspension (Vibramycin®)
Tetracyclines	Doxycycline Monohydrate 50 mg Capsule (Generic)	Doxycycline Calcium Syrup (Vibramycin®)
*Request Form	Doxycycline Monohydrate 100 mg Capsule (Generic)	Doxycycline Hyclate Capsule (Vibramycin®)
*Criteria	Doxycycline Monohydrate Tablet (Generic)	Doxycycline Hyclate DR Tablet (Doryx® MPC)
*POS Edits	Minocycline Capsule (Generic)	Doxycycline Hyclate DR Tablet (Generic; Doryx®)
		Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit)
		Doxycycline Monohydrate 40mg DR Capsule (AG; Oracea®)
		Doxycycline Monohydrate Capsule 75 mg (Generic)
		Doxycycline Monohydrate Capsule 150 mg (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (34)	(preferred agents listed on page 38)	Doxycycline Monohydrate Suspension (Generic)
Antibiotics		Minocycline ER Capsule (AG; Solodyn™)
Tetracyclines Continued		Minocycline ER Capsule (Generic; Ximino®)
		Minocycline ER Tablet (Generic; MinoLira®)
		Minocycline Tablet (Generic)
		Omadacycline Tosylate (Nuzyra®)
		Tetracycline Capsule
		Vibramycin Capsule
INFECTIOUS DISORDERS (34)	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Cream (Generic; Cleocin®)
Antibiotics	Metronidazole Vaginal Gel (Nuvessa®)	Clindamycin Vaginal Ovules (Cleocin®)
Vaginal	Metronidazole Vaginal Gel (Vandazole®)	Metronidazole Vaginal Gel (Generic; MetroGel-Vaginal®)
*Request Form *Criteria *POS Edits		
INFECTIOUS DISORDERS (34)	Clotrimazole Troches (Generic)	Fluconazole Suspension (Diflucan®)
Antifungals	Fluconazole Suspension (Generic)	Fluconazole Tablet; (Diflucan®)
Antifungals, Oral	Fluconazole Tablet (Generic)	Flucytosine (Generic)
*Request Form	Griseofulvin Suspension (Generic)	Griseofulvin Tablet (Generic)
*Criteria	Nystatin Suspension (Generic)	Griseofulvin Ultramicrosize Tablet (Generic)
*POS Edits	Nystatin Tablet (Generic)	Isavuconazonium (Cresemba®)
	Terbinafine Tablet (Generic)	Itraconazole Capsule (Generic; Sporanox®)
		Itraconazole Solution (Generic; Sporanox®)
		Itraconazole Tablet (Onmel®)
		Itraconazole Capsule (Tolsura®)
		Ketoconazole (Generic)
		Miconazole Buccal Tablet (Oravig®)
		Posaconazole Suspension (AG; Generic; Noxafil®)
		Posaconazole Tablet (AG; Generic; Noxafil®)
		Voriconazole Tablet (Generic)
		Voriconazole Suspension (Generic; Vfend®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (34)	(preferred agents listed on page 39)	Voriconazole Tablet (Vfend®)
Antifungals		
Antifungals, Oral Continued		
INFECTIOUS DISORDERS (34)	Sofosbuvir/Velpatasvir (AG for Epclusa®)	Elbasvir/Grazoprevir (Zepatier®)
Hepatitis C Agents		Glecaprevir/Pibrentasvir (Mavyret®)
Direct Acting Antiviral Agents		Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®)
*Request Form		Ledipasvir/Sofosbuvir (Harvoni® Pellet Pack)
*Hepatitis C DAA Criteria		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)
*Hepatitis C DAA Worksheet		Sofosbuvir (Sovaldi®)
*Patient Treatment Agreement		Sofosbuvir (Solvaldi® Pellet Pack)
*POS Edits		Sofosbuvir/Velpatasvir (Epclusa®)
		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)
INFECTIOUS DISORDERS (34)	Peginterferon alfa 2a Syringe (Pegasys®)	Peginterferon alfa 2b Kit (Peg-Intron®)
Hepatitis C Agents	Peginterferon alfa 2a Vial (Pegasys®)	Ribavirin Capsule (Generic)
Not Direct Acting Antiviral Agents	Ribavirin Tablet (Generic)	
*Request Form		
*Criteria		
*POS Edits		
METHOTREXATE (35)	Methotrexate PF Vial	Methotrexate Auto-Injector (Otrexup®)
*Request Form	Methotrexate Tablet	Methotrexate Auto-Injector (Rasuvo®)
*Criteria	Methotrexate Vial	Methotrexate Tablet (Trexall™)
*POS Edits		Methotrexate Solution (Xatmep®)
MOVEMENT DISORDERS(36)	Deutetrabenazine (Austedo®)	Tetrabenazine (Xenazine®)
*Request Form	Tetrabenazine (Generic)	Valbenazine (Ingrezza®)
*Criteria		Valbenazine Initiation Pack (Ingrezza®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
MULTIPLE SCLEROSIS (37)	Fingolimod Capsule (Gilenya®)	Alemtuzumab Vial (Lemtrada®)
Multiple Sclerosis Agents	Glatiramer Acetate 20 mg/ml (Copaxone®)	Cladribine Tablet (Mavenclad®)
Immunomodulatory Agents	Interferon β-1a Pen (Avonex®)	Dalfampridine ER Tablet (AG; Generic; Ampyra®)
*Request Form	Interferon β-1a Syringe (Avonex®)	Dimethyl Fumarate Capsule (Tecfidera®)
*Criteria	Interferon β-1a Vial (Avonex®)	Diroximel Fumarate Capsule (Vumerity®)
*POS Edits	Interferon β-1a Auto-Injector (Rebif® Titration Pack)	Glatiramer Acetate 20 mg/ml (Generic; Glatopa®)
	Interferon β-1a Auto-Injector (Rebif® Rebidose®)	Glatiramer Acetate 40 mg/ml (Generic; Copaxone®; Glatopa®)
	Interferon β-1a Auto-Injector (Rebif® Rebidose® Titration Pack)	Interferon β-1b Kit (Extavia®)
	Interferon β-1a Syringe (Rebif®)	Interferon β-1b Vial (Extavia®)
	Interferon β-1b Kit (Betaseron®)	Natalizumab Vial (Tysabri®)
		Ocrelizumab Injection (Ocrevus®)
		Ofatumumab Injection (Kesimpta®)
		Ozanimod Capsule (Zeposia®)
		Ozanimod Starter Kit (Zeposia®)
		Ozanimod Starter Pack (Zeposia®)
		Peginterferon β -1a Pen (Plegridy®)
		Peginterferon β -1a Syringe (Plegridy®)
		Peginterferon β -1a Starter Pack (Plegridy®)
		Siponimod Tablet (Mayzent®)
		Teriflunomide Tablet (Aubagio®)
ONCOLOGY (38)	Anastrozole (Generic)	Abemaciclib (Verzenio®)
Oral – Breast	Capecitabine (Generic)	Alpelisib (Piqray®)
*Request Form	Cyclophosphamide (Generic)	Anastrozole (Arimidex®)
*Criteria	Exemestane (Generic)	Capecitabine (Xeloda®)
*POS Edits	Letrozole (Generic)	Exemestane (Aromasin®)
	Palbociclib Capsule (Ibrance®)	Fulvestrant (AG; Generic; Faslodex®)
	Palbociclib Tablet (Ibrance®)	Lapatinib Ditosylate (Tykerb®)
	Tamoxifen Citrate (Generic)	Letrozole (Femara®)
		Neratinib Maleate (Nerlynx®)
		Ribociclib Succinate (Kisqali®)
		Ribociclib Succinate/Letrozole (Kisqali/Femara Kit®)
		Talazoparib (Talzenna®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (38)	(preferred agents listed on page 41)	Tamoxifen Citrate (Soltamox®)
Oral – Breast Continued		Toremifene Citrate (Generic; Fareston®)
		Tucatinib (Tukysa™)
ONCOLOGY (38)	Busulfan (Myleran®)	Acalabrutinib (Calquence®)
Oral – Hematologic	Chlorambucil (Leukeran®)	Bosutinib (Bosulif®)
*Request Form	Dasatinib (Sprycel®)	Decitabine/Cedazuridine (Inqovi®)
*Criteria	Hydroxyurea (Generic)	Duvelisib (Copiktra®)
*POS Edits	Ibrutinib Capsule (Imbruvica®)	Enasidenib Mesylate (Idhifa®)
	Ibrutinib Tablet (Imbruvica®)	Fedratinib (Inrebic®)
	Imatinib Mesylate (Generic)	Gilteriinib (Xospata®)
	Lenalidomide (Revlimid®)	Glasdegib (Daurismo®)
	Melphalan (Generic)	Hydroxyurea (Hydrea®)
	Mercaptopurine (Generic)	Idelalisib (Zydelig®)
	Procarbazine HCl (Matulane®)	Imatinib Mesylate (Gleevec®)
	Ruxolitinib Phosphate (Jakafi®)	Ivosidenib (Tibsovo®)
	Tretinoin (Generic)	Ixazomib Citrate (Ninlaro®)
	Venetoclax (Venclexta®)	Melphalan (Alkeran®)
	Venetoclax Starting Pack (Venclexta®)	Mercaptopurine (Purixan®)
		Midostaurin (Rydapt®)
		Nilotinib HCl (Tasigna®)
		Panobinostat Lactate (Farydak®)
		Pomalidomide (Pomalyst®)
		Ponatinib HCl (Iclusig®)
		Selinexor (Xpovio®)
		Thalidomide (Thalomid®)
		Thioguanine (Tabloid®)
		Vorinostat (Zolinza®)
		Zanubrutinib (Brukinsa™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (38)	Afatinib Dimaleate (Gilotrif®)	Brigatinib (Alunbrig®)
Oral – Lung	Alectinib HCl (Alecensa®)	Capmatinib (Tabrecta™)
*Request Form	Crizotinib (Xalkori®)	Ceritinib (Zykadia®)
*Criteria	Osimertinib Mesylate (Tagrisso®)	Dacomitinib (Vizimpro®)
*POS Edits	Topotecan HCl (Hycamtin®)	Entrectinib (Rozlytrek®)
		Erlotinib HCl (Generic; Tarceva®)
		Gefitinib (Iressa®)
		Lorlatinib (Lorbrena®)
		Selpercatinib (Retevmo™)
ONCOLOGY (38)	Niraparib Tosylate (Zejula®)	Avapritinib (Ayvakit™)
Oral – Other	Temozolomide (AG; Generic)	Cabozantinib S-Malate (Cometriq®)
*Request Form		Erdafitinib (Balversa™)
*Criteria		Larotrectinib Capsule (Vitrakvi®)
*POS Edits		Larotrectinib Solution (Vitrakvi®)
		Olaparib (Lynparza®)
		Pemigatinib (Pemazyre®)
		Pexidartinib (Turalio®)
		Regorafenib (Stivarga®)
		Ripretinib (Qinlock™)
		Rucaparib Camsylate (Rubraca®)
		Selumetinib (Koselugo™)
		Tazemetostat (Tazverik™)
		Temozolomide (Temodar®)
		Trifluridine/Tipiracil HCl (Lonsurf®)
		Vandetanib (Caprelsa®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (38)	Abiraterone Acetate (AG and Generic for Zytiga®)	Abiraterone Acetate (Zytiga®)
Oral – Prostate	Bicalutamide (Generic)	Abiraterone Acetate, Submicronized (Yonsa®)
*Request Form	Enzalutamide (Xtandi®)	Apalutamide (Erleada®)
*Criteria	Flutamide (Generic)	Darolutamide (Nubeqa®)
*POS Edits		Estramustine Phosphate Sodium (Emcyt®)
		Nilutamide (AG; Generic)
ONCOLOGY (38)	Axitinib (Inlyta®)	Cabozantinib S-Malate (Cabometyx®)
Oral - Renal Cell	Everolimus (Afinitor®)	Everolimus (Afinitor Disperz®)
*Request Form	Lenvatinib Mesylate (Lenvima®)	Everolimus Tablet (Generic for Afinitor®)
*Criteria	Pazopanib HCl (Votrient®)	
*POS Edits	Sorafenib Tosylate (Nexavar®)	
	Sunitinib Malate (Sutent®)	
ONCOLOGY (38)	Cobimetinib Fumarate (Cotellic®)	Binimetinib (Mektovi®)
Oral – Skin	Dabrafenib Mesylate (Tafinlar®)	Encorafenib (Braftovi®)
*Request Form	Sonidegib Phosphate (Odomzo®)	Vismodegib (Erivedge®)
*Criteria	Trametinib Dimethyl Sulfoxide (Mekinist®)	
*POS Edits	Vemurafenib (Zelboraf®)	
OPHTHALMIC DISORDERS (39)	Cromolyn Sodium Solution (Generic)	Alcaftadine Solution (Lastacaft®)
Allergic Conjunctivitis	Loteprednol Suspension (Alrex®)	Azelastine HCl Solution (Generic)
*Request Form	Olopatadine HCl Solution (AG and Generic for Patanol®)	Bepotastine Solution (Bepreve®)
*Criteria	Olopatadine HCl Solution (Pazeo®)	Cetirizine (Zerviate™)
*POS Edits		Epinastine Solution (Generic)
		Lodoxamide Tromethamine Solution (Alomide®)
		Nedocromil Sodium Solution (Alocril®)
		Olopatadine HCl Solution (AG; Generic; Pataday®)
		Olopatadine HCl Solution (Patanol®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (39)	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)
Antibiotics	Ciprofloxacin Solution Ophthalmic (Generic)	Bacitracin Ointment (Generic)
*Request Form	Erythromycin Base Ointment (Generic)	Besifloxacin Suspension (Besivance®)
*Criteria	Gentamicin Sulfate Ointment (Generic)	Ciprofloxacin Ointment (Ciloxan®)
*POS Edits	Gentamicin Sulfate Solution (Generic)	Gatifloxacin Solution (Generic; Zymaxid®)
	Moxifloxacin (AG and Generic for Vigamox®)	Levofloxacin Solution (Generic)
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)	Moxifloxacin Solution (Generic; Moxeza®)
	Ofloxacin Solution Ophthalmic (Generic)	Moxifloxacin Solution (Vigamox®)
	Polymyxin B Sulfate/Trimethoprim (Generic)	Natamycin Suspension (Natacyn®)
	Sulfacetamide Sodium Solution (Generic)	Neomycin/Polymyxin B/Bacitracin Ointment (Generic)
	Tobramycin Solution (Generic)	Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)
		Sulfacetamide Sodium Ointment (Generic)
		Sulfacetamide Sodium Solution (Bleph-10®)
		Tobramycin Ointment (Tobrex®)
		Tobramycin Solution (Tobrex®)
OPHTHALMIC DISORDERS (39)	Neomycin/Polymyxin B/Dexamethasone Ointment	Gentamicin/Prednisolone Ointment (Pred-G®)
Antibiotic-Steroid Combinations	Neomycin/Polymyxin B/Dexamethasone Suspension	Gentamicin/Prednisolone Suspension (Pred-G®)
*Request Form	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment
*Criteria	Tobramycin/Dexamethasone Ointment (TobraDex®)	Neomycin/Polymyxin B/Dexamethasone Ointment (Maxitrol®)
*POS Edits	Tobramycin/Dexamethasone Suspension (TobraDex®)	Neomycin/Polymyxin B/Dexamethasone Suspension (Maxitrol®)
		Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
		Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P.®)
		Sulfacetamide/Prednisolone Solution (Blephamide®)
		Tobramycin/Dexamethasone Suspension (AG; Generic)
		Tobramycin/Dexamethasone ST (TobraDex ST®)
		Tobramycin/Loteprednol Suspension (Zylet®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (39)	Dexamethasone Sodium Phosphate (Generic)	Bromfenac Sodium 0.07% Solution (Prolensa®)
Anti-Inflammatories	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (BromSite®)
*Request Form	Difluprednate Emulsion (Durezol®)	Bromfenac Sodium 0.09% Solution (Generic)
*Criteria	Fluorometholone 0.1% Suspension (Generic)	Dexamethasone (Dextenza®)
*POS Edits	Flurbiprofen Sodium Solution (Generic)	Dexamethasone/PF (Dexycu™)
	Ketorolac Tromethamine LS Solution 0.4%	Dexamethasone Suspension (Maxidex®)
	Ketorolac Tromethamine Solution 0.5%	Dexamethasone Intravitreal Implant (Ozurdex®)
	Nepafenac 0.3% Suspension (Ilevro®)	Fluocinolone Acetonide Intraocular Implant (Iluvien®)
	Prednisolone Acetate 1% Suspension (Generic)	Fluocinolone Acetonide Intraocular Implant (Retisert®)
		Fluocinolone Acetonide Intravitreal Implant (Yutiq®)
		Fluorometholone 0.1% Ointment (FML S.O.P.®)
		Fluorometholone 0.1% Suspension (FML®)
		Fluorometholone 0.25% Suspension (FML Forte®)
		Fluorometholone Acetate 0.1% Suspension (Flarex®)
		Ketorolac Tromethamine 0.5% Solution (Acular®)
		Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)
		Loteprednol Etabonate 1% Ophthalmic Suspension (Inveltys®)
		Loteprednol Gel (Lotemax®)
		Loteprednol Ointment (Lotemax®)
		Loteprednol Suspension (AG; Generic; Lotemax®)
		Nepafenac 0.1% Suspension (Nevanac®)
		Prednisolone Acetate 0.12% Solution (Pred Mild®)
		Prednisolone Acetate 1% Suspension (Pred Forte®)
		Prednisolone Sodium Phosphate (Generic)
		Triamcinolone Acetonide Suspension (Triesence®)
OPHTHALMIC DISORDERS (39)	Cyclosporine (Restasis®)	Cyclosporine 0.09% Ophthalmic Solution (Cequa®)
Anti-Inflammatory/Immunomodulators	Cyclosporine (Restasis® Multidose™)	
*Request Form	Lifitegrast (Xiidra®)	
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (39)	Brimonidine 0.15% Solution (Alphagan P® 0.15%)	Apraclonidine Solution (Generic; Iopidine®)
Glaucoma Agents	Brimonidine 0.2% Solution (Generic)	Betaxolol 0.25% Suspension (Betoptic S®)
Intraocular Pressure (IOP) Reducers	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Betaxolol 0.5% Solution (Generic)
*Request Form	Brimonidine/Timolol Solution (Combigan®)	Bimatoprost Solution 2.5 mL (Generic; Lumigan®)
*Criteria	Carteolol Solution (Generic)	Bimatoprost Solution 5 mL (Generic; Lumigan®)
*POS Edits	Dorzolamide Solution (Generic)	Bimatoprost Solution 7.5 mL (Generic; Lumigan®)
	Dorzolamide/Timolol Solution (Generic)	Brimonidine 0.1% Solution (Alphagan P® 0.1%)
	Latanoprost 2.5ml Solution (Generic)	Brimonidine P 0.15% Solution (Generic)
	Levobunolol Solution (Generic)	Brinzolamide Suspension (Azopt®)
	Netarsudil Mesylate (Rhopressa®)	Dorzolamide Solution (Trusopt®)
	Netarsudil Mesylate/Latanoprost (Rocklatan®)	Dorzolamide/Timolol Solution (Cosopt®)
	Timolol Maleate Solution	Dorzolamide/Timolol/PF Solution (AG; Generic; Cosopt PF®)
	Travoprost 2.5 mL (Travatan Z®)	Echothiophate Iodide (Phospholine Iodide®)
	Travoprost 5 mL (Travatan Z®)	Latanoprost Emulsion (Xelpros®)
		Latanoprost Solution 2.5 mL (Xalatan®)
		Latanoprostene Bunod Solution (Vyzulta®)
		Pilocarpine HCl Solution (Generic)
		Tafluprost Solution (Zioptan®)
		Timolol Maleate Gel-Forming Solution (Timpotic -XE®)
		Timolol Maleate LA Solution (AG; Generic; Istalol®)
		Timolol Maleate Solution (Timoptic® Ocudose®)
		Travoprost 2.5mL (AG; Generic)
OPIATE DEPENDENCE AGENTS (40)	Buprenorphine/Naloxone Sublingual Film (Suboxone®)	Buprenorphine Sublingual Tablet (Generic)
*Request Form	Buprenorphine/Naloxone Sublingual Tablet (Generic)	Buprenorphine Injection (Sublocade®)
*Criteria	Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)	Buprenorphine Implant (Probuphine®)
*POS Edits	Naloxone Nasal Spray (Narcan®)	Buprenorphine/Naloxone Film Buccal Film (Bunavail®)
	Naloxone Syringe (Generic)	Buprenorphine/Naloxone Sublingual Film (AG; Generic)
	Naltrexone Tablet (Generic)	Lofexidine (Lucemyra®)
	Naloxone Vial (Generic)	Naltrexone Extended-Release Injectable Suspension (Vivitrol®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OSTEOPOROSIS (41)	Alendronate Tablet (Generic)	Abaloparatide (Tymlos®)
Bone Resorption Suppression Agents	Calcitonin-Salmon Nasal (Generic)	Alendronate Effervescent Tablet (Binosto®)
*Request Form	Ibandronate Sodium Tablet (Generic)	Alendronate Tablet (Fosamax®)
*Criteria		Alendronate Solution (Generic)
*POS Edits		Alendronate/Vitamin D (Fosamax Plus D®)
		Denosumab (Prolia®)
		Ibandronate Sodium Tablet (Boniva®)
		Raloxifene (Generic; Evista®)
		Risedronate (AG; Generic; Actonel®)
		Risedronate DR (AG; Generic; Atelvia®)
		Romosozumab-aqqg Subcutaneous (Evenity®)
		Teriparatide Subcutaneous (Forteo®)
		Teriparatide Subcutaneous Brand
OTIC AGENTS (42)	Ciprofloxacin/Dexamethasone (Ciprodex®)	Ciprofloxacin Otic (Generic)
Antibiotics	Neomycin/Polymyxin B/Hydrocortisone Solution/Suspension	Ciprofloxacin Otic (Otiprio®)
*Request Form	Ofloxacin Otic (Generic)	Ciprofloxacin/Dexamethasone (AG; Generic)
*Criteria		Ciprofloxacin/Fluocinolone Acetonide (AG; Otovel®)
*POS Edits		Ciprofloxacin/Hydrocortisone (Cipro HC Otic®)
		Colistin/Neomycin/Thonzonium/HC (Cortisporin® TC)
OTIC AGENTS (42)	Acetic Acid (Generic)	**NONE**
Anti-Infectives and Anesthetics	Acetic Acid/Hydrocortisone (Generic)	
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (43)	Fremanezumab-vfrm Autoinjector Subcutaneous (Ajovy®)	Eptinezumab-jjmr Intravenous (Vyepti™)
Antimigraine Agents	Fremanezumab-vfrm Subcutaneous (Ajovy®)	Erenumab-aooe Subcutaneous (Aimovig®)
CGRP Antagonists	Galcanezumab-gnlm Pen (Emgality®)	Galcanezumab-gnlm 100 mg Syringe (Emgality®)
*Request Form	Galcanezumab-gnlm 120 mg Syringe (Emgality®)	Ubrogepant Tablet (Ubrelvy™)
*Criteria	Rimegepant (Nurtec™ ODT)	
*POS Edits		
PAIN MANAGEMENT (43)	**NONE**	Diclofenac Potassium Oral Packet (Cambia®)
Antimigraine Agents		Dihydroergotamine Mesylate Injection (Generic)
Ergotamines		Dihydroergotamine Mesylate Nasal (Generic; Migranal®)
*Request Form		Ergotamine Tartrate Sublingual (Ergomar®)
*Criteria		Ergotamine Tartrate/Caffeine Tablet (Cafergot®)
*POS Edits		Ergotamine Tartrate/Caffeine Rectal (Migergot®)
PAIN MANAGEMENT (43)	Rizatriptan ODT (Generic)	Almotriptan Tablet (Generic)
Antimigraine Agents	Rizatriptan Tablet (Generic)	Eletriptan Tablet (AG; Generic; Relpax®)
Triptans	Sumatriptan Nasal (Generic)	Frovatriptan (Generic; Frova®)
*Request Form	Sumatriptan Vial (Generic)	Lasmiditan Tablet (Reyvow®)
*Criteria	Sumatriptan Tablet (Generic)	Naratriptan (Generic; Amerge®)
*POS Edits	Sumatriptan Disp Syringe (Generic)	Rizatriptan Tablet (Maxalt®)
		Rizatriptan Tablet (Maxalt MLT®)
		Sumatriptan Auto-Injector (Zembrace® SymTouch®)
		Sumatriptan Kit (AG; Generic)
		Sumatriptan Nasal (Onzetra® Xsail®)
		Sumatriptan Nasal (Imitrex®)
		Sumatriptan Nasal (Tosymra™)
		Sumatriptan Tablet (Imitrex®)
		Sumatriptan Kit (Imitrex®)
		Sumatriptan Vial (Imitrex®)
		Sumatriptan/Naproxen (Generic; Treximet®)
		Sumatriptan/Menthol/Camphor (Migranow Kit®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (43)	(preferred agents listed on page 49)	Zolmitriptan Tablet (AG; Generic; Zomig®)
Antimigraine Agents		Zolmitriptan ODT (AG; Generic; Zomig ZMT®)
Triptans Continued		Zolmitriptan Nasal (Zomig®)
PAIN MANAGEMENT (43)	Adalimumab Pen Kit (Humira®)	Abatacept Injection Clickject (Orencia®)
Cytokine and CAM Antagonists	Adalimumab Syringe Kit (Humira®)	Abatacept Injection Syringe (Orencia®)
*Request Form	Apremilast Tablet (Otezla®)	Abatacept Injection Vial (Orencia®)
*Criteria	Etanercept Kit (Enbrel®)	Anakinra Syringe (Kineret®)
*POS Edits	Etanercept Mini Cartridge (Enbrel®)	Baricitinib Tablet (Olumiant®)
	Etanercept Pen (Enbrel®)	Brodalumab Syringe (Siliq®)
	Etanercept Syringe (Enbrel®)	Canakinumab/PF Vial (Ilaris®)
	Etanercept Injection Vial (Enbrel®)	Certolizumab Pegol Kit (Cimzia®)
		Certolizumab Syringe Kit (Cimzia®)
		Golimumab Pen (Simponi®)
		Golimumab Syringe (Simponi®)
		Golimumab Vial (Simponi Aria®)
		Guselkumab Autoinjector (Tremfya®)
		Guselkumab Syringe (Tremfya®)
		Inebilizumab-cdon Injection (Uplizna™)
		Infliximab Vial (Remicade®)
		Infliximab-abda Vial (Renflexis®)
		Infliximab-axxq Injection (Avsola™)
		Infliximab-dyyb (Inflectra®)
		Ixekizumab Autoinjector (Taltz®)
		Ixekizumab Syringe (Taltz®)
		Rilonacept (Arcalyst®)
		Risankizuab-rzaa Injection (Skyrizi®)
		Sarilumab Pen (Kevzara®)
		Sarilumab Syringe (Kevzara®)
		Satralizumab-mwge Injection (Enspryng™)
		Secukinumab Pen (Cosentyx®)
		Secukinumab Syringe (Cosentyx®)
		Tildrakizumab-asmn Syringe (Ilumya®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (43)	(preferred agents listed on page 50)	Tocilizumab Pen (Actemra®)
Cytokine and CAM Antagonists Continued		Tocilizumab Syringe (Actemra®)
		Tocilizumab Vial (Actemra®)
		Tofacitinib Tablet (Xeljanz®)
		Tofacitinib ER Tablet (Xeljanz® XR)
		Upadacitinib Extended Release Tablet (Rinvoq™)
		Ustekinumab Syringe (Stelara®)
		Ustekinumab Vial (Stelara®)
		Vedolizumab (Entyvio®)
PAIN MANAGEMENT (43)	Acetaminophen w/Codeine Elixir (Generic)	Benzhydrocodone/Acetaminophen (AG; Apadaz®)
Narcotic Analgesics - Short-Acting	Acetaminophen w/Codeine Tablet (Generic)	Butalbital/Caffeine/APAP w/ Codeine (Generic)
*Request Form	Hydrocodone/Acetaminophen Tablet (Generic)	Butalbital Compound with Codeine (Generic)
*Criteria	Hydrocodone/Acetaminophen Solution (Generic)	Butorphanol Tartrate Nasal (Generic)
*POS Edits	Hydromorphone Tablet (Generic)	Carisoprodol Compound-Codeine (Generic)
	Morphine IR Tablet (Generic)	Codeine Tablet (Generic)
	Morphine Sulfate Oral Syringe	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)
	Oxycodone Tablet (Generic)	Fentanyl Buccal (Generic; Fentora®)
	Oxycodone/Acetaminophen Tablet (Generic)	Fentanyl Sublingual (Abstral®)
	Tramadol (Generic)	Hydrocodone/Acetaminophen Solution (Lortab®)
	Tramadol/Acetaminophen (Generic)	Hydrocodone/Acetaminophen Tablet (Lortab®)
		Hydrocodone/Acetaminophen Tablet (Norco®)
		Hydrocodone/Ibuprofen (Generic)
		Hydromorphone Liquid (Dilaudid®)
		Hydromorphone Tablet (Dilaudid®)
		Hydromorphone Liquid (Generic)
		Hydromorphone Suppositories (Generic)
		Levorphanol Tablet (Generic)
		Meperidine Solution (Generic)
		Meperidine Tablet (Generic)
		Morphine Oral Solution Concentrate (Generic)
		Morphine Solution (Generic)
		Morphine Suppositories (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (43)	(preferred agents listed on page 51)	Oxycodone Capsule (Generic)
Narcotic Analgesics - Short-Acting Continued		Oxycodone Tablet (RoxyBond®)
		Oxycodone HCl Tablet (Oxaydo® Abuse-Deterrent)
		Oxycodone Tablet (Roxicodone®)
		Oxycodone Oral Solution Concentrate (Generic)
		Oxycodone Oral Syringe (Generic)
		Oxycodone Solution (Generic)
		Oxycodone/Acetaminophen Tablet (Nalocet®)
		Oxycodone/Acetaminophen Tablet (Percocet®)
		Oxycodone/Acetaminophen Tablet (Primlev®)
		Oxycodone/Acetaminophen Tablet (Primlev®)
		Oxycodone/Acetaminophen Tablet (Generic for Prolate™; Prolate™;)
		Oxycodone/Aspirin (Generic)
		Oxycodone/Ibuprofen (Generic)
		Oxymorphone IR Tablet (Generic)
		Pentazocine/Naloxone (Generic)
		Sufentanil Sublingual Tablet (Dsuvia®)
		Tapentadol (Nucynta®)
		Tramadol (Ultram®)
		Tramadol/Acetaminophen (Ultracet®)
PAIN MANAGEMENT (43)	Fentanyl Transdermal 12 mcg	Buprenorphine Buccal Film (Belbuca®)
Narcotic Analgesics - Long-Acting	Fentanyl Transdermal 25 mcg	Buprenorphine Transdermal (AG; Generic; Butrans®)
*Request Form	Fentanyl Transdermal 50 mcg	Fentanyl Transdermal (Duragesic®)
*Criteria	Fentanyl Transdermal 75 mcg	Fentanyl Transdermal 37.5 mcg (Generic)
*POS Edits	Fentanyl Transdermal 100 mcg	Fentanyl Transdermal 62.5 mcg (Generic)
	Morphine Sulfate ER Tablet (Generic)	Fentanyl Transdermal 87.5 mcg (Generic)
		Hydrocodone Bitartrate ER Capsule (AG; Generic; Zohydro ER®)
		Hydrocodone Bitartrate ER Tablet (Hysingla ER®)
		Hydromorphone ER Tablet (AG; Generic)
		Morphine ER Capsule (Generic Avinza®)
		Morphine ER Capsule (Generic Kadian; Kadian®)
		Morphine ER Tablet (Arymo ER®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (43)	(preferred agents listed on page 52)	Morphine ER Tablet (MorphaBond ER®)
Narcotic Analgesics - Long-Acting Continued		Morphine ER Tablet (MS Contin®)
		Oxycodone ER Tablet (AG; OxyContin®)
		Oxycodone Myristate (Xtampza® ER)
		Oxymorphone ER (Generic Opana ER®)
		Tapentadol Extended Release (Nucynta ER®)
		Tramadol ER Capsule (AG)
		Tramadol ER Tablet (Generic Ryzolt®)
		Tramadol ER Tablet (Generic Ultram ER®)
PAIN MANAGEMENT (43)	Duloxetine Capsule (Generic for Cymbalta®)	Capsaicin/Skin Cleanser (Qutenza Kit®)
Neuropathic Pain	Gabapentin Capsule (Generic)	Duloxetine Capsule (Cymbalta®)
*Request Form	Gabapentin Solution (AG; Generic)	Duloxetine Capsule (Generic for Irenka®)
*Criteria	Gabapentin Tablet (Generic)	Duloxetine DR Capsule (Drizalma Sprinkle™)
*POS Edits	Lidocaine Patch (AG; Generic)	Gabapentin Capsule (Neurontin®)
	Lidocaine Topical System (Ztlido®)	Gabapentin Solution (Neurontin®)
	Milnacipran (Savella®)	Gabapentin Tablet (Neurontin®)
	Milnacipran (Savella Dose Pak®)	Gabapentin Enacarbil Tablet (Horizant®)
		Gabapentin ER Tablet (Gralise®)
		Lidocaine Patch (Lidoderm®)
		Pregabalin Capsule (AG; Generic; Lyrica®)
		Pregabalin Solution (AG; Generic; Lyrica®)
		Pregabalin ER Tablet (Lyrica CR®)
PAIN MANAGEMENT (43)	Diclofenac Sodium Tablet (Generic)	Celecoxib (AG; Generic; Celebrex®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	Diclofenac Sodium Transdermal Gel (Generic; Voltaren®)	Diclofenac Epolamine Patch (AG; Flector®)
*Request Form	Ibuprofen Suspension Rx (Generic)	Diclofenac Epolamine Topical (Licart™)
*Criteria	Ibuprofen Tablet Rx (Generic)	Diclofenac Potassium Capsule (Zipsor®)
*POS Edits	Indomethacin Capsule (Generic)	Diclofenac Potassium Tablet (Generic)
	Ketorolac Tablet (Generic)	Diclofenac Sodium Topical Solution (Generic; Pennsaid®)
	Meloxicam Tablet (Generic)	Diclofenac SR (Generic)
	Nabumetone Tablet (Generic)	Diclofenac Submicronized Capsule (Zorvolex®)
	Naproxen Suspension (Generic)	Diclofenac Sodium/Camphor/Menthol Kit (Diclotrex Kit)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (43)	Naproxen Tablet (Generic)	Diclofenac Sodium/Capsaicin (Dicofex DC)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) Continued	Sulindac Tablet (Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
		Diflunisal Tablet (Generic)
		Etodolac Capsule (Generic)
		Etodolac Tablet (Generic)
		Etodolac SR Tablet (Generic)
		Fenoprofen Capsule (AG; Generic; Nalfon®)
		Flurbiprofen Tablet (Generic)
		Ibuprofen/Famotidine Tablet (Duexis®)
		Indomethacin ER Capsule (Generic)
		Indomethacin Suppository (Indocin®)
		Indomethacin Suspension (Indocin®)
		Ketoprofen Capsule (Generic)
		Ketoprofen ER Capsule (Generic)
		Ketorolac Nasal Spray (AG; Sprix®)
		Meclofenamate Sodium Capsule (Generic)
		Mefenamic Acid (Generic)
		Meloxicam, Submicronized (Vivlodex®)
		Meloxicam ODT (Qmiiz® ODT)
		Meloxicam Tablet (Mobic®)
		Nabumetone Tablet (Relafen DS™)
		Naproxen CR (AG; Generic)
		Naproxen EC (AG; Generic)
		Naproxen Sodium (Generic; Naprelan®)
		Naproxen/Esomeprazole Tablet (AG; Generic; Vimovo®)
		Oxaprozin Tablet (Generic; Daypro®)
		Piroxicam Capsule (Generic)
		Tolmetin Capsule (Generic)
		Tolmetin Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (43)	Baclofen (Generic)	Carisoprodol Compound
Skeletal Muscle Relaxants	Chlorzoxazone (Generic)	Carisoprodol Tablet 250 mg & 350 mg (Generic; Soma®)
*Request Form	Cyclobenzaprine (Generic)	Chlorzoxazone (Lorzone®)
*Criteria	Methocarbamol (Generic)	Cyclobenzaprine ER (AG; Generic; Amrix®)
*POS Edits	Tizanidine Tablet (Generic)	Dantrolene Sodium (AG; Generic; Dantrium®)
		Metaxalone (Generic; Skelaxin®)
		Orphenadrine/Aspirin/Caffeine (Norgesic Forte)
		Orphenadrine ER Tablet (Generic)
		Tizanidine Capsule (Generic; Zanaflex®)
		Tizanidine Tablet (Zanaflex®)
PARKINSON'S (44)	Amantadine Capsule (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
Antiparkinson Agents	Amantadine Syrup (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
Anticholinergic and Other	Benztropine Tablet (Generic)	Amantadine Tablet (Generic)
*Request Form	Carbidopa/Levodopa ER Tablet (Generic)	Apomorphine Injection (Apokyn®)
*Criteria	Carbidopa/Levodopa Tablet (Generic)	Apomorphine Sublingual (Kynmobi™)
*POS Edits	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Bromocriptine (Generic)
	Pramipexole Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
	Ropinirole Tablet (Generic)	Carbidopa/Levodopa Enteral Suspension (Duopa®)
	Selegiline Capsule (Generic)	Carbidopa/Levodopa ER Capsule (Rytary®)
	Selegiline Tablet (Generic)	Carbidopa/Levodopa ODT (Generic)
	Trihexyphenidyl Elixir (Generic)	Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)
	Trihexyphenidyl Tablet (Generic)	Entacapone Tablet (Generic; Comtan®)
		Istradefylline Tablet (Nourianz™)
		Levodopa (Inbrija®)
		Pramipexole ER (Generic; Mirapex ER®)
		Rasagiline (Generic; Azilect®)
		Ropinirole ER (Generic; Requip XL®)
		Rotigotine Patch (Neupro®)
		Safinamide Tablet (Xadago®)
		Selegiline (Zelapar®)
		Tolcapone Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PEDIATRIC MULTIVITAMINS (45)	Pediatric MVI A, C, D3 No. 21 With FL Drop (Generic for Tri-Vitamin with FL)	Pediatric MVI A, C, D3 No. 21 With FL Drop (Tri-Vitamin with FL)
*Request Form	Pediatric MVI No. 2 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 38 with FL Drop (Tri-Vi-Flor®)
*Criteria	Pediatric MVI No. 16 With FL Chewable	Pediatric MVI No. 33 With FL & Fe Chewable (Poly-Vi-Flor® Fe)
*POS Edits	Pediatric MVI No. 17 With FL Chewable (Generic)	Pediatric MVI No. 33 With FL Chewable (Poly-Vi-Flor®)
	Pediatric MVI No. 45 With FL & Fe Drop (Generic)	Pediatric MVI No. 37 With FL & Fe Drop (Poly-Vi-Flor® Fe)
	Pediatric MVI No. 75 With FL & Fe Drop (Generic)	Pediatric MVI No. 37 With FL Drop (Poly-Vi-Flor®)
	Pediatric MVI No. 82 With FL Drop (Generic)	Pediatric MVI No. 63 With FL Chewable (Quflora™)
		Pediatric MVI No. 83 With FL 0.25 mg/ml Drop (Quflora™)
		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)
PITUITARY SUPPRESSIVE AGENTS (46)	Goserelin Acetate (Zoladex®)	Histrelin Implant Kit (Supprelin LA®)
*Request Form	Leuprolide Acetate Subcutaneous Kit (Generic)	Histrelin Kit (Vantas®)
*Criteria	Leuprolide Acetate Subcutaneous Vial (Generic)	Leuprolide Acetate (Fensolvi®)
*POS Edits	Leuprolide Acetate (Lupron Depot®)	Leuprolide Acetate (Lupron Depot-Ped®)
	Leuprolide Acetate (Lupron Depot Kit®)	Leuprolide Acetate Subcutaneous Kit (Eligard®)
	Leuprolide Acetate (Lupron Depot-Ped Kit®)	Triptorelin Pamoate (Trelstar®)
	Leuprolide Acetate Suspension/Norethindrone Tablet (Lupaneta Pack®)	Triptorelin Pamoate (Trelstar LA®)
	Nafarelin Acetate Nasal Solution (Synarel®)	Triptorelin Pamoate (Triptodur®)
PROGESTATIONAL AGENTS (47)	Hydroxyprogesterone Caproate Auto Injector (Makena®)	Hydroxyprogesterone Caproate (Generic by ANI; Generic by Mylan) – ***NOT indicated for pre-term labor***
*Request Form	Hydroxyprogesterone Caproate SDV (AG; Generic; Makena®)	Hydroxyprogesterone Caproate MDV (Generic)
*Criteria	Medroxyprogesterone Acetate Tablet (AG; Generic)	Medroxyprogesterone Acetate (Depo-Provera® 400 mg/ml)
*POS Edits	Norethindrone Acetate Tablet (Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
	Progesterone Capsule (Generic)	Norethindrone Acetate Tablet (Aygestin®)
		Progesterone Injection (Generic)
		Progesterone, Micronized, Oral (Prometrium®)
		Progesterone, Micronized, Vaginal (Crinone®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PROSTATE (48)	Alfuzosin (Generic)	Doxazosin (Cardura®)
Benign Prostatic Hyperplasia Treatment (BPH)	Doxazosin (Generic)	Doxazosin ER (Cardura XL®)
*Request Form	Dutasteride (Generic)	Dutasteride (Avodart®)
*Criteria	Finasteride (Generic)	Dutasteride/Tamsulosin (Generic; Jalyn®)
*POS Edits	Tamsulosin (Generic)	Finasteride (Proscar®)
	Terazosin (Generic)	Silodosin (Generic; Rapaflo®)
		Tadalafil (AG; Generic; Cialis®)
		Tamsulosin (Flomax®)
SEDATIVE/HYPNOTICS (49)	Temazepam Capsule (AG; Generic)	Doxepin Tablet (AG; Generic; Silenor®)
*Request Form	Triazolam Tablet (Generic)	Estazolam Tablet (Generic)
*Criteria	Zolpidem Tablet (Generic)	Eszopiclone Tablet (Generic; Lunesta®)
*POS Edits		Flurazepam Capsule (Generic)
		Lemborexant (Dayvigo®)
		Ramelteon Tablet (Generic; Rozerem®)
		Suvorexant Tablet (Belsomra®)
		Tasimelteon Capsule (Hetlioz®)
		Temazepam Capsule (Restoril®)
		Temazepam 7.5 mg (Generic)
		Temazepam 22.5 mg (Generic)
		Triazolam Tablet (Halcion®)
		Zaleplon Capsule (Generic)
		Zolpidem Tartrate ER Tablet (Generic; Ambien CR®)
		Zolpidem Tartrate Sublingual (Generic; Edluar®)
		Zolpidem Tartrate Tablet (Ambien®)
SICKLE CELL ANEMIA TREATMENTS (50)	Hydroxyurea (Generic)	Crizanlizumab-tmca Infusion (Adakveo®)
*Request Form		Hydroxyurea (Droxia®)
*Criteria		Hydroxyurea (Siklos®)
*POS Edits		L-glutamine (Endari™)
		Voxelotor (Oxbryta®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
SINUS NODE INHIBITORS (51)	**NONE**	Ivabradine Solution (Corlanor®)
*Request Form		Ivabradine Tablet (Corlanor®)
*Criteria		
*POS Edits		
SMOKING CESSATION PRODUCTS (52)	Bupropion SR Tablet (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)
*Request Form	Nicotine Buccal Gum OTC (Generic)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)
*Criteria	Nicotine Buccal Lozenges OTC (Generic)	
*POS Edits	Nicotine Patch OTC (Generic)	
	Varenicline (Chantix®)	
	Varenicline (Chantix Dose Pack®)	
THROMBOPOIESIS STIMULATING PROTEINS (53)	Eltrombopag Tablet (Promacta®)	Avatrombopag (Doptelet®)
*Request Form		Eltrombopag Suspension (Promacta®)
*Criteria		Fostamatinib Disodium Hexahydrate (Tavalisse®)
*POS Edits		Lusutrombopag (Mulpleta®)
		Romiplostim (Nplate®)
UROLOGY INCONTINENCE (54)	Fesoterodine Fumarate ER (Toviaz®)	Darifenacin ER (AG; Generic; Enablex®)
Bladder Relaxant Preparations	Oxybutynin Syrup; Tablet (Generic)	Flavoxate (Generic)
*Request Form	Oxybutynin ER (AG; Generic)	Mirabegron ER Tablet (Myrbetriq®)
*Criteria	Solifenacin (Generic)	Oxybutynin ER (Ditropan XL®)
*POS Edits		Oxybutynin Gel Pump; Transdermal (Gelnique®)
		Oxybutynin Transdermal (Oxytrol® Rx)
		Solifenacin (VESIcare®)
		Tolterodine (Generic; Detrol®)
		Tolterodine ER (AG; Generic; Detrol LA®)
		Trospium (Generic)
		Trospium ER (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
UTERINE DISORDER TREATMENTS (55)	Elagolix Tablet (Orilissa®)	**NONE**
*Request Form *Criteria *POS Edits	Elagolix, Estradiol and Norethindrone Acetate Capsules; Elagolix Capsules (Oriahnn™)	

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

AL – Age Limit	**DD** – Drug-Drug Interaction	**MD** – Maximum Dose Limit	**RX** – Specific Prescription Requirement
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	**DS** – Maximum Days' Supply Allowed	**PA** – Prior Authorization	**TD** – Therapeutic Duplication
BY – Diagnosis Codes Bypass Some Requirements	**DT** – Duration of Therapy Limit	**PR** – Enrollment in a Physician-Supervised Program Required	**UN** – Drug Use Not Warranted
CL – Additional Clinical Information is Required	**DX** – Diagnosis Code Requirement	**PU** – Prior Use of other Medication is Required	**X** – Prescriber Must Have 'X' DEA Number
CU – Concurrent Use with Other Medications is Restricted	**ER** – Early Refill	**QL** – Quantity Limit	**YQ** – Yearly Quantity Limit

Acetaminophen	MD	Galafold® (Migalastat)	DX, TD	Prudoxin® (Doxepin Topical)	AL, DX. TD. QL
Acthar® (Corticotropin)	CL	Gattex® (Teduglutide)	CL	Pulmozyme® (Dornase Alfa)	DX
Actimmune® (Interferon Gamma-1b)	DX	Givlaari® (Givosiran)	CL	Qualaquin® (Quinine) 324mg	DS, DX, QL
Aldurazyme™ (Laronidase)	CL	Haegarda® (C1 Esterase Inhibitor [Human])	CL	Radicava® (Edaravone)	DX
Alferon N® (Interferon Alfa-N3)	DX	HIV Agents	DX	Ranexa® (Ranolazine)	CL
Amitriptyline	BH, TD	Imipramine	BH, TD	Ravicti® (Glycerol Phenylbutyrate)	CL
Amitriptyline/Chlordiazepoxide	BH	Increlex® (Mecasermin)	CL	Reclast® (Zoledronic acid)	CL, QL
Amoxapine	BH, TD	Intron-A® (Interferon Alfa-2B Recombinant)	DX	Remodulin® (Treprostinil Sodium) INJECTION	DX
Aspirin	MD	Isotretinoin	RX	Rilutek® (Riluzole)	DX
Berinert® (C1 Esterase Inhibitor [Human])	CL	Jadenu® (Deferasirox)	DX	Ruconest® (C1 Esterase Inhibitor [Recombinant])	CL
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	DX	Jynarque® (Tolvaptan)	CL	Samsca® (Tolvaptan)	CL, QL
Brineura™ (Cerliponase alfa)	DX	Kalbitor® (Ecallantide)	CL	Santyl® (Collagenase)	QL
Buphenyl® (Sodium Phenylbutyrate)	CL	Keveyis® (Dichlorphenamide)	CL, QL	Soliris® (Eculizumab)	DX
Cablivi® (Caplacizumab-yhdp)	CL	Kuvan® (Sapropterin Dihydrochloride)	CL	Spinraza® (Nusinersen) REQUEST FORM	CL, DX
Carafate® (Sucralfate)	DT	Lithium	BH	Strensiq® (Asfotase alfa)	DX

Carbaglu® (Carglumic Acid)	CL	Lokelma® (Sodium Zirconium Cyclosilicate)	CL	Sylatron® (Peginterferon alfa-2b)	DX
Chlordiazepoxide/Clidinium	BH	Lorazepam Injectable	BY	Synagis® (Palivizumab) REQUEST FORM	AL, CL, DT, QL
Chlorpromazine Injectable	BH	Lumizyme® (Alglucosidase alfa)	DX	Takhzyro™ (Lanadelumab-flyo)	CL
Cinryze® (C1 Esterase Inhibitor [Human])	CL	Maprotiline	BH	Tegsedi™ (Inotersen)	DX
Clomipramine	BH, TD	Mepsevii™ (Vestronidase alfa-vjbk)	CL	Tiglutik™ (Riluzole)	DX
Cuprimine® (Penicillamine)	CL, QL	Methadone	CL, DX, QL	Tikosyn® (Dofetilide)	CL
Daraprim® (Pyrimethamine)	CL	Mosquito Repellant to Decrease Zika Virus Exposure Risk FFS Notice MCO Notice	AL, DX, QL	Trikafta™ (Elexacaftor/Ivacaftor/Tezacaftor)	CL
Depen® (Penicillamine)	CL, QL	Mytesi® (Crofelemer)	CL	Trimipramine	BH, TD
Desipramine	BH, TD	Naglazyme™ (Galsulfase)	CL	Ultomiris® (Ravulizumab-cwvz)	DX
Doral® (Quazepam)	MD	Nexplanon® (Etonogestrel)	QL	Veletri® (Epoprostenol)	DX
Doxepin (10mg-150mg)	BH, TD	Nocdurna® (Desmopressin)	QL	Veltassa® (Patiromer)	CL
Egrifta®, Egrifta SV™ (Tesamorelin)	CL	Nortriptyline	BH, TD	Vimizim™ (Elosulfase alfa)	CL
Elaprase™ (Idursulfase)	CL	Nuedexta® (Dextromethorphan/Quinidine)	CL, QL	Vyndamax™, Vyndaqel® (Tafamidis)	CL, QL
Evrysdi™ (Risdiplam)	CL	Odactra® (House Dust Mite Allergen Extract)	CL	Vyondys 53® (Golodirsen)	CL
Exjade® (Deferasirox)	DX	Onpattro® (Patisiran)	DX	Xenical® (Orlistat)	DX, QL
EXONDYS 51® (Eteplirsen)	CL, DX	Palynziq® (Pegvaliase-pqpz)	CL	Xenleta™ (Lefamulin)	CL
Fabrazyme® (Agalsidase beta)	DX, TD	Pamidronate Disodium	CL	Xyrem® (Sodium Oxybate)	CL, TD
Fetroja® (Cefiderocol)	CL	Proleukin® (Aldesleukin)	DX	Zolgensma® (Onasemnogene Abeparvovec-xioi)	CL
Firazyr® (Icatibant)	CL	Protriptyline	BH, TD	Zonalon® (Doxepin Topical)	AL, DX. TD. QL
Flolan® (Epoprostenol Sodium)	DX				