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

- The PDL applies to **all** individuals enrolled in Louisiana Medicaid, including those covered by one of the managed care organizations (MCOs) and those in the Fee-for-Service (FFS) program.
- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. With the exception of excluded drug classes listed in the provider manual, medications that are not included in this PDL are almost always covered without the requirement of prior authorization. **Examples: digoxin, hydrochlorothiazide, amoxicillin suspension**
- To locate any medication on this list when searching electronically, you may use the keyboard shortcut **CTRL + F** to search.
- There is a mandatory generic substitution unless the brand is preferred, or when both the brand and generic are preferred.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, "Brand medically necessary" or "Brand necessary" must be written on the prescription in the prescriber's handwriting or noted via an electronic prescription and the pharmacist enters "1" in the DAW field 408-D8. For more information, please refer to the **Provider Manual**.
- Medications listed as non-preferred are available through the prior authorization (PA) process. See chart below for PA contact information. All MCOs and FFS use the same **PA Request Form**.
- Some medications require a diagnosis code at the pharmacy to indicate the condition treated or to override a limit, such as quantity, patient age, or duration limit. These medications are found on the **Diagnosis Code List**.
- New medications in classes reviewed by P&T will be added as non-preferred and require prior authorization until the next P&T committee meeting. Please refer to the following criteria: **New Drugs Introduced into the Market / Non-Preferred**
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.
- Requests for overrides to use a medication outside of established limits, such as diagnosis or quantity limits, can be made according to the: **Medically Necessary Policy**
- Any statement highlighted and underlined in blue is a hyperlink to more information.

DIABETIC SUPPLY LIST Effective 10/01/2025	**Pharmacy Prior Authorization Information Phone Numbers for MCOs and FFS**
Click this Link for Diabetic Supplies Preferred Drug List	Aetna Better Health of Louisiana – **1-855-242-0802** AmeriHealth Caritas Louisiana – **1-800-684-5502** Healthy Blue – **1-844-521-6942** Humana – **1-800-555-2546** LA Healthcare Connections – **1-866-595-8133** United Healthcare – **1-800-310-6826** Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL	Clindamycin/Benzoyl Peroxide Gel (Generic for Benzaclin®)	Adapalene Cream (AG; Generic; Differin®)
*Request Form	Clindamycin/Benzoyl Peroxide Gel (Generic for Duac®)	Adapalene Gel, Gel Pump (Generic)
*Criteria	Clindamycin Phosphate Gel (Generic)	Adapalene Gel Pump, Lotion (Differin®)
*POS Edits	Clindamycin Phosphate Lotion (Generic)	Adapalene/Benzoyl Peroxide Gel (Generic Epiduo®; Generic Epiduo Forte®)
	Clindamycin Phosphate Medicated Swab (Generic)	Adapalene/Benzoyl Peroxide Gel with Pump (AG; Generic, Epiduo Forte®)
	Clindamycin Phosphate Solution (Generic)	Clascoterone Cream (Winlevi®)
	Erythromycin Gel (AG; Generic)	Clindamycin/Benzoyl Peroxide Gel with Pump (Generic for Acanya®)
	Erythromycin Solution (Generic)	Clindamycin/Benzoyl Peroxide Gel with Pump (Generic for Benzaclin®)
	Tretinoin Cream (Generic)	Clindamycin/Benzoyl Peroxide Gel with Pump (AG; Generic for Onexton®)
		Clindamycin/Benzoyl Peroxide Gel, Gel/Emollient Combo 94 (Neuac®; Neuac® Kit)
		Clindamycin Phosphate Foam (Generic)
		Clindamycin Phosphate Gel (AG; Generic for Clindagel®)
		Clindamycin Phosphate Lotion (Cleocin-T®)
		Clindamycin Phosphate/Skin Cleanser 19 (Clindacin® Pac Kit)
		Clindamycin/Tretinoin Gel (AG; Generic for Ziana®)
		Dapsone Gel, Gel with Pump (AG; Generic for Aczone®)
		Erythromycin Medicated Swab (Generic)
		Erythromycin/Benzoyl Peroxide Gel (Generic for Benzamycin®)
		Sulfacetamide Sodium Cleanser ER, Cream ER, Lotion (Ovace® Plus)
		Sulfacetamide Sodium Cleanser, Cleanser ER (Generic)
		Sulfacetamide Sodium Shampoo (Generic; Ovace® Plus)
		Sulfacetamide Sodium Suspension (Generic)
		Sulfacetamide Sodium Wash (Ovace® Plus)
		Sulfacetamide Sodium/Sulfur Cream (Avar-e®; Avar-e Green®)
		Sulfacetamide Sodium/Sulfur (Generic)
		Sulfacetamide Sodium/Sulfur Cleanser (Avar® LS)
		Sulfacetamide Sodium/Sulfur Cleanser (Avar®, ZMA Clear®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL Continued	(Preferred agents listed on page 1)	Sulfacetamide Sodium/Sulfur Cleanser, Cream, Lotion, Medicated Pads, Susp (Gen)
		Sulfacetamide Sodium/Sulfur Cream, Foam (SSS 10-5®)
		Sulfacetamide Sodium/Sulfur Wash (BP 10-1®)
		Sulfacetamide Sodium/Sulfur/Cleanser 23 Kit (Sumaxin® CP Kit)
		Sulfacetamide Sodium/Sulfur/Urea Cleanser (Generic)
		Tazarotene Cream (AG; Generic for Tazorac®)
		Tazarotene Foam (AG; Fabior®)
		Tazarotene Gel (Generic for Tazorac®)
		Tretinoin 0.04% & 0.1% Gel (AG for Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel with Pump (AG; Generic for Retin-A® Micro)
		Tretinoin 0.08% Pump (Generic for Retin-A® Micro)
		Tretinoin Gel (AG for Avita®/Retin-A®; Generic for Avita®/Retin-A®)
		Tretinoin Gel (Generic for Atralin®)
		Tretinoin/Benzoyl Peroxide (Twyneo®)
		Trifarotene Cream (Aklief®)
ADD/ADHD	Amphetamine Salt Combo ER Capsule (AG; Generic)	Amphetamine ODT (Adzenys XR ODT®)
Stimulants and Related Agents	Amphetamine Salt Combo Tablet (Generic; Adderall®)	Amphetamine Salt Combo ER Capsule (Adderall XR®)
*Request Form	Atomoxetine Capsule (Generic)	Amphetamine Sulfate ODT (Evekeo® ODT)
*Criteria	Dexmethylphenidate ER Capsule (Generic)	Amphetamine Sulfate Tablet (Generic; Evekeo®)
*POS Edits	Dexmethylphenidate Tablet (Generic)	Amphetamine Suspension, Tablet (Dyanavel XR®)
	Dextroamphetamine Tablet (Generic)	Amphetamine/Dextroamphetamine XR Capsule (Generic; Mydayis®)
	Guanfacine ER Tablet (Generic)	Armodafinil Tablet (AG; Generic; Nuvigil®)
	Lisdexamfetamine Capsule (Generic; Vyvanse®)	Atomoxetine Capsule (Strattera®)
	Lisdexamfetamine Chewable Tablet (Generic)	Clonidine ER Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ADD/ADHD	Methylphenidate CD Capsule (AG; Generic for Metadate CD®)	Clonidine XR Suspension (Onyda XR®)
Stimulants and Related Agents Continued	Methylphenidate ER Capsule (Generic for Ritalin LA®)	Dexmethylphenidate ER Capsule, Tablet (Focalin XR®; Focalin®)
	Methylphenidate ER Tablet (Generic for Concerta®)	Dextroamphetamine IR Tablet (Zenzedi®)
	Methylphenidate IR Tablet (Generic)	Dextroamphetamine Solution (Generic; ProCentra®)
	Methylphenidate Solution (Generic)	Dextroamphetamine Sulfate ER Capsule (Generic; Dexedrine® Spansule®)
	Modafinil Tablet (Generic)	Dextroamphetamine Transdermal (Xelstrym®)
		Guanfacine ER Tablet (Intuniv®)
		Lisdexamfetamine Chewable Tablet (Vyvanse®)
		Methamphetamine Tablet (Generic for Desoxyn®)
		Methylphenidate ER Capsule (AG; Generic; Aptensio XR®)
		Methylphenidate ER Capsule (Jornay PM®, Ritalin LA®)
		Methylphenidate ER Chewable, ER Suspension (QuilliChew ER®; Quillivant XR®)
		Methylphenidate ER Tablet (Concerta®)
		Methylphenidate ER Tablet (Generic for Metadate ER)
		Methylphenidate ER Tablet 45mg, 63mg (AG for Relexxii™)
		Methylphenidate ER Tablet 72mg (Generic for Relexxii™)
		Methylphenidate ER Tablet (Relexxii™)
		Methylphenidate IR Chewable Tablet (Generic)
		Methylphenidate IR Tablet (Ritalin®)
		Methylphenidate Solution (Methylin®)
		Methylphenidate Transdermal Patch (AG; Generic; Daytrana®)
		Methylphenidate XR ODT (Cotempla XR ODT®)
		Modafinil Tablet (Provigil®)
		Pitolisant HCl Tablet (Wakix®)
		Serdexmethylphenidate/Dexmethylphenidate Capsule (Azstarys™)
		Solriamfetol HCl Tablet (Sunosi™)
		Viloxazine ER Capsule (Qelbree™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ALLERGY	Carbinoxamine Tablet 4mg, 6mg (Generic)	Carbinoxamine Liquid
Antihistamines – First Generation	Chlorpheniramine Syrup OTC (ED Chlorped Jr)	Carbinoxamine ER Suspension (Karbinal® ER)
*Request Form	Chlorpheniramine Tablet OTC (Generic)	Carbinoxamine Tablet (Ryvent™)
*Criteria	Clemastine Tablet (Generic)	Clemastine Syrup (Generic)
*POS Edits	Cyproheptadine Syrup, Tablet (Generic)	Dexbrompheniramine Liquid OTC (PediaVent™)
	Diphenhydramine OTC – Capsule/Chew Tablet/Liquid/Tablet (Generic)	Dexchlorpheniramine Solution (Ryclora™)
	Hydroxyzine Pamoate Capsule (AG; Generic)	Diphenhydramine Unit Dose Elixir (Generic)
	Hydroxyzine HCl Solution, Tablet (Generic)	Hydroxyzine Pamoate Capsule (Vistaril®)
	Pyrilamine Liquid OTC (Pediaclear™-8)	Triprolidine OTC – Chew Tablet, Drops, Liquid (Histex™, Histex™ PDX)
	Triprolidine Drops OTC (Generic; Histex™ PD; Pediaclear™ PD)	
ALLERGY	Cetirizine 1 mg/mL Solution OTC, Tablet OTC (Generic)	Cetirizine Capsule OTC, Chewable Tablet OTC, 5 mg/5mL Solution OTC (Generic)
Antihistamines – Minimally Sedating	Cetirizine Solution RX (1 mg/mL) (Generic)	Desloratadine ODT (Generic)
*Request Form	Cetirizine-D Tablet OTC (Generic)	Desloratadine Tablet (Clarinex®)
*Criteria	Desloratadine Tablet (Generic)	Desloratadine/Pseudoephedrine ER Tablet (Clarinex-D 12-Hour®)
*POS Edits	Fexofenadine 60 mg Tablet OTC, 180 mg Tablet OTC (Generic)	Fexofenadine Suspension OTC (Generic)
	Levocetirizine Tablet (Generic)	Fexofenadine-D 12-hour Tablet OTC, 24-hour Tablet OTC (Generic)
	Levocetirizine Tablet OTC (Generic)	Levocetirizine Solution (Generic)
	Loratadine ODT OTC, Solution OTC, Tablet OTC (Generic)	Loratadine Capsule OTC, Chewable Tablet OTC (Generic)
	Loratadine-D Tablet OTC (Generic)	
ALLERGY	Azelastine Nasal Spray (Generic for Astelin®)	Azelastine Nasal Spray (AG; Generic for Astepro®)
Rhinitis Agents, Nasal	Fluticasone Propionate Nasal Spray (Generic)	Azelastine/Fluticasone Nasal Spray (AG; Generic; Dymista®)
*Request Form	Ipratropium Bromide Nasal Spray (Generic)	Beclomethasone Nasal Spray (Qnasl 40®; Qnasl 80®)
*Criteria		Ciclesonide Nasal Spray (Omnaris®; Zetonna®)
*POS Edits		Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate Nasal Spray (Xhance®)
		Mometasone Furoate Implant (Sinuva™)
		Mometasone Nasal Spray (Generic)
		Olopatadine Nasal Spray (Generic for Patanase®)
		Olopatadine/Mometasone Nasal Spray (Ryaltris®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ALZHEIMER'S AGENTS	Donepezil ODT, Tablet (Generic)	Aducanumab-avwa IV Solution (Aduhelm™)
Cholinesterase Inhibitors	Memantine Tablet (AG; Generic)	Benzgalantamine Gluconate DR Tablet (Zunveyl®)
*Request Form	Rivastigmine Capsule (Generic)	Donanemab-azbt IV Solution (Kisunla™)
*Criteria	Rivastigmine Transdermal Patch (AG; Generic)	Donepezil 23 mg Tablet (Generic, Aricept®)
*POS Edits		Donepezil Tablet (Aricept®)
		Donepezil Transdermal Patch (Adlarity®)
*Aduhelm™ REQUEST FORM		Galantamine ER Capsule, Solution, Tablet (Generic)
*Leqembi™ REQUEST FORM		Lecanemab-irmb (Leqembi™)
*Kisunla™ REQUEST FORM		Memantine ER Capsule (AG; Generic; Namenda XR®)
		Memantine ER Capsule Dose Pack (Namenda XR® Titration Pack)
		Memantine Solution (Generic)
		Memantine Tablet Dose Pack (AG; Namenda® Titration Pack)
		Memantine/Donepezil ER Capsule (Generic; Namzaric®)
		Memantine/Donepezil ER Capsule (Namzaric® Titration Pack)
		Rivastigmine Transdermal Patch (Exelon®)
ANDROGENIC AGENTS	Testosterone Gel Packet (AG for Vogelxo®)	Testosterone Gel (Testim®)
*Request Form	Testosterone Gel Pump (Generic for Androgel®)	Testosterone Gel, Gel Pump (AG; Generic for Vogelxo®)
*Criteria		Testosterone Gel Packet (Generic for Androgel®)
*POS Edits		Testosterone Gel Pump (Generic for Axiron®; Generic for Fortesta®)
		Testosterone Gel Pump (Androgel®; Vogelxo®)
		Testosterone Nasal (Natesto®)
ANTHELMINTICS	Albendazole Tablet (Generic)	Ivermectin Tablet (Stromectol®)
*Request Form	Ivermectin Tablet (Generic)	Praziquantel Tablet (Biltricide®)
*Criteria	Mebendazole Chewable Tablet (Emverm®)	
*POS Edits	Praziquantel Tablet (Generic)	
ANTI-ALLERGENS, ORAL	**NONE**	Grass Pollen Allergen Extract [Timothy Grass] Sublingual Tablet (Grastek®)
*Request Form		House Dust Mite Allergen Extract Sublingual Tablet (Odactra®)
*Criteria		Mixed Grass Allergen Extracts Sublingual Tablet (Oralair®)
*POS Edits		Peanut Allergen Maintenance Sachet (Palforzia®)
		Peanut Allergen Titration Capsule (Palforzia®)
		Ragweed Pollen Allergen Extract Sublingual Tablet (Ragwitek®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTICONVULSANTS	Brivaracetam Solution, Tablet (Briviact®)	Carbamazepine 200mg Chewable Tablet (Generic)
*Request Form *Criteria *POS Edits	Cannabidiol Solution (Epidiolex®)	Carbamazepine ER Capsule (Carbatrol®, Equetro®)
	Carbamazepine 100mg Chewable Tablet (Generic)	Carbamazepine Suspension (Generic; Tegretol®)
	Carbamazepine ER Capsule (Generic for Carbatrol®)	Carbamazepine ER Tablet, Tablet (Tegretol® XR, Tegretol®)
	Carbamazepine ER Tablet (Generic for Tegretol® XR)	Clobazam Film (Sympazan®)
	Carbamazepine Tablet (Generic; Epitol)	Clobazam Suspension, Tablet (Onfi®)
	Cenobamate Daily Dose Pack, Tablet, Titration Pack (Xcopri®)	Clonazepam Tablet (Klonopin®)
	Clobazam Suspension, Tablet (Generic)	Diazepam Buccal Film (Libervant™)
	Clonazepam ODT, Tablet (Generic)	Divalproex Sodium DR Sprinkle (Depakote® Sprinkle)
	Diazepam Nasal Spray (Valtoco®)	Divalproex Sodium DR Tablet, ER Tablet (Depakote®; Depakote® ER)
	Diazepam Rectal, Rectal Device (Generic for Diastat®)	Eslicarbazepine Acetate Tablet (Generic; Aptiom®)
	Divalproex DR Tablet, ER Tablet, DR Sprinkle (Generic)	Ethosuximide Capsule, Syrup (Zarontin®)
	Ethosuximide Capsule (Generic)	Felbamate Suspension (Generic)
	Ethosuximide Syrup (Generic)	Felbamate Tablet (Generic; Felbatol®)
	Lacosamide Solution, Tablet (Generic)	Fenfluramine Solution (Fintepla®)
	Lamotrigine Dispersible Tablet, ER Tablet (Generic)	Ganaxolone Suspension (Ztalmy®)
	Lamotrigine Tablet (Generic; Subvenite®)	Lacosamide ER Capsule, Tablet (Motpoly XR™; Vimpat®)
	Levetiracetam ER Tablet, Solution (Generic)	Lacosamide Solution (Generic-Unit Dose; Vimpat®)
	Levetiracetam Tablet (Generic; Roweepra™)	Lamotrigine Dispersible Tablet, Tablet (Lamictal®)
	Midazolam Nasal Spray (Nayzilam®)	Lamotrigine ODT (Generic; Lamictal®)
	Oxcarbazepine Suspension, Tablet (Generic)	Lamotrigine ODT Titration Kit (Generic; Lamictal®)
	Phenobarbital Elixir, Tablet (Generic)	Lamotrigine Tablet Starter Kit (Generic; Lamictal®; Subvenite®)
	Phenobartibal Sodium IV (Sezaby™)	Lamotrigine ER Tablet, Titration Kit (Lamictal® XR)
	Phenytoin Chewable Tablet, 100mg Capsule (Generic)	Levetiracetam ER Tablet (Keppra XR®)
	Phenytoin 30 mg Capsule (Dilantin®)	Levetiracetam Tablet for Oral Suspension (AG; Spritam®)
	Phenytoin Sodium Capsule (Generic for Phenytek®)	Levetiracetam Solution, Tablet (Keppra®)
	Phenytoin Suspension (AG; Generic)	Levetiracetam ER Tablet (Elepsia™ XR)
	Primidone Tablet (Generic)	Methsuximide (Generic; Celontin®)
	Rufinamide Suspension, Tablet (Generic)	Oxcarbazepine Suspension, Tablet (Trileptal®)
	Topiramate Sprinkle 15mg, 25mg (Generic)	Oxcarbazepine XR Tablet (AG; Generic; Oxtellar XR®)
	Topiramate Tablet (Generic)	Perampanel Suspension (Fycompa®)
	Valproic Acid Capsule, Solution (Generic)	Perampanel Tablet (Generic; Fycompa®)
	Zonisamide Capsule (Generic)	Phenytoin 100mg Capsule, Suspension (Dilantin®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTICONVULSANTS Continued	(Preferred agents listed on page 6)	Phenytoin Chewable Tablet (Dilantin® Infatabs®)
		Phenytoin Sodium Capsule (Phenytek®)
		Rufinamide Suspension, Tablet (Banzel®)
		Stiripentol Capsule, Powder Pack (Diacomit®)
		Tiagabine Tablet (Generic for Gabitril®)
		Topiramate ER Capsule (AG; Generic; Qudexy® XR)
		Topiramate ER Capsule (Generic; Trokendi XR®)
		Topiramate Solution (Generic; Eprontia™)
		Topiramate Sprinkle (Generic 50mg; Topamax®)
		Topiramate Tablet (Topamax®)
		Vigabatrin Powder Pack, Tablet (Generic; Vigadrone®, Vigpoder™, Sabril®)
		Vigabatrin Solution (Vigafyde™)
		Zonisamide Suspension (Zonisade™)
ANTIPSYCHOTIC AGENTS	**ORAL AGENTS**	**ORAL AGENTS**
Antipsychotic Oral/Transdermal Agents	Aripiprazole Tablet (Generic)	Ariprazole Film (Opipza®)
*Request Form	Cariprazine Capsule (Vraylar®)	Aripiprazole ODT, Solution (Generic)
*Criteria	Chlorpromazine Oral Concentrate, Tablet (Generic)	Aripiprazole Tablet, Tablet with Sensor (Abilify®; Abilify® Mycite®)
*POS Edits	Clozapine Tablet (Generic)	Asenapine Sublingual Tablet (Generic; Saphris®)
	Fluphenazine Tablet (Generic)	Asenapine Transdermal Patch (Secuado®)
	Haloperidol Lactate Oral Concentrate (Generic)	Brexpiprazole Tablet (Rexulti®)
	Haloperidol Tablet (Generic)	Clozapine ODT (Generic)
	Loxapine Capsule (Generic)	Clozapine Suspension, Tablet (Versacloz®; Clozaril®)
	Lurasidone Tablet (Generic)	Fluphenazine Elixir/Solution (Generic)
	Olanzapine ODT, Tablet (Generic)	Iloperidone Tablet, Titration Pack (Fanapt®)
	Paliperidone ER Tablet (Generic)	Loxapine Inhalation (Adasuve®)
	Perphenazine Tablet (Generic)	Lumateperone Capsule (Caplyta™)
	Perphenazine/Amitriptyline Tablet (Generic)	Lurasidone Tablet (Latuda®)
	Pimozide Tablet (Generic)	Molindone Tablet (Generic)
	Quetiapine ER Tablet (Generic)	Olanzapine Tablet, ODT (Zyprexa®; Zyprexa Zydis®)
	Quetiapine Tablet (Generic)	Olanzapine/Fluoxetine Capsule (Generic for Symbyax®)
	Risperidone Solution, Tablet (Generic)	Olanzapine/Samidorphan Tablet (Lybalvi™)
	Thioridazine Tablet (Generic)	Paliperidone ER Tablet (Invega®)
	Thiothixene Capsule (Generic)	Pimavanserin Capsule, Tablet (Nuplazid®)
	Trifluoperazine Tablet (Generic)	Quetiapine ER Tablet, Tablet (Seroquel XR®; Seroquel®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTIPSYCHOTIC AGENTS	Ziprasidone Capsule (AG; Generic)	Risperidone ODT (Generic)
Antipsychotic Oral/Transdermal Cont.		Risperidone Solution, Tablet (Risperdal®)
		Xanomeline and Trospium Chloride Capsule, Starter Pack (Cobenfy™)
		Ziprasidone Capsule (Geodon®)
ANTIPSYCHOTIC AGENTS	**INJECTABLE AGENTS**	**INJECTABLE AGENTS**
Antipsychotic Injectable Agents	Aripiprazole Lauroxil (Aristada®; Aristada® Initio®)	Chlorpromazine Ampule (Generic)
*Request Form	Aripiprazole Suspension ER (Abilify Asimtufii®/Maintena®)	Fluphenazine Vial (Generic)
*Criteria	Fluphenazine Decanoate (Generic)	Haloperidol Decanoate Ampule (Haldol®)
*POS Edits	Haloperidol Decanoate, Lactate (Generic)	Olanzapine Solution Vial IM (Generic; Zyprexa®)
	Paliperidone Palmitate (Invega® Hafyera™/Sustenna®/Trinza®)	Olanzapine Suspension (Zyprexa® Relprevv®)
	Risperidone ER Suspension (IM) (Generic)	Paliperidone Palmitate (Erzofri®)
	Risperidone ER Suspension (SQ) (Perseris®; Uzedy®)	Risperidone ER Suspension (IM) (Risperdal® Consta®; Rykindo®)
	Ziprasidone Vial (Generic)	Ziprasidone Vial (Geodon®)
ANTIVIRALS, GENERAL	Nirmatrelvir/Ritonavir Tablet Dose Pack (Paxlovid®)	Acyclovir IV (Generic)
*Request Form	Valganciclovir Solution, Tablet (Generic)	Cidofovir IV (Generic)
*Criteria		Foscarnet IV (Generic)
*POS Edits		Ganciclovir IV (Generic)
		Letermovir IV, Pellet Packet, Tablet (Prevymis™)
		Maribavir Tablet (Livtencity™)
		Molnupiravir Capsule EUA (Lagevrio™)
		Peramivir/PF IV (Rapivab™)
		Remdesivir IV (Veklury™)
		Ribavirin Inhalation (AG, Generic)
ANTIVIRALS, ORAL	Acyclovir Capsule, Suspension, Tablet (Generic)	Baloxavir Marboxil Tablet (Xofluza®)
*Request Form	Famciclovir Tablet (Generic)	Oseltamivir Capsule, Suspension (Tamiflu®)
*Criteria	Oseltamivir Capsule, Suspension (Generic)	Rimantadine Tablet (Generic)
*POS Edits	Valacyclovir Tablet (Generic)	Valacyclovir Caplet (Valtrex®)
		Zanamivir Inhalation Powder (Relenza® Diskhaler®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANXIOLYTICS	Alprazolam Tablet (Generic)	Alprazolam ER Tablet, Intensol Concentrate, ODT (Generic)
*Request Form	Buspirone Tablet (Generic)	Alprazolam ER Tablet, Tablet (Xanax XR®; Xanax®)
*Criteria	Lorazepam Tablet (Generic)	Buspirone Capsule (Bucapsol™)
*POS Edits		Chlordiazepoxide Capsule (Generic)
		Clorazepate Dipotassium Tablet (Generic)
		Diazepam Intensol Concentrate, Solution, Syringe, Tablet, Vial (Generic)
		Lorazepam ER Capsule (Loreev XR™)
		Lorazepam Intensol Concentrate (Generic)
		Meprobamate Tablet (Generic)
		Oxazepam Capsule (Generic)
ASTHMA/COPD	**INHALATION**	**INHALATION**
Bronchodilator, Anticholinergics (COPD) Inhalation	Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Aclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)
	Ipratropium Nebulizer Solution (Generic)	Aclidinium Bromide Inhalation Powder (Tudorza® Pressair®)
*Request Form	Ipratropium/Albuterol Sulfate (Combivent® Respimat®)	Ensifentrine Inhalation Suspension (Ohtuvayre™)
*Criteria	Ipratropium/Albuterol Sulfate Nebulizer Solution (Generic)	Glycopyrrolate/Formoterol Fumarate (Bevespi Aerosphere®)
*POS Edits	Tiotropium Inhalation Powder (Generic for Spiriva® HandiHaler®)	Revefenacin Inhalation Solution (Yupelri®)
	Tiotropium/Olodaterol (Stiolto® Respimat®)	Tiotropium Bromide Inhalation Powder, Spray (Spiriva® HandiHaler®/Respimat®)
		Umeclidinium Inhalation Powder (Incruse® Ellipta®)
		Umeclidinium/Vilanterol Inhalation Powder (AG; Anoro® Ellipta®)
ASTHMA/COPD	**ORAL**	**ORAL**
Bronchodilator, Anticholinergics (COPD) Oral	Roflumilast Tablet (Generic)	Roflumilast Tablet (Daliresp®)
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD	**INHALATION**	**INHALATION**
Bronchodilator, Beta-Agonist Inhalation/Oral Agents	Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL (Generic)	Albuterol Sulfate ER Tablet, Syrup, Tablet (Generic)
	Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™)
*Request Form	Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® RespiClick®)
*Criteria	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL (Generic)	Albuterol Sulfate MDI (Ventolin HFA®)
*POS Edits	Albuterol Sulfate MDI (AG; Generic for ProAir® HFA)	Arformoterol Inhalation Solution (Generic; Brovana®)
	Albuterol Sulfate MDI (AG; Generic for Proventil® HFA)	Formoterol Inhalation Solution (AG; Generic; Perforomist®)
	Albuterol Sulfate MDI (AG for Ventolin HFA®)	Levalbuterol Nebulizer Solution Concentrate(Generic)
	Salmeterol Xinafoate (Serevent® Diskus®)	Levalbuterol Nebulizer Solution (Generic)
		Levalbuterol MDI (AG; Xopenex HFA®)
		Olodaterol MDI (Striverdi® Respimat®)
		Terbutaline Sulfate Tablet (AG; Generic)
ASTHMA/COPD	Beclomethasone Breath-Actuated HFA (QVAR® RediHaler®)	Albuterol/Budesonide (AirSupra HFA®)
Glucocorticoids, Inhalation	Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Generic)	Budesonide DPI (Pulmicort® Flexhaler®)
*Request Form	Budesonide/Formoterol MDI (AG; Generic)	Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Pulmicort® Respules®)
*Criteria	Fluticasone Furoate Inhalation Powder (AG for Arnuity Ellipta®)	Budesonide/Formoterol MDI (Symbicort®)
*POS Edits	Fluticasone MDI (AG for Flovent® HFA)	Budesonide/Glycopyrrolate/Formoterol Inhalation (Breztri Aerosphere™)
	Fluticasone/Salmeterol DPI (AG; Generic for Advair® Diskus®)	Ciclesonide MDI (Alvesco®)
	Fluticasone/Salmeterol DPI (Wixela Inhub®)	Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)
	Fluticasone/Salmeterol MDI (AG for Advair HFA®)	Fluticasone Propionate Inhalation Powder (Armonair® Digihaler™)
	Fluticasone/Umeclidinium/Vilanterol (Trelegy Ellipta®)	Fluticasone Propionate Inhalation Powder (AG for Flovent® Diskus®)
	Mometasone Inhalation Powder (Asmanex® Twisthaler®)	Fluticasone/Salmeterol DPI, MDI (Advair® Diskus®; Advair HFA®)
	Mometasone Furoate MDI (Asmanex HFA®)	Fluticasone/Salmeterol Inhalation Powder (AG; AirDuo® RespiClick®)
	Mometasone/Formoterol MDI (Dulera®)	Fluticasone/Vilanterol Inhalation Powder (AG; Breo Ellipta®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD	Benralizumab Pen (Fasenra®)	Mepolizumab Auto-Injector (Nucala®)
Immunomodulators	Benralizumab Syringe (Fasenra®)	Mepolizumab Syringe (Nucala®)
*Request Form	Omalizumab Autoinjector (Xolair®)	Mepolizumab Vial (Nucala®)
*Criteria	Omalizumab Syringe (Xolair®)	Reslizumab Vial (Cinqair®)
*POS Edits	Omalizumab Vial (Xolair®)	Tezepelumab-ekko Syringe, Pen (Tezspire™)
ASTHMA/COPD	Montelukast Chewable Tablet (Generic)	Montelukast Chewable Tablet, Tablet (Singulair®)
Leukotriene Modifiers	Montelukast Tablet (Generic)	Montelukast Granules (Generic; Singulair®)
*Request Form		Zafirlukast Tablet (AG; Generic; Accolate®)
*Criteria		Zileuton ER Tablet (Generic)
*POS Edits		Zileuton Tablet (Zyflo®)
BOTULINUM TOXINS	AbobotulinumtoxinA (Dysport®)	IncobotulinumtoxinA (Xeomin®)
*Request Form	OnabotulinumtoxinA (Botox®)	RimabotulinumtoxinB (Myobloc®)
*Criteria		
*POS Edits		
COLONY STIMULATING FACTORS	Filgrastim Syringe, Vial (Neupogen®)	Efbemalenograstim alfa-vuxw Syringe (Ryzneuta®)
	Pegfilgrastim-jmdb Syringe (Fulphila®)	Eflapegrastim-xnst Syringe (Rolvedon™)
*Request Form	Pegfilgrastim-pbbk Syringe (Fylnetra®)	Filgrastim-aafi Syringe, Vial (Nivestym®)
*Criteria		Filgrastim-ayow Syringe (Releuko®)
*POS Edits		Filgrastim-sndz Syringe (Zarxio®)
		Pegfilgrastim Kit, Syringe (Neulasta®)
		Pegfilgrastim-apgf Syringe (Nyvepria®)
		Pegfilgrastim-bmez Syringe (Ziextenzo®)
		Pegfilgrastim-cbqv Autoinjector, On-Body, Syringe (Udenyca®)
		Pegfilgrastim-fpgk Syringe (Stimufend®)
		Sargramostim Vial (Leukine®)
		Tbo-Filgrastim Injection Syringe, Vial (Granix®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
CYSTIC FIBROSIS, ORAL	**NONE**	Elexacaftor/Tezacaftor/Ivacaftor Packet, Tablet (Trikafta®)
*Request Form		Ivacaftor Packet, Tablet (Kalydeco®)
*Criteria		Lumacaftor/Ivacaftor Packet, Tablet (Orkambi®)
*POS Edits		Mannitol Inhalation Capsule (Bronchitol®)
		Tezacaftor/Ivacaftor Tablet (Symdeko®)
		Vanzacaftor, Tezacaftor, & Deutivacaftor Tablet (Alyftrek™)
DEPRESSION	Bupropion HCl IR Tablet (Generic)	Bupropion HCl SR 12-Hour (Wellbutrin SR®)
Antidepressants, Other	Bupropion HCl SR 12-Hour Tablet (Generic)	Bupropion HCl XL (AG; Forfivo XL®)
*Request Form	Bupropion HCl XL 24-Hour Tablet (Generic)	Desvenlafaxine ER (No Brand)
*Criteria	Desvenlafaxine Succinate ER Tablet (Generic)	Desvenlafaxine Succinate ER Tablet (Pristiq®)
*POS Edits	Mirtazapine ODT (Generic)	Dextromethorphan/Bupropion Tablet (Auvelity™)
	Mirtazapine Tablet (Generic)	Esketamine Nasal Spray (Spravato®)
	Trazodone Tablet (Generic)	Isocarboxazid Tablet (Marplan®)
	Venlafaxine ER Capsule (Generic)	Levomilnacipran ER Capsule, Titration Pack (Fetzima®)
	Venlafaxine IR Tablet (Generic)	Mirtazapine ODT, Tablet (Remeron® ODT; Remeron®)
	Vilazodone Tablet (AG; Generic)	Nefazodone Tablet (Generic)
		Phenelzine Tablet (Generic, Nardil®)
		Selegiline Transdermal Patch (Emsam®)
		Tranylcypromine Sulfate Tablet (Generic)
		Trazodone Solution (Raldesy™)
		Venlafaxine Besylate ER Tablet (Generic)
		Venlafaxine ER Capsule (Effexor XR®)
		Venlafaxine ER Tablet (AG; Generic)
		Vilazodone Tablet (Viibryd®)
		Vortioxetine Tablet (Trintellix®)
		Zuranolone Capsule (Zurzuvae™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DEPRESSION	Citalopram Solution, Tablet (Generic)	Citalopram Capsule (Generic)
Selective Serotonin Reuptake Inhibitors (SSRIs)	Escitalopram Tablet (Generic)	Citalopram Tablet (Celexa®)
	Fluoxetine Capsule, Solution (Generic)	Escitalopram Solution (Generic)
*Request Form	Fluvoxamine Maleate Tablet (Generic)	Escitalopram Tablet (Lexapro®)
*Criteria	Paroxetine Tablet (Generic)	Fluoxetine Capsule (Prozac®)
*POS Edits	Sertraline Concentrate, Tablet (Generic)	Fluoxetine Delayed Release 90mg Capsule, Tablet, 60mg Tablet (Generic)
		Fluvoxamine Maleate ER Capsule (Generic)
		Paroxetine Suspension (Generic for Paxil®)
		Paroxetine Tablet (Paxil®)
		Paroxetine CR Tablet (AG; Generic; Paxil CR®)
		Paroxetine Mesylate Capsule (AG; Generic for Brisdelle®)
		Sertraline Capsule (Generic)
		Sertraline Concentrate, Tablet (Zoloft®)
DERMATOLOGY	Mupirocin Ointment (Generic)	Gentamicin Sulfate Cream, Ointment (Generic)
Antibiotics, Topical		Mupirocin Cream (Generic)
*Request Form		Mupirocin Ointment (Centany® Kit)
*Criteria		Ozenoxacin Cream (Xepi®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY	Ciclopirox Cream, 8% Solution (Generic)	Ciclopirox Gel (Generic)
Antifungals, Topical	Clotrimazole Rx Cream (Generic)	Ciclopirox 0.77% Suspension (AG; Generic)
*Request Form	Clotrimazole Rx Solution (Generic)	Ciclopirox Shampoo (Generic for Loprox®)
*Criteria	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox 8% Solution Treatment Kit (Generic)
*POS Edits	Ketoconazole Cream (Generic)	Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
	Ketoconazole Shampoo Rx (Generic)	Clotrimazole/Betamethasone Lotion (Generic)
	Nystatin Cream, Ointment, Topical Powder (Generic)	Econazole Nitrate Cream (Generic)
	Nystatin/Triamcinolone Cream (Generic)	Ketoconazole Foam (AG; Generic; Ketodan®)
	Nystatin/Triamcinolone Ointment (Generic)	Ketoconazole Foam Kit (Ketodan®)
		Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®)
		Naftifine Cream (Generic)
		Naftifine Gel (Generic; Naftin®)
		Oxiconazole Lotion (Oxistat®)
		Oxiconazole Cream (Generic for Oxistat®)
		Salicylic Acid Ointment (Generic for Bensal HP®)
		Sertaconazole Cream (Ertaczo®)
		Tavaborole Solution (Generic for Kerydin®)
DERMATOLOGY	Permethrin Cream (Generic)	Crotamiton Cream, Lotion (Eurax®)
Antiparasitic Agents, Topical	Spinosad Suspension (AG for Natroba®)	Crotamiton Lotion (Crotan®)
*Request Form		Malathion Lotion (Generic)
*Criteria		Spinosad Suspension (Natroba®)
*POS Edits		
DERMATOLOGY	Acitretin Capsule (Generic)	Methoxsalen Rapid Softgel (Generic)
Antipsoriatics, Oral		
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY	Calcipotriene Cream (Generic)	Calcipotriene Ointment (Generic)
Antipsoriatics, Topical	Calcipotriene Solution (Generic)	Calcipotriene Foam (AG; Sorilux®)
*Request Form		Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®)
*Criteria		Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic for Taclonex®)
*POS Edits		Calcipotriene/Betamethasone Dipropionate Suspension (Generic; Taclonex Scalp®)
		Calcitriol Ointment (AG; Generic; Vectical®)
		Roflumilast 0.3% Cream, 0.3% Foam (Zoryve™)
DERMATOLOGY	Acyclovir Ointment (Generic)	Acyclovir Cream (AG; Generic)
Antiviral Agents, Topical		Penciclovir Cream (AG; Generic; Denavir®)
*Request Form		
*Criteria		
*POS Edits		
DERMATOLOGY	Crisaborole Ointment (Eucrisa®)	Delgocitinib Cream (Anzupgo™)
Atopic Dermatitis Immunomodulators	Dupilumab Pen, Syringe (Dupixent®)	Nemolizumab-ilto Pen (Nemluvio®)
*Request Form	Lebrikizumab-lbkz Pen, Syringe (Ebglyss™)	Roflumilast 0.15% Cream (Zoryve®)
*Criteria	Pimecrolimus Cream (Generic)	Tapinarof Cream (Vtama®)
*POS Edits	Ruxolitinib Cream (Opzelura™)	
	Tacrolimus Ointment (AG; Generic)	
	Tralokinumab-ldrm Autoinjector, Syringe (Adbry™)	
DERMATOLOGY	Ammonium Lactate Cream, Lotion (Generic)	Dimethicone/Allantoin Cream (Scartrate™)
Emollients		
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY	Imiquimod 5% Cream Packet (Generic for Aldara®)	Imiquimod 3.75% Cream, Cream Pump (Generic for Zyclara®)
Immunomodulators, Topical		Podofilox Gel (Generic; Condylox®)
*Request Form		Podofilox Solution (Generic)
*Criteria		Sinecatechins Ointment (Veregen®)
*POS Edits		Sirolimus Gel (Hyftor™)
DERMATOLOGY	Hydrocortisone Rectal Cream, Topical Cream (Generic)	Alclometasone Dipropionate Cream, Ointment (Generic)
Steroids, Topical	Hydrocortisone Lotion (Generic)	Desonide Cream, Lotion, Ointment (Generic)
Low Potency	Hydrocortisone Ointment (Generic)	Fluocinolone Acetonide Body Oil, Scalp Oil (Generic; Derma-Smoothe/FS®)
*Request Form		Fluocinolone Acetonide Shampoo (Capex®)
*Criteria		Hydrocortisone/Skin Cleanser Lotion Kit (Generic)
*POS Edits		Hydrocortisone Gel (Hydroxym®)
		Hydrocortisone Solution (Generic; Texacort®)
DERMATOLOGY	Fluticasone Propionate Cream (Generic)	Betamethasone Valerate Foam (Generic for Luxiq®)
Steroids, Topical	Fluticasone Propionate Ointment (Generic)	Clocortolone Pivalate Cream (Generic for Cloderm®)
Medium Potency	Mometasone Furoate Cream (Generic)	Fluocinolone Acetonide Cream, Ointment, Solution (Generic)
*Request Form	Mometasone Furoate Ointment (Generic)	Fluocinolone Acetonide Ointment, Solution (Synalar®)
*Criteria	Mometasone Furoate Solution (Generic)	Fluocinolone Cream Kit, Ointment Kit, TS Kit (Synalar®; Synalar® TS)
*POS Edits		Flurandrenolide Lotion (AG; Generic)
		Flurandrenolide Ointment (Generic)
		Fluticasone Propionate Lotion (Generic; Beser™)
		Fluticasone Propionate Lotion Kit (Beser™)
		Hydrocortisone Butyrate Lotion, Cream, Ointment, Solution (Generic)
		Hydrocortisone Probutate Cream (Pandel®)
		Hydrocortisone Valerate Cream, Ointment (Generic)
		Prednicarbate Ointment (Generic)
		Triamcinolone Acetonide Dental Paste (Generic; Oralone®)

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	Insulin Aspart Cartridge, Pen, Vial (AG)	Insulin Aspart Cartridge, Pen, Vial (Novolog®)
Hypoglycemics	Insulin Aspart Protamine/Aspart Pen, Vial (AG)	Insulin Aspart Cartridge, Pen, Vial (Fiasp® Penfill®/PumpCart®/FlexTouch®; Fiasp®)
Insulins & Related Agents	Insulin Glargine Pen, Vial (Generic; Lantus® SoloStar®; Lantus®)	Insulin Aspart Protamine/Aspart Pen, Vial (Novolog Mix 70/30®)
*Request Form	Insulin Vial OTC (Humulin® N; Humulin® R)	Insulin Aspart-xjhz Pen, Vial (Kirsty™)
*Criteria	Insulin Regular 500 units/mL Pen, Vial (Humulin® R U-500)	Insulin Degludec Pen, Vial (Generic; Tresiba® FlexTouch®; Tresiba®)
*POS Edits	Insulin Isophane (NPH)/Insulin Regular Pen OTC (Humulin® 70/30)	Insulin Detemir Pen, Vial (Levemir®)
	Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)	Insulin Glargine U-100 (Basaglar® KwikPen®; Basaglar® Tempo Pen™)
	Insulin Lispro (AG for Humalog® Junior KwikPen®)	Insulin Glargine-aglr (Rezvoglar® KwikPen®)
	Insulin Lispro Pen (AG for Humalog® KwikPen® U-100)	Insulin Glargine-yfgn Pen, Vial (Generic; Semglee®)
	Insulin Lispro Vial (AG for Humalog®)	Insulin Glargine Pen (Generic; Toujeo® Solostar®, Toujeo® Max Solostar®)
	Insulin Lispro Protamine/Insulin Lispro KwikPen (AG)	Insulin Glulisine Pen, Vial (Apidra® SoloStar®; Apidra®)
		Insulin Lispro Pen, Vial (Admelog® SoloStar®; Admelog®)
		Insulin Lispro Cartridge, Vial (Humalog®)
		Insulin Lispro Pen (Humalog® Junior KwikPen/KwikPen®/Tempo Pen™ U-100)
		Insulin Lispro-aabc Pen (Lyumjev® KwikPen®; Lyumjev® Tempo Pen™)
		Insulin Lispro-aabc Vial (Lyumjev®)
		Insulin Lispro Protamine/Insulin Lispro Pen, Vial (Humalog® Mix)
		Insulin Isophane (NPH)/Insulin Regular Pen OTC, Vial OTC (Novolin® 70/30)
		Insulin Human Pen OTC, Vial OTC (Novolin® N; Novolin® R)
		Insulin Human in 0.9% Sodium Chloride Piggyback IV (Myxredlin®)
		Insulin Human Inhalation Powder Cartridge (Afrezza®)
		Insulin Human Pen OTC (Humulin® N Kwikpen®)
DIABETES	Nateglinide (Generic)	**NONE**
Hypoglycemics	Repaglinide (Generic)	
Meglitinides		
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	Dapagliflozin Tablet (AG)	Canagliflozin Tablet (Invokana®)
Hypoglycemics	Dapagliflozin/Metformin ER Tablet (AG)	Canagliflozin/Metformin ER Tablet, Tablet (Invokamet® XR; Invokamet®)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Empagliflozin Tablet (Jardiance®)	Dapagliflozin Tablet (Farxiga®)
	Empagliflozin/Metformin Tablet (Synjardy®)	Dapagliflozin/Metformin ER Tablet (Xigduo® XR)
*Request Form		Empagliflozin/Metformin ER Tablet (Synjardy® XR)
*Criteria		Ertugliflozin Tablet (Steglatro®)
*POS Edits		Ertugliflozin/Metformin Tablet (Segluromet®)
		Sotagliflozin Tablet (Inpefa®)
DIABETES	Glimepiride Tablet 1mg, 2mg, 4mg (Generic)	Glimepiride 3mg Tablet (Generic)
Hypoglycemics	Glipizide Tablet (Generic)	Glipizide ER (Glucotrol® XL)
Sulfonylureas	Glipizide ER Tablet (Generic)	
*Request Form	Glyburide Tablet (Generic)	
*Criteria	Glyburide Micronized Tablet (Generic)	
*POS Edits		
DIABETES	Pioglitazone Tablet (Generic)	Pioglitazone Tablet (Actos®)
Hypoglycemics		Pioglitazone/Glimepiride Tablet (AG)
Thiazolidinediones (TZDs)		Pioglitazone/Metformin Tablet (Generic; Actoplus Met®)
*Request Form		
*Criteria		
*POS Edits		
DIABETES	Glipizide-Metformin Tablet (Generic)	Metformin ER Tablet (Generic for Fortamet™)
Metformins	Glyburide-Metformin Tablet (Generic)	Metformin ER Tablet (Generic for Glumetza™)
*Request Form	Metformin Tablet 500mg, 850mg, 1000mg (Generic)	Metformin Solution (Generic; Riomet™)
*Criteria	Metformin ER Tablet (Generic for Glucophage® XR)	Metformin Tablet 625mg (Generic)
*POS Edits		Metformin Tablet 750mg (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS	Meclizine Tablet (AG; Generic)	Amisulpride Vial (Barhemsys®)
Antiemetic/Antivertigo Agents	Metoclopramide Solution (Generic)	Aprepitant Capsule, Pack (Generic; Emend®; Emend TriPack®)
*Request Form	Metoclopramide Tablet (Generic)	Aprepitant Powder for Oral Suspension Packet (Emend®)
*Criteria	Metoclopramide Vial (Generic)	Aprepitant Vial (Aponvie®, Cinvanti®)
*POS Edits	Ondansetron ODT 4mg, 8mg (Generic)	Dimenhydrinate Vial (Generic)
	Ondansetron Solution (Generic)	Doxylamine/Pyridoxine Tablet (AG; Generic; Diclegis®)
	Ondansetron Tablet (Generic)	Doxylamine/Pyridoxine Tablet (Bonjesta®)
	Ondansetron Vial (Generic)	Dronabinol Oral (AG; Generic; Marinol®)
	Prochlorperazine Tablet (Generic)	Fosaprepitant Dimeglumine Vial (AG; Generic; Emend®)
	Promethazine Ampule (Generic)	Fosaprepitant Dimeglumine Vial (Focinvez™)
	Promethazine Rectal 12.5 mg (Generic)	Fosnetupitant/Palonosetron Vial (Akynzeo®)
	Promethazine Rectal 25 mg (Generic)	Granisetron Tablet, Vial (Generic)
	Promethazine Syrup (Generic)	Granisetron ER Syringe (Sustol®)
	Promethazine Tablet (Generic)	Granisetron Transdermal Patch (Sancuso®)
	Promethazine Vial (Generic)	Meclizine Tablet (Antivert®)
	Scopolamine Transdermal (Generic)	Metoclopramide Syringe (Generic)
		Metoclopramide Tablet (Reglan®)
		Metoclopramide Nasal (Gimoti®)
		Netupitant/Palonosetron HCl Capsule (Akynzeo®)
		Ondansetron ODT 16mg, Syringe (Generic)
		Palonosetron Vial (Generic for Aloxi®)
		Prochlorperazine Rectal (Generic; Compro®)
		Prochlorperazine Vial (Generic)
		Promethazine Ampule, Vial (Phenergan®)
		Promethazine Suppository 50mg (Generic)
		Scopolamine Transdermal (Transderm-Scop®)
		Trimethobenzamide Vial (Tigan®)
		Trimethobenzamide Capsule (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS	Ursodiol 300 mg Capsule (Generic)	Chenodiol Tablet (Chenodal®; Ctexli™)
Bile Acid Salts	Ursodiol Tablet (Generic)	Cholic Acid Capsule (Cholbam®)
*Request Form *Criteria *POS Edits		Elafibranor Tablet (Iqirvo®)
		Maralixibat Solution, Tablet (Livmarli®)
		Obeticholic Acid Tablet (Ocaliva®)
		Odevixibat Capsule, Pellet (Bylvay®)
		Seladelpar Capsule (Livdelzi®)
		Ursodiol Capsule (Reltone®)
		Ursodiol Tablet (URSO 250®/URSO Forte®)
DIGESTIVE DISORDERS	Famotidine Suspension (Generic)	Cimetidine Solution, Tablet (Generic)
Histamine II Receptor Blockers	Famotidine 40mg Tablet (Generic)	Famotidine Piggyback, Vial (Generic)
*Request Form *Criteria *POS Edits		Nizatidine Capsule (Generic)
DIGESTIVE DISORDERS	Pancrelipase (Creon®)	Pancrelipase (Pertzye®)
Pancreatic Enzymes	Pancrelipase (Zenpep®)	Pancrelipase (Viokace®)
*Request Form *Criteria *POS Edits		
DIGESTIVE DISORDERS	Esomeprazole Suspension (Generic)	Dexlansoprazole Capsule (AG; Generic; Dexilant®)
Proton Pump Inhibitors	Lansoprazole Capsule, ODT (Generic)	Esomeprazole Capsule (Generic; Nexium®)
*Request Form *Criteria *POS Edits	Omeprazole Capsule Rx (Generic)	Esomeprazole Suspension (Nexium®)
	Pantoprazole Tablet (Generic)	Lansoprazole Capsule (Prevacid®)
		Lansoprazole ODT (Prevacid® SoluTab®)
		Omeprazole Granules for Suspension (Prilosec®)
		Omeprazole/Sodium Bicarbonate for Oral Suspension (Konvomep®)
		Omeprazole/Sodium Bicarbonate Rx Capsule, Packet (Generic for Zegerid®)
		Pantoprazole Tablet (Protonix®)
		Pantoprazole Suspension (Generic; Protonix®)
		Rabeprazole Tablet (Generic for AcipHex®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS	Balsalazide Capsule (Generic)	Budesonide Rectal Foam (Generic)
Ulcerative Colitis Agents	Mesalamine ER Capsule (AG; Generic for Apriso®)	Budesonide DR Tablet (AG; Generic)
*Request Form	Mesalamine Suppositories (AG; Generic for Canasa®)	Mesalamine DR Tablet (Generic for Asacol HD®)
*Criteria	Sulfasalazine Tablet (AG; Generic)	Mesalamine DR Capsule (AG; Generic; Delzicol®)
*POS Edits	Sulfasalazine DR Tablet (AG)	Mesalamine Enema (Rowasa®; sfRowasa®; Generic for sfRowasa®)
		Mesalamine Kit (Generic; Rowasa®)
		Mesalamine DR Tablet MMX® (AG; Generic; Lialda®)
		Mesalamine ER Capsule (Generic; Pentasa®)
		Mesalamine Suppositories (Canasa®)
		Olsalazine Capsule (Dipentum®)
		Sulfasalazine DR Tablet, Tablet (Azulfidine EN-Tabs®; Azulfidine®)
DUCHENNE MUSCULAR DYSTROPHY TREATMENTS	**NONE**	Casimersen Vial (Amondys 45®)
*Request Form		Deflazacort Suspension, Tablet (Generic; Emflaza®)
*Criteria		Delandistrogene Moxeparvovec-rokl Kit (Elevidys™)
*POS Edits		Eteplirsen Vial (Exondys 51®)
		Givinostat Suspension (Duvyzat™)
		Golodirsen Vial (Vyondys 53®)
		Vamorolone Suspension (Agamree®)
		Viltolarsen Vial (Viltepso®)
ENZYME REPLACEMENT	**NONE**	Eliglustat Capsule (Cerdelga®)
Gaucher's Disease		Imiglucerase 400-unit Vial (Cerezyme®)
*Request Form		Miglustat Capsule (AG; Generic; Yargesa®; Zavesca®)
*Criteria		Taliglucerase alfa Vial (Elelyso®)
*POS Edits		Velaglucerase alfa 400-unit Vial (Vpriv®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
EPINEPHRINE, SELF-ADMINISTERED	Epinephrine 0.1 mg, 0.15mg, 0.3mg Auto-Injector (Auvi-Q®)	Epinephrine 0.15 mg, 0.3 mg Auto-Injector (AG for Adrenaclick®)
*Request Form	Epinephrine 0.15 mg Auto-Injector (AG; Generic for EpiPen Jr®)	Epinephrine 0.15 mg Auto-Injector (EpiPen Jr®)
*Criteria	Epinephrine 0.3 mg Auto-Injector (AG; Generic for EpiPen®)	Epinephrine 0.3 mg Auto-Injector (EpiPen®)
*POS Edits		Epinephrine Nasal Spray (Neffy®)
GI MOTILITY, CHRONIC	Linaclotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)
*Request Form	Lubiprostone Capsule (AG; Generic for Amitiza®)	Eluxadoline Tablet (Viberzi®)
*Criteria		Lubiprostone Capsule (Amitiza®)
*POS Edits		Naldemedine Tablet (Symproic®)
		Naloxegol Tablet (Movantik®)
		Prucalopride Tablet (Generic; Motegrity®)
		Tenapanor Tablet (Ibsrela®)
GLUCOCORTICOIDS, ORAL	Budesonide EC Capsule (Generic)	Budesonide Suspension Packet (Eohilia™)
*Request Form	Dexamethasone Tablet (Generic)	Cortisone Acetate Tablet (Generic)
*Criteria	Hydrocortisone Tablet (Generic)	Dexamethasone Tablet (Hemady®)
*POS Edits	Methylprednisolone Tablet Dose Pack (Generic)	Dexamethasone Therapy Pack (Taperdex®)
	Prednisolone Sodium Phosphate Solution (Generic)	Dexamethasone Elixir, Intensol Concentrate, Solution, Tablet Dose Pack (Generic)
	Prednisolone Solution (Generic)	Hydrocortisone Solution (Khindivi®)
	Prednisone Tablet (Generic)	Hydrocortisone Tablet (Cortef®)
		Hydrocortisone Capsule (Alkindi® Sprinkle)
		Methylprednisolone Tablet, Dose Pack (Medrol®)
		Methylprednisolone Tablet 4 mg, 8 mg, 16 mg, 32 mg (Generic)
		Prednisolone Tablet (Generic; Millipred®)
		Prednisolone Tablet Dose Pack (Millipred® DP)
		Prednisolone Sodium Phosphate 10 mg/5 mL (Generic Millipred®)
		Prednisolone Sodium Phosphate 20 mg/5 mL (Generic Veripred®)
		Prednisolone Sodium Phosphate ODT (AG)
		Prednisone Intensol Concentrate, Solution, Tablet Dose Pack (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GOUT AGENTS	Allopurinol Tablet 100mg, 300mg (Generic)	Allopurinol Tablet 200mg (AG)
Antihyperuricemics	Colchicine Tablet (Generic)	Colchicine Capsule (AG; Generic; Mitigare®)
*Request Form	Febuxostat Tablet (Generic)	Colchicine Solution (Gloperba®)
*Criteria	Probenecid Tablet (Generic)	Colchicine Tablet (Colcrys®)
*POS Edits	Probenecid/Colchicine Tablet (Generic)	Febuxostat Tablet (Uloric®)
		Pegloticase Intravenous (Krystexxa®)
GROWTH DEFICIENCY	Somatropin Cartridge, Syringe (Genotropin®)	Lonapegsomatropin-tcgd Cartridge (Skytrofa®)
Growth Hormones	Somatropin Pen (Norditropin® FlexPro®)	Somapacitan-beco Pen (Sogroya®)
*Request Form		Somatrogon-ghla Pen (Ngenla®)
*Criteria		Somatropin Cartridge (Humatrope®)
*POS Edits		Somatropin Pen (Nutropin AQ® NuSpin®)
		Somatropin Cartridge, Vial (Omnitrope®)
		Somatropin Vial (Serostim®)
		Somatropin Vial (Zomacton®)
GROWTH FACTORS	**NONE**	Mecasermin Subcutaneous (Increlex®)
*Request Form		Tesamorelin Acetate Subcutaneous (Egrifta SV®; Egrifta WR®)
*Criteria		Vosoritide Vial (Voxzogo™)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
H. PYLORI TREATMENT	Bismuth Subcitrate /Metronidazole/Tetracycline (Generic)	Bismuth Subcitrate /Metronidazole/Tetracycline (Pylera®)
*Request Form	Omeprazole/Amoxicillin/Rifabutin (Talicia®)	Lansoprazole/Amoxicillin/Clarithromycin (Generic for Prevpac®)
*Criteria		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
*POS Edits		Vonoprazan Tablet (Voquezna®)
		Vonoprazan/Amoxicillin (Voquezna DualPak®)
		Vonoprazan/Amoxicillin/Clarithromycin (Voquezna TriplePak®)
HEART DISEASE, HYPERLIPIDEMIA	Apixaban Dose Pack, Tablet (Eliquis®)	Dabigatran Capsule, Pellet Pack (Pradaxa®)
Anticoagulants	Dabigatran Capsule (Generic)	Dalteparin Syringe, Vial (Fragmin®)
*Request Form	Enoxaparin Syringe, Vial (AG; Generic)	Edoxaban Tablet (Savaysa®)
*Criteria	Rivaroxaban Tablet 2.5mg (Generic)	Enoxaparin Syringe, Vial (Lovenox®)
*POS Edits	Rivaroxaban Dose Pack, Tablet (Xarelto® Starter Pack, Xarelto®)	Fondaparinux Syringe (Generic; Arixtra®)
	Warfarin Tablet (Generic)	Rivaroxaban Suspension (Xarelto®)
HEART DISEASE, HYPERLIPIDEMIA	Aspirin/Dipyridamole ER Capsule (Generic)	Clopidogrel Tablet (Plavix®)
Anticoagulants	Clopidogrel Tablet (Generic)	Prasugrel Tablet (Effient®)
Platelet Aggregation Inhibitors	Dipyridamole Tablet (Generic)	Ticagrelor Tablet (Brilinta®)
*Request Form	Prasugrel Tablet (Generic)	
*Criteria	Ticagrelor Tablet (Generic)	
*POS Edits		

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

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA	Fenofibrate Nanocrystallized Tablet 48mg, 145mg (Generic Tricor®)	Ezetimibe Tablet (Zetia®)
Lipotropics, Other Continued	Fenofibrate Capsule, Tablet (Generic for Lofibra®)	Fenofibrate Capsule Micronized (AG; Generic for Antara®)
	Gemfibrozil Tablet (Generic)	Fenofibrate Capsule (Generic; Lipofen®)
	Icosapent Ethyl Capsule (Generic)	Fenofibrate Tablet (AG; Generic for Fenoglide®)
	Niacin ER Tablet (Generic)	Fenofibrate Tablet Nanocrystallized Tablet 48mg, 145mg (Tricor®)
	Omega-3-acid Ethyl Esters Capsule (Generic)	Fenofibric Acid Tablet (Generic for Fibricor®)
		Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
		Gemfibrozil Tablet (Lopid®)
		Inclisiran Syringe (Leqvio®)
		Lomitapide Capsule (Juxtapid®)
		Olezarsen Auto-Injector (Tryngolza)
HEART DISEASE, HYPERLIPIDEMIA	Ambrisentan Tablet (Generic)	Ambrisentan Tablet (Letairis®)
Pulmonary Arterial Hypertension (PAH)	Bosentan Tablet (Generic)	Bosentan Suspension, Tablet (Tracleer®)
*Request Form	Sildenafil Oral Suspension, Tablet (Generic for Revatio®)	Iloprost Inhalation Solution (Ventavis®)
*Criteria	Tadalafil Tablet (Generic for Adcirca®)	Macitentan Tablet (Opsumit®)
*POS Edits		Macitentan and Tadalafil Tablet (Opsynvi®)
		Riociguat Tablet (Adempas®)
		Selexipag Tablet, Dose Pack (Uptravi®)
		Sildenafil Suspension, Tablet (Revatio®)
		Tadalafil Suspension (Tadliq®)
		Tadalafil Tablet (Adcirca®)
		Treprostinil ER Tablet, Titration Kit (Orenitram ER®; Orenitram® Month 1/2/3)
		Treprostinil Inhalation Powder, Inhalation Solution (Tyvaso DPI™; Tyvaso®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS	Darbepoetin Syringe (Aranesp®)	Epoetin alfa-epbx Vial (Retacrit®) [by Vifor]
	Darbepoetin Vial (Aranesp®)	Epoetin alfa Vial (Procrit®)
Erythropoietins	Epoetin alfa-epbx Vial (Retacrit®) [by Pfizer]	Luspatercept-aamt Vial (Reblozyl®)
*Request Form	Epoetin alfa Vial (Epogen®)	Methoxy Polyethylene Glycol-Epoetin Beta Syringe (Mircera®)
*Criteria		Vadadustat Tablet (Vafseo®)
*POS Edits		
HEMODIALYSIS	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic; Calphron®)
Phosphate Binders	Sevelamer Carbonate Tablet (AG; Generic)	Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)
*Request Form		Ferric Citrate Tablet (Auryxia®)
*Criteria		Lanthanum Carbonate Chewable Tablet (Generic; Fosrenol®)
*POS Edits		Lanthanum Carbonate Powder Pack (Fosrenol®)
		Sevelamer Carbonate Powder Pack (Generic; Renvela®)
		Sevelamer Carbonate Tablet (Renvela®)
		Sevelamer HCl Tablet (AG; Generic for RenaGel®)
		Sucroferric Oxyhydroxide Chewable Tablet (Velphoro®)
		Tenapanor Tablet (Xphozah™)
HEMOPHILIA TREATMENT	Emicizumab-kxwh (Hemlibra®)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
*Request Form	Factor IX Human Recombinant, GlycoPEGylated (Rebinyn®)	Concizumab-mtci (Alhemo®)
*Criteria	Factor IX Human Recombinant (BeneFIX® Kit)	Etranacogene Dezaparvovec-drlb (Hemgenix®)
*POS Edits	Factor VIIa, Recombinant (NovoSeven® RT)	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)
	Factor VIII (Kovaltry®)	Factor IX Human (AlphaNine SD®)
	Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Factor IX Human Recombinant (Ixinity®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEMOPHILIA TREATMENT Continued	Factor VIII, B-Domain-Deleted (Xyntha® Solofuse® Syringe Kit)	Factor IX Recombinant (Rixubis®)
	Factor VIII, B-Domain-Truncated (Novoeight®)	Factor IX Recombinant, Albumin Fusion (Idelvion®)
	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII, Recombinant, PEGylated-aucl (Jivi®)	Factor VIIa, (Recombinant)-jncw (Sevenfact®)
	Factor VIII/VWF (Alphanate®)	Factor VIII, Full-Length (Advate®)
	Factor VIII/VWF (Humate-P® Kit)	Factor VIII (Kogenate FS®)
	Factor VIII/VWF (Wilate®)	Factor VIII, Full-Length PEGylated (Adynovate®)
	Factor X (Coagadex®)	Factor VIII, Human (Hemofil-M®)
	Factor XIII Concentrate, Human (Corifact® Kit)	Factor VIII, Human Kit (Koate DVI®)
		Factor VIII, Human Vial (Koate DVI®)
		Factor VIII, Recombinant Fc-VWF-XTEN Fusion Protein-ehtl (Altuviiio™)
		Factor VIII, Recombinant Glycopegylated-exei (Esperoct®)
		Factor VIII, Recombinant Porcine (Obizur®)
		Factor VIII, Recombinant (Recombinate®)
		Factor VIII, Recombinant, Fc Fusion (Eloctate®)
		Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)
		Factor XIII A-Subunit, Recombinant (Tretten®)
		Fidanacogene Elaparvovec-dzkt (Beqvez™)
		Fitusiran Sodium Pen, Vial (Qfitlia™)
		Prothrombin Complex Concentrate Human-lans (Balfaxar®)
		Marstacimab-hncq (Hympavzi™)
		Valoctocogene Roxaparvovec-rvox (Roctavian™)
		Von Willebrand Factor, Recombinant (Vonvendi®)

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HIV-AIDS Continued	Stavudine Capsule (Generic)	**NONE**
	Tenofovir Disoproxil Fumarate Tablet (Generic)	
	Tenofovir Disoproxil Fumarate Powder, Tablet (Viread®)	
	Tipranavir Capsule (Aptivus®)	
	Zidovudine Syrup (Generic; Retrovir®)	
	Zidovudine Capsule, Tablet (Generic)	
IDIOPATHIC PULMONARY FIBROSIS	Nintedanib Capsule (Ofev®)	Pirfenidone Capsule, Tablet (Esbriet®)
*Request Form	Pirfenidone Capsule (Generic)	
*Criteria	Pirfenidone Tablet (Generic)	
*POS Edits		
IMMUNE GLOBULINS (IG)	IG Injection Vial [(Human) Gamunex®-C]	Cytomegalovirus IG IV [(Human) Cytogam®]
*Request Form	IG Intravenous Vial [(Human) Gammagard Liquid]	Hepatitis B IG Intravenous [(Human) HepaGam B®]
*Criteria	IG Intravenous Vial [(Human) Privigen®]	Hepatitis B IG Syringe, Vial [(Human) HyperHEP B® S/D]
*POS Edits	IG Subcutaneous Syringe [(Human) Hizentra®]	IG Infusion [(Human) Hyqvia®]
	IG Subcutaneous Vial [(Human) Hizentra®]	IG Injection [(Human) Gammaked™]
		IG IV [(Human) Bivigam®; Flebogamma® DIF]
		IG IV [(Human) Gammagard S/D; Gammaplex®; Octagam®]
		IG IV [(Human-ifas) Panzyga®]
		IG IV [(Human-slra) Asceniv™]
		IG SQ [(Human) Cuvitru®]
		IG SQ [(Human-hipp) Cutaquig®]
		IG SQ [(Human-klhw) Xembify®]
		IG Vial [(Human) GamaSTAN®]
		IG Vial [(Human-stwk) Alyglo™]
		Rabies IG [(Human) HyperRAB®; Kedrab™]
		Varicella Zoster IG [(Human) Varizig®]

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
IMMUNOSUPPRESSIVES, ORAL	Azathioprine Tablet (Generic)	Avacopan Capsule (Tavneos™)
*Request Form	Cyclosporine Capsule – MODIFIED 25 mg, 100 mg	Azathioprine Tablet (Imuran®)
*Criteria	Cyclosporine Softgel – MODIFIED 50 mg (Generic)	Belumosudil Tablet (Rezurock™)
*POS Edits	Mycophenolate Mofetil Capsule (Generic)	Cyclosporine Capsule 25 mg, 100 mg (Generic; Sandimmune®)
	Mycophenolate Mofetil Tablet (Generic)	Cyclosporine Capsule – MODIFIED (Neoral®)
	Mycophenolic Acid as Mycophenolate Sodium (Generic)	Cyclosporine Solution – MODIFIED (Generic; Neoral®)
	Sirolimus Solution (Generic for Rapamune®)	Everolimus Tablet (Generic; Zortress®)
	Sirolimus Tablet (AG; Generic; Rapamune®)	Mycophenolate Mofetil Capsule, Tablet (CellCept®)
	Tacrolimus Capsule (Generic)	Mycophenolate Mofetil Suspension (Generic; CellCept®)
		Mycophenolate Mofetil Suspension (Myhibbin™)
		Mycophenolic Acid as Mycophenolate Sodium Tablet (Myfortic®)
		Tacrolimus Capsule, Granule Packet (Prograf®)
		Tacrolimus ER Capsule (Astagraf® XL)
		Tacrolimus ER Tablet (Envarsus® XR)
INFECTIOUS DISORDERS	Amoxicillin/Clavulanate Suspension (AG; Generic)	Amoxicillin/Clavulanate ER Tablet, Chewable Tablet (Generic)
Antibiotics	Amoxicillin/Clavulanate Tablet (AG; Generic)	Amoxicillin/Clavulanate Suspension (Augmentin® 125mg/5ml)
Cephalosporin and Related Antibiotics	Cefadroxil Capsule (Generic)	Cefaclor Capsule, ER Tablet, Suspension (Generic)
*Request Form	Cefdinir Capsule, Suspension (Generic)	Cefadroxil Suspension, Tablet (Generic)
*Criteria	Cefprozil Suspension, Tablet (Generic)	Cefixime Capsule (AG; Generic for Suprax®)
*POS Edits	Cefuroxime Tablet (Generic)	Cefixime Suspension (Generic for Suprax®)
	Cephalexin Capsule, Suspension (Generic)	Cefpodoxime Proxetil Suspension, Tablet (Generic)
		Cephalexin Tablet (Generic)
INFECTIOUS DISORDERS	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Generic; Cipro®)
Antibiotics	Levofloxacin Tablet (Generic)	Ciprofloxacin Tablet (Cipro®)
Fluoroquinolones		Delafloxacin Tablet (Baxdela®)
*Request Form		Levofloxacin Solution (Generic)
*Criteria		Moxifloxacin Tablet (Generic)
*POS Edits		Ofloxacin Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS	Metronidazole 250mg, 500mg Tablet (Generic)	Fecal Microbiota Spores, Live-brpk (Vowst™)
Antibiotics	Neomycin Tablet (Generic)	Fidaxomicin Suspension, Tablet (Dificid®)
Gastrointestinal Antibiotics	Tinidazole Tablet (Generic)	Metronidazole Capsule (Generic; Flagyl®)
*Request Form	Vancomycin HCl Capsule (AG; Generic)	Metronidazole Suspension (Likmez™)
*Criteria		Metronidazole 125mg Tablet (Generic)
*POS Edits		Nitazoxanide Tablet (Generic)
		Paromomycin Capsule (Generic)
		Rifamycin Tablet (Aemcolo®)
		Secnidazole Oral Granules (Solosec™)
		Vancomycin HCl Capsule (Vancocin®)
		Vancomycin Solution (AG; Generic; Firvanq®)
		Vancomycin Solution 250mg/5ml (Generic)
INFECTIOUS DISORDERS	Tobramycin Capsule (Tobi Podhaler®)	Amikacin Inhalation Suspension (Arikayce®)
Antibiotics	Tobramycin Solution (Generic for Tobi®)	Aztreonam Solution (Cayston®)
Inhaled Antibiotics		Tobramycin Solution (AG; Generic; Bethkis®)
*Request Form		Tobramycin Solution (Tobi®)
*Criteria		Tobramycin Inhalation Solution Pak (AG; Kitabis Pak®)
*POS Edits		
INFECTIOUS DISORDERS	Clindamycin Capsule (Generic)	Clindamycin Capsule (Cleocin®)
Antibiotics	Clindamycin Palmitate Solution (Generic)	Clindamycin Palmitate Solution (Cleocin®)
Lincosamides		Clindamycin Phosphate in D5W Piggyback Injection (Generic)
*Request Form		Clindamycin Phosphate Injection Vial (Generic; Cleocin®)
*Criteria		Clindamycin in 0.9% Sodium Chloride Piggyback Intravenous (Generic)
*POS Edits		Lincomycin HCl Vial (Generic; Lincocin®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS	Azithromycin Packet (AG)	Azithromycin Packet, Suspension, Tablet (Zithromax®)
Antibiotics	Azithromycin Suspension, Tablet (Generic)	Clarithromycin ER Tablet, Suspension (Generic)
Macrolides - Ketolides	Clarithromycin Tablet (Generic)	Erythromycin Base DR Capsule, Tablet (Generic)
*Request Form	Erythromycin Base DR Tablet (Generic)	Erythromycin Base DR Tablet (Ery-Tab®)
*Criteria		Erythromycin Ethyl Succinate Suspension (AG; Generic; EryPed® 200; EryPed® 400)
*POS Edits		Erythromycin Ethyl Succinate Suspension (E.E.S.® 200)
		Erythromycin Ethyl Succinate Tablet (E.E.S. ® 400)
		Erythromycin Stearate Filmtab (Erythrocin®)
INFECTIOUS DISORDERS	Nitrofurantoin Macrocrystals Capsule (Generic)	Nitrofurantoin Monohydrate Macrocrystals Capsule 100 mg (Macrobid®)
Antibiotics	Nitrofurantoin Monohydrate Macrocrystals Capsule (AG; Generic)	Nitrofurantoin Suspension (AG; Generic for Furadantin®)
Nitrofuran Derivatives		
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS	Linezolid Tablet (AG; Generic)	Linezolid in 0.9% Sodium Chloride IV (AG)
Antibiotics		Linezolid in Dextrose 5% IV (Generic; Zyvox®)
Oxazolidinones		Linezolid Suspension (AG; Generic; Zyvox®)
*Request Form		Linezolid Tablet (Zyvox®)
*Criteria		Tedizolid IV, Tablet (Sivextro®)
*POS Edits		
INFECTIOUS DISORDERS	**NONE**	Lefamulin Acetate Tablet, Vial (Xenleta®)
Antibiotics		
Pleuromutilins		
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS	Doxycycline Hyclate Capsule (Generic)	Demeclocycline Tablet (Generic)
Antibiotics	Doxycycline Hyclate Tablet (Generic)	Doxycycline Hyclate DR Tablet (Doryx® MPC)
Tetracyclines	Doxycycline Monohydrate 50 mg, 100mg Capsule (AG; Generic)	Doxycycline Hyclate DR Tablet (AG; Generic; Doryx®)
*Request Form	Doxycycline Monohydrate Tablet (Generic)	Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit)
*Criteria	Minocycline Capsule (Generic)	Doxycycline Monohydrate 40 mg DR Capsule (AG; Oracea®)
*POS Edits		Doxycycline Monohydrate Capsule 75 mg, 150 mg (AG; Generic)
		Doxycycline Monohydrate Suspension (Generic)
		Minocycline ER Tablet, Tablet (Generic)
		Omadacycline Tosylate Tablet (Nuzyra®)
		Tetracycline Capsule, Tablet (Generic)
INFECTIOUS DISORDERS	Clindamycin Vaginal Cream (Generic for Cleocin®)	Clindamycin Vaginal Cream (Cleocin®)
Antibiotics	Metronidazole Vaginal Gel (Nuvessa®)	Clindamycin Vaginal Cream (Clindesse®)
Vaginal	Metronidazole Vaginal Gel (Generic for MetroGel-Vaginal®)	Clindamycin Vaginal Gel (Xaciato™)
*Request Form		Clindamycin Vaginal Ovules (Cleocin®)
*Criteria		Metronidazole Vaginal Gel (Vandazole®)
*POS Edits		
INFECTIOUS DISORDERS	Clotrimazole Troche (Generic)	Fluconazole Suspension, Tablet (Diflucan®)
Antifungals	Fluconazole Suspension (Generic)	Flucytosine Capsule (AG; Generic)
Antifungals, Oral	Fluconazole Tablet (Generic)	Griseofulvin Tablet, Ultramicrosize Tablet (Generic)
*Request Form	Griseofulvin Suspension (Generic)	Ibrexafungerp Citrate Tablet (Brexafemme™)
*Criteria	Nystatin Suspension (Generic)	Isavuconazonium Capsule (Cresemba®)
*POS Edits	Nystatin Tablet (Generic)	Itraconazole Capsule, Solution (Generic; Sporanox®)
	Terbinafine Tablet (Generic)	Itraconazole Capsule (Tolsura®)
		Ketoconazole Tablet (Generic)
		Miconazole Buccal Tablet (Oravig®)
		Oteseconazole Capsule (Vivjoa™)
		Posaconazole Suspension Packet (Noxafil®)
		Posaconazole Suspension, Tablet (AG; Generic; Noxafil®)
		Voriconazole Suspension, Tablet (Generic; Vfend®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS	Adefovir Dipivoxil Tablet (Generic)	Entecavir Solution, Tablet (Baraclude®)
Hepatitis B Agents	Entecavir Tablet (Generic)	
*Request Form	Lamivudine HBV Tablet (Generic)	
*Criteria	Tenofovir Alafenamide Tablet (Vemlidy®)	
*POS Edits		
INFECTIOUS DISORDERS	Sofosbuvir/Velpatasvir Tablet (AG for Epclusa®)	Elbasvir/Grazoprevir Tablet (Zepatier®)
Hepatitis C Agents		Glecaprevir/Pibrentasvir Pellet Pack, Tablet (Mavyret®)
Direct Acting Antiviral Agents		Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®)
*Request Form		Ledipasvir/Sofosbuvir Pellet Pack (Harvoni®)
*Hepatitis C DAA Criteria		Sofosbuvir Pellet Pack, Tablet (Sovaldi®)
*Hepatitis C DAA Worksheet		Sofosbuvir/Velpatasvir Pellet Pack, Tablet (Epclusa®)
*Patient Treatment Agreement		Sofosbuvir/Velpatasvir/Voxilaprevir Tablet (Vosevi®)
*POS Edits		
INFECTIOUS DISORDERS	Peginterferon alfa 2a Syringe (Pegasys®)	Ribavirin Capsule (Generic)
Hepatitis C Agents	Peginterferon alfa 2a Vial (Pegasys®)	
Not Direct Acting Antiviral Agents	Ribavirin Tablet (Generic)	
*Request Form		
*Criteria		
*POS Edits		
IRON, ORAL	Ferrous Gluconate Tablet OTC (Generic)	Ferric Maltol (Accrufer®)
*Request Form	Ferrous Sulfate Drops OTC, Solution OTC, Tablet OTC (Generic)	Ferrous Fumarate Tablet OTC (Generic [324mg]; Ferrimin 150)
*Criteria	Iron Polysaccharides Capsule OTC (Generic)	Ferrous Sulfate, Dried Tablet ER OTC (Generic)
*POS Edits		Iron/Folic Acid (Bentivite BX; Tulivite)
		Iron/Iron PS Complex OTC (Tandem® Dual Action)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
IRON, ORAL	(Preferred agents listed on page 41)	Ferrous Sulfate/Vitamin C/FA ER Tablet OTC (FoliTab™ 500)
		Iron AG/Iron PS Complex/Vitamin Tablet OTC (Niferex™)
		Iron/Folic Acid/Multivitamin (Iron Folate-F; Irospan 24/6; Taron Forte)
		Iron/Iron PS/Vitamin C/*Lactobacillus casei* OTC (Fusion™)
		Iron/Iron PS/Multivitamin OTC (Integra™)
		Iron/Iron PS/Multivitamin/Folic Acid (Folivane™-F; Integra F™; Integra Plus™)
		Iron/Iron PS/FA/MV (Iron Folate Plus)
		Ferrous Fumarate/MV/FA Softgel (Trigels-F Forte)
		Iron Polysaccharide Complex Liquid OTC, Tablet OTC (Hematex®)
		Carbonyl Iron/MV/Mineral (Corvite® 150)
		Carbonyl Iron Chewable Tablet OTC (Generic)
		Carbonyl Iron/FA/MV/Mineral (Active Fe™)
		Iron/Iron PS/FA/MV/*Lactobacillus casei* (Fusion Plus™)
		Iron AG/FA/MV/Mineral/Succinic Acid (FeRiva 21-7®)
		Iron/Iron AG/MV/FA OTC (Chromagen™)
		Iron/MV/FA (FeRiva FA®)
		Iron/MV/Mineral (Vitafol®)
		Carbonyl Iron/FA/MV (NuFera®)
		Carbonyl Iron/FA/MV/Minerals (Corvite Fe; Corvita™ 150)
		Ferrous Fum/Iron PS/FA/MV (PureVit DualFe Plus; Se-Tan PLUS; Tandem® Plus)
		Ferrous Fumarate/FA/MV/Minerals (Centratex; Hemocyte Plus®)
		Ferrous Fumarate/MV/Minerals (Nephron FA®)
LUPUS IMMUNOMODULATORS	**NONE**	Anifrolumab-fnia Vial (Saphnelo®)
*Request Form		Belimumab Auto-Injector, IV, Syringe, Vial (Benlysta®)
*Criteria		Voclosporin Capsule (Lupkynis®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
METHOTREXATE	Methotrexate PF Vial (AG; Generic)	Methotrexate Auto-Injector (Otrexup®)
*Request Form	Methotrexate Tablet	Methotrexate Auto-Injector (Rasuvo®)
*Criteria	Methotrexate Vial	Methotrexate Solution (Jylamvo™)
*POS Edits		Methotrexate Solution (Xatmep®)
		Methotrexate Tablet (Trexall™)
MOVEMENT DISORDER	Deutetrabenazine Tablet (Austedo®)	Tetrabenazine Tablet (Xenazine®)
*Request Form	Deutetrabenazine Tablet, Titration Kit (Austedo XR®)	
*Criteria	Tetrabenazine Tablet (Generic)	
*POS Edits	Valbenazine Capsule, Sprinkle, Titration Pack (Ingrezza®)	
MULTIPLE SCLEROSIS	Dalfampridine ER Tablet (Generic)	Alemtuzumab Vial (Lemtrada®)
Multiple Sclerosis Agents	Dimethyl Fumarate DR Capsule (Generic)	Cladribine Tablet (Mavenclad®)
Immunomodulatory Agents	Dimethyl Fumarate DR Starter Pack (Generic)	Dalfampridine ER Tablet (Ampyra®)
*Request Form	Fingolimod Capsule (Generic for Gilenya®)	Dimethyl Fumarate Capsule, Starter Pack (Tecfidera®)
*Criteria	Glatiramer Acetate Syringe 20mg, 40mg (Generic)	Diroximel Fumarate Capsule (Vumerity®)
*POS Edits	Interferon β-1a Pen Kit (Avonex® Pen)	Fingolimod Capsule (Gilenya®)
	Interferon β-1b Kit (Betaseron®)	Fingolimod Lauryl Sulfate Orally Disintegrating Tablet (Tascenso ODT™)
	Interferon β-1a Syringe, Syringe Kit (Avonex®)	Glatiramer Acetate Syringe 20mg, 40mg (Copaxone®)
	Interferon β-1a Vial Kit (Avonex®)	Interferon β-1a Auto-Injector, Titration Pack (Rebif® Rebidose®)
	Ofatumumab Pen (Kesimpta®)	Interferon β-1a Syringe, Titration Pack (Rebif®)
	Teriflunomide Tablet (Generic)	Monomethyl Fumarate Capsule DR (Bafiertam®)
		Natalizumab Vial (Tysabri®)
		Ocrelizumab Vial (Ocrevus®)
		Ocrelizumab and Hyaluronidase-ocsq Vial (Ocrevus Zunovo™)
		Ozanimod Capsule, Starter Kit, Starter Pack (Zeposia®)
		Peginterferon β -1a IM, Subcutaneous (Plegridy®)
		Ponesimod Starter Pack, Tablet (Ponvory®)
		Siponimod Dose Pack, Tablet (Mayzent®)
		Teriflunomide Tablet (Aubagio®)
		Ublituximab-xiiy Vial (Briumvi®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
MULTIVITAMINS	MVI/Minerals No.10/FA//D3/ALA/Lutein (Strovite® One)	FA/MVI Ther-Min/Lycopene/Lutein (Corvita®; Corvite®)
*Request Form	MVI/Minerals No.20/Iron/FA (Bacmin®)	MVI Combo No.61/FA (Altrixa®)
*Criteria	Omega-3/DHA/EPA/B12/FA/B6/Phytosterols (BP Vit 3)	MVI/Iron/Minerals No.5/FA Caplet (Strovite® Forte)
*POS Edits		MVI/MineralsNo.9/FA/Saw Palmetto (Udamin® SP)
		MVI No.58/FA Chew Tab (DermacinRx Davimet™)
		MVI No.62/Iron/Levomefolate Chew Tab (DermacinRx Davimet with Iron™)
		MVI No.73/Iron/FA (DermacinRx Dexatran™)
		MVI No.86/FA (DermacinRx - Multitam™ / Venexa™ / Ventrixyl™ / Vitramyn™ / Vitranol™ / Vitrexate™ / Vitrexyl™)
		MVI No.86/Iron/FA (DermacinRx – Venexa™ FE / Ventrixyl™ FE / Vitranol™ FE / Vitrexate™ FE / Vitrexyl™ + Iron)
		MVI No.89/Iron/FA (DermacinRx – Folitin-Z™ / Ribotin-E™ / Zintrexyl-C™)
		MVI No.105/Levomefolate/K1 (DermacinRx Diatrol™)
		MVI No.109/Iron/Levomefolate (DermacinRx Finazol™)
NON-CF BRONCHIECTASIS AGENTS	**NONE**	Brensocatib Tablet (Brinsupri™)
*Request Form		
*Criteria		
*POS Edits		
ONCOLOGY	Anastrozole Tablet (Generic)	Abemaciclib Tablet (Verzenio®)
Oral – Breast	Capecitabine Tablet (Generic)	Alpelisib Tablet (Piqray®)
*Request Form	Cyclophosphamide Capsule, Tablet (Generic)	Anastrozole Tablet (Arimidex®)
*Criteria	Exemestane Tablet (Generic)	Capecitabine Tablet (Xeloda®)
*POS Edits	Letrozole Tablet (Generic)	Capivasertib Tablet (Truqap™)
	Ribociclib Succinate Tablet (Kisqali®)	Elacestrant Tablet (Orserdu®)
	Tamoxifen Citrate Tablet (Generic)	Exemestane Tablet (Aromasin®)
		Inavolisib Tablet (Itovebi™)
		Lapatinib Ditosylate Tablet (Generic; Tykerb®)
		Letrozole Tablet (Femara®)
		Neratinib Maleate Tablet (Nerlynx®)
		Palbociclib Capsule, Tablet (Ibrance®)
		Ribociclib Succinate/Letrozole Tablet (Kisqali/Femara Kit®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY	(Preferred agents listed on page 44)	Talazoparib Capsule (Talzenna®)
Oral – Breast Continued		Tamoxifen Citrate Solution (Soltamox®)
		Toremifene Citrate Tablet (Generic; Fareston®)
		Tucatinib Tablet (Tukysa™)
ONCOLOGY	Dasatinib Tablet (AG; Generic)	Acalabrutinib Tablet (Calquence®)
Oral – Hematologic	Hydroxyurea Capsule (Generic)	Asciminib Tablet (Scemblix®)
*Request Form	Ibrutinib Capsule (Imbruvica®)	Azacitidine Tablet (Onureg™)
*Criteria	Ibrutinib Tablet (Imbruvica®)	Bosutinib Capsule, Tablet (Bosulif®)
*POS Edits	Imatinib Mesylate Tablet (Generic)	Dasatinib Tablet (Sprycel®)
	Lenalidomide Capsule (Generic; Revlimid®)	Decitabine/Cedazuridine Tablet (Inqovi®)
	Mercaptopurine Tablet (Generic)	Duvelisib Capsule (Copiktra®)
	Procarbazine HCl Capsule (Matulane®)	Enasidenib Mesylate Tablet (Idhifa®)
	Ruxolitinib Phosphate Tablet (Jakafi®)	Fedratinib Capsule (Inrebic®)
	Tretinoin Capsule (Generic)	Gilterinib Tablet (Xospata®)
	Venetoclax Tablet (Venclexta®)	Glasdegib Tablet (Daurismo®)
	Venetoclax Starting Pack Tablet (Venclexta®)	Hydroxyurea Capsule (Hydrea®)
		Ibrutinib Suspension (Imbruvica®)
		Idelalisib Tablet (Zydelig®)
		Imatinib Mesylate Tablet (Gleevec®)
		Imatinib Mesylate Solution (Imkeldi™)
		Ivosidenib Tablet (Tibsovo®)
		Ixazomib Citrate Capsule (Ninlaro®)
		Mercaptopurine Suspension (Generic; Purixan®)
		Midostaurin Capsule (Rydapt®)
		Momelotinib Tablet (Ojjaara™)
		Nilotinib HCl Capsule (Generic; Tasigna®)
		Nilotinib Tartrate Capsule (Generic)
		Nilotinib Tartrate Tablet (Danziten®)
		Olutasidenib Capsule (Rezlidhia®)
		Pacritinib Capsule (Vonjo®)
		Pomalidomide Capsule (Pomalyst®)
		Ponatinib HCl Tablet (Iclusig®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY	(Preferred agents listed on page 45)	Quizartinib Dihydrochloride Tablet (Vanflyta®)
Oral – Hematologic Continued		Revumenib Citrate Tablet (Revuforj®)
		Selinexor Tablet (Xpovio®)
		Thalidomide Capsule (Thalomid®)
		Vorinostat Capsule (Zolinza®)
		Zanubrutinib Capsule, Tablet (Brukinsa™)
ONCOLOGY	Afatinib Dimaleate Tablet (Gilotrif®)	Adagrasib Tablet (Krazati®)
Oral – Lung	Alectinib HCl Capsule (Alecensa®)	Brigatinib Tablet (Alunbrig®)
*Request Form	Crizotinib Capsule (Xalkori®)	Capmatinib Tablet (Tabrecta™)
*Criteria	Osimertinib Mesylate Tablet (Tagrisso®)	Ceritinib Tablet (Zykadia®)
*POS Edits	Topotecan HCl Capsule (Hycamtin®)	Crizotinib Pellet (Xalkori®)
		Dacomitinib Tablet (Vizimpro®)
		Entrectinib Capsule, Pellet Pack (Rozlytrek®)
		Erlotinib HCl Tablet (Generic)
		Gefitinib Tablet (Generic; Iressa®)
		Lazertinib Tablet (Lazcluze™)
		Lorlatinib Tablet (Lorbrena®)
		Pralsetinib Capsule (Gavreto™)
		Repotrectinib Capsule (Augtyro™)
		Selpercatinib Capsule (Retevmo™)
		Sotorasib Tablet (Lumakras™)
		Taletrectinib Adipate Capsule (Ibtrozi™)
		Tepotinib HCl Tablet (Tepmetko®)
		Zongertinib Tablet (Hernexeos®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY	Olaparib Tablet (Lynparza®)	Avapritinib Tablet (Ayvakit™)
Oral – Other	Selumetinib Capsule (Koselugo™)	Avutometinib/Defactinib Tablet (Avmapki™-Fakzynja™ Co-Pack)
*Request Form	Temozolomide Capsule (Generic)	Cabozantinib S-Malate Capsule (Cometriq®)
*Criteria		Dordaviprone Capsule (Modeyso™)
*POS Edits		Eflornithine Tablet (Iwilfin™)
		Erdafitinib Tablet (Balversa™)
		Fruquintinib Capsule (Fruzaqla®)
		Futibatinib Tablet Therapy Pack (Lytgobi®)
		Larotrectinib Capsule, Solution (Vitrakvi®)
		Mirdametinib Capsule, Tablet for Suspension (Gomekli®)
		Niraparib Tosylate Tablet (Zejula®)
		Nirogacestat Tablet (Ogsiveo™)
		Pemigatinib Tablet (Pemazyre®)
		Pexidartinib Capsule (Turalio®)
		Pirtobrutinib Tablet (Jaypirca®)
		Regorafenib Tablet (Stivarga®)
		Ripretinib Tablet (Qinlock™)
		Rucaparib Camsylate Tablet (Rubraca®)
		Tazemetostat Tablet (Tazverik™)
		Tovorafenib Suspension, Tablet (Ojemda™)
		Trifluridine/Tipiracil HCl Tablet (Lonsurf®)
		Vandetanib Tablet (Caprelsa®)
		Vimseltinib Capsule (Romvimza®)
		Vorasidenib Tablet (Voranigo®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY	Abiraterone Acetate Tablet (Generic for Zytiga®)	Abiraterone Acetate Submicronized Tablet (Yonsa®)
Oral – Prostate	Bicalutamide Tablet (Generic)	Abiraterone Acetate Tablet (Zytiga®)
*Request Form	Enzalutamide Capsule, Tablet (Xtandi®)	Apalutamide Tablet (Erleada®)
*Criteria		Bicalutamide Tablet (Casodex®)
*POS Edits		Darolutamide Tablet (Nubeqa®)
		Nilutamide Tablet (AG; Generic)
		Niraparib/Abiraterone Tablet (Akeega®)
		Relugolix Tablet (Orgovyx®)
ONCOLOGY	Axitinib Tablet (Inlyta®)	Belzutifan Tablet (Welireg ™)
Oral - Renal Cell	Everolimus Tablet (Generic for Afinitor®)	Cabozantinib S-Malate Tablet (Cabometyx®)
*Request Form	Lenvatinib Mesylate Capsule (Lenvima®)	Everolimus Tablet (Afinitor®; Torpenz™)
*Criteria	Pazopanib HCl Tablet (Generic for Votrient®)	Everolimus Tablet for Oral Suspension (Generic; Afinitor Disperz®)
*POS Edits	Sunitinib Malate Capsule (Generic)	Pazopanib HCl Tablet (Votrient®)
		Sorafenib Tosylate Tablet (Generic; Nexavar®)
		Sunitinib Malate Capsule (Sutent®)
		Tivozanib HCl Capsule (Fotivda™)
ONCOLOGY	Dabrafenib Mesylate Capsule (Tafinlar®)	Binimetinib Tablet (Mektovi®)
Oral - Skin	Trametinib Dimethyl Sulfoxide Tablet (Mekinist®)	Cobimetinib Fumarate Tablet (Cotellic®)
*Request Form	Vismodegib Capsule (Erivedge®)	Dabrafenib Mesylate Tablet for Oral Suspension (Tafinlar®)
*Criteria		Encorafenib Capsule (Braftovi®)
*POS Edits		Sonidegib Phosphate Capsule (Odomzo®)
		Trametinib Dimethyl Sulfoxide for Oral Solution (Mekinist®)
		Vemurafenib Tablet (Zelboraf®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS	Azelastine HCl Solution (Generic)	Bepotastine Solution (AG; Generic; Bepreve®)
Allergic Conjunctivitis	Cromolyn Sodium Solution (Generic)	Cetirizine Solution (Zerviate™)
*Request Form		Epinastine Solution (Generic)
*Criteria		Loteprednol Suspension (AG; Generic; Alrex®)
*POS Edits		Olopatadine HCl 0.2% Solution Rx (Generic for Pataday®)
OPHTHALMIC DISORDERS	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)
Antibiotics	Ciprofloxacin Ophthalmic Solution (Generic)	Bacitracin Ointment (Generic)
*Request Form	Erythromycin Base Ointment (Generic)	Besifloxacin Suspension (Besivance®)
*Criteria	Gentamicin Sulfate Solution (Generic)	Ciprofloxacin Ointment (Ciloxan®)
*POS Edits	Moxifloxacin Solution (AG; Generic for Vigamox®)	Gatifloxacin Solution (Generic for Zymaxid®)
	Ofloxacin Ophthalmic Solution (Generic)	Levofloxacin Solution (Generic)
	Polymyxin B Sulfate/Trimethoprim Solution (Generic)	Moxifloxacin Solution (Generic for Moxeza®)
	Sulfacetamide Sodium Solution (Generic)	Moxifloxacin Solution (Vigamox®)
	Tobramycin Solution (Generic)	Natamycin Suspension (Natacyn®)
		Neomycin/Bacitracin/Polymyxin B Ointment (AG; Generic)
		Neomycin/Polymyxin B/Gramicidin Solution (Generic)
		Ofloxacin Solution (Ocuflox®)
		Sulfacetamide Sodium Ointment (Generic)
		Tobramycin Ointment (Tobrex®)
OPHTHALMIC DISORDERS	Neomycin/Polymyxin B/Dexamethasone Ointment (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment (Generic)
Antibiotic-Steroid Combinations	Neomycin/Polymyxin B/Dexamethasone Suspension (Generic)	Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension (Maxitrol®)
*Request Form	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
*Criteria	Tobramycin/Dexamethasone Ointment (TobraDex®)	Tobramycin/Dexamethasone ST (TobraDex ST®)
*POS Edits	Tobramycin/Dexamethasone Drops (AG; Generic for TobraDex®)	Tobramycin/Loteprednol Suspension (Zylet®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS	Dexamethasone Sodium Phosphate Solution (Generic)	Bromfenac Sodium 0.07% Solution (AG: Generic; Prolensa®)
Anti-Inflammatories	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (AG; Generic; BromSite®)
*Request Form	Fluorometholone 0.1% Suspension (Generic)	Bromfenac Sodium 0.09% Solution (Generic)
*Criteria	Flurbiprofen Sodium Solution (Generic)	Dexamethasone Insert (Dextenza®)
*POS Edits	Ketorolac Tromethamine LS Solution 0.4% (Generic)	Dexamethasone Suspension (Maxidex®)
	Ketorolac Tromethamine Solution 0.5% (Generic)	Dexamethasone Intravitreal Implant (Ozurdex®)
	Prednisolone Acetate 1% Suspension (Generic)	Difluprednate Emulsion (AG; Generic; Durezol®)
		Fluocinolone Acetonide Intravitreal Implant (Iluvien®; Retisert®; Yutiq®)
		Fluorometholone 0.1% Suspension, 0.25% Suspension (FML®; FML Forte®)
		Fluorometholone Acetate 0.1% Suspension (Flarex®)
		Ketorolac Tromethamine 0.4% 0.5% Solution (Acular LS; Acular®)
		Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)
		Loteprednol Etabonate 1% Ophthalmic Suspension (Inveltys®)
		Loteprednol Gel (AG; Lotemax®)
		Loteprednol Ointment (Lotemax®)
		Loteprednol Suspension (Generic; Lotemax®)
		Nepafenac 0.1% Suspension (Nevanac®)
		Nepafenac 0.3% Suspension (Ilevro®)
		Prednisolone Acetate 0.12% Solution, 1% Suspension (Pred Mild®; Pred Forte®)
		Prednisolone Sodium Phosphate Solution (Generic)
		Triamcinolone Acetonide Suspension (Triesence®)
		Triamcinolone Acetonide/PF (Xipere®)
OPHTHALMIC DISORDERS	Cyclosporine 0.05% Emulsion (AG; Generic)	Acoltremon Solution (Tryptyr™)
Dry Eye Agents	Lifitegrast Solution (Xiidra®)	Cyclosporine 0.05% Emulsion (Restasis®, Restasis® Multidose™)
*Request Form		Cyclosporine 0.09% Solution (Cequa®)
*Criteria		Cyclosporine 0.1% Emulsion (Verkazia®)
*POS Edits		Cyclosporine 0.1% Solution (Vevye™)
		Loteprednol Etabonate Suspension (Eysuvis®)
		Perfluorohexyloctane/PF Solution (Miebo®)
		Varenicline Nasal Spray (Tyrvaya®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS	**NONE**	Cysteamine HCl Solution (Cystadrops®)
Cystinosis		Cysteamine HCl Solution (Cystaran®)
*Request Form *Criteria *POS Edits		
OPHTHALMIC DISORDERS	Brimonidine 0.2% Solution (Generic)	Apraclonidine Solution 0.5% (Generic)
Glaucoma Agents	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Apraclonidine Solution 1% (Iopidine®)
Intraocular Pressure (IOP) Reducers	Brimonidine/Timolol Solution (AG; Generic)	Betaxolol 0.25% Suspension (Betoptic S®)
*Request Form	Carteolol Solution (Generic)	Betaxolol 0.5% Solution (Generic)
*Criteria	Dorzolamide Solution (Generic)	Bimatoprost 0.01% Solution 2.5 mL, 5mL, 7.5mL (Lumigan®)
*POS Edits	Dorzolamide/Timolol Solution (Generic)	Bimatoprost 0.03% Solution 2.5 mL, 5mL, 7.5mL (Generic)
	Latanoprost 2.5mL Solution (Generic)	Bimatoprost Implant (Durysta®)
	Levobunolol Solution (Generic)	Brimonidine 0.1%, 0.15% Solution (Generic; Alphagan P®)
	Netarsudil Mesylate Solution (Rhopressa®)	Brimonidine/Timolol Solution (Combigan®)
	Netarsudil Mesylate/Latanoprost Solution (Rocklatan®)	Brinzolamide Suspension (AG; Generic; Azopt®)
	Timolol Maleate Solution (Generic)	Dorzolamide/Timolol Solution (Cosopt®)
	Timolol Maleate Gel-Forming Solution (Generic Timoptic-XE®)	Dorzolamide/Timolol/PF Solution (Generic; Cosopt PF®)
	Travoprost Solution 2.5 mL, 5 mL (AG; Generic for Travatan Z®)	Latanoprost Emulsion (Xelpros®)
		Latanoprost Solution 2.5 mL (Xalatan®)
		Latanoprost/PF Solution (Iyuzeh®)
		Latanoprostene Bunod Solution (Vyzulta®)
		Pilocarpine HCl Solution (Generic for Isopto Carpine®)
		Pilocarpine HCl Solution (Vuity™)
		Tafluprost Solution (AG; Generic; Zioptan®)
		Timolol Solution (Generic; Betimol®)
		Timolol Maleate LA Solution (AG; Generic; Istalol®)
		Timolol Maleate 0.25% Solution (Generic; Timoptic® Ocudose®)
		Timolol Maleate 0.5% Solution (AG; Generic; Timoptic® Ocudose®)
		Travoprost Intracameral Implant (iDose® TR)
		Travoprost Solution 2.5 mL (Travatan Z®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPIATE DEPENDENCE AGENTS	Buprenorphine Sublingual Tablet (Generic)	Buprenorphine/Naloxone Sublingual Film (Suboxone®)
*Request Form	Buprenorphine Syringe (Sublocade®; Brixadi®)	Lofexidine Tablet (Generic; Lucemyra®)
*Criteria	Buprenorphine/Naloxone SL Film, SL Tablet (Generic)	Nalmefene Nasal Spray (Opvee®)
*POS Edits	Buprenorphine/Naloxone SL Tablet (Zubsolv®)	Naloxone Injection (Zimhi™)
	Naloxone Nasal Spray OTC (Generic; Narcan®)	Naloxone Nasal Spray Rx (Narcan®; Rextovy™)
	Naloxone Nasal Spray Rx (AG; Generic)	
	Naloxone Nasal Spray (Kloxxado®)	
	Naloxone Syringe, Vial (Generic)	
	Naltrexone Extended-Release Suspension Vial (Vivitrol®)	
	Naltrexone Tablet (Generic)	
OSTEOPOROSIS	Alendronate Tablet (Generic)	Abaloparatide Pen (Tymlos®)
Bone Resorption Suppression Agents	Calcitonin-Salmon Nasal (Generic)	Alendronate Effervescent Tablet, Tablet (Binosto®; Fosamax®)
*Request Form	Denosumab-bbdz Syringe (Jubbonti®)	Alendronate Solution (Generic)
*Criteria	Ibandronate Tablet (Generic)	Alendronate/Vitamin D Tablet (Fosamax Plus D®)
*POS Edits	Raloxifene Tablet (Generic)	Denosumab Syringe (Prolia®)
		Raloxifene Tablet (Evista®)
		Risedronate Tablet (AG; Generic; Actonel®)
		Risedronate DR Tablet (AG; Generic; Atelvia®)
		Romosozumab-aqqg Syringe (Evenity®)
		Teriparatide Pen (Brand)
		Teriparatide Pen (Generic; Forteo®)
OTIC AGENTS	Ciprofloxacin/Dexamethasone Susp (AG; Generic)	Ciprofloxacin Solution (Generic)
Antibiotics	Neomycin/Polymyxin B/Hydrocortisone Solution (AG; Generic)	Ciprofloxacin/Fluocinolone Acetonide Solution (AG; Otovel®)
*Request Form	Neomycin/Polymyxin B/Hydrocortisone Suspension (AG; Generic)	Ciprofloxacin/Hydrocortisone Suspension (Cipro HC Otic®)
*Criteria	Ofloxacin Solution (Generic)	Colistin/Neomycin/Thonzonium/HC Suspension (Cortisporin® TC)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OTIC AGENTS	Acetic Acid Solution (Generic)	**NONE**
Anti-Infectives and Anesthetics	Acetic Acid/Hydrocortisone Solution (Generic)	
*Request Form *Criteria *POS Edits		
PAIN MANAGEMENT	Atogepant Tablet (Qulipta™)	Eptinezumab-jjmr Vial (Vyepti™)
Antimigraine Agents	Erenumab-aooe Autoinjector (Aimovig®)	Galcanezumab-gnlm 100 mg Syringe (Emgality®)
CGRP Antagonists	Fremanezumab-vfrm Autoinjector, 3-Pack, Syringe (Ajovy®)	Rimegepant Disintegrating Tablet (Nurtec™ ODT)
*Request Form	Galcanezumab-gnlm Pen, 120 mg Syringe (Emgality®)	Zavegepant Nasal (Zavzpret®)
*Criteria	Ubrogepant Tablet (Ubrelvy™)	
*POS Edits		
PAIN MANAGEMENT	**NONE**	Celecoxib Oral Solution (Elyxyb™)
Antimigraine Agents		Diclofenac Potassium Oral Powder Packet (AG; Generic for Cambia®)
Ergotamines		Dihydroergotamine Mesylate Injection (Generic)
*Request Form		Dihydroergotamine Mesylate Nasal (AG; Generic)
*Criteria		Ergotamine Tartrate Sublingual (Ergomar®)
*POS Edits		Ergotamine Tartrate/Caffeine Rectal (Migergot®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT	Rizatriptan ODT (Generic)	Almotriptan Tablet (Generic)
Antimigraine Agents	Rizatriptan Tablet (Generic)	Eletriptan Tablet (Generic; Relpax®)
Triptans	Sumatriptan Nasal (AG; Generic for Imitrex®)	Frovatriptan Tablet (Generic; Frova®)
*Request Form	Sumatriptan Tablet (Generic)	Lasmiditan Tablet (Reyvow®)
*Criteria	Sumatriptan Vial (Generic)	Naratriptan (Generic for Amerge®)
*POS Edits		Rizatriptan Tablet (Maxalt®)
		Rizatriptan Tablet (Maxalt MLT®)
		Rizatriptan Benzoate/Meloxicam Tablet (Symbravo®)
		Sumatriptan Auto-Injector (Zembrace® SymTouch®)
		Sumatriptan Kit (AG; Generic; Imitrex®)
		Sumatriptan Kit (SUN)
		Sumatriptan Nasal (Tosymra™)
		Sumatriptan Nasal, Tablet (Imitrex®)
		Sumatriptan/Naproxen (Generic for Treximet®)
		Zolmitriptan Tablet (Generic; Zomig®)
		Zolmitriptan Nasal (AG; Generic; Zomig®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT	Adalimumab Pen Kit, Syringe Kit (Humira®)	Abatacept Injection Clickject, Syringe, Vial (Orencia®)
Cytokine and CAM Antagonists	Adalimumab-aaty Kit, Pen Kit (Unbranded)	Abrocitinib Tablet (Cibinqo™)
*Request Form	Adalimumab-adaz Kit, Pen Kit (Unbranded)	Adalimumab-aacf Autoinjector Kit, Pen Kit (Unbranded)
*Criteria	Adalimumab-adbm Kit, Pen Kit (Unbranded [Boehringer Ingelheim]))	Adalimumab-aacf Pen Kit (Idacio®)
*POS Edits	Adalimumab-bwwd Kit, Pen Kit (Hadlima®)	Adalimumab-aaty Kit, Pen Kit (Yuflyma®)
	Apremilast Tablet (Otezla®)	Adalimumab-adaz Kit, Pen Kit (Hyrimoz®)
	Etanercept Cartridge (Enbrel Mini®)	Adalimumab-adbm Kit, Pen Kit [Unbranded [Quallent Pharmaceuticals]; Cyltezo®)
	Etanercept Pen (Enbrel SureClick®)	Adalimumab-afzb Kit, Pen Kit (Abrilada™)
	Etanercept Syringe (Enbrel®)	Adalimumab-aqvh Pen Kit (Yusimry®)
	Etanercept Vial (Enbrel®)	Adalimumab-atto Kit, Pen Kit (Amjevita®)
	Infliximab Vial	Adalimumab-fkjp Kit, Pen Kit (Unbranded; Hulio®)
	Ixekizumab Autoinjector, Syringe (Taltz®)	Adalimbumab-ryvk Kit, Pen Kit (Unbranded; Simlandi®)
	Tofacitinib Citrate Tablet (Xeljanz®)	Anakinra Syringe (Kineret®)
	Ustekinumab-aekn Syringe (Selarsdi™)	Baricitinib Tablet (Olumiant®)
	Ustekinumab-stba Syringe, Vial (Steqeyma™)	Bimekizumab-bkzx Pen, Syringe (Bimzelx®)
	Ustekinumab-ttwe Syringe, Vial [IV/SQ] (Pyzchiva™)	Canakinumab/PF Vial (Ilaris®)
		Certolizumab Pegol Kit, Syringe Kit (Cimzia®)
		Deucravacitinib Tablet (Sotyktu®)
		Deuruxolitinib Phosphate Tablet (Leqselvi™)
		Etrasimod Tablet (Velsipity™)
		Golimumab Pen, Syringe (Simponi®)
		Golimumab Vial (Simponi Aria®)
		Guselkumab Autoinjector, Pen, Syringe, Vial (Tremfya®)
		Inebilizumab-cdon Vial (Uplizna™)
		Infliximab Vial (Remicade®)
		Infliximab-abda Vial (Renflexis®)
		Infliximab-axxq Vial (Avsola™)
		Infliximab-dyyb Syringe, Pen, Vial (Zymfentra™; Inflectra®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT	(Preferred agents listed on page 55)	Mirkizumab-mrkz Pen, Syringe, Vial (Omvoh™)
Cytokine and CAM Antagonists Continued		Rilonacept Vial (Arcalyst®)
		Risankizumab-rzaa On-Body Cartridge, Pen, Syringe, Vial (Skyrizi®)
		Ritlecitinib Capsule (Litfulo™)
		Sarilumab Pen, Syringe (Kevzara®)
		Satralizumab-mwge Syringe (Enspryng™)
		Secukinumab Pen, Syringe, Vial (Cosentyx®)
		Spesolimab-sbzo Syringe, Vial (Spevigo®)
		Tildrakizumab-asmn Syringe (Ilumya®)
		Tocilizumab Pen, Syringe, Vial (Actemra®)
		Tocilizumab-aazg Autoinjector, Syringe, Vial (Tyenne®)
		Tocilizumab-bavi Vial (Tofidence™)
		Tofacitinib Citrate ER Tablet, Solution (Xeljanz® XR; Xeljanz®)
		Upadacitinib ER Tablet, Solution (Rinvoq™, Rinvoq™ LQ)
		Ustekinumab Syringe, Vial [IV/SQ] (Unbranded; Stelara®)
		Ustekinumab-aauz Syringe, Vial (Otulfi™)
		Ustekinumab-aekn Vial (Selarsdi™)
		Ustekinumab-aekn Syringe (Unbranded)
		Ustekinumab-kfce Syringe, Vial (Yesintek™)
		Ustekinumab-srlf Syringe, Vial (Imuldosa™)
		Ustekinumab-ttwe Syringe, Vial (Unbranded [Quallent Pharmaceuticals])
		Vedolizumab Pen, Vial (Entyvio®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT	Acetaminophen with Codeine Elixir (Generic)	Benzhydrocodone/Acetaminophen (AG; Apadaz®)
Narcotic Analgesics - Short-Acting	Acetaminophen with Codeine Tablet (Generic)	Butalbital/Caffeine/APAP/Codeine Capsule (Generic; Fioricet® with Codeine)
*Request Form	Hydrocodone/Acetaminophen Solution (Generic)	Butalbital Compound with Codeine Capsule (Generic)
*Criteria	Hydrocodone/Acetaminophen Tablet (Generic)	Butorphanol Tartrate Nasal (Generic)
*POS Edits	Hydromorphone Tablet (Generic)	Carisoprodol Compound with Codeine Tablet (Generic)
	Morphine Sulfate IR Tablet (Generic)	Codeine Tablet (Generic)
	Morphine Sulfate Oral Syringe (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine Capsule, Tablet (Generic)
	Oxycodone HCl Tablet (Generic)	Fentanyl Buccal Lozenge (Generic for Actiq®)
	Oxycodone/Acetaminophen Tablet (Generic)	Fentanyl Buccal Tablet (Generic; Fentora®)
	Tramadol 50 mg Tablet (Generic)	Hydrocodone/Ibuprofen Tablet (Generic)
	Tramadol/Acetaminophen Tablet (Generic)	Hydromorphone Liquid, Tablet (Dilaudid®)
		Hydromorphone Liquid, Suppository (Generic)
		Levorphanol Tablet (Generic)
		Meperidine Solution, Tablet (Generic)
		Morphine Oral Concentrate, Suppository (Generic)
		Morphine Solution (AG, Generic)
		Oxycodone HCl Tablet (Roxicodone®, Roxybond®)
		Oxycodone Capsule, Oral Concentrate, Solution (Generic)
		Oxycodone/Acetaminophen Tablet (Nalocet®, Percocet®)
		Oxycodone/Acetaminophen Solution, Tablet (Generic for Prolate®)
		Oxycodone/Acetaminophen Solution (Generic)
		Oxymorphone IR Tablet (Generic)
		Pentazocine/Naloxone Tablet (Generic)
		Tramadol 25mg, 75mg, 100 mg Tablet (Generic)
		Tramadol Solution (AG)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT	Buprenorphine Transdermal (AG; Generic for Butrans®)	Buprenorphine Buccal Film (Belbuca®)
Narcotic Analgesics - Long-Acting	Fentanyl Transdermal 12 mcg (Generic)	Buprenorphine Transdermal (Butrans®)
*Request Form	Fentanyl Transdermal 25 mcg (Generic)	Fentanyl Transdermal 37.5mcg, 62.5mcg, 87.5mcg (Generic)
*Criteria	Fentanyl Transdermal 50 mcg (Generic)	Hydrocodone Bitartrate ER Capsule (Generic for Zohydro ER®)
*POS Edits	Fentanyl Transdermal 75 mcg (Generic)	Hydrocodone Bitartrate ER Tablet (Generic; Hysingla ER®)
	Fentanyl Transdermal 100 mcg (Generic)	Hydromorphone ER Tablet (Generic)
	Morphine Sulfate ER Tablet (Generic)	Morphine Sulfate ER Capsule (Generic for Avinza®)
		Morphine Sulfate ER Capsule (Generic for Kadian®)
		Morphine Sulfate ER Tablet (MS Contin®)
		Oxycodone ER Tablet (AG; OxyContin®)
		Oxymorphone ER Tablet (Generic)
		Tramadol ER Capsule (AG; Conzip®)
		Tramadol ER Tablet (Generic Ryzolt®)
		Tramadol ER Tablet (Generic Ultram ER®)
PAIN MANAGEMENT	Duloxetine Capsule (Generic for Cymbalta®)	Capsaicin/Skin Cleanser (Qutenza Kit®)
Neuropathic Pain and Select Agents	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 for Lidoderm®)	Gabapentin Capsule, Solution, Tablet (Neurontin®)
	Milnacipran Tablet (Savella®)	Gabapentin Tablet (Gabarone™)
	Milnacipran Tablet (Savella Dose Pak®)	Gabapentin Enacarbil Tablet (Horizant®)
	Pregabalin Capsule (AG; Generic)	Gabapentin ER Tablet (Generic; Gralise®)
	Pregabalin Solution (AG; Generic)	Lidocaine Topical Patch (DermacinRx Lidocan™; Lidoderm®; Ztlido®)
	Suzetrigine Tablet (Journavx™)	Lidocaine/Kinesiology Tape (XyliDerm®)
		Pregabalin Capsule (Lyrica®)
		Pregabalin Solution (Lyrica®)
		Pregabalin ER Tablet (Generic; Lyrica CR®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT	Celecoxib Capsule (AG; Generic)	Celecoxib Capsule (Celebrex®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	Diclofenac Sodium Tablet (Generic)	Diclofenac Epolamine Patch (AG for Flector®)
	Diclofenac Sodium Transdermal Gel (Generic)	Diclofenac Potassium Capsule (AG; Generic for Zipsor®)
*Request Form *Criteria *POS Edits	Ibuprofen Suspension Rx (Generic)	Diclofenac Potassium Tablet (Generic [25mg/50mg]; Lofena® [25mg])
	Ibuprofen Tablet 400mg, 600mg, 800mg Rx (Generic)	Diclofenac Sodium 1.5% Topical Solution (Generic)
	Indomethacin Capsule (Generic)	Diclofenac Sodium 2% Topical Solution (AG; Generic for Pennsaid® Pump)
	Ketorolac Tablet (Generic)	Diclofenac Sodium ER 100mg Tablet (Generic for Voltaren®-XR)
	Meloxicam Tablet (Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
	Nabumetone Tablet (Generic)	Diclofenac/Kinesiology Tape Kit (DermacinRx Lixofen™)
	Naproxen Suspension (AG; Generic)	Diclofenac/Menthol/Camphor Kit (Diclogen™)
	Naproxen Tablet (Generic)	Diflunisal Tablet (Generic [500mg]; Dolobid®[250mg; 375mg])
	Sulindac Tablet (Generic)	Etodolac Capsule, SR Tablet, Tablet (Generic)
		Fenoprofen Capsule (AG; Generic; Nalfon®)
		Fenoprofen Tablet (Generic; Nalfon®)
		Flurbiprofen Tablet (Generic)
		Ibuprofen 300mg Tablet (Generic)
		Ibuprofen/Famotidine Tablet (Generic for Duexis®)
		Indomethacin ER Capsule, Suspension, Rectal (Generic)
		Ketoprofen Capsule, ER Capsule (Generic)
		Meclofenamate Sodium Capsule (Generic)
		Mefenamic Acid Capsule (Generic)
		Meloxicam Submicronized Capsule (Generic)
		Nabumetone Tablet (Relafen DS™)
		Naproxen EC Tablet (Generic)
		Naproxen Sodium CR Tablet (AG; Generic for Naprelan®)
		Naproxen Sodium Tablet (Generic)
		Naproxen/Esomeprazole Tablet (AG; Generic for Vimovo®)
		Oxaprozin Tablet (Generic for Daypro®)
		Piroxicam Capsule (Generic)
		Tolmetin Sodium Capsule, Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMEN	Baclofen Tablet (Generic)	Baclofen Granule Pack (Lyvispah™)
Skeletal Muscle Relaxant	Cyclobenzaprine Tablet (Generic)	Baclofen Solution (AG 5mg/5ml; Generic for Ozobax DS® 10mg/5ml)
*Request Form	Methocarbamol Tablet (Generic)	Baclofen Suspension (AG; Generic; Fleqsuvy®)
*Criteria	Tizanidine Tablet (Generic)	Baclofen Intrathecal (Generic; Gablofen®, Lioresal®)
*POS Edits		Carisoprodol Compound Tablet (Generic)
		Carisoprodol Tablet 250 mg, 350 mg (Generic; Soma®)
		Chlorzoxazone Tablet (Generic; Lorzone®)
		Cyclobenzaprine ER Capsule (AG; Generic; Amrix®)
		Cyclobenzaprine Tablet (Fexmid®)
		Dantrolene Sodium Capsule (AG; Generic; Dantrium®)
		Dantrolene Sodium 20mg Vial (Generic)
		Dantrolene Sodium 250mg Vial (Ryanodex®)
		Metaxalone Tablet (Generic)
		Methocarbamol Injection (Generic)
		Methocarbamol Tablet (Tanlor®)
		Orphenadrine Citrate Injection (Generic)
		Orphenadrine ER Tablet (Generic)
		Orphenadrine/Aspirin/Caffeine (Generic for Norgesic®)
		Orphenadrine/Aspirin/Caffeine (Generic; Norgesic Forte®)
		Tizanidine Capsule (Generic; Zanaflex®)
		Tizanidine Tablet (Zanaflex®)
PARKINSON'S	Amantadine Capsule, Syrup (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
Antiparkinson Agents	Benztropine Tablet (Generic)	Amantadine Tablet (Generic)
Anticholinergic and Other	Carbidopa/Levodopa ER Tablet, Tablet (Generic)	Apomorphine Cartridge (Generic; Apokyn®)
*Request Form	Pramipexole Tablet (Generic)	Apomorphine Cartridge (Onapgo®)
*Criteria	Ropinirole Tablet (Generic)	Bromocriptine Capsule, Tablet (Generic)
*POS Edits	Selegiline Tablet (Generic)	Carbidopa Tablet (Generic)
	Trihexyphenidyl Elixir, Tablet (Generic)	Carbidopa/Levodopa Enteral Suspension (Duopa®)
		Carbidopa/Levodopa ER Capsule (Crexont®; Rytary®)
		Carbidopa/Levodopa ODT (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PARKINSON'S	(Preferred agents listed on page 60)	Carbidopa/Levodopa Tablet (Dhivy®, Sinemet®)
Antiparkinson Agents		Carbidopa/Levodopa/Entacapone Tablet (Generic; Stalevo®)
Anticholinergic and Other - Continued		Entacapone Tablet (Generic)
		Foscarbidopa/Foslevodopa Vial (Vyalev™)
		Istradefylline Tablet (Nourianz™)
		Levodopa Capsule for Inhalation (Inbrija®)
		Opicapone Capsule (Ongentys®)
		Pramipexole ER Tablet (Generic for Mirapex ER®)
		Rasagiline Tablet (Generic; Azilect®)
		Ropinirole ER Tablet (Generic)
		Rotigotine Patch (Neupro®)
		Safinamide Tablet (Xadago®)
		Selegiline Capsule (Generic)
		Tolcapone Tablet (Generic)
PEDIATRIC MULTIVITAMINS	Pediatric MVI A, C, D3 No. 21 / FL Drop (Generic)	Pediatric MVI A, C, D3 No. 21 / FL Drop (Tri-Vitamin with FL)
*Request Form	Pediatric MVI No. 2 / FL Drop (Generic)	Pediatric MVI No. 17 / FL 0.25mg Chewable (Flotrex®)
*Criteria	Pediatric MVI No. 17 / FL Chewable (Generic)	Pediatric MVI No. 63 / FL Chewable (Quflora™)
*POS Edits	Pediatric MVI No. 45 / FL & Fe Drop (Generic)	Pediatric MVI No. 83 / FL 0.25mg/ml Drop (Quflora™)
		Pediatric MVI No. 84 / FL 0.5mg/ml Drop (Quflora™)
		Pediatric MVI No. 142 / FL & Fe Chewable (Quflora™ FE)
		Pediatric MVI No. 151 / FL & Fe Drop (Quflora™ FE)
		Pediatric MVI No. 175 / FL Chewable (Poly-Vi-Flor®)
		Pediatric MVI No. 175 / FL & Fe Chewable (Poly-Vi-Flor® Fe)
		Pediatric MVI No. 220 / FL 0.25mg Drop (Poly-Vi-Flor®)
		Pediatric MVI No. 220 / FL & Fe Drop (Poly-Vi-Flor® Fe)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PITUITARY SUPPRESSIVE AGENTS	Leuprolide Acetate Syringe Kit (Fensolvi®)	Histrelin Implant Kit (Supprelin LA®)
*Request Form	Leuprolide Acetate Subcutaneous Kit, Subcutaneous Vial (Generic)	Leuprolide Acetate Depot (AG)
*Criteria	Leuprolide Acetate (Lupron Depot®)	Leuprolide Acetate Subcutaneous (Eligard®)
*POS Edits	Leuprolide Acetate (Lupron Depot Kit®)	Leuprolide Mesylate Syringe (Camcevi™)
	Nafarelin Acetate Nasal Solution (Synarel®)	Leuprolide Acetate (Lupron Depot-Ped Kit®; Lupron Depot-Ped®)
		Triptorelin Pamoate Vial (Trelstar®)
		Triptorelin Pamoate Kit (Triptodur®)
POTASSIUM BINDERS	Sodium Polystyrene Sulfonate Powder (Generic)	Patiromer Sorbitex Calcium Powder Packet (Veltassa®)
*Request Form	Sodium Zirconium Cyclosilicate Packet (Lokelma®)	Sodium Zirconium Cyclosilicate Unit-Dose (Lokelma®)
*Criteria		
*POS Edits		
PRENATAL VITAMINS	MVI No.47/Iron/Folate 1/DHA (PNV-DHA / WesCap-PN DHA / Zatean-PN DHA)	MVI 38/Folate No.6/Ginger (Prenate AM®)
*Request Form	MVI No.41/Iron/Folate/PS-DHA (EnBrace® HR™)	MVI No.40/Iron/Folate 1/DHA (Prenate Essential®)
*Criteria	MVI/Minerals No.69/Iron/FA (Elite-OB™)	MVI No.42/Iron/Folate/DHA (Nestabs® ONE)
*POS Edits	MVI/Minerals No.74/Iron Fumarate/Iron/FA (Folivane™-OB)	MVI No.36/Folate No.6 Chew (Prenate Chewable®)
	MVI/Minerals No.75/Iron/Iron PS/Omega 3/DHA (Taron-C DHA)	MVI/Minerals No.69/Iron/FA (OB Complete®)
	PNV 102/Iron/Folate/DHA (Vitafol® FE+)	MVI No.102/Iron/FA/DHA (CitraNatal Medley®)
	PNV 112/Iron/FA/Omega 3/DHA/EPA Chew Gummies (Vitafol®)	MVI/Minerals No.71/Iron/FA No.1/DHA (PNV-Omega / Zatean™-PN Plus)
	PNV 119/Iron Fumarate/FA (Se-Natal 19)	MVI/Minerals No.75/Iron/Iron PS/Omega 3/DHA (WesCap-C DHA)
	PNV 67/Iron PS/Folate No.1/DHA (Vitafol® Ultra)	PNV No.93/Iron/Folate 9/DHA (TriStart™ DHA; WestGel DHA)
	PNV Combo52/Iron/FA/Omega 3/DHA (Complete Natal DHA / WesNatal DHA Complete)	PNV 30/Iron Carb, AG/FA/Omega 3 (OB Complete® with DHA)
	PNV 118/Iron Fumarate/FA (Se-Natal 19 Chewable)	PNV 85/Iron/FA/DHA/Fish Oil (OB Complete® One)
	PNV/Calcium 72/Iron/FA (M-Natal Plus / Prenatal Vitamin Plus Low Iron / WesTab Plus)	PNV 83/Iron Carb, Asp/FA (OB Complete® Premier)
	PNV 26/Iron PS/FA/DHA (Vitafol®-One)	PNV 114/Iron A-G/Folate 1 (Prenate Elite®)
	PNV 87/Iron Bis/FA/DHA (Nestabs® DHA)	PNV 118/Iron/Folate 6/DHA (PrimaCare™)
	PNV 10/Iron Fumarate/FA (Vitafol®-OB)	PNV 25/Iron/Folate 6/DHA (VitaMedMD® One Rx)
	PNV 10/Iron/FA/DHA (Vitafol®-OB + DHA)	PNV 48/Iron/FA/B6 (CitraNatal® B-Calm)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PRENATAL VITAMINS Continued	PNV 14/Iron Fumarate/FA Chewable (CompleteNate)	PNV 78/Iron/Folate 1/DHA (Prenate DHA®)
	PNV 33/Iron/FA/DHA (Select-OB + DHA®)	PNV 86/Iron/FA/DHA/EPA (Nestabs® ABC)
	PNV/Calcium 76/Iron/FA (Thrivite Rx)	PNV 77/Iron Asp Gly/FA (Prenate Star®)
	PNV 103/Iron Fumarate/FA (TriCare Prenatal™)	PNV 13/Iron PS/Folate 1 Chew (Select-OB®)
	PNV 27/Calcium/Iron/FA (TriNatal Rx 1)	PNV 128/Iron/FA Chew (Select-OB®)
		PNV 85/Iron/FA 1/DHA (Prenate Pixie®)
		PNV 87/Iron/FA/DHA (Prenate Mini®)
		PNV 68//Iron/FA 6/DHA (Prenate Enhance®)
		PNV 69/Iron/Folate/DHA (Prenate Restore®)
		PNV 86/Iron/FA (Nestabs®)
		PNV/Calcium No.65/Iron/FA (Marnatal-F)
		PNV/Calcium No.40/Iron/Folate 1 (PNV-Select)
		PNV 56/Iron/FA/DHA (OB Complete® Petite)
		PNV 11/Iron/FA/Omega 3 (C-Nate DHA)
		PNV No.170/Iron/FA (DermacinRx – Prenatrix™ / Prenatryl™ / Pretrate™)
PROGESTATIONAL AGENTS	Medroxyprogesterone Acetate Tablet (AG; Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
*Request Form	Norethindrone Acetate Tablet (Generic)	Progesterone Vial (Generic)
*Criteria	Progesterone Capsule (Generic)	Progesterone, Micronized, Capsule (Prometrium®)
*POS Edits		Progesterone, Micronized, Vaginal Gel (Crinone®)
PROSTATE	Alfuzosin ER Tablet (Generic)	Doxazosin ER Tablet, Tablet (Cardura XL®; Cardura®)
Benign Prostatic Hyperplasia (BPH)	Doxazosin Tablet (AG; Generic)	Dutasteride/Tamsulosin Capsule (Generic for Jalyn®)
*Request Form	Dutasteride Capsule (Generic)	Finasteride Tablet (Proscar®)
*Criteria	Finasteride Tablet (Generic)	Silodosin Capsule (Generic; Rapaflo®)
*POS Edits	Tamsulosin Capsule (Generic)	Tadalafil 2.5mg Tablet (Generic for Cialis®)
	Terazosin Capsule (Generic)	Tadalafil 5mg Tablet (Generic; Cialis®)
		Tamsulosin Capsule (Flomax®)
		Terazosin Solution (Tezruly™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
SEDATIVE/HYPNOTICS	Eszopiclone Tablet (Generic)	Daridorexant Tablet (Quviviq™)
*Request Form	Temazepam Capsule 15 mg, 30 mg (AG; Generic)	Dexmeditomidine Film (Igalmi™)
*Criteria	Triazolam Tablet (Generic)	Doxepin Tablet (Generic for Silenor®)
*POS Edits	Zolpidem Tablet (Generic)	Estazolam Tablet (Generic)
	Zolpidem Tartrate ER Tablet (Generic)	Flurazepam Capsule (Generic)
		Lemborexant Tablet (Dayvigo®)
		Quazepam Tablet (AG for Doral®)
		Ramelteon Tablet (Generic; Rozerem®)
		Suvorexant Tablet (Belsomra®)
		Tasimelteon Capsule (Generic; Hetlioz®)
		Tasimelteon Suspension (Hetlioz LQ™)
		Temazepam Capsule 7.5mg, 15mg, 22.5mg, 30mg (Restoril®)
		Temazepam 7.5 mg, 22.5 mg (Generic)
		Triazolam Tablet (Halcion®)
		Zaleplon Capsule (Generic)
		Zolpidem Tartrate Capsule (Generic)
		Zolpidem Tartrate ER Tablet, Tablet (Ambien CR®; Ambien®)
		Zolpidem Tartrate Sublingual (Edluar®)
		Zolpidem Tartrate Sublingual (Generic for Intermezzo®)
SICKLE CELL ANEMIA	Hydroxyurea Capsule (Droxia®)	Crizanlizumab-tmca Infusion (Adakveo®)
*Request Form	Hydroxyurea Tablet (Siklos®)	Exagamglogene autotemcel (Casgevy™)
*Criteria *(except Casgevy™ and Lyfgenia®-see below)*		Hydroxyurea Solution (Xromi®)
*POS Edits		L-glutamine Powder Pack (Generic; Endari™)
*Casgevy™ Criteria		Lovotibeglogene autotemcel (Lyfgenia®)
*Lyfgenia® Criteria		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
SINUS NODE INHIBITORS	Ivabradine Tablet (Generic)	Ivabradine Solution (Corlanor®)
*Request Form *Criteria *POS Edits		Ivabradine Tablet (Corlanor®)
SMOKING CESSATION PRODUCTS	Bupropion SR Tablet (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)
*Request Form *Criteria *POS Edits	Nicotine Gum OTC, Lozenge OTC, Patch OTC (Generic)	Nicotine Nasal Spray (Nicotrol® NS)
	Varenicline Dose Pack, Tablet (Generic)	Varenicline Tablet (Chantix®; Chantix Dose Pack®)
SPINAL MUSCULAR ATROPHY	Onasemnogene Abeparvovec-xioi (Zolgensma®)	Nusinersen (Spinraza®)
*Request Form *Criteria *POS Edits *SPINRAZA REQUEST FORM		Risdiplam (Evrysdi™)
THROMBOPOIESIS STIMULATING PROTEINS	Eltrombopag Olamine Suspension, Tablet (Generic)	Avatrombopag Tablet (Doptelet®)
*Request Form *Criteria *POS Edits		Eltrombopag Choline Tablet (Alvaiz™)
		Eltrombopag Olamine Suspension Packet, Tablet (Promacta®)
		Fostamatinib Disodium Hexahydrate Tablet (Tavalisse®)
		Lusutrombopag Tablet (Mulpleta®)
		Romiplostim Vial (Nplate®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
UREA CYCLE DISORDERS	Sodium Phenylbutyrate Pellet (Pheburane®)	Carglumic Acid Soluble Tablet (Generic; Carbaglu®)
*Request Form	Sodium Phenylbutyrate Powder, Tablet (Generic)	Glycerol Phenylbutyrate Liquid (Ravicti®)
*Criteria		Sodium Phenylbutyrate Powder, Tablet (Buphenyl®)
*POS Edits		Sodium Phenylbutyrate Pellet for Oral Suspension (Olpruva®)
UROLOGY INCONTINENCE	Fesoterodine Fumarate ER Tablet (Generic)	Darifenacin ER Tablet (Generic)
Bladder Relaxant Preparations	Oxybutynin Syrup (Generic)	Fesoterodine Fumarate ER Tablet (Toviaz®)
*Request Form	Oxybutynin 5mg Tablet (Generic)	Flavoxate Tablet (Generic)
*Criteria	Oxybutynin ER Tablet (Generic)	Mirabegron ER Granules for Oral Suspension (Myrbetriq®)
*POS Edits	Solifenacin Tablet (Generic)	Mirabegron ER Tablet (Generic; Myrbetriq®)
		Oxybutynin 2.5mg Tablet (Generic)
		Oxybutynin Transdermal Patch Rx (Oxytrol®)
		Solifenacin Tablet, Suspension (VESIcare®; VESIcare® LS)
		Tolterodine Tablet (Generic; Detrol®)
		Tolterodine ER Capsule (AG; Generic; Detrol LA®)
		Trospium ER Capsule, Tablet (Generic)
		Vibegron Tablet (Gemtesa®)
UTERINE DISORDER TREATMENTS	Elagolix Tablet (Orilissa®)	**NONE**
*Request Form	Elagolix/Estradiol/Norethindrone Capsule (Oriahnn®)	
*Criteria	Relugolix/Estradiol/Norethindrone Acetate (Myfembree™)	
*POS Edits		

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

AL – Age Limit	**DS** – Maximum Days' Supply Allowed	**PA** – Prior Authorization
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	**DT** – Duration of Therapy Limit	**PU** – Prior Use of other Medication is Required
BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirement	**QL** – Quantity Limit
CL – Additional Clinical Information is Required	**ER** – Early Refill	**RX** – Specific Prescription Requirement
CU – Concurrent Use with Other Medications is Restricted	**MD** – Maximum Dose Limit	**TD** – Therapeutic Duplication
DD – Drug-Drug Interaction	**MME** – Maximum Morphine Milligram Equivalent	**YQ** – Yearly Quantity Limit

Acthar® (Corticotropin)	CL	Intron-A® (Interferon Alfa-2B Recombinant)	DX	Qualaquin® (Quinine) 324 mg	DS, DX, QL
Actimmune® (Interferon Gamma-1b)	DX	Jadenu® (Deferasirox)	DX	Radicava®, Radicava ORS® (Edaravone)	DX
Adzynma (ADAMTS13, recombinant-krhn)	DX	Javygtor™ (Sapropterin)	CL	Ranexa® (Ranolazine)	CL
Aldurazyme™ (Laronidase)	CL	Joenja® (Leniolisib Phosphate)	DX	Reclast® (Zoledronic acid)	CL, QL
Amitriptyline	BH, TD	Jynarque® (Tolvaptan)	CL	Remodulin® (Treprostinil Sodium) Injection	DX
Amitriptyline/Chlordiazepoxide	BH	Kerendia® (Finerenone)	CL	Rezdiffra™ (Resmetirom)	CL
Amoxapine	BH, TD	Keveyis® (Dichlorphenamide)	CL, QL	Rilutek® (Riluzole)	DX
Amvuttra™ (Vutrisiran)	CL, QL	Korlym® (Mifepristone)	DX	Rivfloza™ (Nedosiran)	CL
Andembry® (Garadacimab-gxii)	CL	Kuvan® (Sapropterin Dihydrochloride)	CL	Rystiggo® (Rozanolixizumab-noli)	DX
Aqneursa™ (Levacetylleucine)	CL	Lamzede® (Velmanase alfa-tycv)	DX	Samsca® (Tolvaptan)	CL, QL
Aspruzyo Sprinkle™ (Ranolazine)	CL	Lenmeldy™ (Aatidarsagene autotemcel)	CL	Skyclarys™ (Omaveloxolone)	CL, QL
Attruby™ (Acoramidis)	CL, QL	Lidocaine Patch Kit (Brand Example-Prilo Patch II®)	CL	Skysona® (Elivaldogene Autotemcel)	CL
Besremi® (Ropeginterferon alfa-2b-njft)	DX	Lidocaine 2.5% / Prilocaine 2.5% Cream	QL	Sofdra™ (Sofpironium)	CL, QL
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	DX	Lidotral™ (Lidocaine 3.88% Cream)	CL	Sohonos™ (Palovarotene)	DX
Bkemv™ (Eculizumab)	DX	Lithium	BH	Soliris® (Eculizumab)	DX
Brineura™ (Cerliponase alfa)	DX	Lodoco® (Colchicine)	CL, QL	Spironolactone	DX
Brynovin™ (Sitagliptin)	QL, TD	Lorazepam Injectable	BH, BY, CU, TD	Strensiq® (Asfotase alfa)	DX
Butalbital-Containing Agents	QL	Lumizyme® (Alglucosidase alfa)	DX	Sylatron® (Peginterferon alfa-2b)	DX
Cablivi® (Caplacizumab-yhdp)	CL	Maprotiline	BH	Synagis® (Palivizumab) REQUEST FORM	AL, ER, CL
Camzyos™ (Mavacamten)	CL, QL	Mepsevii™ (Vestronidase alfa-vjbk)	CL	Tegsedi™ (Inotersen)	DX
Chlordiazepoxide/Clidinium	BH	Merilog™/Merilog™ Solostar™ (Insulin aspart-szjj)	QL	Testosterone (Oral, Injectable)	DX

Chlorpromazine Injectable	BH	Methadone	CL, BY, CU, DX, MME, PU, QL, TD	Tiglutik™ (Riluzole)	DX
Clomipramine	BH, TD	Miplyffa™ (Arimoclomol)	CL	Tikosyn® (Dofetilide)	CL
Cortrophin™ (Repository corticotropin)	CL	Misoprostol	AL, DX	Trimipramine	BH, TD
Crenessity™ (Crinecerfont)	CL	Mosquito Repellant to Decrease Zika Virus Exposure Risk FFS Notice MCO Notice	AL, DX, QL	Tryvio™ (Aprocitentan)	CL, QL
Cuvrior™ (Trientine Tetrahydrochloride)	CL, QL	Myalept™ (Metreleptin)	CL	Tzield® (Teplizumab-mzwv)	CL
Daraprim® (Pyrimethamine)	CL	Mytesi® (Crofelemer)	CL	Ultomiris® (Ravulizumab-cwvz)	DX
Daxxify™ (DaxibotulinumtoxinA-lanm)	DX	Nabi-HB (Hepatitis B IG)	CL	Vanrafia™ (Atrsentan)	DX, QL
Daybue® (Trofinetide)	DX	Naglazyme™ (Galsulfase)	CL	Veletri® (Epoprostenol)	DX
Depen® (Penicillamine)	CL, QL	Nexplanon® (Etonogestrel)	QL	Veozah® (Fezolinetant)	CL, AL, QL
Desipramine	BH, TD	Nexviazyme® (Avalglucosidase-alfa)	DX	Vijoice® (Alpelisib)	CL
Doxepin (10 mg-150 mg)	BH, TD	Niktimvo™ (Axatilimab)	CL	Vimizim™ (Elosulfase alfa)	CL
Elaprase™ (Idursulfase)	CL	Nityr® (Nitisinone)	CL	Voydeya™ (Danicopan)	CL, DX
Elfabrio® (Pegunigalsidase alfa-iwxj)	DX	Nocdurna® (Desmopressin)	QL	Vyjuvek™ (Beremagene Geperpavec-svdt)	CL
Empaveli® (Pegcetacoplan)	DX	Nortriptyline	BH, TD	Vyndamax™, Vyndaqel® (Tafamidis)	CL, QL
Epysqli® (Eculizumab-aagh)	DX	Novarel® (Human Chorionic Gonadotropin)	DX	Vyvgart® (Efgartigimod alfa-fcab)	DX
Estrogenic Agents & Combos	DX	Nuedexta® (Dextromethorphan/Quinidine)	CL, QL	Vyvgart® Hytrulo (Efgartigimod alfa and Hyaluronidase-qvfc)	DX
Exjade® (Deferasirox)	DX	Nulibry™ (Fosdenopterin)	CL	Wainua™ (Eplontersen)	CL, QL
Exservan™ (Riluzole)	DX	Onpattro® (Patisiran)	CL, QL	Wegovy® (Semaglutide) PATIENT TREATMENT AGREEMENT	CL, QL, TD
Fabhalta® (Iptacopan)	DX, QL	Orfadin® (Nitisinone)	CL	Winrevair™ (Sotatercept)	DX, QL
Fabrazyme® (Agalsidase beta)	DX, TD	Oxervate™ (Cenegermin-bkbj)	CL	Xenical® (Orlistat)	AL, DX, RX, QL
Ferriprox® (Deferiprone)	DX	Oxlumo® (Lumasiran)	CL	Xenpozyme™ (Olipudase alfa-rpcp)	DX
Fetroja® (Cefiderocol)	CL	Palynziq® (Pegvaliase-pqpz)	CL, PU	Xolremdi™ (Mavorixafor)	CL
Filsuvez® (Birch triterpenes)	CL	Pamidronate Disodium	CL	Xyrem® (Sodium Oxybate)	CL, TD
Firdapse® (Amifampridine)	DX, MD	Piasky® (Crovalimab-akkz)	DX	Xywav™ (Oxybate Salts)	CL, TD
Flolan® (Epoprostenol Sodium)	DX	Pombility™ (Cipaglucosidase alfa-atga) + Opfolda™ (Miglustat)	DX	Ycanth™ (Cantharidin)	AL, DX
Galafold® (Migalastat)	DX, TD	Pregnyl® (Human Chorionic Gonadotropin)	DX	Yorvipath® (Palopegteriparatide)	CL, QL
Gattex® (Teduglutide)	CL	Progestational Agents, Other	DX	Yutrepia™ (Treprostinil)	DX, QL

Givlaari® (Givosiran)	CL	Proleukin® (Aldesleukin)	DX	Zelsuvmi™ (Berdazimer)	AL, DX, QL
Harliku™ (Nitisinone)	CL	Protriptyline	BH, TD	Zepbound™ (Tirzepatide) PATIENT TREATMENT AGREEMENT	CL, QL, TD
HyperTET SD (Tetanus IG)	CL	Prudoxin® (Doxepin Topical)	AL, DX, TD, QL	Zevaskyn™ (Prademagene zamikeracel)	CL
Imaavy™ (Nipocalimab-aahu)	DX	Pulmozyme® (Dornase Alfa)	DX	Zilbrysq® (Zilucoplan)	DX
Imipramine	BH, TD	Pyrukynd® (Mitapivat)	DX	Zonalon® (Doxepin Topical)	AL, DX, TD, QL
Inhaler Spacers / Holding Chambers	QL	Qalsody® (Tofersen)	DX	Zynteglo® (Betibeglogene Autotemcel)	CL