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 10/28/2023	**Pharmacy Prior Authorization Information Phone Numbers for MCOs and FFS**
Click this Link for Diabetic Supplies Preferred Drug List	*MCOs: Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Humana, LA Healthcare Connections, United Healthcare:* contact Prime Therapeutics **1-800-424-1664** 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 (1)	Clindamycin/Benzoyl Peroxide Gel (Generic for Benzaclin®)	Adapalene Cream (Generic for Differin®)
*Request Form	Clindamycin/Benzoyl Peroxide Gel (Generic for Duac®)	Adapalene Gel (AG; Generic)
*Criteria	Clindamycin Phosphate Gel (Generic)	Adapalene Gel Pump (Generic for Differin®)
*POS Edits	Clindamycin Phosphate Lotion (Generic)	Adapalene/Benzoyl Peroxide (Generic for Epiduo®)
	Clindamycin Phosphate Medicated Swab (Generic)	Adapalene/Benzoyl Peroxide Gel with Pump (AG; Generic for Epiduo Forte®)
	Clindamycin Phosphate Solution (Generic)	Adapalene/Benzoyl Peroxide/Clindamycin Gel (Cabtreo™)
	Erythromycin Gel (AG; Generic)	Azelaic Acid (Azelex®)
	Erythromycin Solution (Generic)	Clascoterone Cream (Winlevi®)
	Tretinoin Cream (Generic; Retin-A®)	Clindamycin/Benzoyl Peroxide Gel with Pump (Generic; Acanya®)
		Clindamycin/Benzoyl Peroxide Gel with Pump (Generic for Benzaclin®)
		Clindamycin/Benzoyl Peroxide Gel with Pump (AG; Generic; Onexton®)
		Clindamycin/Benzoyl Peroxide Gel, Gel/Emollient Combo 94 (Neuac®; Neuac® Kit)
		Clindamycin Phosphate Foam (Generic)
		Clindamycin Phosphate Gel (AG; Generic; Clindagel®)
		Clindamycin Phosphate Lotion (Cleocin-T®)
		Clindamycin Phosphate/Skin Cleanser 19 (Clindacin® Pac Kit)
		Clindamycin/Tretinoin Gel (AG; Generic; Ziana®)
		Dapsone Gel, Gel with Pump (AG; Generic; Aczone®)
		Erythromycin Medicated Swab (Generic)
		Erythromycin/Benzoyl Peroxide Gel (Generic; Benzamycin®)
		Minocycline Topical Foam (Amzeeq™)
		Sulfacetamide Sodium Cleanser ER (Ovace® Plus)
		Sulfacetamide Sodium Cleanser, Cleanser ER (Generic)
		Sulfacetamide Sodium Cream ER (Ovace® Plus)
		Sulfacetamide Sodium Lotion (Ovace Plus®)
		Sulfacetamide Sodium Shampoo (Generic; Ovace® Plus)
		Sulfacetamide Sodium Suspension (Generic)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ADD/ADHD (2)	Amphetamine Salt Combo ER Capsule (AG; Generic; Adderall XR®)	Amphetamine ODT (Adzenys XR ODT®)
Stimulants and Related Agents	Amphetamine Salt Combo Tablet (Generic; Adderall®)	Amphetamine Sulfate ODT (Evekeo® ODT)
*Request Form	Atomoxetine Capsule (Generic)	Amphetamine Sulfate Tablet (Generic; Evekeo®)
*Criteria	Dexmethylphenidate ER Capsule (AG; Generic)	Amphetamine Suspension, Tablet (Dyanavel XR®)
*POS Edits	Dexmethylphenidate Tablet (Generic)	Amphetamine/Dextroamphetamine XR Capsule (Mydayis®)
	Dextroamphetamine Tablet (Generic)	Armodafinil Tablet (AG; Generic; Nuvigil®)
	Guanfacine ER Tablet (Generic)	Atomoxetine Capsule (Strattera®)
	Lisdexamfetamine Capsule (Generic; Vyvanse®)	Clonidine ER Tablet (Generic)
	Lisdexamfetamine Chewable Tablet (Generic; Vyvanse®)	Dexmethylphenidate ER Capsule (Focalin XR®)
	Methylphenidate CD Capsule (AG; Generic for Metadate CD®)	Dexmethylphenidate Tablet (Focalin®)
	Methylphenidate ER Capsule (Generic for Ritalin LA®)	Dextroamphetamine IR Tablet (Zenzedi®)
	Methylphenidate ER Chewable (QuilliChew ER®)	Dextroamphetamine Solution (Generic; ProCentra®)
	Methylphenidate ER Suspension (Quillivant XR®)	Dextroamphetamine Sulfate ER Capsule (Generic; Dexedrine® Spansule®)
	Methylphenidate ER Tablet (AG; Generic for Concerta®)	Dextroamphetamine Transdermal (Xelstrym®)
	Methylphenidate IR Tablet (Generic)	Guanfacine ER Tablet (Intuniv®)
	Methylphenidate Solution (Generic)	Methamphetamine Tablet (Generic; Desoxyn®)
	Modafinil Tablet (Generic)	Methylphenidate ER Capsule (AG; Generic; Aptensio XR®)
		Methylphenidate ER Capsule (Jornay PM®, Ritalin LA®)
		Methylphenidate ER Tablet (Concerta®)
		Methylphenidate ER Tablet (Generic for Metadate ER)
		Methylphenidate ER Tablet 72 mg (AG; Generic; 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 (3)	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 (Generic; Clarinex®)
*Criteria	Levocetirizine Tablet (Generic)	Desloratadine/Pseudoephedrine ER Tablet (Clarinex-D 12-Hour®)
*POS Edits	Levocetirizine Tablet OTC (Generic)	Fexofenadine 60 mg Tablet OTC, 180 mg Tablet OTC, Suspension OTC (Generic)
	Loratadine ODT OTC, Solution OTC, Tablet OTC (Generic)	Fexofenadine-D 12-hour Tablet OTC, 24-hour Tablet OTC (Generic)
	Loratadine-D Tablet OTC (Generic)	Levocetirizine Solution (Generic)
		Loratadine Chewable Tablet OTC (Generic)
ALLERGY (3)	Azelastine Nasal Spray (AG; Generic for Astepro®)	Azelastine/Fluticasone Nasal Spray (AG; Generic; Dymista®)
Rhinitis Agents, Nasal	Azelastine Nasal Spray (Generic for Astelin®)	Beclomethasone Nasal Spray (Beconase AQ®; Qnasl 40®; Qnasl 80®)
*Request Form	Fluticasone Propionate Nasal Spray (Generic)	Ciclesonide Nasal Spray (Omnaris®; Zetonna®)
*Criteria	Ipratropium Bromide Nasal Spray (Generic)	Flunisolide Nasal Spray (Generic)
*POS Edits		Fluticasone Propionate Nasal Spray (Xhance®)
		Mometasone Furoate Implant (Sinuva™)
		Mometasone Nasal Spray (Generic)
		Olopatadine Nasal Spray (AG; Generic; Patanase®)
		Olopatadine/Mometasone Nasal Spray (Ryaltris®)
ALZHEIMER'S AGENTS (4)	Donepezil ODT, Tablet (Generic)	Aducanumab-avwa IV Solution (Aduhelm™)
Cholinesterase Inhibitors	Memantine Tablet (AG; Generic)	Donepezil 23 mg Tablet (Generic)
*Request Form	Rivastigmine Transdermal Patch (AG; Generic)	Donepezil Tablet (Aricept®)
*Criteria		Donepezil Transdermal Patch (Adlarity®)
*POS Edits		Galantamine ER Capsule, Solution, Tablet (Generic)
		Lecanemab-irmb (Leqembi™)
*Aduhelm™ REQUEST FORM		Memantine ER Capsule (AG; Generic; Namenda XR®)
* Leqembi™ REQUEST FORM		Memantine ER Capsule Dose Pack (Namenda XR® Titration Pack)
		Memantine Solution (Generic)
		Memantine Tablet (Namenda®)
		Memantine Tablet Dose Pack (AG; Namenda® Titration Pack)
		Memantine/Donepezil ER Capsule (Namzaric®, Namzaric® Titration Pack)
		Rivastigmine Capsule (Generic)
		Rivastigmine Transdermal Patch (Exelon®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANDROGENIC AGENTS (5)	Testosterone Gel (AG; Generic for Vogelxo®)	Testosterone Gel (Testim®)
*Request Form	Testosterone Gel Packet (AG for Vogelxo®)	Testosterone Gel Packet (Generic for Androgel®)
*Criteria	Testosterone Gel Pump (AG; Generic for Vogelxo®)	Testosterone Gel Pump (AG; Generic; Fortesta®)
*POS Edits	Testosterone Gel Pump (Generic for Androgel®)	Testosterone Gel Pump (Androgel®)
	Testosterone Transdermal System (Androderm®)	Testosterone Gel Pump (Generic Axiron®)
		Testosterone Gel Pump (Vogelxo®)
		Testosterone Nasal (Natesto®)
ANTHELMINTICS (6)	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 (7)	**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®)
ANTICONVULSANTS (8)	Brivaracetam Solution, Tablet (Briviact®)	Carbamazepine ER Capsule (Equetro®)
*Request Form	Cannabidiol Solution (Epidiolex®)	Carbamazepine Suspension (Generic; Tegretol®)
*Criteria	Carbamazepine Chewable Tablet (Generic)	Carbamazepine Tablet (Tegretol®)
*POS Edits	Carbamazepine ER Capsule (Generic; Carbatrol®)	Clobazam Film (Sympazan®)
	Carbamazepine ER Tablet (AG; Generic; Tegretol® XR)	Clobazam Suspension, Tablet (Onfi®)
	Carbamazepine Tablet (Generic)	Clonazepam Tablet (Klonopin®)
	Cenobamate Daily Dose Pack, Tablet, Titration Pack (Xcopri®)	Divalproex Sodium DR Tablet, ER Tablet (Depakote®; Depakote® ER)
	Clobazam Suspension, Tablet (Generic)	Ethosuximide Capsule, Syrup (Zarontin®)
	Clonazepam ODT, Tablet (Generic)	Felbamate Suspension (Felbatol®)
	Diazepam Nasal Spray (Valtoco®)	Fenfluramine Solution (Fintepla®)
	Diazepam Rectal (AG; Diastat®)	Lacosamide ER Capsule (Motpoly XR™)

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTIPSYCHOTIC AGENTS (9)	**INJECTABLE AGENTS**	**INJECTABLE AGENTS**
Antipsychotic Injectable Agents	Aripiprazole Lauroxil (Aristada®; 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 (Generic; Zyprexa®)
	Paliperidone (Invega® Hafyera™/Sustenna®/Trinza®)	Olanzapine Suspension (Zyprexa® Relprevv®)
	Risperidone ER Suspension (Intramuscular) (Risperdal® Consta®)	Risperidone ER Suspension (Intramuscular) (Rykindo®)
	Risperidone ER Suspension (Subcutaneous) (Perseris®; Uzedy®)	
	Ziprasidone Vial (Generic; Geodon®)	
ANTIVIRALS, ORAL (10)	Acyclovir Capsule, Suspension, Tablet (Generic)	Acyclovir Buccal Tablet (Sitavig®)
*Request Form	Famciclovir Tablet (Generic)	Baloxavir Marboxil Tablet (Xofluza®)
*Criteria	Oseltamivir Capsule, Suspension (Generic)	Oseltamivir Capsule, Suspension (Tamiflu®)
*POS Edits	Valacyclovir Tablet (Generic)	Rimantadine Tablet (Generic)
		Valacyclovir Caplet (Valtrex®)
		Zanamivir Inhalation Powder (Relenza® Diskhaler®)
ANXIOLYTICS (11)	Alprazolam Tablet (Generic)	Alprazolam ER Tablet (Generic; Xanax XR®)
*Request Form	Buspirone Tablet (Generic)	Alprazolam Intensol Concentrate, ODT (Generic)
*Criteria	Lorazepam Tablet (Generic)	Alprazolam Tablet (Xanax®)
*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)
		Lorazepam Tablet (Ativan®)
		Meprobamate Tablet (Generic)
		Oxazepam Capsule (Generic)

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
BOTULINUM TOXINS (13)	AbobotulinumtoxinA (Dysport®)	IncobotulinumtoxinA (Xeomin®)
*Request Form	OnabotulinumtoxinA (Botox®)	RimabotulinumtoxinB (Myobloc®)
*Criteria		
*POS Edits		
COLONY STIMULATING FACTORS (14)	Filgrastim Syringe, Vial (Neupogen®)	Eflapegrastim-xnst Syringe (Rolvedon™)
	Pegfilgrastim-pbbk Syringe (Fylnetra®)	Filgrastim-aafi Syringe, Vial (Nivestym®)
*Request Form		Filgrastim-ayow Syringe, Vial (Releuko®)
*Criteria		Filgrastim-sndz Syringe (Zarxio®)
*POS Edits		Pegfilgrastim Kit, Syringe (Neulasta®)
		Pegfilgrastim-apgf Syringe (Nyvepria®)
		Pegfilgrastim-bmez Syringe (Ziextenzo®)
		Pegfilgrastim-cbqv Autoinjector; Syringe (Udenyca®)
		Pegfilgrastim-fpgk Syringe (Stimufend®)
		Pegfilgrastim-jmdb Syringe (Fulphila®)
		Sargramostim Vial (Leukine®)
		Tbo-Filgrastim Injection Syringe, Vial (Granix®)
CYSTIC FIBROSIS, ORAL (15)	**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®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DEPRESSION (16)	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 Capsule, Tablet, 60mg Tablet (Generic)
		Fluvoxamine Maleate ER Capsule (Generic)
		Paroxetine Suspension (Generic; Paxil®)
		Paroxetine Tablet (Paxil®)
		Paroxetine CR Tablet (AG; Generic; Paxil CR®)
		Paroxetine Mesylate Capsule (AG; Generic for Brisdelle®)
		Paroxetine Mesylate Tablet (Pexeva®)
		Sertraline Capsule (Generic)
		Sertraline Concentrate, Tablet (Zoloft®)
DERMATOLOGY (17)	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		
DERMATOLOGY (17)	Clotrimazole Rx Cream (Generic)	Ciclopirox Cream, Gel, 8% Solution (Generic)
Antifungals, Topical	Clotrimazole Rx Solution (Generic)	Ciclopirox 0.77% Suspension (AG; Generic)
*Request Form	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Shampoo (Generic for Loprox®)
*Criteria	Ketoconazole Cream (Generic)	Ciclopirox 8% Solution Treatment Kit (Generic)
*POS Edits	Ketoconazole Shampoo Rx (Generic)	Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
	Nystatin Cream, Ointment, Topical Powder (Generic)	Clotrimazole/Betamethasone Lotion (Generic)
	Nystatin/Triamcinolone Cream (Generic)	Econazole Nitrate Cream (Generic)
	Nystatin/Triamcinolone Ointment (Generic)	Efinaconazole Solution (Jublia®)
		Ketoconazole Foam (AG; Generic for Extina®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	(Preferred agents listed on page 13)	Ketoconazole Foam; Foam Kit (Ketodan®)
Antifungals, Topical Continued		Luliconazole Cream (AG; Luzu®)
		Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®)
		Naftifine Cream (Generic)
		Naftifine Gel (Generic; Naftin®)
		Oxiconazole Lotion (Oxistat®)
		Oxiconazole Cream (Generic for Oxistat®)
		Salicylic Acid Ointment (Generic; Bensal HP®)
		Sertaconazole Cream (Ertaczo®)
		Sulconazole Cream, Solution (AG; Exelderm®)
		Tavaborole Solution (Generic for Kerydin®)
DERMATOLOGY (17)	Permethrin Cream (Generic)	Crotamiton Cream, Lotion (Eurax®)
Antiparasitic Agents, Topical	Spinosad Suspension (Generic; Natroba®)	Crotamiton Lotion (Crotan®)
*Request Form		Lindane Shampoo (Generic)
*Criteria		Malathion Lotion (Generic; Ovide®)
*POS Edits		
DERMATOLOGY (17)	Acitretin Capsule (AG; 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 (17)	Calcipotriene Cream (Generic)	Calcipotriene Ointment (Generic)
Antipsoriatics, Topical	Calcipotriene Solution (Generic)	Calcipotriene Foam (AG; Generic; Sorilux®)
*Request Form		Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®)
*Criteria		Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic; Taclonex®)
*POS Edits		Calcipotriene/Betamethasone Dipropionate Susp (AG; Generic; Taclonex Scalp®)
		Calcitriol Ointment (AG; Generic; Vectical®)
		Halobetasol/Tazarotene Lotion (Duobrii®)
		Roflumilast Cream (Zoryve™)
		Tapinarof Cream (Vtama®)
DERMATOLOGY (17)	Acyclovir Ointment (Generic)	Acyclovir Cream (AG; Generic; Zovirax®)
Antiviral Agents, Topical		Acyclovir Ointment (Zovirax®)
*Request Form		Acyclovir/Hydrocortisone Cream (Xerese®)
*Criteria		Penciclovir Cream (AG; Generic; Denavir®)
*POS Edits		
DERMATOLOGY (17)	Crisaborole Ointment (Eucrisa®)	Roflumilast Foam (Zoryve®)
Atopic Dermatitis Immunomodulators	Dupilumab Pen (Dupixent®)	Ruxolitinib Cream (Opzelura™)
*Request Form	Dupilumab Syringe (Dupixent®)	Tacrolimus Ointment (AG; Generic; Protopic®)
*Criteria	Pimecrolimus Cream (AG; Generic; Elidel®)	
*POS Edits	Tralokinumab-ldrm Syringe (Adbry™)	
DERMATOLOGY (17)	Ammonium Lactate Cream, Lotion (Generic)	Emollient Combination No. 10 (Biafine®)
Emollients		Emollient Combination No. 10 (Luxamend®)
*Request Form		Emollient Combination No. 43 (Promiseb®)
*Criteria		Emollient Combination No. 103 (Ceracade®)
*POS Edits		Hyaluronic Acid/Grape Seed Extract/Vitamin C & E (Atopiclair®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	Imiquimod 5% Cream Packet (Generic for Aldara®)	Imiquimod (Generic; Zyclara®)
Immunomodulators, Topical	Podofilox Gel (Condylox®)	Podofilox Solution (Generic)
*Request Form		Sinecatechins (Veregen®)
*Criteria		Sirolimus (Hyftor™)
*POS Edits		
DERMATOLOGY (17)	Hydrocortisone Rectal Cream, Topical Cream (Generic)	Alclometasone Dipropionate Cream, Ointment (Generic)
Steroids, Topical	Hydrocortisone Lotion (Generic)	Desonide Cream, Lotion, Ointment (Generic)
Low Potency	Hydrocortisone Ointment (Generic)	Fluocinolone Acetonide Body Oil, Scalp Oil (Generic; Derma-Smoothe/FS®)
*Request Form		Fluocinolone Acetonide Shampoo (Capex®)
*Criteria		Hydrocortisone Gel (Hydroxym®)
*POS Edits		Hydrocortisone Solution (Texacort®)
DERMATOLOGY (17)	Fluticasone Propionate Cream (Generic)	Betamethasone Valerate Foam (Generic; Luxiq®)
Steroids, Topical	Fluticasone Propionate Ointment (Generic)	Clocortolone Pivalate Cream (AG; Generic; Cloderm®)
Medium Potency	Mometasone Furoate Cream (Generic)	Fluocinolone Acetonide Cream (Generic)
*Request Form	Mometasone Furoate Ointment (Generic)	Fluocinolone Acetonide Ointment, Solution (Generic; Synalar®)
*Criteria	Mometasone Furoate Solution (Generic)	Fluocinolone Acetonide/Emollient No. 65 Cream Kit, Ointment Kit (Synalar®)
*POS Edits		Fluocinolone Acetonide/Skin Cleanser No.28 Kit (Synalar® TS)
		Flurandrenolide Cream, Ointment (Generic)
		Flurandrenolide Lotion (AG; Generic)
		Fluticasone Propionate Lotion (Generic; Beser™)
		Fluticasone Propionate Lotion Kit (Beser™)
		Hydrocortisone Butyrate Lotion (AG; Generic; Locoid®)
		Hydrocortisone Butyrate Cream, Ointment, Solution (Generic)
		Hydrocortisone Butyrate/Emollient (AG; Generic)
		Hydrocortisone Probutate Cream (Pandel®)
		Hydrocortisone Valerate Cream, Ointment (Generic)
		Prednicarbate Cream; Ointment (Generic)
		Triamcinolone Acetonide Dental Paste (Generic; Oralone®)

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (18)	Insulin Aspart Cartridge, Pen, Vial (AG; Novolog®)	Insulin Aspart Cartridge, Pen, Vial (Fiasp® Penfill®/PumpCart®/FlexTouch®; Fiasp®)
Hypoglycemics	Insulin Aspart Protamine/Aspart Pen (AG; Novolog Mix 70/30®)	Insulin Degludec Pen, Vial (Generic; Tresiba® FlexTouch®; Tresiba®)
Insulins & Related Agents	Insulin Aspart Protamine/Aspart Vial (AG; Novolog Mix 70/30®)	Insulin Detemir Pen, Vial (Levemir®)
*Request Form	Insulin Glargine Pen, Vial (Generic; Lantus® SoloStar®; Lantus®)	Insulin Glargine U-100 (Basaglar® KwikPen®; Basaglar® Tempo Pen™)
*Criteria	Insulin Glulisine Pen, Vial (Apidra® SoloStar®; Apidra®)	Insulin Glargine-aglr (Rezvoglar® KwikPen®)
*POS Edits	Insulin Vial OTC (Humulin® N; Humulin® R)	Insulin Glargine-yfgn Pen, Vial (Generic; Semglee®)
	Insulin Regular 500 units/mL Pen, Vial (Humulin® R U-500)	Insulin Glargine Pen (Generic; Toujeo® Solostar®, Toujeo® Max Solostar®)
	Insulin Isophane (NPH)/Insulin Regular Pen OTC (Humulin® 70/30)	Insulin Lispro Pen, Vial (Admelog® SoloStar®; Admelog®)
	Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)	Insulin Lispro Pen (Humalog® KwikPen® U-200; Humalog® Tempo Pen™ U-100)
	Insulin Lispro (AG; Humalog® Junior KwikPen®)	Insulin Lispro-aabc Pen (Lyumjev® KwikPen®; Lyumjev® Tempo Pen™)
	Insulin Lispro Cartridge (Humalog®)	Insulin Lispro-aabc Vial (Lyumjev®)
	Insulin Lispro Pen (AG; Humalog® KwikPen® U-100)	Insulin Isophane (NPH)/Insulin Regular Pen OTC, Vial OTC (Novolin® 70/30)
	Insulin Lispro Vial (AG; Humalog®)	Insulin Human Pen OTC, Vial OTC (Novolin® N; Novolin® R)
	Insulin Lispro Protamine/Insulin Lispro KwikPen (AG)	Insulin Human in 0.9% Sodium Chloride Piggyback IV (Myxredlin®)
	Insulin Lispro Protamine/Insulin Lispro Pen, Vial (Humalog® Mix)	Insulin Human Inhalation Powder Cartridge (Afrezza®)
		Insulin Human Pen OTC (Humulin® N Kwikpen®)
DIABETES (18)	Nateglinide (Generic)	**NONE**
Hypoglycemics	Repaglinide (Generic)	
Meglitinides		
*Request Form		
*Criteria		
*POS Edits		
DIABETES (18)	Canagliflozin Tablet (Invokana®)	Canagliflozin/Metformin ER Tablet (Invokamet® XR)
Hypoglycemics	Canagliflozin/Metformin Tablet (Invokamet®)	Empagliflozin/Metformin ER Tablet (Synjardy® XR)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Dapagliflozin Tablet (AG; Farxiga®)	Ertugliflozin Tablet (Steglatro®)
	Dapagliflozin/Metformin ER Tablet (AG; Xigduo® XR)	Ertugliflozin/Metformin Tablet (Segluromet®)
*Request Form	Empagliflozin Tablet (Jardiance®)	Sotagliflozin Tablet (Inpefa®)
*Criteria	Empagliflozin/Metformin Tablet (Synjardy®)	
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (18)	Glimepiride (Generic)	Glipizide ER (Glucotrol® XL)
Hypoglycemics	Glipizide (Generic)	
Sulfonylureas	Glipizide ER (Generic)	
*Request Form	Glyburide (Generic)	
*Criteria	Glyburide Micronized (Generic)	
*POS Edits		
DIABETES (18)	Pioglitazone (Generic)	Pioglitazone (Actos®)
Hypoglycemics		Pioglitazone/Glimepiride (AG)
Thiazolidinediones (TZDs)		Pioglitazone/Metformin (Generic; Actoplus Met®)
*Request Form		
*Criteria		
*POS Edits		
DIABETES (18)	Glipizide-Metformin (Generic)	Metformin ER (Generic for Fortamet™)
Metformins	Glyburide-Metformin (Generic)	Metformin ER (Generic; Glumetza™)
*Request Form	Metformin (Generic)	Metformin Solution (Generic; Riomet™)
*Criteria	Metformin ER (Generic for Glucophage® XR)	Metformin Suspension (Riomet ER™)
*POS Edits		Metformin Tablet 625mg (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (19)	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 (Generic)	Dimenhydrinate Vial (Generic)
	Ondansetron Solution (Generic)	Dolasetron Mesylate (Anzemet®)
	Ondansetron Tablet (Generic)	Doxylamine/Pyridoxine Tablet (AG; Generic; Diclegis®)
	Ondansetron Vial (Generic)	Doxylamine/Pyridoxine Tablet (Bonjesta®)
	Prochlorperazine Tablet (Generic)	Dronabinol Oral (AG; Generic; Marinol®)
	Promethazine Ampule (Generic)	Fosaprepitant Dimeglumine Vial (AG; Generic; Emend®)
	Promethazine Rectal 12.5 mg (Generic)	Fosnetupitant/Palonosetron Vial (Akynzeo®)
	Promethazine Rectal 25 mg (Generic)	Granisetron Tablet, Vial (Generic)
	Promethazine Syrup (Generic)	Granisetron ER Syringe (Sustol®)
	Promethazine Tablet (Generic)	Granisetron Transdermal Patch (Sancuso®)
	Promethazine Vial (Generic)	Meclizine Tablet (Antivert®)
	Scopolamine Transdermal (Generic)	Metoclopramide Tablet (Reglan®)
		Metoclopramide Nasal (Gimoti®)
		Netupitant/Palonosetron HCl Capsule (Akynzeo®)
		Ondansetron Syringe (Generic)
		Palonosetron Vial (AG; Generic for Aloxi®)
		Prochlorperazine Rectal (Generic; Compro®)
		Prochlorperazine Vial (Generic)
		Promethazine Ampule, Vial (Phenergan®)
		Promethazine Suppository 50mg (Generic)
		Rolapitant Tablet (Varubi®)
		Scopolamine Transdermal (Transderm-Scop®)
		Trimethobenzamide Vial (Tigan®)
		Trimethobenzamide Capsule (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (19)	Ursodiol 300 mg Capsule (Generic)	Chenodiol Tablet (Chenodal®)
Bile Acid Salts	Ursodiol Tablet (Generic)	Cholic Acid Capsule (Cholbam®)
*Request Form		Maralixibat Solution (Livmarli™)
*Criteria		Obeticholic Acid Tablet (Ocaliva®)
*POS Edits		Odevixibat Capsule, Pellet (Bylvay®)
		Ursodiol Capsule (Reltone®)
		Ursodiol Tablet (URSO 250®/URSO Forte®)
DIGESTIVE DISORDERS (19)	Famotidine Suspension (Generic)	Cimetidine Tablet (Generic)
Histamine II Receptor Blockers	Famotidine Tablet (Generic)	Famotidine Piggyback (Generic)
*Request Form		Famotidine Tablet (Pepcid®)
*Criteria		Famotidine Vial (Generic)
*POS Edits		Nizatidine Capsule (Generic)
DIGESTIVE DISORDERS (19)	Pancrelipase (Creon®)	Pancrelipase (Pertzye®)
Pancreatic Enzymes	Pancrelipase (Zenpep®)	Pancrelipase (Viokace®)
*Request Form		
*Criteria		
*POS Edits		
DIGESTIVE DISORDERS (19)	Esomeprazole Suspension (Generic; Nexium®)	Dexlansoprazole Capsule (AG; Generic; Dexilant®)
Proton Pump Inhibitors	Lansoprazole Capsule (Generic)	Esomeprazole Capsule (Generic; Nexium®)
*Request Form	Omeprazole Capsule Rx (Generic)	Lansoprazole Capsule (Prevacid®)
*Criteria	Pantoprazole Suspension (Generic; Protonix®)	Lansoprazole ODT (Generic; Prevacid® SoluTab®)
*POS Edits	Pantoprazole Tablet (Generic)	Omeprazole Granules for Suspension (Prilosec®)
		Omeprazole/Sodium Bicarbonate for Oral Suspension (Konvomep®)
		Omeprazole/Sodium Bicarbonate Rx Capsule, Packet (Generic; Zegerid®)
		Pantoprazole Tablet (Protonix®)
		Rabeprazole Tablet (Generic; AcipHex®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIGESTIVE DISORDERS (19)	Balsalazide Capsule (Generic)	Balsalazide Capsule (Colazal®)
Ulcerative Colitis Agents	Mesalamine ER Capsule (AG; Generic; Apriso®)	Budesonide Rectal Foam (Generic; Uceris®)
*Request Form	Mesalamine Suppositories (AG; Generic for Canasa®)	Budesonide DR Tablet (AG; Generic; Uceris®)
*Criteria	Sulfasalazine Tablet (AG; Generic)	Mesalamine DR Tablet (Generic for Asacol HD®)
*POS Edits	Sulfasalazine DR Tablet (AG)	Mesalamine DR Capsule (AG; Generic; Delzicol®)
		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®)
ENZYME REPLACEMENTS (20)	**NONE**	Eliglustat Capsule (Cerdelga®)
*Request Form		Imiglucerase 400-unit Vial (Cerezyme®)
*Criteria		Miglustat Capsule (AG; Generic; Zavesca®)
*POS Edits		Taliglucerase alfa Vial (Elelyso®)
		Velaglucerase alfa 400-unit Vial (Vpriv®)
EPINEPHRINE, SELF-INJECTED (21)	Epinephrine 0.1 mg Auto-Injector (Auvi-Q®)	Epinephrine 0.15 mg, 0.3 mg Auto-Injector (Auvi-Q®)
*Request Form	Epinephrine 0.15 mg Auto-Injector (AG; Generic; EpiPen Jr®)	Epinephrine 0.15 mg, 0.3 mg Auto-Injector (AG for Adrenaclick®)
*Criteria	Epinephrine 0.3 mg Auto-Injector (AG; Generic; EpiPen®)	Epinephrine Syringe (Symjepi®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GI MOTILITY, CHRONIC (22)	Linaclotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)
*Request Form	Lubiprostone Capsule (AG; Generic; Amitiza®)	Eluxadoline Tablet (Viberzi®)
*Criteria	Methylnaltrexone Syringe, Vial (Relistor®)	Methylnaltrexone Tablet (Relistor®)
*POS Edits	Naloxegol Tablet (Movantik®)	Naldemedine Tablet (Symproic®)
	Plecanatide Tablet (Trulance®)	Prucalopride Tablet (Motegrity®)
		Tenapanor Tablet (Ibsrela®)
GLUCOCORTICOIDS, ORAL (23)	Budesonide EC Capsules (Generic)	Budesonide DR Capsule (Tarpeyo™)
*Request Form	Dexamethasone Tablet (Generic)	Budesonide ER Capsule (Ortikos™)
*Criteria	Hydrocortisone Tablet (Generic)	Cortisone Acetate (Generic)
*POS Edits	Methylprednisolone Tablet Dose Pack (Generic)	Deflazacort Suspension, Tablet (Emflaza®)
	Prednisolone Sodium Phosphate Solution (Generic)	Dexamethasone Tablet (Hemady®)
	Prednisolone Solution (Generic)	Dexamethasone Tablet Therapy Pack (Taperdex®)
	Prednisone Tablet (Generic)	Dexamethasone Elixir, Intensol Concentrate, Solution, Tablet Dose Pack (Generic)
		Hydrocortisone Tablet (Cortef®)
		Hydrocortisone Capsule (Alkindi® Sprinkle)
		Methylprednisolone Tablet, Dose Pack (Medrol®)
		Methylprednisolone Tablet 4 mg, 8 mg, 16 mg, 32 mg (Generic)
		Prednisolone Tablet, Tablet Dose Pack (Millipred®)
		Prednisolone Sodium Phosphate 10 mg/5 mL (Generic Millipred®)
		Prednisolone Sodium Phosphate 20 mg/5 mL (Generic Veripred®)
		Prednisolone Sodium Phosphate ODT (AG; Generic)
		Prednisone Delayed Release Tablet (Rayos®)
		Prednisone Intensol Concentrate, Solution, Tablet Dose Pack (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GOUT AGENTS (24)	Allopurinol Tablet 100mg, 300mg (Generic)	Allopurinol Tablet 200mg (AG)
Antihyperuricemics	Colchicine Tablet (AG; Generic)	Colchicine Capsule (AG; 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 (25)	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 (Saizen®)
		Somatropin Vial (Serostim®)
		Somatropin Vial (Zomacton®)
GROWTH FACTORS (26)	**NONE**	Mecasermin Subcutaneous (Increlex®)
*Request Form		Tesamorelin Acetate Subcutaneous (Egrifta SV®)
*Criteria		Vosoritide Vial (Voxzogo™)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
H. PYLORI TREATMENT (27)	Bismuth Subcitrate /Metronidazole/Tetracycline (Generic; Pylera®)	Bismuth Subsalicylate/Metronidazole/Tetracycline (Helidac®)
*Request Form *Criteria *POS Edits		Lansoprazole/Amoxicillin/Clarithromycin (Generic Prevpac®)
		Omeprazole/Amoxicillin/Rifabutin (Talicia®)
		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
		Vonoprazan Tablet (Voquezna®)
		Vonoprazan/Amoxicillin (Voquezna DualPak®)
		Vonoprazan/Amoxicillin/Clarithromycin (Voquezna TriplePak®)
HEART DISEASE, HYPERLIPIDEMIA (28)	Apixaban Dose Pack, Tablet (Eliquis®)	Dabigatran Pellet Pack (Pradaxa®)
Anticoagulants	Dabigatran Capsule (Generic; Pradaxa®)	Dalteparin Syringe, Vial (Fragmin®)
*Request Form *Criteria *POS Edits	Enoxaparin Syringe, Vial (AG; Generic)	Edoxaban Tablet (Savaysa®)
	Rivaroxaban Tablet (Xarelto®; Xarelto® Starter Pack)	Enoxaparin Syringe, Vial (Lovenox®)
	Warfarin Tablet (Generic)	Fondaparinux Syringe (Generic; Arixtra®)
		Rivaroxaban Suspension (Xarelto®)
HEART DISEASE, HYPERLIPIDEMIA (28)	Aspirin/Dipyridamole ER Capsule (Generic)	Clopidogrel Tablet (Plavix®)
Anticoagulants	Clopidogrel Tablet (Generic)	Prasugrel Tablet (Effient®)
Platelet Aggregation Inhibitors	Dipyridamole Tablet (Generic)	
*Request Form *Criteria *POS Edits	Prasugrel Tablet (Generic)	
	Ticagrelor Tablet (Brilinta®)	

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (28)	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 CD (Cardizem CD®; Cardizem CD® 360 mg; Tiazac®)
*Criteria	Nifedipine ER Tablet (Generic)	Diltiazem LA Tablet (AG; Generic; Cardizem LA®; Matzim LA®)
*POS Edits	Nifedipine IR Capsule (Generic)	Isradipine Capsule (Generic)
	Verapamil ER Tablet (Generic)	Levamlodipine Tablet (AG)
	Verapamil IR Tablet (Generic)	Nicardipine Capsule (Generic)
		Nifedipine ER Tablet (Procardia XL®)
		Nimodipine Capsule (Generic)
		Nimodipine Oral Syringe, Solution (Nymalize®)
		Nisoldipine Tablet (Generic)
		Verapamil 360 mg Capsule (Generic)
		Verapamil ER PM Capsule (AG; Generic; Verelan PM®)
		Verapamil ER Capsule (Generic for Verelan®)
HEART DISEASE, HYPERLIPIDEMIA (28)	Alirocumab Subcutaneous Pen (Praluent®)	Bempedoic Acid Tablet (Nexletol™)
Lipotropics, Other	Cholestyramine/Sucrose Powder (Generic Questran®)	Bempedoic Acid and Ezetimibe Tablet (Nexlizet™)
*Request Form	Colestipol Granules (Generic)	Cholestyramine/Aspartame Powder (Generic)
*Criteria	Colestipol Tablet (Generic)	Cholestyramine/Sucrose Packet, Powder (Questran®)
*POS Edits	Evolocumab Auto-Injector (Repatha® SureClick®)	Colesevelam Powder Pack, Tablet (AG; Generic; Welchol®)
	Evolocumab Cartridge (Repatha® Pushtronex®)	Colestipol Granules, Tablet (Colestid®)
	Evolocumab Prefilled Syringe (Repatha®)	Evinacumab-dgnb Vial (Evkeeza®)
	Ezetimibe (Generic)	Ezetimibe (Zetia®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (28)	Fenofibrate Nanocrystallized Tablet (Generic Tricor® 48 mg)	Fenofibrate Capsule Micronized (AG; Generic for Antara®)
Lipotropics, Other Continued	Fenofibrate Nanocrystallized Tablet (Generic Tricor® 145 mg)	Fenofibrate Capsule (Generic; Lipofen®)
	Fenofibrate Capsule, Tablet (Generic for Lofibra®)	Fenofibrate Tablet (AG; Generic; Fenoglide®)
	Gemfibrozil Tablet (Generic)	Fenofibrate Tablet Nanocrystallized Tablet (Tricor®)
	Icosapent Ethyl Capsule (Generic; Vascepa®)	Fenofibric Acid Tablet (Generic for Fibricor®)
	Niacin ER Tablet (Generic)	Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
	Omega-3-acid Ethyl Esters Capsule (Generic®)	Gemfibrozil Tablet (Lopid®)
		Inclisiran Syringe (Leqvio®)
		Lomitapide Capsule (Juxtapid®)
		Omega-3-acid Ethyl Esters Capsule (Lovaza®)
HEART DISEASE, HYPERLIPIDEMIA (28)	Ambrisentan Tablet (Generic)	Ambrisentan Tablet (Letairis®)
Pulmonary Arterial Hypertension (PAH)	Bosentan Tablet (Generic; Tracleer®)	Bosentan Suspension (Tracleer®)
*Request Form	Sildenafil Tablet (Generic for Revatio®)	Iloprost Inhalation Solution (Ventavis®)
*Criteria	Sildenafil Oral Suspension (AG; Generic for Revatio®)	Macitentan Tablet (Opsumit®)
*POS Edits	Tadalafil Tablet (Generic for Adcirca®)	Riociguat Tablet (Adempas®)
		Selexipag Tablet, Dose Pack (Uptravi®)
		Sildenafil Suspension (Liqrev®)
		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 (28)	Atorvastatin Tablet (Generic)	Amlodipine/Atorvastatin Tablet (AG; Generic; Caduet®)
Statins & Statin Combination Agents	Lovastatin Tablet (Generic)	Atorvastatin Calcium (Atorvaliq®)
*Request Form	Pravastatin Tablet (Generic)	Atorvastatin Tablet (Lipitor®)
*Criteria	Rosuvastatin Tablet (Generic)	Ezetimibe/Simvastatin Tablet (Generic; Vytorin®)
*POS Edits	Simvastatin Tablet (Generic)	Fluvastatin Capsule (Generic)
		Fluvastatin ER Tablet (AG; Generic; Lescol XL®)
		Lovastatin ER Tablet (Altoprev®)
		Pitavastatin Tablet (Livalo®)
		Pitavastatin Tablet (Generic; Zypitamag®)
		Rosuvastatin Tablet (Crestor®)
		Rosuvastatin Capsule (Ezallor™ Sprinkle)
		Simvastatin Tablet (Zocor®)
HEART DISEASE, HYPERLIPIDEMIA (28)	Clonidine Patch (Generic; Catapres-TTS®)	Clonidine ER Suspension (AG for Nexiclon®)
Sympatholytics	Clonidine Tablet (Generic)	Methyldopate HCl (Intravenous)
*Request Form	Guanfacine Tablet (Generic)	Methyldopa/HCTZ Tablet (Generic)
*Criteria	Methyldopa Tablet (AG; Generic)	
*POS Edits		
HEART DISEASE, HYPERLIPIDEMIA (28)	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (AG; Isordil®)
Vasodilators, Coronary	Isosorbide Dinitrate/Hydralazine Tablet (AG; Generic; BiDil®)	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 (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 (29)	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		
*POS Edits		
HEMODIALYSIS (30)	Calcium Acetate Capsule (Generic)	Calcium Acetate Solution (Phoslyra®)
Phosphate Binders	Sevelamer Carbonate Tablet (AG; Generic; Renvela®)	Calcium Acetate Tablet (Generic)
*Request Form		Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)
*Criteria		Ferric Citrate Tablet (Auryxia®)
*POS Edits		Lanthanum Carbonate Chewable Tablet (Generic; Fosrenol®)
		Lanthanum Carbonate Powder Pack (Fosrenol®)
		Sevelamer Carbonate Powder Pack (Generic; Renvela®)
		Sevelamer HCl Tablet (AG; Generic for RenaGel®)
		Sucroferric Oxyhydroxide Chewable Tablet (Velphoro®)
		Tenapanor Tablet (Xphozah™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEMOPHILIA TREATMENT (31)	Emicizumab-kxwh (Hemlibra®)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
*Request Form	Factor IX Human Recombinant, GlycoPEGylated (Rebinyn®)	Etranacogene Dezaparvovec-drlb (Hemgenix®)
*Criteria	Factor IX Human Recombinant (BeneFIX® Kit)	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)
*POS Edits	Factor VIIa, Recombinant (NovoSeven® RT)	Factor IX Human (AlphaNine SD®)
	Factor VIII (Kovaltry®)	Factor IX Human Recombinant (Ixinity®)
	Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Factor IX Recombinant (Rixubis®)
	Factor VIII, B-Domain-Deleted (Xyntha® Solofuse® Syringe Kit)	Factor IX Recombinant, Albumin Fusion (Idelvion®)
	Factor VIII, B-Domain-Truncated (Novoeight®)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor VIIa, (Recombinant)-jncw (Sevenfact®)
	Factor VIII, Recombinant, PEGylated-aucl (Jivi®)	Factor VIII, Full-Length (Advate®)
	Factor VIII/VWF (Alphanate®)	Factor VIII (Kogenate FS®)
	Factor VIII/VWF (Humate-P® Kit)	Factor VIII, Full-Length PEGylated (Adynovate®)
	Factor VIII/VWF (Wilate®)	Factor VIII, Human (Hemofil-M®)
	Factor X (Coagadex®)	Factor VIII, Human Kit (Koate DVI®)
	Factor XIII Concentrate, Human (Corifact® Kit)	Factor VIII, Human Vial (Koate DVI®)
		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®)
		Prothrombin Complex Concentrate Human-lans (Balfaxar®)
		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 (32)	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 (Cinryze®)
*POS Edits		C1 Esterase Inhibitor, Recombinant Intravenous Vial (Ruconest®)
		Ecallantide Subcutaneous Vial (Kalbitor®)
		Icatibant Acetate Subcutaneous Syringe (Firazyr®)
		Lanadelumab-flyo Subcutaneous Syringe, Vial (Takhzyro®)
HIV-AIDS (33)	Abacavir Solution, Tablet (Generic; Ziagen®)	**NONE**
*Request Form	Abacavir/Dolutegravir/Lamivudine Tablet (Triumeq®)	
*Criteria	Abacavir/Dolutegravir/Lamivudine Soluble Tablet (Triumeq PD®)	
*POS Edits	Abacavir/Lamivudine Tablet (Generic; Epzicom®)	
	Abacavir/Lamivudine/Zidovudine Tablet (Trizivir®)	
	Atazanavir Capsule (Generic)	
	Atazanavir Capsule, Powder Pack (Reyataz®)	
	Atazanavir Sulfate/Cobicistat Tablet (Evotaz®)	
	Bictegravir/Emtricitabine/Tenofovir AF Tablet (Biktarvy®)	
	Cabotegravir (Apretude™)	
	Cabotegravir/Rilpivirine IM (Cabenuva®)	
	Cobicistat Tablet (Tybost®)	
	Darunavir Ethanolate Tablet (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 (Generic for Sustiva®)	

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

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (37)	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 (37)	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)
INFECTIOUS DISORDERS (37)	Metronidazole 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		Nitazoxanide Tablet (AG; Generic)
*POS Edits		Paromomycin Capsule (Generic)
		Rifamycin Tablet (Aemcolo®)
		Rifaximin Tablet (Xifaxan®)
		Secnidazole Oral Granules (Solosec™)
		Vancomycin HCl Capsule (Vancocin®)
		Vancomycin Solution (AG; Generic; Firvanq®)
		Vancomycin Solution 250mg/5ml (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (37)	Tobramycin Solution (AG; Generic; Bethkis®)	Amikacin Inhalation Suspension (Arikayce®)
Antibiotics	Tobramycin Solution (Generic for Tobi®)	Aztreonam Solution (Cayston®)
Inhaled Antibiotics		Tobramycin Solution (Tobi®)
*Request Form		Tobramycin Capsule (Tobi Podhaler®)
*Criteria		Tobramycin Inhalation Solution Pak (AG; Kitabis Pak®)
*POS Edits		
INFECTIOUS DISORDERS (37)	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®)
INFECTIOUS DISORDERS (37)	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; E.E.S.® 200; EryPed® 200)
*POS Edits		Erythromycin Ethyl Succinate Suspension (AG; Generic; EryPed® 400)
		Erythromycin Ethyl Succinate Tablet (E.E.S. ® 400)
		Erythromycin Stearate Filmtab (Erythrocin®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (37)	Nitrofurantoin Macrocrystals Capsule (Generic)	Nitrofurantoin Macrocrystals Capsule 25 mg, 50 mg, 100 mg (Macrodantin®)
Antibiotics	Nitrofurantoin Monohydrate Macrocrystals Capsule (AG; Generic)	Nitrofurantoin Monohydrate Macrocrystals Capsule 100 mg (Macrobid®)
Nitrofuran Derivatives		Nitrofurantoin Suspension (AG; Generic; Furadantin®)
*Request Form *Criteria *POS Edits		
INFECTIOUS DISORDERS (37)	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 (Sivextro®)
*POS Edits		Tedizolid Tablet (Sivextro®)
INFECTIOUS DISORDERS (37)	**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 (37)	Doxycycline Hyclate Capsule (Generic)	Demeclocycline Tablet (Generic)
Antibiotics	Doxycycline Hyclate Tablet (Generic)	Doxycycline Calcium Syrup (Vibramycin®)
Tetracyclines	Doxycycline Monohydrate 50 mg Capsule (AG; Generic)	Doxycycline Hyclate DR Tablet (Doryx® MPC)
*Request Form	Doxycycline Monohydrate 100 mg Capsule (AG; Generic)	Doxycycline Hyclate DR Tablet (AG; Generic; Doryx®)
*Criteria	Doxycycline Monohydrate Tablet (Generic)	Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit)
*POS Edits	Minocycline Capsule (Generic)	Doxycycline Monohydrate 40 mg DR Capsule (AG)
		Doxycycline Monohydrate Capsule 75 mg (AG; Generic)
		Doxycycline Monohydrate Capsule 150 mg (AG; Generic)
		Doxycycline Monohydrate Suspension (Generic)
		Minocycline ER Tablet (Generic; MinoLira ER®; Solodyn®)
		Minocycline Tablet (Generic)
		Omadacycline Tosylate Tablet (Nuzyra®)
		Tetracycline Capsule (Generic)
INFECTIOUS DISORDERS (37)	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		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (37)	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®)
INFECTIOUS DISORDERS (37)	Sofosbuvir/Velpatasvir (AG for Epclusa®)	Elbasvir/Grazoprevir (Zepatier®)
Hepatitis C Agents	Sofosbuvir/Velpatasvir/Voxilaprevir Tablet (Vosevi®)	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 Tablet, Pellet Pack (Epclusa®)
*Patient Treatment Agreement		
*POS Edits		
INFECTIOUS DISORDERS (37)	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		

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
MULTIPLE SCLEROSIS (41)	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; Copaxone®)	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®)	Interferon β-1a Auto-Injector, Titration Pack (Rebif® Rebidose®)
	Interferon β-1a Vial Kit (Avonex®)	Interferon β-1a Syringe, Titration Pack (Rebif®)
	Ofatumumab Pen (Kesimpta®)	Interferon β-1b Kit, Vial (Extavia®)
	Teriflunomide Tablet (Generic)	Monomethyl Fumarate Capsule DR (Bafiertam®)
		Natalizumab Vial (Tysabri®)
		Ocrelizumab Vial (Ocrevus®)
		Ozanimod Capsule, Starter Kit, Starter Pack (Zeposia®)
		Peginterferon β -1a IM, Subcutaneous (Plegridy®)
		Ponesimod Starter Pack, Tablet (Ponvory®)
		Siponimod Dose Pack, Tablet (Mayzent®)
		Teriflunomide Tablet (Aubagio®)
		Ublituximab-xiiy Vial (Briumvi®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (42)	Tretinoin Capsule (Generic)	Idelalisib Tablet (Zydelig®)
Oral – Hematologic Continued	Venetoclax Tablet (Venclexta®)	Imatinib Mesylate Tablet (Gleevec®)
	Venetoclax Starting Pack Tablet (Venclexta®)	Ivosidenib Tablet (Tibsovo®)
		Ixazomib Citrate Capsule (Ninlaro®)
		Mercaptopurine Suspension (Purixan®)
		Midostaurin Capsule (Rydapt®)
		Momelotinib Tablet (Ojjaara™)
		Nilotinib HCl Capsule (Tasigna®)
		Olutasidenib Capsule (Rezlidhia®)
		Pacritinib Capsule (Vonjo®)
		Pomalidomide Capsule (Pomalyst®)
		Ponatinib HCl Tablet (Iclusig®)
		Quizartinib Dihydrochloride (Vanflyta®)
		Selinexor Tablet (Xpovio®)
		Thalidomide Capsule (Thalomid®)
		Vorinostat Capsule (Zolinza®)
		Zanubrutinib Capsule (Brukinsa™)
ONCOLOGY (42)	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; Tarceva®)
		Gefitinib Tablet (Generic; Iressa®)
		Lorlatinib Tablet (Lorbrena®)
		Mobocertinib Capsule (Exkivity®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (42)	(Preferred agents listed on page 46)	Pralsetinib Capsule (Gavreto™)
Oral – Lung Continued		Repotrectinib Capsule (Augtyro™)
		Selpercatinib Capsule (Retevmo™)
		Sotorasib Tablet (Lumakras™)
		Tepotinib HCl Tablet (Tepmetko®)
ONCOLOGY (42)	Niraparib Tosylate Capsule (Zejula®)	Avapritinib Tablet (Ayvakit™)
Oral – Other	Selumetinib Capsule (Koselugo™)	Cabozantinib S-Malate Capsule (Cometriq®)
*Request Form	Temozolomide Capsule (Generic)	Erdafitinib Tablet (Balversa™)
*Criteria		Eflornithine Tablet (Iwilfin™)
*POS Edits		Futibatinib Tablet Therapy Pack (Lytgobi®)
		Fruquintinib Capsule (Fruzaqla®)
		Infagratinib Phosphate Capsule (Truseltiq™)
		Larotrectinib Capsule (Vitrakvi®)
		Larotrectinib Solution (Vitrakvi®)
		Niraparib Tosylate Tablet (Zejula®)
		Nirogacestat Tablet (Ogsiveo™)
		Olaparib Capsule, Tablet (Lynparza®)
		Pemigatinib Tablet (Pemazyre®)
		Pexidartinib Capsule (Turalio®)
		Pirtobrutinib Tablet (Jaypirca®)
		Regorafenib Tablet (Stivarga®)
		Ripretinib Tablet (Qinlock™)
		Rucaparib Camsylate Tablet (Rubraca®)
		Tazemetostat Tablet (Tazverik™)
		Trifluridine/Tipiracil HCl Tablet (Lonsurf®)
		Vandetanib Tablet (Caprelsa®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (42)	Abiraterone Acetate Tablet (Generic for Zytiga®)	Abiraterone Acetate Tablet (Zytiga®)
Oral – Prostate	Bicalutamide Tablet (Generic)	Abiraterone Acetate Submicronized Tablet (Yonsa®)
*Request Form	Enzalutamide Capsule, Tablet (Xtandi®)	Apalutamide Tablet (Erleada®)
*Criteria	Flutamide Capsule (Generic)	Bicalutamide Tablet (Casodex®)
*POS Edits		Darolutamide Tablet (Nubeqa®)
		Estramustine Phosphate Sodium Capsule (Emcyt®)
		Nilutamide Tablet (AG; Generic)
		Niraparib/Abiraterone Tablet (Akeega®)
		Relugolix Tablet (Orgovyx®)
ONCOLOGY (42)	Axitinib Tablet (Inlyta®)	Belzutifan Tablet (Welireg ™)
Oral - Renal Cell	Everolimus Tablet (Generic)	Cabozantinib S-Malate Tablet (Cabometyx®)
*Request Form	Lenvatinib Mesylate Capsule (Lenvima®)	Everolimus Tablet (Afinitor®)
*Criteria	Pazopanib HCl Tablet (Votrient®)	Everolimus Tablet for Oral Suspension (Generic; Afinitor Disperz®)
*POS Edits	Sorafenib Tosylate Tablet (Generic; Nexavar®)	Tivozanib HCl Capsule (Fotivda™)
	Sunitinib Malate Capsule (Generic; Sutent®)	
ONCOLOGY (42)	Cobimetinib Fumarate Tablet (Cotellic®)	Binimetinib Tablet (Mektovi®)
Oral - Skin	Dabrafenib Mesylate Capsule (Tafinlar®)	Dabrafenib Mesylate Tablet for Oral Suspension (Tafinlar®)
*Request Form	Sonidegib Phosphate Capsule (Odomzo®)	Encorafenib Capsule (Braftovi®)
*Criteria	Trametinib Dimethyl Sulfoxide Tablet (Mekinist®)	Trametinib Dimethyl Sulfoxide for Oral Solution (Mekinist®)
*POS Edits	Vemurafenib Tablet (Zelboraf®)	Vismodegib Capsule (Erivedge®)
OPHTHALMIC DISORDERS (43)	Azelastine HCl Solution (Generic)	Bepotastine Solution (AG; Generic; Bepreve®)
Allergic Conjunctivitis	Cromolyn Sodium Solution (Generic)	Cetirizine Solution (Zerviate™)
*Request Form	Loteprednol Suspension (Alrex®)	Epinastine Solution (Generic)
*Criteria	Olopatadine HCl 0.1% Solution (Generic for Patanol®)	Lodoxamide Tromethamine Solution (Alomide®)
*POS Edits		Nedocromil Sodium Solution (Alocril®)
		Olopatadine HCl 0.2% Solution Rx (Generic for Pataday®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (43)	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; Zymaxid®)
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)	Moxifloxacin Solution (Generic for Moxeza®)
	Ofloxacin Ophthalmic Solution (Generic)	Moxifloxacin Solution (Vigamox®)
	Polymyxin B Sulfate/Trimethoprim Solution (Generic)	Natamycin Suspension (Natacyn®)
	Sulfacetamide Sodium Solution (Generic)	Neomycin/Bacitracin/Polymyxin B Ointment (AG; Generic)
	Tobramycin Solution (Generic)	Ofloxacin Solution (Ocuflox®)
		Sulfacetamide Sodium Ointment (Generic)
		Tobramycin Ointment (Tobrex®)
OPHTHALMIC DISORDERS (43)	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; TobraDex®)	Tobramycin/Loteprednol Suspension (Zylet®)

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (43)	(Preferred agents listed on page 51)	Pilocarpine HCl Solution (Generic for Isopto Carpine®)
Glaucoma Agents		Pilocarpine HCl Solution (Vuity™)
Intraocular Pressure (IOP) Reducers Cont		Tafluprost Solution (AG; Generic; Zioptan®)
		Timolol Solution (Betimol®)
		Timolol Maleate LA Solution (AG; Generic; Istalol®)
		Timolol Maleate 0.25% Solution (Generic; Timoptic® Ocudose®)
		Timolol Maleate 0.5% Solution (AG; Generic; Timoptic® Ocudose®)
OPIATE DEPENDENCE AGENTS (44)	Buprenorphine Sublingual Tablet (Generic)	Lofexidine Tablet (Lucemyra®)
*Request Form	Buprenorphine Syringe (Sublocade®; Brixadi®)	Naloxone Injection (Zimhi™)
*Criteria	Buprenorphine/Naloxone Sublingual Film (Generic; Suboxone®)	Naloxone Spray (Kloxxado®)
*POS Edits	Buprenorphine/Naloxone Sublingual Tablet (Generic)	
	Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)	
	Nalmefene Nasal Spray (Opvee®)	
	Naloxone Nasal Spray (AG; Generic; Narcan®)	
	Naloxone Syringe, Vial (Generic)	
	Naltrexone Extended-Release Suspension Vial (Vivitrol®)	
	Naltrexone Tablet (Generic)	
OSTEOPOROSIS (45)	Alendronate Tablet (Generic)	Abaloparatide Pen (Tymlos®)
Bone Resorption Suppression Agents	Calcitonin-Salmon Nasal (Generic)	Alendronate Effervescent Tablet, Tablet (Binosto®; Fosamax®)
*Request Form	Ibandronate Tablet (Generic)	Alendronate Solution (Generic)
*Criteria	Raloxifene Tablet (Generic)	Alendronate/Vitamin D Tablet (Fosamax Plus D®)
*POS Edits		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®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OTIC AGENTS (46)	Ciprofloxacin/Dexamethasone Susp (AG; Generic; Ciprodex®)	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		
OTIC AGENTS (46)	Acetic Acid Solution (Generic)	**NONE**
Anti-Infectives and Anesthetics	Acetic Acid/Hydrocortisone Solution (Generic)	
*Request Form		
*Criteria		
*POS Edits		
PAIN MANAGEMENT (47)	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®)	Zavegepant Nasal (Zavzpret®)
*Request Form	Galcanezumab-gnlm Pen, 120 mg Syringe (Emgality®)	
*Criteria	Rimegepant Disintegrating Tablet (Nurtec™ ODT)	
*POS Edits	Ubrogepant Tablet (Ubrelvy™)	
PAIN MANAGEMENT (47)	**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; Migranal®)
*Criteria		Dihydroergotamine Mesylate Nasal (Trudhesa™)
*POS Edits		Ergotamine Tartrate Sublingual (Ergomar®)
		Ergotamine Tartrate/Caffeine Rectal (Migergot®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	Rizatriptan ODT (Generic)	Almotriptan Tablet (Generic)
Antimigraine Agents	Rizatriptan Tablet (Generic)	Eletriptan Tablet (AG; Generic; Relpax®)
Triptans	Sumatriptan Nasal (AG; Generic; 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®)
		Sumatriptan Auto-Injector (Zembrace® SymTouch®)
		Sumatriptan Kit (AG; Generic; Imitrex®)
		Sumatriptan Kit (SUN)
		Sumatriptan Nasal (Onzetra® Xsail®)
		Sumatriptan Nasal (Tosymra™)
		Sumatriptan Tablet (Imitrex®)
		Sumatriptan/Naproxen (Generic; Treximet®)
		Zolmitriptan Tablet (Generic; Zomig®)
		Zolmitriptan ODT (Generic for Zomig ZMT®)
		Zolmitriptan Nasal (AG; Generic; Zomig®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	Adalimumab Pen Kit (Humira®)	Abatacept Injection Clickject, Syringe, Vial (Orencia®)
Cytokine and CAM Antagonists	Adalimumab Syringe Kit (Humira®)	Abrocitinib Tablet (Cibinqo™)
*Request Form	Apremilast Tablet (Otezla®)	Adalimumab-atto Kit, Pen Kit (Amjevita®)
*Criteria	Etanercept Cartridge (Enbrel Mini®)	Adalimumab-aacf Autoinjector Kit, Pen Kit (Idacio®)
*POS Edits	Etanercept Pen (Enbrel SureClick®)	Adalimumab-aaty Kit, Pen Kit (Yuflyma®)
	Etanercept Syringe (Enbrel®)	Adalimumab-adaz Kit, Pen Kit (Generic; Hyrimoz®)
	Etanercept Vial (Enbrel®)	Adalimumab-adbm Kit, Pen Kit (Generic; Cyltezo®)
	Infliximab Vial (Generic for Remicade®)	Adalimumab-afzb Kit, Pen Kit (Abrilada™)
	Tofacitinib Citrate Tablet (Xeljanz®)	Adalimumab-aqvh Pen Kit (Yusimry®)
		Adalimumab-bwwd Kit, Pen Kit (Hadlima®)
		Adalimumab-fkjp Kit, Pen Kit (Generic; Hulio®)
		Anakinra Syringe (Kineret®)
		Baricitinib Tablet (Olumiant®)
		Bimekizumab-bkzx Pen, Syringe (Bimzelx®)
		Brodalumab Syringe (Siliq®)
		Canakinumab/PF Vial (Ilaris®)
		Certolizumab Pegol Kit, Syringe Kit (Cimzia®)
		Deucravacitinib Tablet (Sotyktu®)
		Etrasimod Tablet (Velsipity™)
		Golimumab Pen, Syringe (Simponi®)
		Golimumab Vial (Simponi Aria®)
		Guselkumab Autoinjector, Syringe (Tremfya®)
		Inebilizumab-cdon Vial (Uplizna™)
		Infliximab Vial (Remicade®)
		Infliximab-abda Vial (Renflexis®)
		Infliximab-axxq Vial (Avsola™)
		Infliximab-dyyb Vial (Inflectra®)
		Ixekizumab Autoinjector, Syringe (Taltz®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	(Preferred agents listed on page 55)	Mirkizumab-mrkz Pen, Vial (Omvoh™)
Cytokine and CAM Antagonists		Rilonacept Vial (Arcalyst®)
		Risankizumab-rzaa On-Body Cartridge, Pen, Syringe, Vial (Skyrizi®)
		Sarilumab Pen, Syringe (Kevzara®)
		Satralizumab-mwge Syringe (Enspryng™)
		Secukinumab Pen, Syringe, Vial (Cosentyx®)
		Spesolimab-sbzo Vial (Spevigo®)
		Tildrakizumab-asmn Syringe (Ilumya®)
		Tocilizumab Pen, Syringe, Vial (Actemra®)
		Tofacitinib Citrate ER Tablet (Xeljanz® XR)
		Tofacitinib Citrate Solution (Xeljanz®)
		Upadacitinib ER Tablet (Rinvoq™)
		Ustekinumab Syringe, Vial (Stelara®)
		Vedolizumab Pen, Vial (Entyvio®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	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 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)
		Sufentanil Sublingual Tablet (Dsuvia®)
		Tapentadol Tablet (Nucynta®)
		Tramadol 25mg, 100 mg Tablet (Generic)
		Tramadol Solution (AG)
		Tramadol/Celecoxib Tablet (Seglentis®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	Buprenorphine Transdermal (AG; Generic; Butrans®)	Buprenorphine Buccal Film (Belbuca®)
Narcotic Analgesics - Long-Acting	Fentanyl Transdermal 12 mcg (Generic)	Fentanyl Transdermal 37.5 mcg, 62.5mcg, 87.5mcg (Generic)
*Request Form	Fentanyl Transdermal 25 mcg (Generic)	Hydrocodone Bitartrate ER Capsule (Generic for Zohydro ER®)
*Criteria	Fentanyl Transdermal 50 mcg (Generic)	Hydrocodone Bitartrate ER Tablet (Generic; Hysingla ER®)
*POS Edits	Fentanyl Transdermal 75 mcg (Generic)	Hydromorphone ER Tablet (Generic)
	Fentanyl Transdermal 100 mcg (Generic)	Morphine Sulfate ER Capsule (Generic for Avinza®)
	Morphine Sulfate ER Tablet (Generic)	Morphine Sulfate ER Capsule (Generic for Kadian®)
	Oxycodone Myristate Capsule (Xtampza® ER)	Morphine Sulfate ER Tablet (MS Contin®)
		Oxycodone ER Tablet (AG; OxyContin®)
		Oxymorphone ER Tablet (Generic)
		Tapentadol ER Tablet (Nucynta ER®)
		Tramadol ER Capsule (AG; Conzip®)
		Tramadol ER Tablet (Generic Ryzolt®)
		Tramadol ER Tablet (Generic Ultram ER®)
PAIN MANAGEMENT (47)	Duloxetine Capsule (Generic for Cymbalta®)	Capsaicin/Skin Cleanser (Qutenza Kit®)
Neuropathic Pain	Gabapentin Capsule (Generic)	Duloxetine Capsule (Cymbalta®)
*Request Form	Gabapentin Solution (AG; Generic)	Duloxetine Capsule (Generic for Irenka®)
*Criteria	Gabapentin Tablet (Generic)	Duloxetine DR Capsule (Drizalma Sprinkle™)
*POS Edits	Lidocaine Patch (AG; Generic; Lidoderm®)	Gabapentin Capsule, Solution, Tablet (Neurontin®)
	Lidocaine Topical System (Ztlido®)	Gabapentin Enacarbil Tablet (Horizant®)
	Milnacipran Tablet (Savella®)	Gabapentin ER Tablet (Gralise®)
	Milnacipran Tablet (Savella Dose Pak®)	Lidocaine Topical Patch (DermacinRx Lidocan™)
	Pregabalin Capsule (AG; Generic)	Pregabalin Capsule (Lyrica®)
	Pregabalin Solution (AG; Generic)	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 (47)	Celecoxib (AG; Generic)	Celecoxib (Celebrex®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	Diclofenac Sodium Tablet (Generic)	Diclofenac Epolamine Patch (AG; Flector®)
	Diclofenac Sodium Transdermal Gel (Generic)	Diclofenac Epolamine Patch (Licart™)
*Request Form *Criteria *POS Edits	Ibuprofen Suspension Rx (Generic)	Diclofenac Potassium Capsule (AG; Generic; Zipsor®)
	Ibuprofen Tablet Rx (Generic)	Diclofenac Potassium Tablet (Generic; Lofena®)
	Indomethacin Capsule (Generic)	Diclofenac Sodium 1.5% Topical Solution (Generic)
	Ketorolac Tablet (Generic)	Diclofenac Sodium 2% Topical Solution (AG; Generic; Pennsaid® Pump)
	Meloxicam Tablet (Generic)	Diclofenac SR Tablet (Generic)
	Nabumetone Tablet (Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
	Naproxen Suspension (AG; Generic)	Diflunisal Tablet (Generic)
	Naproxen Tablet (Generic)	Etodolac Capsule, SR Tablet, Tablet (Generic)
	Sulindac Tablet (Generic)	Fenoprofen Capsule (AG; Nalfon®)
		Fenoprofen Tablet (Generic; Nalfon®)
		Flurbiprofen Tablet (Generic)
		Ibuprofen/Famotidine Tablet (AG; Generic; Duexis®)
		Indomethacin ER Capsule (Generic)
		Ketoprofen Capsule, ER Capsule (Generic)
		Ketorolac Nasal Spray (AG)
		Meclofenamate Sodium Capsule (Generic)
		Mefenamic Acid Capsule (Generic)
		Meloxicam, Submicronized Capsule (Generic)
		Nabumetone Tablet (Relafen DS™)
		Naproxen EC Tablet (AG; Generic)
		Naproxen Sodium CR Tablet (AG; Generic; Naprelan®)
		Naproxen Sodium Tablet (Generic)
		Naproxen/Esomeprazole Tablet (AG; Generic; Vimovo®)
		Oxaprozin Tablet (Generic)
		Piroxicam Capsule (Generic)
		Tolmetin Sodium Capsule, Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	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)	Carisoprodol Compound Tablet (Generic)
*POS Edits		Carisoprodol Tablet 250 mg, 350 mg (Generic; Soma®)
		Chlorzoxazone Tablet (Generic; Lorzone®)
		Cyclobenzaprine ER Capsule (AG; Generic; Amrix®)
		Cyclobenzaprine Tablet (Fexmid®)
		Dantrolene Sodium (AG; Generic; Dantrium®)
		Metaxalone Tablet (Generic)
		Orphenadrine ER Tablet (Generic)
		Orphenadrine/Aspirin/Caffeine (Generic for Norgesic®)
		Orphenadrine/Aspirin/Caffeine (Generic; Norgesic Forte®)
		Tizanidine Capsule (Generic; Zanaflex®)
		Tizanidine Tablet (Zanaflex®)
PARKINSON'S (48)	Amantadine Capsule (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
Antiparkinson Agents	Amantadine Syrup (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
Anticholinergic and Other	Benztropine Tablet (Generic)	Amantadine Tablet (Generic)
*Request Form	Carbidopa/Levodopa ER Tablet (Generic)	Apomorphine Cartridge (Generic; Apokyn®)
*Criteria	Carbidopa/Levodopa Tablet (Generic)	Bromocriptine Capsule, Tablet (Generic)
*POS Edits	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
	Pramipexole Tablet (Generic)	Carbidopa/Levodopa Enteral Suspension (Duopa®)
	Ropinirole Tablet (Generic)	Carbidopa/Levodopa ER Capsule (Rytary®)
	Selegiline Tablet (Generic)	Carbidopa/Levodopa ODT (Generic)
	Trihexyphenidyl Elixir (Generic)	Carbidopa/Levodopa Tablet (Dhivy®, Sinemet®)
	Trihexyphenidyl Tablet (Generic)	Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)
		Entacapone Tablet (Generic)
		Istradefylline Tablet (Nourianz™)
		Levodopa Capsule for Inhalation (Inbrija®)
		Opicapone Capsule (Ongentys®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PARKINSON'S (48)	(Preferred agents listed on page 60)	Pramipexole ER Tablet (Generic; Mirapex ER®)
Antiparkinson Agents		Rasagiline Tablet (Generic; Azilect®)
Anticholinergic and Other - Continued		Ropinirole ER Tablet (Generic)
		Rotigotine Patch (Neupro®)
		Safinamide Tablet (Xadago®)
		Selegiline Disintegrating Tablet (Zelapar®)
		Selegiline Capsule (Generic)
		Tolcapone Tablet (Generic)
PEDIATRIC MULTIVITAMINS (49)	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. 63 / FL Chewable (Quflora™)
*Criteria	Pediatric MVI No. 17 / FL Chewable (Generic)	Pediatric MVI No. 83 / FL 0.25 mg/ml Drop (Quflora™)
*POS Edits	Pediatric MVI No. 45 / FL & Fe Drop (Generic)	Pediatric MVI No. 84 / FL 0.5 mg/ml Drop (Quflora™)
		Pediatric MVI No. 85 / FL Chewable (Floriva™)
		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)
PITUITARY SUPPRESSIVE AGENTS (50)	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®)
		Leuprolide Acetate (Lupron Depot-Ped®)
		Triptorelin Pamoate Vial (Trelstar®)
		Triptorelin Pamoate Kit (Triptodur®)

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
SINUS NODE INHIBITORS (56)	**NONE**	Ivabradine Solution (Corlanor®)
*Request Form *Criteria *POS Edits		Ivabradine Tablet (Corlanor®)
SMOKING CESSATION PRODUCTS (57)	Bupropion SR Tablet (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)
*Request Form *Criteria *POS Edits	Nicotine Buccal Gum OTC, Buccal Lozenge OTC (Generic)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)
	Nicotine Patch OTC (Generic)	
	Varenicline Tablet (Generic; Chantix®; Chantix Dose Pack®)	
SPINAL MUSCULAR ATROPHY (58)	**NONE**	Nusinersen (Spinraza®)
*Request Form *Criteria *POS Edits *SPINRAZA REQUEST FORM		Onasemnogene Abeparvovec-xioi (Zolgensma®)
		Risdiplam (Evrysdi™)
THROMBOPOIESIS STIMULATING PROTEINS (59)	Eltrombopag Tablet (Promacta®)	Avatrombopag Tablet (Doptelet®)
*Request Form *Criteria *POS Edits		Eltrombopag Suspension Packet (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 (60)	Sodium Phenylbutyrate Pellet (Pheburane®)	Carglumic Acid (Generic; Carbaglu®)
*Request Form		Glycerol Phenylbutyrate (Ravicti®)
*Criteria		Sodium Phenylbutyrate Powder, Tablet (Generic; Buphenyl®)
*POS Edits		Sodium Phenylbutyrate Pellet for Oral Suspension (Olpruva®)
UROLOGY INCONTINENCE (61)	Fesoterodine Fumarate ER Tablet (Generic)	Darifenacin ER Tablet (Generic)
Bladder Relaxant Preparations	Mirabegron ER Tablet (Myrbetriq®)	Fesoterodine Fumarate ER Tablet (Toviaz®)
*Request Form	Oxybutynin Syrup (Generic)	Flavoxate Tablet (Generic)
*Criteria	Oxybutynin 5mg Tablet (Generic)	Mirabegron ER Granules for Oral Suspension (Myrbetriq®)
*POS Edits	Oxybutynin ER Tablet (Generic)	Oxybutynin 2.5mg Tablet (Generic)
	Solifenacin Tablet (Generic)	Oxybutynin Transdermal Gel (Gelnique®)
		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 (62)	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	Remodulin® (Treprostinil Sodium) Injection	DX
Actimmune® (Interferon Gamma-1b)	DX	Jadenu® (Deferasirox)	DX	Rezdiffra™ (Resmetirom)	CL
Adzynma (ADAMTS13, recombinant-krhn)	DX	Javygtor™ (Sapropterin)	CL	Rilutek® (Riluzole)	DX
Agamree® (Vamorolone)	CL	Joenja® (Leniolisib Phosphate)	DX	Rivfloza™ (Nedosiran)	CL
Aldurazyme™ (Laronidase)	CL	Jynarque® (Tolvaptan)	CL	Rystiggo® (Rozanolixizumab-noli)	DX
Amitriptyline	BH, TD	Kerendia® (Finerenone)	CL	Samsca® (Tolvaptan)	CL, QL
Amitriptyline/Chlordiazepoxide	BH	Keveyis® (Dichlorphenamide)	CL, QL	Simlandi® (Adalimbumab-ryvk)	CL
Amondys 45® (Casimersen)	CL	Kuvan® (Sapropterin Dihydrochloride)	CL	Skyclarys™ (Omaveloxolone)	CL, QL
Amoxapine	BH, TD	Lamzede® (Velmanase alfa-tycv)	DX	Skysona® (Elivaldogene Autotemcel)	CL
Amvuttra™ (Vutrisiran)	DX	Lenmeldy™ (Aatidarsagene autotemcel)	CL	Sohonos™ (Palovarotene)	DX
Aspruzyo Sprinkle™ (Ranolazine)	CL	Lidocaine Patch Kit (Brand Example-Prilo Patch II®)	CL	Soliris® (Eculizumab)	DX
Beqvez™ (Fidanacogene Elaparvovec-dzkt)	CL	Litfulo™ (Ritlecitinib)	CL	Spironolactone	DX
Besremi® (Ropeginterferon alfa-2b-njft)	DX	Lithium	BH	Strensiq® (Asfotase alfa)	DX
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	DX	Lorazepam Injectable	BH, BY, CU, TD	Sylatron® (Peginterferon alfa-2b)	DX
Brineura™ (Cerliponase alfa)	DX	Lumizyme® (Alglucosidase alfa)	DX	Synagis® (Palivizumab) REQUEST FORM	AL, ER, CL
Cablivi® (Caplacizumab-yhdp)	CL	Maprotiline	BH	Tegsedi™ (Inotersen)	DX
Camzyos™ (Mavacamten)	CL, QL	Mepsevii™ (Vestronidase alfa-vjbk)	CL	Testosterone (Oral, Injectable)	DX
Chlordiazepoxide/Clidinium	BH	Methadone	CL, BY, CU, DX, MME, PU, QL, TD	Tiglutik™ (Riluzole)	DX
Chlorpromazine Injectable	BH	Mosquito Repellant to Decrease Zika Virus Exposure Risk FFS Notice MCO Notice	AL, DX, QL	Tikosyn® (Dofetilide)	CL
Clomipramine	BH, TD	Mytesi® (Crofelemer)	CL	Tofidence™ (Tocilizumab-bavi)	CL
Cortrophin™ (Repository corticotropin)	CL	Nabi-HB (Hepatitis B IG)	CL	Trimipramine	BH, TD

Cuprimine® (Penicillamine)	CL, QL	Naglazyme™ (Galsulfase)	CL	Twyneo® (Tretinoin/Benzoyl Peroxide)	CL, AL, QL
Cuvrior™ (Trientine Tetrahydrochloride)	CL, QL	Nexplanon® (Etonogestrel)	QL	Tyenne® (Tocilizumab-aazg)	CL
Daraprim® (Pyrimethamine)	CL	Nexviazyme® (Avalglucosidase-alfa)	DX	Tzield® (Teplizumab-mzwv)	CL
Daybue® (Trofinetide)	DX	Nityr® (Nitisinone)	CL	Ultomiris® (Ravulizumab-cwvz)	DX
Depen® (Penicillamine)	CL, QL	Nocdurna® (Desmopressin)	QL	Veletri® (Epoprostenol)	DX
Desipramine	BH, TD	Nortriptyline	BH, TD	Vijoice® (Alpelisib)	CL
Doxepin (10 mg-150 mg)	BH, TD	Novarel® (Human Chorionic Gonadotropin)	DX	Viltepso® (Viltolarsen)	CL
Elaprase™ (Idursulfase)	CL	Nuedexta® (Dextromethorphan/Quinidine)	CL, QL	Vimizim™ (Elosulfase alfa)	CL
Elevidys™ (Delandistrogene Moxeparvovec-rokl)	CL	Nulibry™ (Fosdenopterin)	CL	Voydeya™ (Danicopan)	DX
Elfabrio® (Pegunigalsidase alfa-iwxj)	DX	Onpattro® (Patisiran)	DX	Vyjuvek™ (Beremagene Geperpavec-svdt)	CL
Empaveli® (Pegcetacoplan)	DX	Opsynvi® (Macitentan and Tadalafil)	DD, DX, QL	Vyndamax™, Vyndaqel® (Tafamidis)	CL, QL
Eohilia™ (Budesonide)	AL, DT, DX	Orfadin® (Nitisinone)	CL	Vyondys 53® (Golodirsen)	CL
Estrogenic Agents & Combos	DX	Oxlumo® (Lumasiran)	CL	Vyvgart® (Efgartigimod alfa-fcab)	DX
Exjade® (Deferasirox)	DX	Palynziq® (Pegvaliase-pqpz)	CL, PU	Vyvgart® Hytrulo (Efgartigimod alfa and Hyaluronidase-qvfc)	DX
Exondys 51® (Eteplirsen)	CL	Pamidronate Disodium	CL	Wainua™ (Eplontersen)	DX
Exservan™ (Riluzole)	DX	Pombility™ (Cipaglucosidase alfa-atga) + Opfolda™ (Miglustat)	DX	Wegovy® (Semaglutide) PATIENT TREATMENT AGREEMENT	CL, QL, TD
Fabhalta® (Iptacopan)	DX	Pregnyl® (Human Chorionic Gonadotropin)	DX	Winrevair™ (Sotatercept)	DX, QL
Fabrazyme® (Agalsidase beta)	DX, TD	Progestational Agents, Other	DX	Xenical® (Orlistat)	AL, DX, RX, QL
Ferriprox® (Deferiprone)	DX	Proleukin® (Aldesleukin)	DX	Xenpozyme™ (Olipudase alfa-rpcp)	DX
Fetroja® (Cefiderocol)	CL	Protriptyline	BH, TD	Xolair Autoinjector (Omalizumab)	CL
Filsuvez® (Birch triterpenes)	CL	Prudoxin® (Doxepin Topical)	AL, DX, TD, QL	Xyrem® (Sodium Oxybate)	CL, TD
Firdapse® (Amifampridine)	DX, MD	Pulmozyme® (Dornase Alfa)	DX	Xywav™ (Oxybate Salts)	CL, TD
Flolan® (Epoprostenol Sodium)	DX	Pyrukynd® (Mitapivat)	DX	Ycanth™ (Cantharidin)	AL, DX
Galafold® (Migalastat)	DX, TD	Qalsody® (Tofersen)	DX	Zilbrysq® (Zilucoplan)	DX
Gattex® (Teduglutide)	CL	Qualaquin® (Quinine) 324 mg	DS, DX, QL	Zonalon® (Doxepin Topical)	AL, DX, TD, QL
Givlaari® (Givosiran)	CL	Radicava®, Radicava ORS® (Edaravone)	DX	Ztalmy® (Ganaxolone)	DX, PU, PA
HyperTET SD (Tetanus IG)	CL	Ranexa® (Ranolazine)	CL	Zymfentra™ (Infliximab)	CL
Imipramine	BH, TD	Reclast® (Zoledronic acid)	CL, QL	Zynteglo® (Betibeglogene Autotemcel)	CL