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: spironolactone, hydrochlorothiazide, amoxicillin suspension**
- To locate any medication on this list, you may use the keyboard shortcut **CTRL + F** to search.
- There is a mandatory generic substitution **unless** the brand is preferred, and the generic is non-preferred. When the brand is preferred and the generic is non-preferred, no special notations are required by the prescriber and the pharmacist enters "**9**" in the DAW field 408-D8.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, "Brand medically necessary" or "Brand necessary" must be written on the prescription in the prescriber's handwriting or 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 process. Each Managed Care Organization (MCO) and Fee-for-Service (FFS) have their own prior authorization departments. All MCOs and FFS use the same **Prior Authorization 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 LINKS BY PLAN	Prior Authorization Information Phone Numbers for MCOs and FFS
AETNA	Aetna Better Health of Louisiana **1-855-242-0802**
AMERIHEALTH CARITAS LA	AmeriHealth Caritas Louisiana **1-800-684-5502**
HEALTHY BLUE	Healthy Blue **1-844-521-6942**
LOUISIANA HEALTHCARE CONNECTIONS	Louisiana Healthcare Connections **1-888-929-3790**
UNITEDHEALTHCARE	UnitedHealthcare **1-800-310-6826**
	Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**
Click this Link to View Quantity Limits for Diabetic Test Strips and Lancets for FFS and All MCOs	

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

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/Sulfur (Avar®-e)
		Sulfacetamide Sodium/Sulfur (Generic)
		Sulfacetamide Sodium/Sulfur Cleanser (Avar® LS)
		Sulfacetamide Sodium/Sulfur Cleanser (Avar®)
		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 (Generic; Sumaxin® CP Kit)
		Sulfacetamide Sodium/Sulfur/Urea Cleanser (Generic)
		Tazarotene Cream (AG; Generic; Tazorac®)
		Tazarotene Foam (AG; Fabior®)
		Tazarotene Gel (Tazorac®)
		Tazarotene Lotion (Arazlo™)
		Tretinoin 0.04% & 0.1% Gel (AG; Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel with Pump (AG; Generic; Retin-A® Micro)
		Tretinoin 0.06% Gel with Pump (Retin-A® Micro)
		Tretinoin 0.08% Pump (Retin-A® Micro)
		Tretinoin Cream (Avita®)
		Tretinoin Cream (Generic)
		Tretinoin Cream (Tretin-X®)
		Tretinoin Gel (AG; Generic; Avita®)
		Tretinoin Gel (AG; Generic; Retin-A®)
		Tretinoin Gel (Generic; Atralin®)
		Tretinoin Lotion (Altreno®)
		Tretinoin/Emollient 9/Skin Cleanser 1 (Tretin-X® Combo Pack)
		Trifarotene Cream (Aklief®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ADD/ADHD (2)	Amphetamine Salt Combo ER Capsule (Adderall XR®)	Amphetamine ODT (Adzenys XR ODT®)
Stimulants and Related Agents	Amphetamine Salt Combo Tablet (Generic; Adderall®)	Amphetamine Salt Combo ER Capsule (AG; Generic)
*Request Form	Atomoxetine Capsule (Generic)	Amphetamine Sulfate ODT (Evekeo® ODT)
*Criteria	Dexmethylphenidate ER Capsule (AG; Generic)	Amphetamine Sulfate Tablet (Generic; Evekeo®)
*POS Edits	Dexmethylphenidate Tablet (Generic)	Amphetamine Suspension, Tablet (Dyanavel XR®)
	Dextroamphetamine Tablet (Generic)	Amphetamine/Dextroamphetamine XR Capsule (Mydayis®)
	Guanfacine ER Tablet (Generic)	Armodafinil Tablet (AG; Generic; Nuvigil®)
	Lisdexamfetamine Capsule (Vyvanse®)	Atomoxetine Capsule (Strattera®)
	Lisdexamfetamine Chewable Tablet (Vyvanse®)	Clonidine ER Tablet (Generic)
	Methylphenidate CD Capsule (AG; Generic for Metadate CD®)	Dexmethylphenidate ER Capsule (Focalin XR®)
	Methylphenidate ER Capsule (Generic for Ritalin LA®)	Dexmethylphenidate Tablet (Focalin®)
	Methylphenidate ER Chewable (QuilliChew ER®)	Dextroamphetamine IR Tablet (Zenzedi®)
	Methylphenidate ER Suspension (Quillivant XR®)	Dextroamphetamine Solution (Generic; ProCentra®)
	Methylphenidate ER Tablet (AG; Generic for Concerta®)	Dextroamphetamine Sulfate ER Capsule (Generic; Dexedrine® Spansule®)
	Methylphenidate IR Tablet (Generic)	Guanfacine ER Tablet (Intuniv®)
	Methylphenidate Solution (Generic)	Methamphetamine Tablet (Generic; Desoxyn®)
	Modafinil Tablet (Generic)	Methylphenidate ER Capsule (Adhansia XR™)
		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 (Generic; Relexxii™)
		Methylphenidate IR Chewable Tablet (Generic)
		Methylphenidate IR Tablet (Ritalin®)
		Methylphenidate Solution (Methylin®)
		Methylphenidate Transdermal Patch (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®)
		Fluticasone Propionate Nasal Spray OTC (Generic)
		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)
*Aduhelm™ REQUEST FORM		Memantine ER Capsule (AG; Generic; Namenda XR®)
		Memantine ER Capsule Dose Pack (Namenda XR® Titration Pack)
		Memantine Solution (Generic)
		Memantine Tablet (Namenda®)
		Memantine Tablet Dose Pack (AG; Namenda® Titration Pack)
		Memantine/Donepezil ER Capsule (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 for Vogelxo®; Generic for Vogelxo®)	Testosterone Gel (Testim®)
*Request Form	Testosterone Gel Packet (AG for Vogelxo®)	Testosterone Gel Packet (Generic; Androgel®)
*Criteria	Testosterone Gel Pump (AG 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 (Generic; Vogelxo®)
		Testosterone Nasal (Natesto®)
ANTHELMINTICS (6)	Albendazole Tablet (Generic)	Albendazole Tablet (Albenza®)
*Request Form	Ivermectin Tablet (Generic)	Ivermectin Tablet (Stromectol®)
*Criteria	Mebendazole Chewable Tablet (Emverm®)	Praziquantel Tablet (Biltricide®)
*POS Edits	Praziquantel Tablet (Generic)	
ANTI-ALLERGENS, ORAL (7)	**NONE**	Mixed Grass Allergen Extracts Sublingual Tablet (Oralair®)
*Request Form		Peanut Allergen Maintenance Sachet (Palforzia®)
*Criteria		Peanut Allergen Titration Capsule (Palforzia®)
*POS Edits		
ANTICONVULSANTS (8)	Brivaracetam Solution, Tablet (Briviact®)	Carbamazepine ER Capsule (Equetro®)
*Request Form	Cannabidiol Solution (Epidiolex®)	Carbamazepine ER Capsule (Generic for Carbatrol®)
*Criteria	Carbamazepine Chewable Tablet (Generic)	Carbamazepine ER Tablet (AG; Generic)
*POS Edits	Carbamazepine ER Capsule (Carbatrol®)	Carbamazepine Suspension (Generic; Tegretol®)
	Carbamazepine ER Tablet (Tegretol® XR)	Carbamazepine Tablet (Tegretol®)
	Carbamazepine Tablet (Generic)	Clobazam Film (Sympazan®)
	Cenobamate Daily Dose Pack, Tablet, Titration Pack (Xcopri®)	Clobazam Suspension, Tablet (Onfi®)
	Clobazam Suspension, Tablet (Generic)	Clonazepam Tablet (Klonopin®)
	Clonazepam ODT, Tablet (Generic)	Divalproex Sodium DR Tablet, ER Tablet (Depakote®; Depakote® ER)
	Diazepam Nasal Spray (Valtoco®)	Divalproex Sodium DR Sprinkle (Generic)
	Diazepam Rectal (AG; Diastat®)	Ethosuximide Capsule, Syrup (Zarontin®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTICONVULSANTS (8) Continued	Diazepam Rectal Device (AG; Diastat® AcuDial™)	Felbamate Suspension (Felbatol®)
	Divalproex DR Tablet (Generic)	Fenfluramine Solution (Fintepla®)
	Divalproex ER Tablet (Generic)	Lacosamide Solution, Tablet (Vimpat®)
	Divalproex Sodium DR Sprinkle (Depakote® Sprinkles)	Lamotrigine Dispersible Tablet, ODT, Tablet (Lamictal®)
	Eslicarbazepine Acetate Tablet (Aptiom®)	Lamotrigine ODT Titration Kit, Tablet Starter Kit (Generic; Lamictal®)
	Ethosuximide Capsule (AG; Generic)	Lamotrigine ER Tablet, Titration Kit (Lamictal® XR)
	Ethosuximide Syrup (Generic)	Levetiracetam ER Tablet (Keppra XR®)
	Felbamate Suspension (Generic)	Levetiracetam Tablet for Oral Suspension (Spritam®)
	Felbamate Tablet (Generic; Felbatol®)	Levetiracetam Solution, Tablet (Keppra®)
	Lacosamide Solution, Tablet (Generic)	Levetiracetam ER Tablet (Elepsia™ XR)
	Lamotrigine Dispersible Tablet, ER Tablet, ODT, Tablet (Generic)	Oxcarbazepine Suspension (Generic)
	Levetiracetam ER Tablet, Solution, Tablet (Generic)	Oxcarbazepine Tablet (Trileptal®)
	Methsuximide Capsule (Celontin®)	Phenytoin 100mg Capsule (Dilantin®)
	Midazolam Nasal Spray (Nayzilam®)	Phenytoin Chewable Tablet (Dilantin® Infatabs®)
	Oxcarbazepine Suspension (Trileptal®)	Phenytoin Sodium Capsule (Phenytek®)
	Oxcarbazepine Tablet (Generic)	Phenytoin Suspension (Dilantin®)
	Oxcarbazepine XR Tablet (Oxtellar XR®)	Primidone Tablet (Mysoline®)
	Perampanel Suspension, Tablet (Fycompa®)	Rufinamide Suspension, Tablet (Generic)
	Phenobarbital Elixir, Tablet (Generic)	Tiagabine Tablet (Generic; Gabitril®)
	Phenytoin 100mg Capsule (Generic)	Topiramate ER Capsule (Generic; Qudexy® XR)
	Phenytoin 30 mg Capsule (Dilantin®)	Topiramate ER Capsule (Trokendi XR®)
	Phenytoin Chewable Tablet (Generic)	Topiramate Solution (Eprontia™)
	Phenytoin Sodium Capsule (Generic for Phenytek®)	Topiramate Sprinkle, Tablet (Topamax®)
	Phenytoin Suspension (AG; Generic)	Vigabatrin Powder Pack (Generic; Vigadrone®)
	Primidone Tablet (Generic)	Vigabatrin Tablet (Generic)
	Rufinamide Suspension, Tablet (Banzel®)	Zonisamide Suspension (Zonisade™)
	Stiripentol Capsule, Powder Pack (Diacomit®)	
	Topiramate ER Capsule (AG for Qudexy® XR)	
	Topiramate Sprinkle, Tablet (Generic)	
	Valproic Acid Capsule, Solution (Generic)	
	Vigabatrin Powder Pack, Tablet (Sabril®)	
	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®)
~~***Prior Use Requirement for Vraylar® and Latuda® – See POS Edits~~	Haloperidol Lactate Oral Concentrate (Generic)	Clozapine ODT (Generic)
	Haloperidol Tablet (Generic)	Clozapine Suspension (Versacloz®)
	Loxapine Capsule (Generic)	Clozapine Tablet (Clozaril®)
	Lurasidone Tablet (Latuda®)~~***~~	Fluphenazine Elixir/Solution (Generic)
	Olanzapine ODT, Tablet (Generic)	Iloperidone Tablet (Fanapt®)
	Perphenazine Tablet (Generic)	Lumateperone Capsule (Caplyta™)
	Perphenazine/Amitriptyline Tablet (Generic)	Molindone Tablet (Generic)
	Pimozide Tablet (Generic)	Olanzapine Tablet, ODT (Zyprexa®; Zyprexa Zydis®)
	Quetiapine ER Tablet (Generic)	Olanzapine/Fluoxetine Capsule (Generic; Symbyax®)
	Quetiapine Tablet (Generic)	Olanzapine/Samidorphan Tablet (Lybalvi™)
	Risperidone Solution, Tablet (Generic)	Paliperidone ER Tablet (AG; Generic; Invega®)
	Thioridazine Tablet (Generic)	Pimavanserin Capsule, Tablet (Nuplazid®)
	Thiothixene Capsule (Generic)	Quetiapine ER Tablet, Tablet (Seroquel XR®; Seroquel®)
	Trifluoperazine Tablet (Generic)	Risperidone ODT (Generic)
	Ziprasidone Capsule (Generic)	Risperidone Solution, Tablet (Risperdal®)
		Ziprasidone Capsule (Geodon®)
ANTIPSYCHOTIC AGENTS (9)	**INJECTABLE AGENTS**	**INJECTABLE AGENTS**
Antipsychotic Injectable Agents	Aripiprazole Lauroxil (Aristada®; Aristada® Initio®)	Chlorpromazine Ampule (Generic)
*Request Form	Aripiprazole Suspension ER (Abilify 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 (Subcutaneous) (Perseris®)	
	Ziprasidone Vial (Generic; Geodon®)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTIVIRALS, ORAL (10)	Acyclovir Capsule, Suspension, Tablet (Generic)	Acyclovir Buccal Tablet (Sitavig®)
*Request Form	Famciclovir Tablet (Generic)	Baloxavir Marboxil (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)
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)	Glycopyrrolate Inhalation Solution (Lonhala® Magnair®)
*POS Edits	Tiotropium Inhalation Powder (Spiriva® HandiHaler®)	Revefenacin Inhalation Solution (Yupelri®)
	Tiotropium/Olodaterol (Stiolto® Respimat®)	Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)
	Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)	Umeclidinium Inhalation Powder (Incruse® Ellipta®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ASTHMA/COPD (12)	**ORAL**	**ORAL**
Bronchodilator, Anticholinergics (COPD) Oral	**NONE**	Roflumilast Tablet (Daliresp®)
*Request Form *Criteria *POS Edits		
ASTHMA/COPD (12)	**INHALATION**	**INHALATION**
Bronchodilator, Beta-Adrenergic Inhalation Agents	Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL (AG; Generic)	Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™)
	Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL (AG; Generic)	Albuterol Sulfate Inhalation Powder (ProAir® RespiClick®)
*Request Form *Criteria *POS Edits	Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL (Generic)	Arformoterol Inhalation Solution (AG; Generic; Brovana®)
	Albuterol Sulfate Nebulizer Solution 100 mg/20 mL (Generic)	Formoterol Inhalation Solution (AG; Generic; Perforomist®)
	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL (Generic)	Levalbuterol Nebulizer Solution (Generic; Xopenex®)
	Albuterol Sulfate MDI (AG; Generic; ProAir HFA®)	Levalbuterol Nebulizer Solution Concentrate (Generic; Xopenex®)
	Albuterol Sulfate MDI (AG; Generic; Proventil HFA®)	Levalbuterol MDI (AG; Xopenex HFA®)
	Albuterol Sulfate MDI (AG; Ventolin HFA®)	Olodaterol (Striverdi® Respimat®)
	Salmeterol Xinafoate (Serevent® Diskus®)	
ASTHMA/COPD (12)	**ORAL**	**ORAL**
Bronchodilator, Beta-Adrenergic Oral Agents	Albuterol Sulfate Syrup (Generic)	Albuterol Sulfate ER Tablet (Generic)
		Albuterol Sulfate Tablet (Generic)
*Request Form *Criteria *POS Edits		Metaproterenol Sulfate Syrup (Generic)
		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)	Beclomethasone Breath-Actuated HFA (QVAR® RediHaler®)
Glucocorticoids, Inhalation	Budesonide/Formoterol MDI (Symbicort®)	Budesonide DPI (Pulmicort® Flexhaler®)
*Request Form	Fluticasone MDI (Flovent® HFA)	Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Pulmicort® Respules®)
*Criteria	Fluticasone/Salmeterol DPI (Advair® Diskus®)	Budesonide/Formoterol Inhalation (AG for Symbicort®)
*POS Edits	Fluticasone/Salmeterol MDI (Advair HFA®)	Budesonide/Glycopyrrolate/Formoterol Inhalation (Breztri Aerosphere™)
	Mometasone Inhalation Powder (Asmanex® Twisthaler®)	Ciclesonide MDI (Alvesco®)
	Mometasone/Formoterol MDI (Dulera®)	Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)
		Fluticasone Propionate Inhalation Powder (Armonair® Digihaler™)
		Fluticasone Propionate Inhalation Powder (Flovent® Diskus®)
		Fluticasone Propionate MDI (AG for Flovent® HFA)
		Fluticasone/Salmeterol Inhalation Powder (AG; AirDuo® RespiClick®)
		Fluticasone/Salmeterol Inhalation Powder (AirDuo® Digihaler™)
		Fluticasone/Salmeterol DPI (AG; Generic for Advair Diskus®, Wixela Inhub®)
		Fluticasone/Vilanterol Inhalation Powder (AG; Breo Ellipta®)
		Fluticasone/Umeclidinium/Vilanterol Inhalation Powder (Trelegy Ellipta®)
		Mometasone Furoate MDI (Asmanex HFA®)
ASTHMA/COPD (12)	Benralizumab Pen (Fasenra®)	Mepolizumab Auto-Injector (Nucala®)
Immunomodulators	Benralizumab Syringe (Fasenra®)	Mepolizumab Syringe (Nucala®)
*Request Form	Omalizumab Syringe (Xolair®)	Mepolizumab Vial (Nucala®)
*Criteria	Omalizumab Vial (Xolair®)	Reslizumab Vial (Cinqair®)
*POS Edits		Tezepelumab-ekko Syringe (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®)
BOTULINUM TOXINS (13)	AbobotulinumtoxinA (Dysport®)	IncobotulinumtoxinA (Xeomin®)
*Request Form	OnabotulinumtoxinA (Botox®)	RimabotulinumtoxinB (Myobloc®)
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
COLONY STIMULATING FACTORS (14)	Filgrastim Syringe, Vial (Neupogen®)	Filgrastim-aafi Syringe, Vial (Nivestym®)
*Request Form	Pegfilgrastim-apgf Syringe (Nyvepria®)	Filgrastim-ayoq Syringe, Vial (Releuko®)
*Criteria	Pegfilgrastim-jmdb Syringe (Fulphila®)	Filgrastim-sndz Syringe (Zarxio®)
*POS Edits		Pegfilgrastim Kit, Syringe (Neulasta®)
		Pegfilgrastim-bmez Syringe (Ziextenzo®)
		Pegfilgrastim-cbqv Syringe (Udenyca®)
		Sargramostim Vial (Leukine®)
		Tbo-Filgrastim Injection Syringe, Vial (Granix®)
CYSTIC FIBROSIS, ORAL (15)	**NONE**	Elexacaftor/Tezacaftor/Ivacaftor Tablet (Trikafta®)
*Request Form		Ivacaftor Packet, Tablet (Kalydeco®)
*Criteria		Lumacaftor/Ivacaftor Packet, Tablet (Orkambi®)
*POS Edits		Mannitol Inhalation (Bronchitol®)
		Tezacaftor/Ivacaftor Tablet (Symdeko®)
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)	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)
		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®)

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; 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®; Centany® Kit)
*Criteria		Ozenoxacin Cream (Xepi®)
*POS Edits		
DERMATOLOGY (17)	Clotrimazole Rx Cream (Generic)	Benzoic Acid/ Salicylic Acid Ointment (Bensal HP®)
Antifungals, Topical	Clotrimazole Rx Solution (Generic)	Butenafine Cream (Mentax®)
*Request Form	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Cream, Gel, 8% Solution (Generic)
*Criteria	Ketoconazole Cream (Generic)	Ciclopirox 0.77% Suspension (AG; Generic)
*POS Edits	Ketoconazole Shampoo Rx (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
	Nystatin Cream (Generic)	Ciclopirox 8% Solution Treatment Kit (Generic)
	Nystatin Ointment (Generic)	Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
	Nystatin Topical Powder (Generic)	Clotrimazole/Betamethasone Lotion (Generic)
	Nystatin/Triamcinolone Cream (Generic)	Econazole Nitrate Cream (Generic)
	Nystatin/Triamcinolone Ointment (Generic)	Econazole Nitrate Cream/Triamcinolone Acetonide Cream Kit (Triamazole®)
		Efinaconazole Solution (Jublia®)
		Ketoconazole Foam (AG; Generic)
		Luliconazole Cream (AG; Luzu®)
		Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®)
		Naftifine Cream (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	(Preferred agents listed on page 12)	Naftifine Gel (Generic; Naftin®)
Antifungals, Topical		Oxiconazole Lotion (Oxistat®)
		Oxiconazole Cream (Generic; Oxistat®)
		Salicylic Acid (Bensal HP®)
		Sertaconazole Cream (Ertaczo®)
		Sulconazole Cream, Solution (AG; Exelderm®)
		Tavaborole Solution (Generic; Kerydin®)
DERMATOLOGY (17)	Permethrin Cream (Generic)	Crotamiton Cream, Lotion (Eurax®)
Antiparasitic Agents, Topical	Spinosad Suspension (Natroba®)	Crotamiton Lotion (Crotan®)
*Request Form		Ivermectin Lotion (Generic; Sklice®)
*Criteria		Lindane Shampoo (Generic)
*POS Edits		Malathion Lotion (Generic; Ovide®)
		Spinosad Suspension (Generic)
DERMATOLOGY (17)	Acitretin Capsule (AG; Generic)	Methoxsalen Rapid Softgel (Generic)
Antipsoriatics, Oral		
*Request Form		
*Criteria		
*POS Edits		
DERMATOLOGY (17)	Calcipotriene Cream (Generic)	Calcipotriene Cream (Dovonex®)
Antipsoriatics, Topical	Calcipotriene Solution (Generic)	Calcipotriene Ointment (Generic)
*Request Form		Calcipotriene Foam (AG; Generic; Sorilux®)
*Criteria		Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®)
*POS Edits		Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic; Taclonex®)
		Calcipotriene/Betamethasone Dipropionate Suspension (AG; Generic; Taclonex Scalp®)
		Calcitriol Ointment (Generic; Vectical®)
		Halobetasol/Tazarotene Lotion (Duobrii®)
		Roflumilast Cream (Zoryve™)
		Tapinarof Cream (Vtama®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	Acyclovir Ointment (Generic)	Acyclovir Cream (AG; Generic; Zovirax®)
Antiviral Agents, Topical		Acyclovir Ointment (Zovirax®)
*Request Form		Acyclovir/Hydrocortisone (Xerese®)
*Criteria		Penciclovir Cream (Denavir®)
*POS Edits		
DERMATOLOGY (17)	Crisaborole Ointment (Eucrisa®)	Pimecrolimus Cream (AG; Generic)
Atopic Dermatitis Immunomodulators	Dupilumab Pen (Dupixent®)	Ruxolitinib Cream (Opzelura™)
*Request Form	Dupilumab Syringe (Dupixent®)	Tacrolimus Ointment (AG; Generic; Protopic®)
*Criteria	Pimecrolimus Cream (Elidel®)	Tralokinumab-ldrm Syringe (Adbry™)
*POS Edits		
DERMATOLOGY (17)	Ammonium Lactate Cream, Lotion (Generic)	Emollient Combination No. 10 (Biafine®)
Emollients		Emollient Combination No. 10 (Luxamend®)
*Request Form		Emollient Combination No. 65 (Keradan®)
*Criteria		Emollient Combination No. 103 (Ceracade®)
*POS Edits		Hyaluronic Acid/Grape Seed Extract/Vitamin C & E (Atopiclair®)
DERMATOLOGY (17)	Imiquimod 5% Cream Packet (Generic for Aldara®)	Imiquimod (Generic; Zyclara®)
Immunomodulators, Topical	Podofilox Gel (Condylox®)	Podofilox Solution (Generic)
*Request Form		
*Criteria		
*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 0.01% Body Oil (Generic; Derma-Smoothe/FS®)
*Request Form		Fluocinolone Acetonide 0.01% Scalp Oil (Generic; Derma-Smoothe/FS®)
*Criteria		Fluocinolone Acetonide Shampoo (Capex®)
*POS Edits		Hydrocortisone Solution (Texacort®)
		Hydrocortisone/Skin Cleanser No.25 (Aqua Glycolic HC®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	Fluticasone Propionate Cream (Generic)	Betamethasone Valerate Foam (Generic)
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)
		Hydrocortisone Butyrate Cream, Ointment, Solution (Generic)
		Hydrocortisone Butyrate/Emollient (AG; Generic)
		Hydrocortisone Probutate Cream (Pandel®)
		Hydrocortisone Valerate Cream, Ointment (Generic)
		Prednicarbate Cream; Ointment (Generic)
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; 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®)
		Triamcinolone Acetonide/Dimethicone/Silicone Kit (SanaDermRx®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DERMATOLOGY (17)	Clobetasol Propionate Cream (Generic)	Clobetasol Propionate Foam (Generic; Olux®)
Steroids, Topical	Clobetasol Propionate Emollient (Generic)	Clobetasol Propionate Emollient Foam (Generic; Tovet®)
Very High Potency	Clobetasol Propionate Gel (Generic)	Clobetasol Propionate 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 (Apexicon E®)
		Halobetasol Propionate Foam (AG; Lexette™)
		Halobetasol Propionate Lotion (Bryhali®)
		Halobetasol Propionate Lotion (Ultravate®)
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 Injection (Generic)	Glucacon Subcutaneous Pen, Syringe, Vial (Gvoke®)
*Criteria	Glucagon, Human Recombinant Injection Emergency Kit (Lilly)	Glucagon Injection Emergency Kit (Fresenius Kabi)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (18)	Exenatide Microspheres ER Pen-Injector (Bydureon®)	Alogliptin Tablet (AG; Nesina®)
Hypoglycemics	Exenatide Solution Pens (Byetta®)	Alogliptin/Metformin Tablet (AG; Kazano®)
Incretin Mimetics/Enhancers	Dulaglutide Pen (Trulicity®)	Alogliptin/Pioglitazone Tablet (AG; Oseni®)
*Request Form	Linagliptin Tablet (Tradjenta®)	Empagliflozin/Linagliptin/Metformin Tablet (Trijardy™ XR)
*Criteria	Linagliptin/Metformin Tablet (Jentadueto®)	Exenatide Microspheres ER Auto-Injector (Bydureon BCise®)
*POS Edits	Liraglutide Pen (Victoza®)	Linagliptin/Empagliflozin (Glyxambi®) ***(See SGLT2 Criteria)***
	Semaglutide Pen (Ozempic®)	Linagliptin/Metformin Tablet ER (Jentadueto XR®)
	Sitagliptin Tablet (Januvia®)	Liraglutide/Insulin Degludec (Xultophy®) ***(See Insulins & Related Agents Criteria)***
	Sitagliptin/Metformin Tablet (Janumet®)	Lixisenatide Pen (Adlyxin®)
	Sitagliptin/Metformin Tablet ER (Janumet XR®)	Lixisenatide/ Insulin Glargine (Soliqua®) ***(See Insulins & Related Agents Criteria)***
		Pramlintide Pen (SymlinPen®)
		Saxagliptin Tablet (Onglyza®)
		Saxagliptin/Dapagliflozin Tablet (Qtern®) ***(See SGLT2 Criteria)***
		Saxagliptin/Metformin ER Tablet (Kombiglyze XR®)
		Semaglutide Tablet (Rybelsus®)
		Sitagliptin/Ertugliflozin Tablet (Steglujan®) ***(See SGLT2 Criteria)***
		Tirzepatide Pen (Mounjaro®)
DIABETES (18)	Insulin Aspart Cartridge, Pen, Vial (AG; Novolog®)	Insulin Aspart Cartridge, Pen, Vial (Fiasp® Penfill®; Fiasp® FlexTouch®; Fiasp®)
Hypoglycemics	Insulin Aspart Protamine/Insulin Aspart Vial (AG)	Insulin Aspart Protamine/Insulin Aspart Vial (Novolog Mix 70/30®)
Insulins & Related Agents	Insulin Aspart Protamine/Ins Aspart Pen (AG; Novolog Mix 70/30®)	Insulin Degludec Pen, Vial (Tresiba® FlexTouch®; Tresiba®)
*Request Form	Insulin Detemir Pen, Vial (Levemir®)	Insulin Glargine U-100 (Basaglar® KwikPen®)
*Criteria	Insulin Glargine Pen, Vial (Lantus® SoloStar®; Lantus®)	Insulin Glargine Pen, Vial (Semglee®)
*POS Edits	Insulin Vial OTC (Humulin® N; Humulin® R)	Insulin Glargine-yfgn Pen, Vial (Generic; Semglee®[yfgn])
	Insulin Regular 500 units/mL Pen, Vial (Humulin® R U-500)	Insulin Glargine Pen, 300 units/mL Pen (Toujeo Solostar®; Toujeo Max Solostar®)
	Insulin Isophane (NPH)/Insulin Regular Pen OTC (Humulin® 70/30)	Insulin Glulisine Pen, Vial (Apidra® SoloStar®; Apidra®)
	Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)	Insulin Lispro Pen, Vial (Admelog® SoloStar®; Admelog®)
	Insulin Lispro (AG; Humalog® Junior KwikPen®)	Insulin Lispro 200 U/mL Pen (Humalog®)
	Insulin Lispro Cartridge (Humalog®)	Insulin Lispro-aabc 100 U/mL Pen, 200 U/mL Pen, 100 U/mL Vial (Lyumjev®)
	Insulin Lispro Pen, Vial (AG; Humalog®)	Insulin Isophane (NPH) Insulin Regular Pen OTC, Vial OTC (Novolin® 70/30)
	Insulin Lispro Protamine/Insulin Lispro KwikPen (AG)	Insulin Human Pen OTC, Vial OTC (Novolin® N; Novolin® R)
	Insulin Lispro Protamine/Insulin Lispro Pen, Vial (Humalog® Mix)	Insulin Human in 0.9% Sodium Chloride Piggyback IV (Myxredlin®)
		Insulin Human Inhalation Powder Cartridge (Afrezza®)
		Insulin Human Pen OTC (Humulin® N Kwikpen)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (18)	Nateglinide (Generic)	Repaglinide/Metformin (Generic)
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 (Farxiga®)	Ertugliflozin Tablet (Steglatro®)
	Dapagliflozin/Metformin ER Tablet (Xigduo® XR)	Ertugliflozin/Metformin Tablet (Segluromet®)
*Request Form	Empagliflozin Tablet (Jardiance®)	
*Criteria	Empagliflozin/Metformin Tablet (Synjardy®)	
*POS Edits		
DIABETES (18)	Glimepiride (Generic)	Glimepiride (Amaryl®)
Hypoglycemics	Glipizide (Generic)	Glipizide ER (Glucotrol® XL)
Sulfonylureas	Glipizide ER (Generic)	Glyburide Micronized (Glynase®)
*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)
*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 Oral Suspension (Riomet ER™)
*POS Edits		

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 (Generic; Emend®)
*Request Form	Metoclopramide Tablet (Generic)	Aprepitant Pack (Generic; Emend TriPack®)
*Criteria	Metoclopramide Vial (Generic)	Aprepitant Powder for Oral Suspension Packet (Emend®)
*POS Edits	Ondansetron ODT (Generic)	Aprepitant Vial (Cinvanti®)
	Ondansetron Solution (Generic)	Dimenhydrinate Vial (Generic)
	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®)
		Metoclopramide ODT, Syringe (Generic)
		Netupitant/Palonosetron HCl Capsule (Akynzeo®)
		Ondansetron Ampule, Syringe (Generic)
		Ondansetron Tablet (Zofran®)
		Ondansetron Oral Film (Zuplenz®)
		Palonosetron Vial (AG; Generic; 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 Solution (Generic)
Histamine II Receptor Blockers	Famotidine Tablet (Generic)	Cimetidine Tablet (Generic)
*Request Form		Famotidine Piggyback (Generic)
*Criteria		Famotidine Tablet (Pepcid®)
*POS Edits		Famotidine Vial (Generic)
		Nizatidine Capsule (Generic)
		Nizatidine Solution (Generic)
DIGESTIVE DISORDERS (19)	Pancrelipase (Creon®)	Pancrelipase (Pancreaze®)
Pancreatic Enzymes	Pancrelipase (Zenpep®)	Pancrelipase (Pertzye®)
*Request Form		Pancrelipase (Viokace®)
*Criteria		
*POS Edits		
DIGESTIVE DISORDERS (19)	Esomeprazole Suspension (Nexium®)	Dexlansoprazole Capsule (Dexilant®)
Proton Pump Inhibitors	Lansoprazole Capsule (Generic)	Esomeprazole Capsule (AG; Generic; Nexium®)
*Request Form	Omeprazole Capsule Rx (Generic)	Esomeprazole Suspension (Generic)
*Criteria	Pantoprazole Tablet (Generic)	Lansoprazole Capsule (Prevacid®)
*POS Edits	Pantoprazole Suspension (Protonix®)	Lansoprazole ODT (Generic; Prevacid® SoluTab®)
		Omeprazole Granules for Suspension (Prilosec®)
		Omeprazole/Sodium Bicarbonate Rx Capsule, Packet (Generic; Zegerid®)
		Pantoprazole Suspension (Generic)
		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)	Budesonide DR Rectal Foam (Uceris®)
Ulcerative Colitis Agents	Mesalamine ER Capsule (Apriso®)	Budesonide DR Tablet (AG; Generic; Uceris®)
*Request Form	Mesalamine Suppositories (AG; Generic for Canasa®)	Mesalamine DR Tablet (Generic; Asacol HD®)
*Criteria	Sulfasalazine Tablet (AG; Generic)	Mesalamine DR Capsule (AG; Generic; Delzicol®)
*POS Edits	Sulfasalazine DR Tablet (AG)	Mesalamine Enema (Rowasa®; SfRowasa®)
		Mesalamine Kit (Generic; Rowasa®)
		Mesalamine Rectal (Generic for sfRowasa®)
		Mesalamine DR Tablet MMX® (AG; Generic; Lialda®)
		Mesalamine ER Capsule (AG for Apriso®; Generic for Apriso®)
		Mesalamine ER Capsule (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 0.15 mg Auto-Injector (AG; Generic; EpiPen Jr®)	Epinephrine 0.15 mg, 0.3 mg Auto-Injector (AG for Adrenaclick®)
*Request Form	Epinephrine 0.3 mg Auto-Injector (AG; Generic; EpiPen®)	Epinephrine Syringe (Symjepi®)
*Criteria		
*POS Edits		
GI MOTILITY, CHRONIC (22)	Linaclotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)
*Request Form	Lubiprostone Capsule (Amitiza®)	Eluxadoline Tablet (Viberzi®)
*Criteria	Naloxegol Tablet (Movantik®)	Lubiprostone Capsule (AG for Amitiza®)
*POS Edits		Methylnaltrexone Syringe, Tablet, Vial (Relistor®)
		Naldemedine Tablet (Symproic®)
		Plecanatide Tablet (Trulance®)
		Prucalopride Tablet (Motegrity®)
		Tenapanor Tablet (Ibsrela®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GLUCOCORTICOIDS, ORAL (23)	Budesonide EC Capsules (Generic)	Budesonide DR Capsule (Tarpeyo™)
*Request Form	Dexamethasone Tablet (Generic)	Budesonide ER Capsule (Ortikos™)
*Criteria	Hydrocortisone Tablet (Generic)	Deflazacort Suspension, Tablet (Emflaza®)
*POS Edits	Methylprednisolone Tablet Dose Pack (Generic)	Dexamethasone Tablet (Hemady®)
	Prednisolone Sodium Phosphate Solution (Generic)	Dexamethasone Tablet Therapy Pack (Taperdex®)
	Prednisolone Solution (Generic)	Dexamethasone Elixir, Intensol Concentrate, Solution, Tablet Dose Pack (Generic)
	Prednisone Tablet (Generic)	Hydrocortisone Tablet (Cortef®)
		Hydrocortisone Capsule (Alkindi® Sprinkle)
		Methylprednisolone Tablet, Dose Pack (Medrol®)
		Methylprednisolone Tablet 4 mg, 8 mg, 16 mg, 32 mg (Generic)
		Prednisolone Tablet, 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)
GOUT AGENTS (24)	Allopurinol Tablet (Generic)	Colchicine Capsule (AG; Mitigare®)
Antihyperuricemics	Colchicine Tablet (AG; Generic)	Colchicine Solution (Gloperba®)
*Request Form	Febuxostat Tablet (Generic)	Colchicine Tablet (Colcrys®)
*Criteria	Probenecid Tablet (Generic)	Febuxostat Tablet (Uloric®)
*POS Edits	Probenecid/Colchicine Tablet (Generic)	Pegloticase Intravenous (Krystexxa®)
GROWTH DEFICIENCY (25)	Somatropin Cartridge, Syringe (Genotropin®)	Lonapegsomatropin-tcgd (Skytrofa®)
Growth Hormones	Somatropin Pen (Norditropin® FlexPro®)	Somatropin Cartridge (Humatrope®)
*Request Form		Somatropin Pen (Nutropin AQ® NuSpin®)
*Criteria		Somatropin Cartridge, Vial (Omnitrope®)
*POS Edits		Somatropin Cartridge, Vial (Saizen®)
		Somatropin Vial (Serostim®)
		Somatropin Vial (Zomacton®)
		Somatropin Vial (Zorbtive®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GROWTH FACTORS (26)	**NONE**	Mecasermin Subcutaneous (Increlex®)
*Request Form		Tesamorelin Acetate Subcutaneous (Egrifta SV®)
*Criteria		Vosoritide Vial (Voxzogo™)
*POS Edits		
H. PYLORI TREATMENT (27)	Bismuth Subcitrate Potassium/Metronidazole/Tetracycline (Pylera®)	Bismuth Subsalicylate/Metronidazole/Tetracycline (Helidac®)
*Request Form		Lansoprazole/Amoxicillin/Clarithromycin (Generic Prevpac®)
*Criteria		Omeprazole/Amoxicillin/Rifabutin (Talicia®)
*POS Edits		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
HEART DISEASE, HYPERLIPIDEMIA (28)	Apixaban Dose Pack, Tablet (Eliquis®)	Dalteparin Syringe (Fragmin®)
Anticoagulants	Dabigatran Capsule (Pradaxa®)	Dalteparin Vial (Fragmin®)
*Request Form	Enoxaparin Syringe, Vial (AG; Generic)	Edoxaban Tablet (Savaysa®)
*Criteria	Rivaroxaban Tablet (Xarelto®; Xarelto® Starter Pack)	Enoxaparin Syringe, Vial (Lovenox®)
*POS Edits	Warfarin Tablet (Generic)	Fondaparinux Syringe (Generic; Arixtra®)
		Rivaroxaban Suspension (Xarelto®)
HEART DISEASE, HYPERLIPIDEMIA (28)	Aspirin/Dipyridamole ER Capsule (AG; Generic)	Clopidogrel Tablet (Plavix®)
Anticoagulants	Clopidogrel Tablet (Generic)	Prasugrel Tablet (Effient®)
Platelet Aggregation Inhibitors	Dipyridamole Tablet (Generic)	Vorapaxar Tablet (Zontivity®)
*Request Form	Prasugrel Tablet (Generic)	
*Criteria	Ticagrelor Tablet (Brilinta®)	
*POS Edits		

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 Tablet, Solution (Generic)	Azilsartan Medoxomil (Edarbi®)
*Request Form	Enalapril/HCTZ (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)
*Criteria	Fosinopril (Generic)	Candesartan (AG; Generic; Atacand®)
*POS Edits	Fosinopril/HCTZ (Generic)	Candesartan/HCTZ (AG; Generic; Atacand HCT®)
	Irbesartan (Generic)	Captopril (Generic)
	Irbesartan/HCTZ (Generic)	Captopril/HCTZ (Generic)
	Lisinopril (Generic)	Enalapril for Solution (Epaned®)
	Lisinopril/HCTZ (Generic)	Enalapril Tablet (Vasotec®)
	Losartan (Generic)	Enalapril/HCTZ (Vaseretic®)
	Losartan/HCTZ (Generic)	Eprosartan (Generic)
	Olmesartan (AG; Generic)	Irbesartan (Avapro®)
	Olmesartan/HCTZ (AG; Generic)	Irbesartan/HCTZ (Avalide®)
	Quinapril (Generic)	Lisinopril Solution (Qbrelis®)
	Quinapril/HCTZ (AG; Generic)	Lisinopril (Zestril®)
	Ramipril (Generic)	Lisinopril/HCTZ (Zestoretic®)
	Sacubitril/Valsartan (Entresto®)	Losartan (Cozaar®)
	Valsartan (Generic)	Losartan/HCTZ (Hyzaar®)
	Valsartan/HCTZ (Generic)	Moexipril (Generic)
		Olmesartan (Benicar®)
		Olmesartan/HCTZ (Benicar HCT®)
		Perindopril (Generic)
		Quinapril (Accupril®)
		Ramipril (Altace®)
		Telmisartan (Generic; Micardis®)
		Telmisartan/HCTZ (Generic; Micardis HCT®)
		Trandolapril (Generic)
		Valsartan (Diovan®)
		Valsartan/HCTZ (Diovan HCT®)

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 (AG; 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 (Generic)	Atenolol (Tenormin®)
Hypertension	Atenolol (Generic)	Betaxolol (Generic)
Beta Blocker Agents	Atenolol/Chlorthalidone (Generic)	Carvedilol (Coreg®)
*Request Form	Bisoprolol (Generic)	Carvedilol ER (AG; Generic; Coreg CR®)
*Criteria	Bisoprolol/HCTZ (Generic)	Metoprolol/HCTZ (Generic)
*POS Edits	Carvedilol (Generic)	Metoprolol Succinate Capsule (Kapspargo Sprinkle®)
	Labetalol (Generic)	Metoprolol Succinate ER (Toprol XL®)
	Metoprolol Succinate ER (AG; Generic)	Metoprolol Tartrate (Lopressor®)
	Metoprolol Tartrate (Generic)	Nadolol (Corgard®)
	Nadolol (Generic)	Nebivolol (Bystolic®)
	Nebivolol (Generic)	Pindolol (Generic)
	Propranolol ER (AG; Generic)	Propranolol Oral Solution (Hemangeol®)
	Propranolol Solution (Generic)	Propranolol ER Capsule (Inderal XL®)
	Propranolol Tablet (Generic)	Propranolol ER Capsule (Innopran XL®)
	Sotalol (Generic)	Propranolol LA (Inderal LA®)
		Propranolol/HCTZ (Generic)
		Sotalol Solution (Sotylize®)
		Timolol Maleate (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; Cardizem LA®; Matzim LA®)
*POS Edits	Nifedipine IR Capsule (Generic)	Isradipine Capsule (Generic)
	Verapamil ER Tablet (Generic)	Nicardipine Capsule (Generic)
	Verapamil IR Tablet (Generic)	Nifedipine ER Tablet (Procardia XL®)
		Nimodipine Capsule (Generic)
		Nimodipine Oral Syringe, Solution (Nymalize®)
		Nisoldipine Tablet (Generic)
		Verapamil 360 mg Capsule (Generic)
		Verapamil ER PM Capsule (Generic; Verelan PM®)
		Verapamil ER Capsule (Generic; Verelan®)
		Verapamil ER Tablet (Calan® SR)
HEART DISEASE, HYPERLIPIDEMIA (28)	Cholestyramine/Sucrose Packet, Powder (Generic Questran®)	Alirocumab Subcutaneous Pen (Praluent®)
Lipotropics, Other	Colestipol Granules, Packet (Generic)	Bempedoic Acid Tablet (Nexletol™)
*Request Form	Colestipol Tablet (Generic)	Bempedoic Acid and Ezetimibe Tablet (Nexlizet™)
*Criteria	Ezetimibe (Generic)	Cholestyramine/Aspartame Packet, Powder (Generic)
*POS Edits	Fenofibrate Nanocrystallized Tablet (Generic Tricor® 48 mg)	Cholestyramine/Sucrose Packet, Powder (Questran®)
	Fenofibrate Nanocrystallized Tablet (Generic Tricor® 145 mg)	Colesevelam Powder Pack, Tablet (AG; Generic; Welchol®)
	Fenofibrate Capsule, Tablet (Generic for Lofibra®)	Colestipol Granules, Tablet (Colestid®)
	Gemfibrozil Tablet (AG; Generic)	Evinacumab-dgnb Vial (Evkeeza®)
	Niacin ER Tablet (Generic)	Evolocumab Auto-Injector (Repatha® SureClick®)
		Evolocumab Cartridge (Repatha® Pushtronex®)
		Evolocumab Prefilled Syringe (Repatha®)
		Ezetimibe (Zetia®)
		Fenofibrate Capsule Micronized (AG; Generic; Antara®)
		Fenofibrate Capsule (Generic; Lipofen®)
		Fenofibrate Tablet (AG; Generic; Fenoglide®)
		Fenofibrate Tablet Nanocrystallized Tablet (Tricor®)
		Fenofibric Acid Tablet (Generic for Fibricor®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (28)	(Preferred agents listed on page 26)	Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
Lipotropics, Other		Gemfibrozil Tablet (Lopid®)
		Icosapent Ethyl Capsule (Generic; Vascepa®)
		Inclisiran Syringe (Leqvio®)
		Lomitapide Capsule (Juxtapid®)
		Niacin ER Tablet (Niaspan®)
		Omega-3-acid Ethyl Esters Capsule (Generic; 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 (Revatio®)	Macitentan Tablet (Opsumit®)
*POS Edits	Tadalafil Tablet (Generic for Adcirca®)	Riociguat Tablet (Adempas®)
		Selexipag Tablet, Dose Pack (Uptravi®)
		Sildenafil Oral Suspension (AG; Generic)
		Sildenafil Tablet (Revatio®)
		Tadalafil Tablet (Adcirca®)
		Treprostinil ER Tablet (Orenitram ER®)
		Treprostinil Inhalation Powder, Inhalation Solution (Tyvaso DPI™; Tyvaso®)
HEART DISEASE, HYPERLIPIDEMIA (28)	Atorvastatin Tablet (Generic)	Amlodipine/Atorvastatin Tablet (Generic; Caduet®)
Statins & Statin Combination Agents	Lovastatin Tablet (Generic)	Atorvastatin Tablet (Lipitor®)
*Request Form	Pravastatin Tablet (Generic)	Ezetimibe/Simvastatin Tablet (Generic; Vytorin®)
*Criteria	Rosuvastatin Tablet (Generic)	Fluvastatin Capsule (Generic)
*POS Edits	Simvastatin Tablet (Generic)	Fluvastatin ER Tablet (AG; Generic; Lescol XL®)
		Lovastatin ER Tablet (Altoprev®)
		Pitavastatin Tablet (Livalo®)
		Pitavastatin Tablet (Zypitamag®)
		Rosuvastatin Tablet (Crestor®)
		Rosuvastatin Capsule (Ezallor™ Sprinkle)
		Simvastatin Tablet (Zocor®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (28)	Clonidine Patch (Generic; Catapres-TTS®)	Methyldopa/Hydrochlorothiazide Tablet (Generic)
Sympatholytics	Clonidine Tablet (Generic)	Methyldopate HCl (Intravenous)
*Request Form	Guanfacine Tablet (Generic)	
*Criteria	Methyldopa Tablet (Generic)	
*POS Edits		
HEART DISEASE, HYPERLIPIDEMIA (28)	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (AG; Isordil®)
Vasodilators, Coronary	Isosorbide Dinitrate/Hydralazine Tablet (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)	
HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (29)	Epoetin alfa-epbx Vial (Retacrit®)	Darbepoetin Syringe (Aranesp®)
	Epoetin alfa Vial (Epogen®)	Darbepoetin Vial (Aranesp®)
Erythropoietins		Epoetin alfa Vial (Procrit®)
*Request Form		Luspatercept-aamt Vial (Reblozyl®)
*Criteria		Methoxy Polyethylene Glycol-Epoetin Beta Syringe (Mircera®)
*POS Edits		
HEMODIALYSIS (30)	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)
Phosphate Binders	Sevelamer Carbonate Tablet (Renvela®)	Calcium Acetate Solution (Phoslyra®)
*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 Tablet (AG; Generic)
		Sevelamer Carbonate Powder Pack (Generic; Renvela®)
		Sevelamer HCl Tablet (AG; Generic; RenaGel®)
		Sucroferric Oxyhydroxide Chewable Tablet (Velphoro®)

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 Recomb, GlycoPEGylated (Rebinyn®)	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)
*Criteria	Factor IX Human Recombinant (BeneFIX® Kit)	Factor IX Human (AlphaNine SD®)
*POS Edits	Factor VIIa, Recombinant (NovoSeven® RT)	Factor IX Human Recombinant (Ixinity®)
	Factor VIII (Kovaltry®)	Factor IX Recombinant (Rixubis®)
	Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Factor IX Recombinant, Albumin Fusion (Idelvion®)
	Factor VIII, B-Domain-Deleted (Xyntha® Solofuse® Syringe Kit)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII, B-Domain-Truncated (Novoeight®)	Factor VIIa, (Recombinant)-jncw (Sevenfact®)
	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor VIII, Full-Length (Advate®)
	Factor VIII, Recombinant, PEGylated-aucl (Jivi®)	Factor VIII (Kogenate FS®)
	Factor VIII/VWF (Alphanate®)	Factor VIII, Full-Length PEGylated (Adynovate®)
	Factor VIII/VWF (Humate-P® Kit)	Factor VIII, Human (Hemofil-M®)
	Factor VIII/VWF (Wilate®)	Factor VIII, Human Kit (Koate DVI®)
	Factor X (Coagadex®)	Factor VIII, Human Vial (Koate DVI®)
	Factor XIII Concentrate, Human (Corifact® Kit)	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®)
		Von Willebrand Factor, Recombinant (Vonvendi®)
HEREDITARY ANGIOEDEMA (32)	C1 Esterase Inhibitor Subcutaneous (Haegarda®)	Berotralstat Hydrochloride (Orladeyo®)
*Request Form	Icatibant Acetate Subcutaneous (Generic)	C1 Esterase Inhibitor Intravenous (Berinert®)
*Criteria		C1 Esterase Inhibitor Intravenous (Cinryze®)
*POS Edits		C1 Esterase Inhibitor, Recombinant (Ruconest®)
		Ecallantide Subcutaneous (Kalbitor®)
		Icatibant Acetate Subcutaneous (Firazyr®)
		Lanadelumab-flyo Subcutaneous (Takhzyro®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HIV-AIDS (33)	Abacavir Solution, Tablet (Generic; Ziagen®)	**NONE**
*Request Form *Criteria *POS Edits	Abacavir/Dolutegravir/Lamivudine Tablet (Triumeq®)	
	Abacavir/Dolutegravir/Lamivudine Soluble Tablet (Triumeq PD®)	
	Abacavir/Lamivudine Tablet (Generic; Epzicom®)	
	Abacavir/Lamivudine/Zidovudine Tablet (Generic; Trizivir®)	
	Atazanavir Capsule (Generic)	
	Atazanavir Capsule, Powder Pack (Reyataz®)	
	Atazanavir Sulfate/Cobicistat Tablet (Evotaz®)	
	Bictegravir/Emtricitabine/Tenofovir AF Tablet (Biktarvy®)	
	Cabotegravir (Apretude™)	
	Cabotegravir/Rilpivirine IM (Cabenuva®)	
	Cobicistat Tablet (Tybost®)	
	Darunavir Ethanolate Tablet, Suspension (Prezista®)	
	Darunavir/Cobicistat/Emtricitabine/Tenofovir AF (Symtuza®)	
	Darunavir/Cobicistat Tablet (Prezcobix®)	
	Didanosine Capsule DR (Generic)	
	Dolutegravir Sodium Suspension, Tablet (Tivicay PD®; Tivicay®)	
	Dolutegravir Sodium/Lamivudine Tablet (Dovato®)	
	Dolutegravir/Rilpivirine Tablet (Juluca®)	
	Doravirine Tablet (Pifeltro®)	
	Doravirine/Lamivudine/Tenofovir DF Tablet (Delstrigo®)	
	Efavirenz Capsule, Tablet (Generic; Sustiva®)	
	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®)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HIV-AIDS (33) Continued	Enfuvirtide Vial (Fuzeon®)	**NONE**
	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/Tenofovir DF Tablet (Temixys®)	
	Lamivudine/Zidovudine Tablet (Generic; Combivir®)	
	Lopinavir/Ritonavir Solution (Generic; Kaletra®)	
	Lopinavir/Ritonavir Tablet (Generic; Kaletra®)	
	Maraviroc Solution (Selzentry®)	
	Maraviroc Tablet (Generic; Selzentry®)	
	Nelfinavir Mesylate Tablet (Viracept®)	
	Nevirapine ER Tablet (Generic; Viramune XR®)	
	Nevirapine Suspension (Generic; Viramune®)	
	Nevirapine Tablet (Generic)	
	Raltegravir Potassium Chewable, Powder Pack, Tablet (Isentress®)	
	Raltegravir Potassium Tablet (Isentress HD®)	
	Rilpivirine HCl Tablet (Edurant®)	
	Ritonavir Powder Pack, Solution (Norvir®)	
	Ritonavir Tablet (Generic; Norvir®)	
	Saquinavir Mesylate Tablet (Invirase®)	
	Stavudine Capsule (Generic)	
	Tenofovir Disoproxil Fumarate Tablet (Generic)	
	Tenofovir Disoproxil Fumarate Powder, Tablet (Viread®)	
	Tipranavir Capsule (Aptivus®)	
	Zidovudine Syrup (Generic; Retrovir®)	
	Zidovudine Capsule, Tablet (Generic)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
IDIOPATHIC PULMONARY FIBROSIS (34)	Nintedanib Capsule (Ofev®)	Pirfenidone Capsule, Tablet (Esbriet®)
*Request Form *Criteria *POS Edits	Pirfenidone Tablet (Generic)	
IMMUNE GLOBULINS (IG) (35)	Cytomegalovirus IG IV [(Human) Cytogam®]	**NONE**
*Request Form *Criteria *POS Edits	Hepatitis B IG Intravenous [(Human) HepaGam B®]	
	Hepatitis B IG Syringe [(Human) HyperHEP B® S/D]	
	Hepatitis B IG Vial [(Human) HyperHEP B® S/D]	
	IG Infusion [(Human) Hyqvia®]	
	IG Injection [(Human) Gammaked™]	
	IG Injection [(Human) Gamunex®-C]	
	IG Intravenous [(Human) Flebogamma® DIF]	
	IG Intravenous [(Human) Gammagard Liquid]	
	IG Intravenous [(Human) Gammagard S/D]	
	IG Intravenous [(Human) Gammaplex®]	
	IG Intravenous [(Human) Octagam®]	
	IG Intravenous [(Human) Privigen®]	
	IG Intravenous [(Human-ifas) Panzyga®]	
	IG Intravenous [(Human-slra) Asceniv™]	
	IG Intravenous [(Human) Bivigam®]	
	IG Subcutaneous [(Human) Cuvitru®]	
	IG Subcutaneous [(Human-hipp) Cutaquig®]	
	IG Subcutaneous [(Human-klhw) Xembify®]	
	IG Subcutaneous Syringe [(Human) Hizentra®]	
	IG Subcutaneous Vial [(Human) Hizentra®]	
	IG Vial [(Human) GamaSTAN®]	
	IG Vial [(Human) GamaSTAN® S/D]	
	Rabies IG [(Human) Kedrab™]	
	Rabies IG Vial [(Human) HyperRAB®]	
	Varicella Zoster IG [(Human) Varizig®]	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
IMMUNOSUPPRESSIVES, ORAL (36)	Azathioprine Tablet (Generic)	Avacopan Capsule (Tavneos™)
*Request Form	Cyclosporine Capsule – MODIFIED 25 mg, 100 mg	Azathioprine (Azasan®; Imuran®)
*Criteria	Mycophenolate Mofetil Capsule (Generic)	Belumosudil Tablet (Rezurock™)
*POS Edits	Mycophenolate Mofetil Tablet (Generic)	Cyclosporine Capsule 25 mg, 100 mg (Generic; Sandimmune®)
	Mycophenolic Acid as Mycophenolate Sodium (Generic)	Cyclosporine Capsule – MODIFIED (Neoral®)
	Sirolimus Solution (Rapamune®)	Cyclosporine Softgel – MODIFIED 50 mg
	Sirolimus Tablet (Rapamune®)	Cyclosporine Solution – MODIFIED (Generic; Neoral®)
	Tacrolimus Capsule (Generic)	Cyclosporine Solution (Sandimmune®)
		Everolimus Tablet (Generic; Zortress®)
		Mycophenolate Mofetil Capsule (CellCept®)
		Mycophenolate Mofetil Suspension (CellCept®)
		Mycophenolate Mofetil Tablet (CellCept®)
		Mycophenolate Mofetil Suspension (Generic)
		Mycophenolic Acid as Mycophenolate Sodium (Myfortic®)
		Sirolimus Solution (Generic)
		Sirolimus Tablet (AG; Generic)
		Tacrolimus Capsule (Prograf®)
		Tacrolimus Granule Packet (Prograf®)
		Tacrolimus ER Capsule (Astagraf® XL)
		Tacrolimus ER Tablet (Envarsus® XR)
INFECTIOUS DISORDERS (37)	Amoxicillin/Clavulanate Suspension (Generic)	Amoxicillin/Clavulanate ER Tablet (Generic)
Antibiotics	Amoxicillin/Clavulanate Tablet (Generic)	Amoxicillin/Clavulanate Chewable Tablet (Generic)
Cephalosporin and Related Antibiotics	Cefadroxil Capsule (Generic)	Cefaclor Capsule, ER Tablet, Suspension (Generic)
*Request Form	Cefdinir Capsule (Generic)	Cefadroxil Suspension, Tablet (Generic)
*Criteria	Cefdinir Suspension (Generic)	Cefixime Capsule (AG; Generic; Suprax®)
*POS Edits	Cefprozil Suspension (Generic)	Cefixime Chewable Tablet (Suprax®)
	Cefprozil Tablet (Generic)	Cefixime Suspension (Generic; Suprax®)
	Cefuroxime Tablet (Generic)	Cefpodoxime Proxetil Suspension, Tablet (Generic)
	Cephalexin Capsule (Generic)	Cephalexin Capsule (Keflex®)
	Cephalexin Suspension (Generic)	Cephalexin Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
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)	Fidaxomicin Suspension, Tablet (Dificid®)
Antibiotics	Neomycin Tablet (Generic)	Metronidazole Capsule (Generic)
Gastrointestinal Antibiotics	Tinidazole (Generic)	Metronidazole Tablet (Flagyl®)
*Request Form	Vancomycin HCl Capsule (AG; Generic)	Nitazoxanide Tablet (AG; Generic)
*Criteria		Paromomycin (Generic)
*POS Edits		Rifaximin (Xifaxan®)
		Secnidazole Oral Granules (Solosec™)
		Vancomycin HCl Capsule (Vancocin®)
		Vancomycin Solution (Generic; Firvanq®)
INFECTIOUS DISORDERS (37)	Tobramycin Solution (Bethkis®)	Amikacin Inhalation Suspension (Arikayce®)
Antibiotics	Tobramycin Solution (AG for Tobi®; Generic for Tobi®)	Aztreonam Solution (Cayston®)
Inhaled Antibiotics		Tobramycin Solution (AG; Generic for Bethkis®)
*Request Form		Tobramycin Solution (Tobi®)
*Criteria		Tobramycin (Tobi Podhaler®)
*POS Edits		Tobramycin Inhalation Solution Pak (AG; Kitabis Pak®)
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®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
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 Tablet (Generic)
*Request Form	Erythromycin Base DR Capsule, DR Tablet (Generic)	Erythromycin Base DR Tablet (Ery-Tab®)
*Criteria		Erythromycin Ethyl Succinate Suspension (AG; 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®)
INFECTIOUS DISORDERS (37)	Nitrofurantoin Macrocrystals Capsule (AG; Generic)	Nitrofurantoin Macrocrystals Capsule 25 mg, 50 mg (Macrodantin®)
Antibiotics	Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Monohydrate Macrocrystals Capsule 100 mg (Macrobid®)
Nitrofuran Derivatives		Nitrofurantoin Suspension (AG; Generic)
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (37)	Linezolid Tablet (AG; Generic)	Linezolid IV (AG; Generic; Zyvox®)
Antibiotics		Linezolid Suspension (AG; Generic; Zyvox®)
Oxazolidinones		Linezolid Tablet (Zyvox®)
*Request Form		Tedizolid IV (Sivextro®)
*Criteria		Tedizolid Tablet (Sivextro®)
*POS Edits		
INFECTIOUS DISORDERS (37)	**NONE**	Lefamulin Acetate Tablet, Vial (Xenleta®)
Antibiotics		
Pleuromutilins		
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (37)	**NONE**	Quinupristin/Dalfopristin Vial (Synercid®)
Antibiotics		
Streptogramins		
*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 (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; Oracea®)
		Doxycycline Monohydrate Capsule 75 mg (AG; Generic)
		Doxycycline Monohydrate Capsule 150 mg (Generic)
		Doxycycline Monohydrate Suspension (Generic)
		Minocycline ER Capsule (AG; Ximino®)
		Minocycline ER Tablet (MinoLira®)
		Minocycline ER Tablet (Generic; Solodyn®)
		Minocycline Tablet (Generic)
		Omadacycline Tosylate Tablet (Nuzyra®)
		Tetracycline (Generic)
INFECTIOUS DISORDERS (37)	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Cream (Generic; Cleocin®)
Antibiotics	Metronidazole Vaginal Gel (Nuvessa®)	Clindamycin Vaginal Gel (Xaciato™)
Vaginal	Metronidazole Vaginal Gel (Generic for MetroGel-Vaginal®)	Clindamycin Vaginal Ovules (Cleocin®)
*Request Form		Metronidazole Vaginal Gel (MetroGel-Vaginal®)
*Criteria		Metronidazole Vaginal Gel (Vandazole®)
*POS Edits		
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 (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 (Noxafil®)
		Posaconazole Tablet (AG; Generic; Noxafil®)
		Voriconazole Suspension, Tablet (Generic; Vfend®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
INFECTIOUS DISORDERS (37)	Sofosbuvir/Velpatasvir (AG for Epclusa®)	Elbasvir/Grazoprevir (Zepatier®)
Hepatitis C Agents		Glecaprevir/Pibrentasvir Pellet Pack, Tablet (Mavyret®)
Direct Acting Antiviral Agents		Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®)
*Request Form		Ledipasvir/Sofosbuvir Pellet Pack (Harvoni®)
*Hepatitis C DAA Criteria		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)
*Hepatitis C DAA Worksheet		Sofosbuvir Tablet, Pellet Pack (Sovaldi®)
*Patient Treatment Agreement		Sofosbuvir/Velpatasvir (Epclusa®)
*POS Edits		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)
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		
LUPUS IMMUNOMODULATORS (38)	**NONE**	Anifrolumab-fnia Vial (Saphnelo®)
*Request Form		Belimumab Auto-Injector, Syringe, Vial (Benlysta®)
*Criteria		Voclosporin Capsule (Lupkynis®)
*POS Edits		
METHOTREXATE (39)	Methotrexate PF Vial	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®)	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 (AG; Generic)	Alemtuzumab Vial (Lemtrada®)
Multiple Sclerosis Agents	Dimethyl Fumarate DR Capsule (AG; Generic)	Cladribine Tablet (Mavenclad®)
Immunomodulatory Agents	Dimethyl Fumarate DR Starter Pack (Generic)	Dalfampridine ER Tablet (Ampyra®)
*Request Form	Fingolimod Capsule (Gilenya®)	Dimethyl Fumarate Capsule, Starter Pack (Tecfidera®)
*Criteria	Glatiramer Acetate Syringe 20mg, 40mg (Copaxone®)	Diroximel Fumarate Capsule (Vumerity®)
*POS Edits	Interferon β-1a Pen Kit (Avonex® Pen)	Fingolimod Lauryl Sulfate Orally Disintegrating Tablet (Tascenso ODT™)
	Interferon β-1b Kit (Betaseron®)	Glatiramer Acetate Syringe (Generic)
	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®)
		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®)
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	Letrozole Tablet (Generic)	Exemestane Tablet (Aromasin®)
	Palbociclib Capsule (Ibrance®)	Fulvestrant Syringe (AG; Generic; Faslodex®)
	Palbociclib Tablet (Ibrance®)	Lapatinib Ditosylate Tablet (Generic; Tykerb®)
	Tamoxifen Citrate Tablet (Generic)	Letrozole Tablet (Femara®)
		Neratinib Maleate Tablet (Nerlynx®)
		Ribociclib Succinate Tablet (Kisqali®)
		Ribociclib Succinate/Letrozole Tablet (Kisqali/Femara Kit®)
		Talazoparib Capsule (Talzenna®)
		Tamoxifen Citrate Solution (Soltamox®)
		Toremifene Citrate Tablet (Generic; Fareston®)
		Tucatinib Tablet (Tukysa™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
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 (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®)
	Tretinoin Capsule (Generic)	Idelalisib Tablet (Zydelig®)
	Venetoclax Tablet (Venclexta®)	Imatinib Mesylate Tablet (Gleevec®)
	Venetoclax Starting Pack Tablet (Venclexta®)	Ivosidenib Tablet (Tibsovo®)
		Ixazomib Citrate Capsule (Ninlaro®)
		Lenalidomide Capsule (Generic)
		Melphalan Tablet (Alkeran®)
		Mercaptopurine Suspension (Purixan®)
		Midostaurin Capsule (Rydapt®)
		Nilotinib HCl Capsule (Tasigna®)
		Pacritinib Capsule (Vonjo®)
		Panobinostat Lactate Capsule (Farydak®)
		Pomalidomide Capsule (Pomalyst®)
		Ponatinib HCl Tablet (Iclusig®)
		Selinexor Tablet (Xpovio®)
		Thalidomide Capsule (Thalomid®)
		Thioguanine Tablet (Tabloid®)
		Vorinostat Capsule (Zolinza®)
		Zanubrutinib Capsule (Brukinsa™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (42)	Afatinib Dimaleate Tablet (Gilotrif®)	Brigatinib Tablet (Alunbrig®)
Oral – Lung	Alectinib HCl Capsule (Alecensa®)	Capmatinib Tablet (Tabrecta™)
*Request Form	Crizotinib Capsule (Xalkori®)	Ceritinib Tablet (Zykadia®)
*Criteria	Osimertinib Mesylate Tablet (Tagrisso®)	Dacomitinib Tablet (Vizimpro®)
*POS Edits	Topotecan HCl Capsule (Hycamtin®)	Entrectinib Capsule (Rozlytrek®)
		Erlotinib HCl Tablet (Generic; Tarceva®)
		Gefitinib Tablet (Iressa®)
		Lorlatinib Tablet (Lorbrena®)
		Mobocertinib Capsule (Exkivity®)
		Pralsetinib Capsule (Gavreto™)
		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		Infagratinib Phosphate Capsule (Truseltiq™)
*POS Edits		Larotrectinib Capsule (Vitrakvi®)
		Larotrectinib Solution (Vitrakvi®)
		Olaparib Capsule, Tablet (Lynparza®)
		Pemigatinib Tablet (Pemazyre®)
		Pexidartinib Capsule (Turalio®)
		Regorafenib Tablet (Stivarga®)
		Ripretinib Tablet (Qinlock™)
		Rucaparib Camsylate Tablet (Rubraca®)
		Tazemetostat Tablet (Tazverik™)
		Temozolomide Capsule (Temodar®)
		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)
		Relugolix Tablet (Orgovyx®)
ONCOLOGY (42)	Axitinib Tablet (Inlyta®)	Belzutifan Tablet (Welireg ™)
Oral - Renal Cell	Everolimus Tablet (Generic; Afinitor®)	Cabozantinib S-Malate Tablet (Cabometyx®)
*Request Form	Lenvatinib Mesylate Capsule (Lenvima®)	Everolimus Tablet for Oral Suspension (Generic; Afinitor Disperz®)
*Criteria	Pazopanib HCl Tablet (Votrient®)	Tivozanib HCl Capsule (Fotivda™)
*POS Edits	Sorafenib Tosylate Tablet (Generic; Nexavar®)	
	Sunitinib Malate Capsule (Generic; Sutent®)	
ONCOLOGY (42)	Cobimetinib Fumarate Tablet (Cotellic®)	Binimetinib Tablet (Mektovi®)
Oral - Skin	Dabrafenib Mesylate Capsule (Tafinlar®)	Encorafenib Capsule (Braftovi®)
*Request Form	Sonidegib Phosphate Capsule (Odomzo®)	Vismodegib Capsule (Erivedge®)
*Criteria	Trametinib Dimethyl Sulfoxide Tablet (Mekinist®)	
*POS Edits	Vemurafenib Tablet (Zelboraf®)	
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®)	Ketotifen Fumarate Solution OTC (Zaditor®)
*POS Edits		Lodoxamide Tromethamine Solution (Alomide®)
		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 Ointment (Generic)	Ciprofloxacin Ointment, Solution (Ciloxan®)
*POS Edits	Gentamicin Sulfate Solution (Generic)	Gatifloxacin Solution (Generic; Zymaxid®)
	Moxifloxacin Solution (AG; Generic for Vigamox®)	Levofloxacin Solution (Generic)
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)	Moxifloxacin Solution (Generic)
	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®)
		Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)
		Sulfacetamide Sodium Ointment (Generic)
		Tobramycin Ointment, Solution (Tobrex®)
OPHTHALMIC DISORDERS (43)	Neomycin/Polymyxin B/Dexamethasone Ointment (Generic)	Gentamicin/Prednisolone Ointment (Pred-G®)
Antibiotic-Steroid Combinations	Neomycin/Polymyxin B/Dexamethasone Suspension (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment (Generic)
*Request Form	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension (Maxitrol®)
*Criteria	Tobramycin/Dexamethasone Ointment (TobraDex®)	Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
*POS Edits	Tobramycin/Dexamethasone Suspension (TobraDex®)	Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P.®)
		Tobramycin/Dexamethasone Suspension (AG; Generic for TobraDex®)
		Tobramycin/Dexamethasone ST (TobraDex ST®)
		Tobramycin/Loteprednol Suspension (Zylet®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (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% Ointment (FML S.O.P.®)
		Fluorometholone 0.1% Suspension (FML®)
		Fluorometholone 0.25% Suspension (FML Forte®)
		Fluorometholone Acetate 0.1% Suspension (Flarex®)
		Ketorolac Tromethamine 0.4% 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®)
OPHTHALMIC DISORDERS (43)	Cyclosporine 0.05% Emulsion (Restasis®; Restasis Multidose™)	Cyclosporine 0.05% Emulsion (AG; Generic for Restasis®)
Anti-Inflammatory/Immunomodulators	Lifitegrast Solution (Xiidra®)	Cyclosporine 0.09% Solution (Cequa®)
*Request Form		Loteprednol Etabonate Suspension (Eysuvis®)
*Criteria		Varenicline Nasal Spray (Tyrvaya®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
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 (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 *Criteria *POS Edits	Brimonidine/Timolol Solution (Combigan®)	Betaxolol 0.5% Solution (Generic)
	Carteolol Solution (Generic)	Bimatoprost 0.01% Solution 2.5 mL, 5mL, 7.5mL (Lumigan®)
	Dorzolamide Solution (Generic)	Bimatoprost 0.03% Solution 2.5 mL, 5mL, 7.5mL (Generic)
	Dorzolamide/Timolol Solution (Generic)	Brimonidine 0.1% Solution (Alphagan P® 0.1%)
	Latanoprost 2.5mL Solution (Generic)	Brimonidine P 0.15% Solution (Generic)
	Levobunolol Solution (Generic)	Brimonidine/Timolol Solution (AG; Generic)
	Netarsudil Mesylate Solution (Rhopressa®)	Brinzolamide Suspension (AG; Generic; Azopt®)
	Netarsudil Mesylate/Latanoprost Solution (Rocklatan®)	Dorzolamide Solution (Trusopt®)
	Timolol Maleate Solution (Generic)	Dorzolamide/Timolol Solution (Cosopt®)
	Timolol Maleate Gel-Forming Solution (Generic Timoptic-XE®)	Dorzolamide/Timolol/PF Solution (AG; Generic; Cosopt PF®)
	Travoprost Solution 2.5 mL, 5 mL (Travatan Z®)	Echothiophate Iodide Solution (Phospholine Iodide®)
		Latanoprost Emulsion (Xelpros®)
		Latanoprost Solution 2.5 mL (Xalatan®)
		Latanoprostene Bunod Solution (Vyzulta®)
		Pilocarpine HCl Solution (Generic; Isopto Carpine®)
		Pilocarpine HCl Solution (Vuity™)
		Tafluprost Solution (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®)
		Travoprost Solution 2.5ml, 5ml (AG; Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPIATE DEPENDENCE AGENTS (44)	Buprenorphine Sublingual Tablet (Generic)	Buprenorphine Syringe (Sublocade®)
*Request Form	Buprenorphine/Naloxone Sublingual Film (Suboxone®)	Buprenorphine/Naloxone Sublingual Film (Generic)
*Criteria	Buprenorphine/Naloxone Sublingual Tablet (Generic)	Lofexidine Tablet (Lucemyra®)
*POS Edits	Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)	Naloxone Injection (Zimhi™)
	Naloxone Nasal Spray (AG; Generic; Narcan®)	Naloxone Spray (Kloxxado®)
	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 Tablet (Fosamax®)
*Request Form	Ibandronate Sodium Tablet (Generic)	Alendronate Solution (Generic)
*Criteria	Raloxifene Tablet (Generic)	Alendronate/Vitamin D Tablet (Fosamax Plus D®)
*POS Edits		Denosumab Syringe (Prolia®)
		Ibandronate Sodium Tablet (Boniva®)
		Raloxifene Tablet (Evista®)
		Risedronate Tablet (AG; Generic; Actonel®)
		Risedronate DR Tablet (AG; Generic; Atelvia®)
		Romosozumab-aqqg Syringe (Evenity®)
		Teriparatide Pen (Brand)
		Teriparatide Pen (Forteo®)
OTIC AGENTS (46)	Ciprofloxacin/Dexamethasone Suspension (Ciprodex®)	Ciprofloxacin Solution (Generic)
Antibiotics	Neomycin/Polymyxin B/Hydrocortisone Solution (AG; Generic)	Ciprofloxacin/Dexamethasone Suspension (AG; Generic)
*Request Form	Neomycin/Polymyxin B/Hydrocortisone Suspension (AG; Generic)	Ciprofloxacin/Fluocinolone Acetonide Solution (AG; Otovel®)
*Criteria	Ofloxacin Solution (Generic)	Ciprofloxacin/Hydrocortisone Suspension (Cipro HC Otic®)
*POS Edits		Colistin/Neomycin/Thonzonium/HC Suspension (Cortisporin® TC)
OTIC AGENTS (46)	Acetic Acid Solution (Generic)	**NONE**
Anti-Infectives and Anesthetics	Acetic Acid/Hydrocortisone Solution (Generic)	
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	Fremanezumab-vfrm Autoinjector (Ajovy®)	Atogepant Tablet (Qulipta™)
Antimigraine Agents	Fremanezumab-vfrm Autoinjector 3-Pack (Ajovy®)	Eptinezumab-jjmr Vial (Vyepti™)
CGRP Antagonists	Fremanezumab-vfrm Syringe (Ajovy®)	Erenumab-aooe Autoinjector (Aimovig®)
*Request Form	Galcanezumab-gnlm Pen (Emgality®)	Galcanezumab-gnlm 100 mg Syringe (Emgality®)
*Criteria	Galcanezumab-gnlm 120 mg Syringe (Emgality®)	
*POS Edits	Rimegepant Disintegrating Tablet (Nurtec™ ODT)	
	Ubrogepant Tablet (Ubrelvy™)	
PAIN MANAGEMENT (47)	**NONE**	Celecoxib Oral Solution (Elyxyb™)
Antimigraine Agents		Diclofenac Potassium Oral Powder Packet (Cambia®)
Ergotamines		Dihydroergotamine Mesylate Injection (Generic)
*Request Form		Dihydroergotamine Mesylate Nasal (Generic; Migranal®)
*Criteria		Dihydroergotamine Mesylate Nasal (Trudhesa™)
*POS Edits		Ergotamine Tartrate Sublingual (Ergomar®)
		Ergotamine Tartrate/Caffeine Tablet (Cafergot®)
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; 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; 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®)	Anakinra Syringe (Kineret®)
*Criteria	Etanercept Kit (Enbrel®)	Baricitinib Tablet (Olumiant®)
*POS Edits	Etanercept Cartridge (Enbrel Mini®)	Brodalumab Syringe (Siliq®)
	Etanercept Pen (Enbrel SureClick®)	Canakinumab/PF Vial (Ilaris®)
	Etanercept Syringe (Enbrel®)	Certolizumab Pegol Kit, Syringe Kit (Cimzia®)
	Etanercept Vial (Enbrel®)	Golimumab Pen, Syringe (Simponi®)
		Golimumab Vial (Simponi Aria®)
		Guselkumab Autoinjector, Syringe (Tremfya®)
		Inebilizumab-cdon Vial (Uplizna™)
		Infliximab Vial (Generic; Remicade®)
		Infliximab-abda Vial (Renflexis®)
		Infliximab-axxq Vial (Avsola™)
		Infliximab-dyyb Vial (Inflectra®)
		Ixekizumab Autoinjector, Syringe (Taltz®)
		Rilonacept Vial (Arcalyst®)
		Risankizumab-rzaa On-Body Cartridge, Pen, Syringe, Vial (Skyrizi®)
		Sarilumab Pen, Syringe (Kevzara®)
		Satralizumab-mwge Syringe (Enspryng™)
		Secukinumab Pen, Syringe (Cosentyx®)
		Tildrakizumab-asmn Syringe (Ilumya®)
		Tocilizumab Pen, Syringe, Vial (Actemra®)
		Tofacitinib ER Tablet, Tablet (Xeljanz® XR; Xeljanz®)
		Tofacitinib Citrate Solution (Xeljanz®)
		Upadacitinib ER Tablet (Rinvoq™)
		Ustekinumab Syringe, Vial (Stelara®)
		Vedolizumab 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 (Generic; Fioricet® with Codeine)
*Request Form	Hydrocodone/Acetaminophen Tablet (Generic)	Butalbital Compound with Codeine (Generic)
*Criteria	Hydrocodone/Acetaminophen Solution (Generic)	Butorphanol Tartrate Nasal (Generic)
*POS Edits	Hydromorphone Tablet (Generic)	Carisoprodol Compound with Codeine (Generic)
	Morphine IR Tablet (Generic)	Codeine Tablet (Generic)
	Morphine Sulfate Oral Syringe (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)
	Oxycodone Tablet (Generic)	Fentanyl Buccal Lozenge (Generic; Actiq®)
	Oxycodone/Acetaminophen Tablet (Generic)	Fentanyl Buccal Tablet (Generic; Fentora®)
	Tramadol 50 mg (Generic)	Hydrocodone/Acetaminophen Elixir, Tablet (Lortab®)
	Tramadol/Acetaminophen (Generic)	Hydrocodone/Ibuprofen (Generic)
		Hydromorphone Tablet (Dilaudid®)
		Hydromorphone Liquid, Suppository (Generic)
		Levorphanol Tablet (Generic)
		Meperidine Solution, Tablet (Generic)
		Morphine Oral Concentrate (Generic)
		Morphine Solution (AG, Generic)
		Morphine Suppository (Generic)
		Oxycodone HCl Tablet (Oxaydo®)
		Oxycodone Tablet (Roxicodone®)
		Oxycodone Capsule, Oral Concentrate, Solution (Generic)
		Oxycodone Oral Syringe (Generic)
		Oxycodone/Acetaminophen Tablet (Percocet®)
		Oxymorphone IR Tablet (Generic)
		Pentazocine/Naloxone (Generic)
		Sufentanil Sublingual Tablet (Dsuvia®)
		Tapentadol Tablet (Nucynta®)
		Tramadol 50 mg (Ultram®)
		Tramadol 100 mg (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 (Generic; 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 (AG; Generic; 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®)
		Morphine Sulfate ER Tablet (MS Contin®)
		Oxycodone ER Tablet (AG; OxyContin®)
		Oxycodone Myristate Capsule (Xtampza® ER)
		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®)
	Milnacipran Tablet (Savella®)	Gabapentin Enacarbil Tablet (Horizant®)
	Milnacipran Tablet (Savella Dose Pak®)	Gabapentin ER Tablet (Gralise®)
	Pregabalin Capsule (AG; Generic)	Lidocaine Topical System (Ztlido®)
	Pregabalin Solution (AG; Generic)	Pregabalin Capsule (Lyrica®)
		Pregabalin Solution (Lyrica®)
		Pregabalin ER Tablet (Generic; Lyrica CR®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (47)	Diclofenac Sodium Tablet (Generic)	Celecoxib (AG; Generic; Celebrex®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	Diclofenac Sodium Transdermal Gel (Generic)	Diclofenac Epolamine Patch (AG; Flector®)
	Ibuprofen Suspension Rx (Generic)	Diclofenac Epolamine Patch (Licart™)
*Request Form	Ibuprofen Tablet Rx (Generic)	Diclofenac Potassium Capsule (AG; Generic; Zipsor®)
*Criteria	Indomethacin Capsule (Generic)	Diclofenac Potassium Tablet (Generic)
*POS Edits	Ketorolac Tablet (Generic)	Diclofenac Sodium 1.5% Topical Solution (Generic)
	Meloxicam Tablet (Generic)	Diclofenac Sodium 2% Topical Solution (Generic; Pennsaid® Pump)
	Nabumetone Tablet (Generic)	Diclofenac SR Tablet (Generic)
	Naproxen Suspension (AG; Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
	Naproxen Tablet (Generic)	Diflunisal Tablet (Generic)
	Sulindac Tablet (Generic)	Etodolac Capsule, SR Tablet, 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)
		Meloxicam Tablet (Mobic®)
		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 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)	Carisoprodol Compound Tablet (Generic)
*Request Form	Methocarbamol Tablet (Generic)	Carisoprodol Tablet 250 mg, 350 mg (Generic; Soma®)
*Criteria	Tizanidine Tablet (Generic)	Chlorzoxazone Tablet (Generic; Lorzone®)
*POS Edits		Cyclobenzaprine ER Capsule (AG; Generic; Amrix®)
		Dantrolene Sodium (AG; Generic; Dantrium®)
		Metaxalone Tablet (Generic; Skelaxin®)
		Orphenadrine ER Tablet (Generic)
		Orphenadrine/Aspirin/Caffeine (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)	Apomorphine Sublingual Film (Kynmobi™)
*POS Edits	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Bromocriptine Capsule, Tablet (Generic)
	Pramipexole Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
	Ropinirole Tablet (Generic)	Carbidopa/Levodopa Enteral Suspension (Duopa®)
	Selegiline Tablet (Generic)	Carbidopa/Levodopa ER Capsule (Rytary®)
	Trihexyphenidyl Elixir (Generic)	Carbidopa/Levodopa ODT (Generic)
	Trihexyphenidyl Tablet (Generic)	Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)
		Entacapone Tablet (Generic)
		Istradefylline Tablet (Nourianz™)
		Levodopa Capsule for Inhalation (Inbrija®)
		Opicapone Capsule (Ongentys®)
		Pramipexole ER Tablet (Generic; Mirapex ER®)
		Rasagiline Tablet (Generic; Azilect®)
		Ropinirole ER Tablet (Generic)
		Rotigotine Patch (Neupro®)
		Safinamide Tablet (Xadago®)
		Selegiline Disintegrating Tablet (Zelapar®)
		Selegiline Capsule (Generic)
		Tolcapone Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PEDIATRIC MULTIVITAMINS (49)	Pediatric MVI A, C, D3 No. 21 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 21 With FL Drop (Tri-Vitamin with FL)
*Request Form	Pediatric MVI No. 2 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 38 with FL Drop (Tri-Vi-Floro®)
*Criteria	Pediatric MVI No. 16 With FL Chewable (Generic)	Pediatric MVI No. 33 With FL & Fe Chewable (Poly-Vi-Flor® Fe)
*POS Edits	Pediatric MVI No. 17 With FL Chewable (Generic)	Pediatric MVI No. 33 With FL Chewable (Poly-Vi-Flor®)
	Pediatric MVI No. 45 With FL & Fe Drop (Generic)	Pediatric MVI No. 37 With FL & Fe Drop (Poly-Vi-Flor® Fe)
		Pediatric MVI No. 37 With FL Drop (Poly-Vi-Flor®)
		Pediatric MVI No. 63 With FL Chewable (Quflora™)
		Pediatric MVI No. 83 With FL 0.25 mg/ml Drop (Quflora™)
		Pediatric MVI No. 84 With FL 0.5 mg/ml Drop (Quflora™)
		Pediatric MVI No. 85 With FL Chewable (Floriva™)
		Pediatric MVI No. 142 With FL & Fe Chewable (Quflora™ FE)
		Pediatric MVI No. 151 With FL & Fe Drop (Quflora™ FE)
PITUITARY SUPPRESSIVE AGENTS (50)	Goserelin Acetate (Zoladex®)	Histrelin Implant Kit (Supprelin LA®)
*Request Form	Leuprolide Acetate Syringe Kit (Fensolvi®)	Histrelin Implant Kit (Vantas®)
*Criteria	Leuprolide Acetate Subcutaneous Kit (Generic)	Leuprolide Acetate [3-month] (Lupron Depot-Ped®)
*POS Edits	Leuprolide Acetate Subcutaneous Vial (Generic)	Leuprolide Acetate Subcutaneous Kit (Eligard®)
	Leuprolide Acetate (Lupron Depot®)	Leuprolide Mesylate Syringe (Camcevi™)
	Leuprolide Acetate (Lupron Depot Kit®)	Triptorelin Pamoate Vial (Trelstar®)
	Leuprolide Acetate [1 month] (Lupron Depot-Ped Kit®)	Triptorelin Pamoate Kit (Triptodur®)
	Nafarelin Acetate Nasal Solution (Synarel®)	
POTASSIUM BINDERS (51)	Sodium Polystyrene Sulfonate Powder (Generic)	Patiromer Sorbitex Calcium Powder Packet (Veltassa®)
*Request Form		Sodium Zirconium Cyclosilicate (Lokelma®)
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PROGESTATIONAL AGENTS (52)	Hydroxyprogesterone Caproate Auto-Injector (Makena®)	Hydroxyprogesterone Caproate MDV (by Mylan) – ***NOT indicated for pre-term labor***
*Request Form	Hydroxyprogesterone Caproate SDV (AG; Generic)	Hydroxyprogesterone Caproate MDV (Generic)
*Criteria	Medroxyprogesterone Acetate Tablet (AG; Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
*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	Dutasteride Capsule (Generic)	Dutasteride/Tamsulosin Capsule (Generic; Jalyn®)
*Criteria	Finasteride Tablet (Generic)	Finasteride Tablet (Proscar®)
*POS Edits	Tamsulosin Capsule (Generic)	Silodosin Capsule (Generic; Rapaflo®)
	Terazosin Capsule (Generic)	Tadalafil Tablet (AG; Generic; Cialis®)
		Tamsulosin Capsule (Flomax®)
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		Estazolam Tablet (Generic)
		Eszopiclone Tablet (Generic; Lunesta®)
		Flurazepam Capsule (Generic)
		Lemborexant Tablet (Dayvigo®)
		Ramelteon Tablet (Generic; Rozerem®)
		Suvorexant Tablet (Belsomra®)
		Tasimelteon Capsule, Suspension (Hetlioz®; Hetlioz LQ™)
		Temazepam Capsule (Restoril®)
		Temazepam 7.5 mg, 22.5 mg (Generic)
		Triazolam Tablet (Halcion®)
		Zaleplon Capsule (Generic)
		Zolpidem Tartrate ER Tablet (Generic; Ambien CR®)
		Zolpidem Tartrate Sublingual (Edluar®)
		Zolpidem Tartrate Sublingual (Generic for Intermezzo®)
		Zolpidem Tartrate Tablet (Ambien®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
SICKLE CELL ANEMIA (55)	Hydroxyurea Capsule (Droxia®)	Crizanlizumab-tmca Infusion (Adakveo®)
*Request Form		Hydroxyurea Tablet (Siklos®)
*Criteria		L-glutamine Powder Pack (Endari™)
*POS Edits		Voxelotor Tablet (Oxbryta®)
SINUS NODE INHIBITORS (56)	**NONE**	Ivabradine Solution (Corlanor®)
*Request Form		Ivabradine Tablet (Corlanor®)
*Criteria		
*POS Edits		
SMOKING CESSATION PRODUCTS (57)	Bupropion SR Tablet (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)
*Request Form	Nicotine Buccal Gum OTC, Buccal Lozenge OTC (Generic)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)
*Criteria	Nicotine Patch OTC (Generic)	
*POS Edits	Varenicline Tablet (Generic; Chantix®; Chantix Dose Pack®)	
THROMBOPOIESIS STIMULATING PROTEINS (58)	Eltrombopag Tablet (Promacta®)	Avatrombopag Tablet (Doptelet®)
		Eltrombopag Suspension Packet (Promacta®)
*Request Form		Fostamatinib Disodium Hexahydrate Tablet (Tavalisse®)
*Criteria		Lusutrombopag Tablet (Mulpleta®)
*POS Edits		Romiplostim Vial (Nplate®)
UROLOGY INCONTINENCE (59)	Fesoterodine Fumarate ER Tablet (Toviaz®)	Darifenacin ER (Generic)
Bladder Relaxant Preparations	Oxybutynin Syrup (Generic)	Flavoxate Tablet (Generic)
*Request Form	Oxybutynin Tablet (Generic)	Mirabegron ER Granules for Oral Suspension, ER Tablet (Myrbetriq®)
*Criteria	Oxybutynin ER Tablet (Generic)	Oxybutynin ER Tablet (Ditropan XL®)
*POS Edits	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 Tablet (Generic)
		Trospium ER Capsule (Generic)
		Vibegron Tablet (Gemtesa®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
UTERINE DISORDER TREATMENTS (60)	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	**DD** – Drug-Drug Interaction	**MD** – Maximum Dose Limit	**RX** – Specific Prescription Requirement
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	**DS** – Maximum Days' Supply Allowed	**PA** – Prior Authorization	**TD** – Therapeutic Duplication
BY – Diagnosis Codes Bypass Some Requirements	**DT** – Duration of Therapy Limit	**PR** – Enrollment in a Physician-Supervised Program Required	**UN** – Drug Use Not Warranted
CL – Additional Clinical Information is Required	**DX** – Diagnosis Code Requirement	**PU** – Prior Use of other Medication is Required	**X** – Prescriber Must Have 'X' DEA Number
CU – Concurrent Use with Other Medications is Restricted	**ER** – Early Refill	**QL** – Quantity Limit	**YQ** – Yearly Quantity Limit

Acetaminophen	MD	Gattex® (Teduglutide)	CL	Pulmozyme® (Dornase Alfa)	DX
Acthar® (Corticotropin)	CL	Givlaari® (Givosiran)	CL	Pyrukynd® (Mitapivat)	DX
Actimmune® (Interferon Gamma-1b)	DX	HyperTET SD (Tetanus IG)	CL	Qualaquin® (Quinine) 324 mg	DS, DX, QL
Aldurazyme™ (Laronidase)	CL	Imipramine	BH, TD	Radicava®, Radicava ORS® (Edaravone)	DX
Amitriptyline	BH, TD	Intron-A® (Interferon Alfa-2B Recombinant)	DX	Ranexa® (Ranolazine)	CL
Amitriptyline/Chlordiazepoxide	BH	Jadenu® (Deferasirox)	DX	Ravicti® (Glycerol Phenylbutyrate)	CL
Amondys 45® (Casimersen)	CL	Jynarque® (Tolvaptan)	CL	Reclast® (Zoledronic acid)	CL, QL
Amoxapine	BH, TD	Kerendia® (Finerenone)	CL	Remodulin® (Treprostinil Sodium) Injection	DX
Aspirin	MD	Keveyis® (Dichlorphenamide)	CL, QL	Rilutek® (Riluzole)	DX
Besremi® (Ropeginterferon alfa-2b-njft)	DX	Kuvan® (Sapropterin Dihydrochloride)	CL	Samsca® (Tolvaptan)	CL, QL
Aspruzyo Sprinkle™ (Ranolazine)	CL	Lidocaine Patch Kit (Brand Example - Prilo Patch II®)	CL	Soliris® (Eculizumab)	DX
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	DX	Lithium	BH	Spinraza® (Nusinersen) REQUEST FORM	CL
Brineura™ (Cerliponase alfa)	DX	Lorazepam Injectable	BH, BY, CU	Strensiq® (Asfotase alfa)	DX
Buphenyl® (Sodium Phenylbutyrate)	CL	Lumizyme® (Alglucosidase alfa)	DX	Sylatron® (Peginterferon alfa-2b)	DX
Cablivi® (Caplacizumab-yhdp)	CL	Maprotiline	BH	Synagis® (Palivizumab) REQUEST FORM	CL

Carbaglu® (Carglumic Acid)	CL	Mepsevii™ (Vestronidase alfa-vjbk)	CL	Tegsedi™ (Inotersen)	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	Trimipramine	BH, TD
Cortrophin™ (Repository corticotropin)	CL	Nabi-HB (Hepatitis B IG)	CL	Twyneo® (Tretinoin/Benzoyl Peroxide)	CL, AL, QL
Cuprimine® (Penicillamine)	CL, QL	Naglazyme™ (Galsulfase)	CL	Ultomiris® (Ravulizumab-cwvz)	DX
Daraprim® (Pyrimethamine)	CL	Nexplanon® (Etonogestrel)	QL	Veletri® (Epoprostenol)	DX
Depen® (Penicillamine)	CL, QL	Nexviazyme® (Avalglucosidase-alfa)	DX	Vijoice® (Alpelisib)	CL
Desipramine	BH, TD	Nityr® (Nitisinone)	CL	Viltepso® (Viltolarsen)	CL
Doxepin (10 mg-150 mg)	BH, TD	Nocdurna® (Desmopressin)	QL	Vimizim™ (Elosulfase alfa)	CL
Elaprase™ (Idursulfase)	CL	Nortriptyline	BH, TD	Vyndamax™, Vyndaqel® (Tafamidis)	CL, QL
Empaveli® (Pegcetacoplan)	DX	Nuedexta® (Dextromethorphan/Quinidine)	CL, QL	Vyondys 53® (Golodirsen)	CL
Evrysdi™ (Risdiplam)	CL, QL	Nulibry™ (Fosdenopterin)	CL	Xenical® (Orlistat)	AL, DS, DX, RX, QL
Exjade® (Deferasirox)	DX	Onpattro® (Patisiran)	DX	Xyrem® (Sodium Oxybate)	CL, TD
Exondys 51® (Eteplirsen)	CL	Orfadin® (Nitisinone)	CL	Xywav™ (Oxybate Salts)	CL, TD
Exservan™ (Riluzole)	DX	Palynziq® (Pegvaliase-pqpz)	CL	Zolgensma® (Onasemnogene Abeparvovec-xioi)	CL
Fabrazyme® (Agalsidase beta)	DX, TD	Pamidronate Disodium	CL	Zonalon® (Doxepin Topical)	AL, DX, TD, QL
Ferriprox® (Deferiprone)	DX	Pheburane® (Sodium Phenylbutyrate)	CL		
Fetroja® (Cefiderocol)	CL	Proleukin® (Aldesleukin)	DX		
Flolan® (Epoprostenol Sodium)	DX	Protriptyline	BH, TD		
Galafold® (Migalastat)	DX, TD	Prudoxin® (Doxepin Topical)	AL, DX, TD, QL		