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

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. In addition, there are medications and/or classes of medications that are not reviewed by the committee. Unless there is a clinical pre-authorization requirement for the entire class (as noted on the last page of the PDL) these medications will continue to be covered without prior authorization. **Examples: spironolactone, hydrochlorothiazide, amoxicillin suspension**
- To locate any medication on this list, you may use the keyboard shortcut **CTRL + F** to search.
- There is a mandatory generic substitution **unless** the brand is preferred, and the generic is non-preferred. When the brand is preferred and the generic is non-preferred, no special notations are required by the prescriber and the pharmacist enters "**9**" in the DAW field 408-D8.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, "Brand medically necessary" or "Brand necessary" must be written on the prescription in the prescriber's handwriting or via an electronic prescription and the pharmacist enters "1" in the DAW field 408-D8. For more information, please **CLICK THIS LINK** to the provider manual.
- New medications that enter the marketplace in classes reviewed by P&T committee will be considered non-preferred requiring prior authorization until the next P&T committee meeting. Please refer to the following criteria: **New Drugs Introduced into the Market / Non-Preferred**
- Medications listed as non-preferred are available through the prior authorization process. Each Managed Care Organization (MCO) and Fee for Service (FFS) have their own prior authorization departments.
- Any statement highlighted and underlined in blue is a hyperlink to go directly to forms and/or clinical criteria for medications with an explanation of the purpose and the requirements. **Example: Request Form**
- For medications that require a diagnosis code at the pharmacy, please **CLICK THIS LINK.**
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.
- For the request of clinical overrides for the use of medications outside of the established Point-of-Sale edits, such as diagnosis and quantity limits, please refer to the following criteria: **Medically Necessary**

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ACNE AGENTS, TOPICAL (1)	Clindamycin Phosphate Gel (Generic)	Adapalene Cream (Generic; Differin®)
*Request Form	Clindamycin Phosphate Medicated Swab (Generic)	Adapalene Gel (AG; Generic)
*Criteria	Clindamycin Phosphate Solution (Generic)	Adapalene Gel Pump (AG; Generic; Differin®)
*POS Edits	Clindamycin Phosphate/Benzoyl Peroxide (Generic for Duac®)	Adapalene Lotion (Differin®)
	Erythromycin Gel (AG, Generic)	Adapalene/Benzoyl Peroxide (Generic for Epiduo®)
	Erythromycin Solution (Generic)	Adapalene/Benzoyl Peroxide with Pump (Epiduo Forte® Gel)
	Tretinoin Cream (Retin-A®)	Clindamycin Phosphate Gel (AG, Clindagel®)
		Clindamycin Phosphate Lotion (Generic)
		Clindamycin Phosphate /Benzoyl Peroxide w/Pump (Generic; Acanya®)
		Clindamycin Phosphate Foam (Generic)
		Clindamycin Phosphate Lotion (Cleocin-T®)
		Clindamycin Phosphate/Benzoyl Peroxide Gel with Pump (Onexton®)
		Clindamycin/Benzoyl Peroxide Gel (Generic; BenzaClin®)
		Clindamycin/Benzoyl Peroxide Gel with Pump (Generic; BenzaClin®)
		Clindamycin Phosphate/Skin Cleanser 19 (Clindacin® Pac Kit)
		Clindamycin Phosphate/Benzoyl Peroxide Gel (Neuac™)
		Clindamycin/Tretinoin (AG; Generic; Ziana®)
		Dapsone Gel (AG; Generic; Aczone®)
		Dapsone Gel with Pump (Aczone®)
		Erythromycin Medicated Swab (Generic)
		Erythromycin/Benzoyl Peroxide Gel (Generic; Benzamycin®)
		Minocycline Topical Foam (Amzeeq™)
		Sulfacetamide Sodium Cleanser (Generic)
		Sulfacetamide Sodium Cream ER (Ovace® Plus)
		Sulfacetamide Sodium Cleanser ER (Ovace® Plus)
		Sulfacetamide Sodium Lotion (Ovace® Plus)
		Sulfacetamide Sodium Wash (Ovace® Plus)
		Sulfacetamide Sodium Cleanser ER (Generic)
		Sulfacetamide Sodium Shampoo (Generic)
		Sulfacetamide Sodium/Sulfur Cleanser (Avar® LS)
		Sulfacetamide Sodium/Sulfur Medicated Pads (Avar®)
		Sulfacetamide Sodium/Sulfur Emollient Cream (Avar-e®)
		Sulfacetamide Sodium/Sulfur Wash (BP 10-1®)

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 (Generic)
		Sulfacetamide Sodium/Sulfur Cleanser (Avar®)
		Sulfacetamide Sodium/Sulfur Cleanser (Generic)
		Sulfacetamide Sodium/Sulfur/Cleanser 23 Kit (Generic)
		Sulfacetamide Sodium/Sulfur/Cleanser 23 Kit (Sumaxin® CP Kit)
		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 Suspension (Generic)
		Sulfacetamide Sodium/Sulfur Suspension (Generic)
		Sulfacetamide Sodium/Sulfur/Urea Cleanser (Generic)
		Tazarotene Foam (Fabior®)
		Tazarotene Cream (AG; Generic; Tazorac®)
		Tazarotene Gel (Tazorac®)
		Tazarotene Lotion (Arazlo™)
		Tretinoin Lotion (Altreno®)
		Tretinoin Cream (Avita®)
		Tretinoin Cream (Generic)
		Tretinoin Gel (Generic; Atralin®)
		Tretinoin Gel (AG for Avita®; Generic for Avita®)
		Tretinoin Gel (AG; Generic; Retin-A®)
		Tretinoin 0.06% Gel with Pump (Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel (AG; Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel with Pump (AG; Generic; Retin-A® Micro)
		Tretinoin 0.08% Pump (Retin-A® Micro)
		Tretinoin Cream (Tretin-X®)
		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 (AG; Generic)	Amphetamine ER Suspension (AG; Adzenys ER®)
Stimulants and Related Agents	Amphetamine Salt Combo Tablet (Generic)	Amphetamine ODT (Adzenys XR ODT®)
*Request Form	Atomoxetine Capsule (AG; Generic)	Amphetamine Salt Combo ER (Adderall XR®)
*Criteria	Dexmethylphenidate ER Capsule (Focalin XR®)	Amphetamine Suspension (Dyanavel XR®)
*POS Edits	Dexmethylphenidate Tablet (AG; Generic)	Amphetamine Tablet (Generic; Evekeo®)
	Dextroamphetamine Tablet (Generic)	Amphetamine Sulfate ODT (Evekeo® ODT)
	Guanfacine ER Tablet (Generic)	Amphetamine/Dextroamphetamine XR Capsule (Mydayis® ER)
	Lisdexamfetamine Capsule (Vyvanse®)	Armodafinil Tablet (AG; Generic; Nuvigil®)
	Lisdexamfetamine Chewable Tablet (Vyvanse®)	Atomoxetine Capsule (Strattera®)
	Methylphenidate ER Capsule (AG and Generic for Metadate CD®)	Clonidine ER Tablet (Generic)
	Methylphenidate ER Capsule (Generic for Ritalin LA®)	Dexmethylphenidate ER Capsule (AG; Generic)
	Methylphenidate ER Chewable (QuilliChew ER®)	Dexmethylphenidate Tablet (Focalin®)
	Methylphenidate ER Suspension (Quillivant XR®)	Dextroamphetamine IR Tablet (Zenzedi®)
	Methylphenidate ER Tablet (AG and Generic for Concerta®)	Dextroamphetamine Solution (Generic; ProCentra®)
	Methylphenidate IR Tablet (Generic)	Dextroamphetamine Sulfate ER (Generic; Dexedrine® Spansule®)
	Methylphenidate Solution (Generic)	Guanfacine ER Tablet (Intuniv®)
	Modafinil Tablet (Generic)	Methamphetamine Tablet (Generic; Desoxyn®)
		Methylphenidate ER Capsule (Adhansia XR™)
		Methylphenidate ER Capsule (AG; Aptensio XR®)
		Methylphenidate ER Capsule (Jornay PM®)
		Methylphenidate ER Capsule (Ritalin LA®)
		Methylphenidate ER Tablet (Concerta®)
		Methylphenidate ER Tablet (Generic for Metadate ER)
		Methylphenidate ER Tablet 72 mg (Generic)
		Methylphenidate IR Chew Tablet (Generic)
		Methylphenidate IR Tablet (Ritalin®)
		Methylphenidate Patch (Daytrana®)
		Methylphenidate Solution (Methylin®)
		Methylphenidate XR ODT (Cotempla XR ODT®)
		Modafinil Tablet (Provigil®)
		Pitolisant HCl Tablet (Wakix®)
		Solriamfetol HCl (Sunosi™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ALLERGY (3)	Cetirizine-D OTC (Generic)	Acrivastine/Pseudoephedrine (Semprex-D®)
Antihistamines – Minimally Sedating	Cetirizine Solution OTC (1 mg/mL) (Generic)	Cetirizine Injection (Quzyttir™)
*Request Form	Cetirizine Solution RX (1 mg/mL) (Generic)	Cetirizine Capsule OTC (Generic)
*Criteria	Cetirizine Tablet OTC (Generic)	Cetirizine Chewable Tablet OTC (Generic)
*POS Edits	Levocetirizine Tablet OTC (Generic)	Cetirizine 5 mg/5 mL Solution OTC (Generic)
	Levocetirizine Tablet (Generic)	Desloratadine Tablet (Generic; Clarinex®)
	Loratadine-D OTC (Generic)	Desloratadine ODT (Generic)
	Loratadine ODT OTC (Generic)	Desloratadine/Pseudoephedrine (Clarinex-D 12-Hour®)
	Loratadine Solution OTC (Generic)	Fexofenadine 60 mg OTC (Generic)
	Loratadine Tablet OTC (Generic)	Fexofenadine 180 mg OTC (Generic)
		Fexofenadine Suspension OTC (Generic)
		Fexofenadine/Pseudoephedrine 12-hour OTC (Generic)
		Levocetirizine Solution (Generic)
		Loratadine Chewable Tablet OTC (Generic)
ALLERGY (3)	Azelastine (Generic for Astelin®)	Azelastine/Fluticasone (AG; Generic; Dymista®)
Rhinitis Agents, Nasal	Azelastine (AG for Astepro®; Generic for Astepro®)	Beclomethasone (Beconase AQ®)
*Request Form	Fluticasone Propionate Nasal Spray (Generic)	Beclomethasone (Qnasl 40®)
*Criteria	Ipratropium Bromide Nasal Spray (Generic)	Beclomethasone (Qnasl 80®)
*POS Edits		Ciclesonide (Omnaris®)
		Ciclesonide (Zetonna®)
		Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate (Xhance®)
		Mometasone (AG; Generic; Nasonex®)
		Mometasone Furoate Implant (Sinuva™)
		Olopatadine (AG; Generic; Patanase®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ALZHEIMER'S AGENTS (4)	Donepezil ODT (Generic)	Donepezil (Aricept®)
Cholinesterase Inhibitors	Donepezil Tablet (Generic)	Donepezil 23 mg (Generic)
*Request Form	Memantine Tablet (AG; Generic)	Donepezil/Memantine ER Capsule (Namzaric®)
*Criteria	Rivastigmine Transdermal (AG; Generic)	Donepezil/Memantine ER Dose Pack (Namzaric®)
*POS Edits		Galantamine Solution (Generic)
		Galantamine Tablet (Generic)
		Galantamine ER Capsule (Generic)
		Memantine Capsule ER (AG; Generic; Namenda XR®)
		Memantine Solution (Generic)
		Memantine Tablet (Namenda®)
		Memantine Titration Pack (AG; Namenda® Dose Pack)
		Rivastigmine Capsule (Generic)
		Rivastigmine Transdermal (Exelon®)
ANDROGENIC AGENTS (5)	Testosterone Transdermal System (Androderm®)	Testosterone Gel (AG; Testim®)
*Request Form	Testosterone Gel (AG for Vogelxo®)	Testosterone Gel Packet (AG; Generic; Androgel®)
*Criteria	Testosterone Gel Packet (AG for Vogelxo®)	Testosterone Gel Pump (Generic Axiron®)
*POS Edits	Testosterone Gel Pump (AG for Vogelxo®)	Testosterone Gel Pump (Generic; Androgel®)
	Testosterone Gel (Generic for Vogelxo®)	Testosterone Gel Pump (Vogelxo®)
		Testosterone Gel Pump (AG; Generic; Fortesta®)
		Testosterone Nasal (Natesto®)
ANTHELMINTICS (6)	Albendazole (AG; Generic)	Albendazole (Albenza®)
*Request Form	Ivermectin (Generic)	Ivermectin (Stromectol®)
*Criteria	Mebendazole (Emverm®)	Praziquantel (Biltricide®)
*POS Edits	Praziquantel (Generic)	
ANTI-ALLERGENS, ORAL (7)	**NONE**	Mixed Grass Allergen Extract (Oralair®)
*Request Form		Peanut Allergen Titration Capsule (Palforzia®)
*Criteria		Peanut Allergen Maintenance Sachet (Palforzia®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTICONVULSANTS (8)	Brivaracetam Solution (Briviact®)	Carbamazepine ER (Generic for Carbatrol®)
*Request Form	Brivaracetam Tablet (Briviact®)	Carbamazepine XR (AG; Generic)
*Criteria	Cannabidiol Solution (Epidiolex®)	Carbamazepine Suspension (Generic; Tegretol®)
*POS Edits	Carbamazepine Tablet (Generic; Epitol®)	Carbamazepine Tablet (Tegretol®)
	Carbamazepine Extended Release Capsule (Carbatrol®)	Clobazam Film (Sympazan®)
	Carbamazepine Extended Release Capsule (Equetro®)	Clobazam Suspension (Onfi®)
	Carbamazepine Extended Release Tablet (Tegretol® XR)	Clobazam Tablet (Onfi®)
	Carbamazepine Chewable Tablet (Generic)	Clonazepam Tablet (Klonopin®)
	Cenobamate Tablet (Xcopri®)	Diazepam Rectal (Diastat®)
	Cenobamate Titration Pak (Xcopri®)	Diazepam Rectal (Diastat® AcuDial™)
	Clobazam Suspension (Generic)	Divalproex Sodium (Depakote®)
	Clobazam Tablet (Generic)	Divalproex Sodium (Depakote® ER)
	Clonazepam (Generic)	Divalproex Sodium Sprinkle (AG; Generic)
	Clonazepam ODT (Generic)	Ethosuximide Capsule (Zarontin®)
	Diazepam Device Rectal (AG)	Ethosuximide Syrup (Zarontin®)
	Diazepam Nasal Spray (Valtoco®)	Felbamate Suspension (Felbatol®)
	Diazepam Rectal (AG)	Felbamate Tablet (Generic)
	Divalproex ER (Generic)	Fenfluramine Oral Solution (Fintepla®)
	Divalproex Sodium Sprinkle (Depakote®)	Lamotrigine Dispersible Tablet (Lamictal®)
	Divalproex Tablet (Generic)	Lamotrigine ODT (Lamictal®)
	Ethosuximide Capsule (AG; Generic)	Lamotrigine ODT Dose Pack (Generic; Lamictal®)
	Ethosuximide Syrup (Generic)	Lamotrigine XR Dose Pack (Lamictal® XR)
	Ethotoin (Peganone®)	Lamotrigine Extended Release Tablet (Lamcital® XR®)
	Eslicarbazepine Acetate (Aptiom®)	Lamotrigine Tablet (Lamictal®)
	Felbamate Suspension (Generic)	Lamotrigine Tablet Dose Pack (Generic; Lamictal®)
	Felbamate Tablet (Felbatol®)	Levetiracetam Extended Release Tablet (Keppra XR®)
	Lacosamide Solution (Vimpat®)	Levetiracetam Tablet for Oral Suspension (Spritam®)
	Lacosamide Tablet (Vimpat®)	Levetiracetam Solution (Keppra®)
	Lamotrigine Dispersible Tablet (Generic)	Levetiracetam Tablet (Keppra®)
	Lamotrigine ODT (Generic)	Oxcarbazepine Suspension (Generic)
	Lamotrigine Tablet (Generic)	Oxcarbazepine Tablet (Trileptal®)
	Lamotrigine XR (Generic)	Phenytoin (Dilantin®)
	Levetiracetam ER (Generic)	Phenytoin (Dilantin® Infatabs®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ANTICONVULSANTS (8) Continued	Levetiracetam Solution (Generic)	Phenytoin Ext Capsule (Phenytek®)
	Levetiracetam Tablet (Generic)	Phenytoin Suspension (Dilantin®)
	Methsuximide (Celontin®)	Primidone (Mysoline®)
	Midazolam Nasal Spray (Nayzilam®)	Tiagabine Tablet (Generic; Gabitril®)
	Oxcarbazepine (Oxtellar XR®)	Topiramate Extended Release Capsule (Qudexy® XR)
	Oxcarbazepine Suspension (Trileptal®)	Topiramate Sprinkle (Topamax®)
	Oxcarbazepine Tablet (Generic)	Topiramate Tablet (Topamax®)
	Perampanel Suspension (Fycompa®)	Vigabatrin Powder Pack (Generic)
	Perampanel Tablet (Fycompa®)	Vigabatrin Tablet (Generic)
	Phenobarbital Elixir (Generic)	
	Phenobarbital Tablet (Generic)	
	Phenytoin Capsule (Generic)	
	Phenytoin 30 mg Capsule (Dilantin®)	
	Phenytoin Chewable Tablet (Generic)	
	Phenytoin Ext Capsule (Generic for Phenytek®)	
	Phenytoin Suspension (AG; Generic)	
	Primidone (AG for Mysoline®; Generic for Mysoline®)	
	Rufinamide Suspension (Banzel®)	
	Rufinamide Tablet (Banzel®)	
	Stiripentol Capsule (Diacomit®)	
	Stiripentol Powder Pack (Diacomit®)	
	Topiramate Extended Release Capsule (AG for Qudexy® XR)	
	Topiramate Extended Release Capsule (Trokendi XR®)	
	Topiramate Sprinkle (Generic)	
	Topiramate Tablet (Generic)	
	Valproic Acid Capsule (Generic)	
	Valproic Acid Solution (Generic)	
	Vigabatrin Powder Pack (Sabril®)	
	Vigabatrin Tablet (Sabril®)	
	Zonisamide (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	Amitriptyline/Perphenazine (Generic)	Aripiprazole ODT (Generic)
*Request Form *Criteria *POS Edits ***Prior Use Requirement for Vraylar® and Latuda® - See POS Edits	Aripiprazole Tablet (Generic)	Aripiprazole Solution (Generic)
	Cariprazine (Vraylar®)***	Aripiprazole Tablet (Abilify®)
	Chlorpromazine Tablet (Generic)	Aripiprazole Tablet with Sensor (Abilify® Mycite®)
	Clozapine Tablet (AG; Generic)	Asenapine Sublingual Tablet (Saphris®)
	Fluphenazine Tablet (Generic)	Asenapine Transdermal (Secuado®)
	Haloperidol Tablet (Generic)	Brexpiprazole Tablet (Rexulti®)
	Haloperidol Lactate Concentrate (Generic)	Clozapine ODT (AG; Generic)
	Loxapine Capsule (Generic)	Clozapine Tablet (Clozaril®)
	Lurasidone Tablet (Latuda®)***	Clozapine Suspension (Versacloz®)
	Olanzapine ODT (Generic)	Fluphenazine Elixir/Solution (Generic)
	Olanzapine Tablet (Generic)	Iloperidone Tablet (Fanapt®)
	Perphenazine Tablet (Generic)	Loxapine Inhalation (Adasuve®)
	Pimozide Tablet (Generic)	Lumateperone Capsule (Caplyta™)
	Quetiapine ER Tablet (AG; Generic)	Molindone Tablet (Generic)
	Quetiapine Tablet (Generic)	Olanzapine Tablet (Zyprexa®)
	Risperidone Solution (Generic)	Olanzapine ODT (Zyprexa Zydis®)
	Risperidone Tablet (Generic)	Olanzapine/Fluoxetine (Generic; Symbyax®)
	Thioridazine Tablet (Generic)	Paliperidone ER Tablet (AG; Generic; Invega®)
	Thiothixene Capsule (Generic)	Pimavanserin Capsule (Nuplazid®)
	Trifluoperazine Tablet (Generic)	Pimavanserin Tablet (Nuplazid®)
	Ziprasidone Capsule (Generic)	Quetiapine ER Tablet (Seroquel XR®)
		Quetiapine Tablet (Seroquel®)
		Risperidone ODT (Generic)
		Risperidone Solution (Risperdal®)
		Risperidone Tablet (Risperdal®)
		Ziprasidone Capsule (Geodon®)

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

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

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

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DEPRESSION (16)	(preferred agents listed on page 13)	Paroxetine Mesylate (Pexeva®)
Selective Serotonin Reuptake Inhibitors (SSRIs) Continued		Paroxetine HCl Suspension (Paxil®)
		Sertraline Conc (Zoloft®)
		Sertraline Tablet (Zoloft®)
DERMATOLOGY (17)	Mupirocin Ointment (Generic)	Gentamicin Sulfate Cream (Generic)
Antibiotics, Topical		Gentamicin Sulfate Ointment (Generic)
*Request Form		Mupirocin Cream (Generic)
*Criteria		Mupirocin Ointment (Centany®)
*POS Edits		Mupirocin Ointment (Centany® Kit)
		Ozenoxacin Cream (Xepi®)
DERMATOLOGY (17)	Clotrimazole Rx Cream (Generic)	Butenafine Cream (Mentax®)
Antifungals, Topical	Clotrimazole Rx Solution (Generic)	Ciclopirox Cream (Generic)
*Request Form	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Gel (Generic)
*Criteria	Ketoconazole Cream (Generic)	Ciclopirox 8% Solution (Generic)
*POS Edits	Ketoconazole Shampoo Rx (Generic)	Ciclopirox 0.77% Suspension (AG; Generic)
	Nystatin Cream (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
	Nystatin Ointment (Generic)	Ciclopirox 8% Solution Treatment Kit (Generic)
	Nystatin Topical Powder (Generic)	Ciclopirox 8% Solution Kit with Nail Lacquer Remover (Generic)
	Nystatin/Triamcinolone Cream (Generic)	Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
	Nystatin/Triamcinolone Ointment (Generic)	Ciclopirox/Triamcinolone (Trilociclo® Kit)
		Clotrimazole/Betamethasone Lotion (Generic)
		Econazole Cream (Generic)
		Efinaconazole Solution (Jublia®)
		Ketoconazole Foam (AG; Generic)
		Luliconazole Cream (AG; Luzu®)
		Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®)
		Naftifine Cream (Generic)
		Naftifine Gel (Generic; Naftin®)
		Oxiconazole Lotion (Oxistat®)
		Oxiconazole Cream (Generic; Oxistat®)

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

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®)	Dupilumab Pen (Dupixent®)
Atopic Dermatitis Immunomodulators	Pimecrolimus Cream (Elidel®)	Dupilumab Syringe (Dupixent®)
*Request Form		Pimecrolimus Cream (AG; Generic)
*Criteria		Tacrolimus Ointment (AG; Generic; Protopic®)
*POS Edits		
DERMATOLOGY (17)	Ammonium Lactate Cream/Lotion (Generic)	Emollient Combination No. 10 (Biafine® Emulsion)
Emollients		Emollient Combination No. 43 (Promiseb®)
*Request Form		
*Criteria		
*POS Edits		
DERMATOLOGY (17)	Imiquimod 5% Cream Packet (Generic for Aldara®)	Imiquimod 5% Cream Packet (Aldara®)
Immunomodulators, Topical		Imiquimod (Generic; Zyclara®)
*Request Form		Podofilox Gel (Condylox®)
*Criteria		Podofilox Solution (Generic)
*POS Edits		Sinecatechins (Veregen®)
DERMATOLOGY (17)	Hydrocortisone Cream (Generic)	Alclometasone Dipropionate Cream, Ointment (Generic)
Steroids, Topical	Hydrocortisone Lotion (Generic)	Desonide Cream (Generic)
Low Potency	Hydrocortisone Ointment (Generic)	Desonide Lotion (Generic)
*Request Form		Desonide Ointment (Generic)
*Criteria		Desonide Gel (Desonate®)
*POS Edits		Fluocinolone Acetonide 0.01% Oil (Generic; Derma-Smoothe/FS®)
		Fluocinolone Acetonide Shampoo (Capex®)
		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; Cloderm®)
Medium Potency	Mometasone Furoate Cream (Generic)	Fluocinolone Acetonide Cream (Generic)
*Request Form	Mometasone Furoate Ointment (Generic)	Fluocinolone Acetonide Ointment (Generic)
*Criteria	Mometasone Furoate Solution (Generic)	Fluocinolone Acetonide Solution (Generic)
*POS Edits		Fluocinolone Acetonide/Emollient No. 65 Cream Kit (Synalar®)
		Fluocinolone Acetonide/Emollient No. 65 Ointment Kit (Synalar®)
		Fluocinolone Acetonide/Skin Cleanser No.28 Kit (Synalar® TS)
		Flurandrenolide Cream (Generic)
		Flurandrenolide Ointment (Generic)
		Flurandrenolide Lotion (AG; Generic)
		Flurandrenolide Tape (Cordran Tape®)
		Fluticasone Propionate Lotion (Generic; Beser™)
		Fluticasone Propionate Lotion Kit (Beser™)
		Hydrocortisone Butyrate Cream (AG; Generic)
		Hydrocortisone Butyrate Lotion (AG; Generic)
		Hydrocortisone Butyrate Solution (AG; Generic)
		Hydrocortisone Butyrate Ointment (Generic)
		Hydrocortisone Butyrate/Emollient (AG; Generic)
		Hydrocortisone Probutate Cream (Pandel®)
		Hydrocortisone Valerate Cream (Generic)
		Hydrocortisone Valerate Ointment (Generic)
		Prednicarbate Cream; Ointment (Generic)
DERMATOLOGY (17)	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)	Amcinonide Cream (Generic)
Steroids, Topical	Betamethasone Valerate Cream (Generic)	Amcinonide Lotion (Generic)
High Potency	Betamethasone Valerate Lotion (Generic)	Betamethasone Dipropionate Cream (Generic)
*Request Form	Betamethasone Valerate Ointment (Generic)	Betamethasone Dipropionate Gel (Generic)
*Criteria	Triamcinolone Acetonide Cream (Generic)	Betamethasone Dipropionate Lotion (Generic)
*POS Edits	Triamcinolone Acetonide Lotion (Generic)	Betamethasone Dipropionate Ointment (Generic)
	Triamcinolone Acetonide Ointment (Generic)	Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)
		Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (18)	Acarbose (Generic)	Miglitol (Generic; Glyset®)
Alpha-Glucosidase Inhibitors		
*Request Form *Criteria *POS Edits		
DIABETES (18)	Glucagon Nasal (Baqsimi®)	Diazoxide Oral Suspension (Generic; Proglycem®)
Glucagon Agents	Glucagon, Human Recombinant Injection (Generic)	Glucacon Subcutaneous Pen, Syringe (Gvoke®)
*Request Form	Glucagon, Human Recombinant Injection Emergency Kit (Lilly)	Glucagon Injection Emergency Kit (Fresenius Kabi)
*Criteria *POS Edits		
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/Empagliflozin Tablet (Glyxambi®) ***(See SGLT2 Criteria)***	Exenatide Microspheres ER Auto-Injector (Bydureon BCise®)
*POS Edits	Linagliptin/Metformin Tablet (Jentadueto®)	Linagliptin/Metformin Tablet ER (Jentadueto XR®)
	Liraglutide Pen (Victoza®)	Liraglutide/Insulin Degludec Pen (Xultophy®) ***(See Insulins & Related Agents Criteria)***
	Sitagliptin Tablet (Januvia®)	Lixisenatide Pen (Adlyxin®)
	Sitagliptin/Metformin Tablet (Janumet®)	Lixisenatide/ Insulin Glargine Pen (Soliqua®) ***(See Insulins & Related Agents Criteria)***
	Sitagliptin/Metformin Tablet ER (Janumet XR®)	Pramlintide Pen (SymlinPen®)
		Semaglutide Tablet (Rybelsus®)
		Saxagliptin Tablet (Onglyza®)
		Saxagliptin/Dapagliflozin Tablet (Qtern®) ***(See SGLT2 Criteria)***
		Saxagliptin/Metformin ER Tablet (Kombiglyze XR®)
		Semaglutide Pen (Ozempic®)
		Sitagliptin/Ertugliflozin Tablet (Steglujan®) ***(See SGLT2 Criteria)***

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES (18)	Insulin Aspart Cartridge (AG; Novolog®)	Insulin Aspart Pen (Fiasp® FlexTouch®)
Hypoglycemics	Insulin Aspart Pen (AG; Novolog®)	Insulin Aspart Cartridge, Vial (Fiasp® Penfill®, Fiasp®)
Insulins & Related Agents	Insulin Aspart Vial (AG; Novolog®)	Insulin Degludec 100 U/mL Pen (Tresiba® FlexTouch®)
*Request Form	Insulin Aspart Protamine/Insulin Aspart Pen (AG; Novolog Mix 70/30®)	Insulin Degludec 200 U/mL Pen (Tresiba® FlexTouch®)
*Criteria	Insulin Aspart Protamine/Insulin Aspart Vial (AG; Novolog Mix 70/30®)	Insulin Degludec Vial (Tresiba®)
*POS Edits	Insulin Detemir Pen, Vial (Levemir®)	Insulin Glargine U-100 (Basaglar® KwikPen®)
	Insulin Glargine Pen (Lantus® SoloStar®)	Insulin Glargine Pen, Vial (Semglee®)
	Insulin Glargine Vial (Lantus®)	Insulin Glargine Pen (Toujeo Solostar®)
	Insulin Human Vial OTC (Humulin® N)	Insulin Glargine 300 units/mL Pen (Toujeo Max Solostar®)
	Insulin Human Vial OTC (Humulin® R)	Insulin Glulisine Pen (Apidra® SoloStar®)
	Insulin Human Regular 500 units/mL Pen (Humulin® R U-500)	Insulin Glulisine Vial (Apidra®)
	Insulin Human Regular 500 units/mL Vial (Humulin® R U-500)	Insulin Lispro Vial (Admelog®)
	Insulin Isophane (NPH)/Insulin Regular Pen OTC (Humulin® 70/30)	Insulin Lispro Pen (Admelog® SoloStar®)
	Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)	Insulin Lispro 200 U/mL Pen (Humalog®)
	Insulin Lispro (AG; Humalog® Junior KwikPen®)	Insulin Lispro-aabc 100 U/mL Pen (Lyumjev®)
	Insulin Lispro Cartridge (Humalog®)	Insulin Lispro-aabc 200 U/mL Pen (Lyumjev®)
	Insulin Lispro Pen, Vial (AG; Humalog®)	Insulin Lispro-aabc 100 U/mL Vial (Lyumjev®)
	Insulin Lispro Protamine/Insulin Lispro KwikPen (AG)	Insulin Isophane (NPH) Insulin Regular Pen OTC (Novolin® 70/30)
	Insulin Lispro Protamine/Insulin Lispro Pen (Humalog® Mix)	Insulin Isophane (NPH) Insulin Regular Vial OTC (Novolin® 70/30)
	Insulin Lispro Protamine/Insulin Lispro Vial (Humalog® Mix)	Insulin Human Pen OTC (Novolin® N; Novolin® R)
		Insulin Human Vial OTC (Novolin® N; Novolin® R)
		Insulin Human in 0.9% Sodium Chloride Piggyback IV (Myxredlin®)
		Insulin Human Inhalation Powder Cartridge (Afrezza®)
		Insulin Human Pen OTC (Humulin® N Kwikpen)
DIABETES (18)	Nateglinide (Generic)	Repaglinide/Metformin (Generic)
Hypoglycemics	Repaglinide (Generic)	
Meglitinides		
*Request Form		
*Criteria		
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
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®)
*Request Form	Dapagliflozin/Metformin ER Tablet (Xigduo® XR)	Ertugliflozin/Metformin Tablet (Segluromet®)
*Criteria	Empagliflozin Tablet (Jardiance®)	
*POS Edits	Empagliflozin/Metformin Tablet (Synjardy®)	
DIABETES (18)	Glimepiride (Generic)	Glimepiride (Amaryl®)
Hypoglycemics	Glipizide (Generic)	Glipizide (Glucotrol®)
Sulfonylureas	Glipizide ER (Generic)	Glipizide ER (Glucotrol® XL)
*Request Form	Glyburide (Generic)	Glyburide Micronized (Glynase®)
*Criteria	Glyburide Micronized (Generic)	
*POS Edits		
DIABETES (18)	Pioglitazone (Generic)	Pioglitazone (Actos®)
Hypoglycemics		Pioglitazone/Glimepiride (AG)
Thiazolidinediones (TZDs)		Pioglitazone/Metformin (Generic)
*Request Form		Rosiglitazone (Avandia®)
*Criteria		
*POS Edits		
DIABETES (18)	Glipizide-Metformin (Generic)	Metformin ER (Generic; Fortamet™)
Metformins	Glyburide-Metformin (Generic)	Metformin ER (Generic; Glumetza™)
*Request Form	Metformin (Generic)	Metformin Oral Solution (Generic)
*Criteria	Metformin ER (Generic for Glucophage® XR)	Metformin Oral Solution (Riomet™)
*POS Edits		Metformin Oral Suspension (Riomet ER™)

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 (Generic; Marinol®)
	Promethazine Ampule (Generic)	Fosaprepitant Dimeglumine Vial (AG; Generic; Emend®)
	Promethazine Syrup (Generic)	Fosnetupitant/Palonosetron Vial (Akynzeo®)
	Promethazine Tablet (Generic)	Granisetron IV (Generic)
	Promethazine Vial (Generic)	Granisetron Oral (Generic)
	Promethazine Rectal 12.5 mg (Generic)	Granisetron ER Syringe (Sustol®)
	Promethazine Rectal 25 mg (Generic)	Granisetron Transdermal Patch (Sancuso®)
	Scopolamine Transdermal (Generic)	Metoclopramide Tablet (Reglan®)
		Metoclopramide Nasal (Gimoti®)
		Metoclopramide ODT (Generic)
		Metoclopramide Syringe (Generic)
		Netupitant/Palonosetron HCl Capsule (Akynzeo®)
		Ondansetron Ampule (Generic)
		Ondansetron Disp Syringe IV (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 Rectal 50 mg (Generic)
		Rolapitant Tablet (Varubi®)
		Scopolamine Transdermal (Transderm-Scop®)
		Trimethobenzamide Vial (Tigan®)
		Trimethobenzamide Capsule (Generic; Tigan®)

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		Obeticholic Acid Tablet (Ocaliva®)
*Criteria		Ursodiol 300 mg Capsule (Actigall®)
*POS Edits		Ursodiol (URSO 250®/URSO Forte®)
DIGESTIVE DISORDERS (19)	Famotidine Suspension (Generic)	Cimetidine Solution (Generic)
Histamine II Receptor Blockers	Famotidine Tablet (Generic)	Cimetidine Tablet (Generic)
*Request Form		Famotidine Piggyback (Generic)
*Criteria		Famotidine Tablet (Pepcid®)
*POS Edits		Famotidine Vial (Generic)
		Nizatidine Capsule (Generic)
		Nizatidine Solution (Generic)
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 Capsule Sprinkle (AcipHex® Sprinkle™)
		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 Rectal (Generic for SfRowasa®)	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 DR Tablet MMX® (AG; Generic; Lialda®)
		Mesalamine ER Capsule (AG for Apriso®; Generic for Apriso®)
		Mesalamine ER Capsule (Pentasa®)
		Mesalamine Suppositories (AG; Generic; Canasa®)
		Olsalazine Capsule (Dipentum®)
		Sulfasalazine DR Tablet (Azulfidine EN-Tabs®)
		Sulfasalazine Tablet (Azulfidine®)
ENZYME REPLACEMENTS (20)	Miglustat (Zavesca®)	Eliglustat (Cerdelga®)
*Request Form		Imiglucerase 400 units Injection (Cerezyme®)
*Criteria		Miglustat (AG; Generic)
*POS Edits		Taliglucerase alfa Injection (Elelyso®)
		Velaglucerase alfa 400 units Injection (Vpriv®)
EPINEPHRINE, SELF-INJECTED (21)	Epinephrine 0.3 mg (AG and Generic for EpiPen®)	Epinephrine 0.15 mg, 0.3 mg (EpiPen Jr®; EpiPen®)
*Request Form	Epinephrine 0.15 mg (AG and Generic for EpiPen Jr®)	Epinephrine 0.15 mg, 0.3 mg (AG for Adrenaclick®)
*Criteria		Epinephrine Injection (Symjepi®)
*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 (Relistor®)
		Methylnaltrexone Vial (Relistor®)
		Naldemedine Tablet (Symproic®)
		Plecanatide Tablet (Trulance®)
		Prucalopride Tablet (Motegrity®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GLUCOCORTICOIDS, ORAL (23)	Budesonide EC Capsules (Generic)	Budesonide Delayed Release Capsules (Entocort EC®)
*Request Form	Dexamethasone Tablet	Budesonide ER Capsule (Ortikos™)
*Criteria	Hydrocortisone Tablet	Cortisone Acetate Tablet
*POS Edits	Methylprednisolone Tablet Dose Pack	Deflazacort Suspension, Tablet (Emflaza®)
	Prednisolone Sodium Phosphate Oral Solution (Generic)	Dexamethasone (Taperdex®)
	Prednisolone Solution	Dexamethasone Elixir, Intensol Concentrate, Solution, Tablet Dose Pack
	Prednisone Tablet	Hydrocortisone Tablet (Cortef®)
		Hydrocortisone Capsule (Alkindi® Sprinkle)
		Methylprednisolone Tablet, Dose Pack (Medrol®)
		Methylprednisolone Tablet 4 mg, 8 mg, 16 mg, 32 mg (Generic)
		Prednisone Delayed Release Tablet (Rayos®)
		Prednisone Intensol Concentrate, Solution, Tablet Dose Pack
		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)
GOUT AGENTS (24)	Allopurinol Tablet (Generic)	Allopurinol (Zyloprim®)
Antihyperuricemics	Colchicine Tablet (AG; Generic)	Colchicine Capsule (AG; Mitigare®)
*Request Form	Probenecid Tablet (Generic)	Colchicine Oral Solution (Gloperba®)
*Criteria	Probenecid/Colchicine Tablet (Generic)	Colchicine Tablet (Colcrys®)
*POS Edits		Febuxostat Tablet (Generic; Uloric®)
		Pegloticase Intravenous (Krystexxa®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
GROWTH DEFICIENCY (25)	Somatropin Cartridge, Syringe (Genotropin®)	Somatropin Cartridge, Vial (Humatrope®)
Growth Hormones	Somatropin Pen (Norditropin® FlexPro®)	Somatropin Pen (Nutropin AQ® NuSpin®)
*Request Form		Somatropin Cartridge, Vial (Omnitrope®)
*Criteria		Somatropin Cartridge, Vial (Saizen®)
*POS Edits		Somatropin Vial (Serostim®)
		Somatropin Vial (Zomacton®)
		Somatropin Vial (Zorbtive®)
GROWTH FACTORS (26)		Mecasermin Subcutaneous (Increlex®)
*Request Form		Tesamorelin Acetate Subcutaneous (Egrifta®)
*Criteria		Tesamorelin Acetate Subcutaneous (Egrifta SV®)
*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®)
HEREDITARY ANGIOEDEMA (28)	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®)
***Orladeyo® - use THIS CRITERIA		Icatibant Acetate Subcutaneous (Firazyr®)
		Lanadelumab-Flyo Subcutaneous (Takhzyro®)
HEART DISEASE, HYPERLIPIDEMIA (29)	Apixaban Dose Pack, Tablet (Eliquis®)	Dalteparin Syringe (Fragmin®)
Anticoagulants	Dabigatran (Pradaxa®)	Dalteparin Vial (Fragmin®)
*Request Form	Enoxaparin Syringe, Vial (AG; Generic)	Edoxaban Tablet (Savaysa®)
*Criteria	Rivaroxaban Tablet (Xarelto®; Xarelto® Starter Pack)	Enoxaparin Vial, Syringe (Lovenox®)
*POS Edits	Warfarin (Generic)	Fondaparinux Syringe (Generic; Arixtra®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (29)	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		
HEART DISEASE, HYPERLIPIDEMIA (29)	Benazepril (Generic)	Aliskiren (AG; Generic; Tekturna®)
Hypertension	Benazepril/HCTZ (Generic)	Aliskiren/HCTZ (Tekturna HCT®)
ACE Inhibitors & Direct Renin Inhibitors	Enalapril (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)
	Irbesartan (Generic)	Captopril (Generic)
	Irbesartan/HCTZ (Generic)	Captopril/HCTZ (Generic)
	Lisinopril (Generic)	Enalapril for Solution (Epaned®)
	Lisinopril/HCTZ (Generic)	Eprosartan (Generic)
	Losartan (Generic)	Irbesartan (Avapro®)
	Losartan/HCTZ (Generic)	Irbesartan/HCTZ (Avalide®)
	Olmesartan (AG; Generic)	Lisinopril Solution (Qbrelis®)
	Olmesartan/HCTZ (AG; Generic)	Lisinopril (Zestril®)
	Quinapril (Generic)	Lisinopril/HCTZ (Zestoretic®)
	Quinapril/HCTZ (Generic)	Losartan (Cozaar®)
	Ramipril (Generic)	Losartan/HCTZ (Hyzaar®)
	Sacubitril/Valsartan (Entresto®)	Moexipril (Generic)
	Valsartan (Generic)	Olmesartan (Benicar®)
	Valsartan/HCTZ (Generic)	Olmesartan/HCTZ (Benicar HCT®)
		Perindopril (Generic)
		Quinapril (Accupril®)
		Ramipril (Altace®)
		Telmisartan (Generic; Micardis®)
		Telmisartan/HCTZ (AG; Generic; Micardis HCT®)
		Trandolapril (Generic)
		Valsartan (Diovan®)
		Valsartan/HCTZ (Diovan HCT®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (29)	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/HCTZ (Generic)	Amlodipine/Valsartan (Exforge®)
*Request Form		Amlodipine/Valsartan/HCTZ (Exforge HCT®)
*Criteria		Telmisartan/Amlodipine (Generic)
*POS Edits		Trandolapril/Verapamil (AG; Generic; Tarka®)
HEART DISEASE, HYPERLIPIDEMIA (29)	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 (Kapspargo®)
	Labetalol (Generic)	Metoprolol Succinate ER (Toprol XL®)
	Metoprolol Succinate ER (AG; Generic)	Metoprolol Tartrate (Lopressor®)
	Metoprolol Tartrate (Generic)	Nadolol (Generic; Corgard®)
	Propranolol ER (AG; Generic)	Nadolol/Bendroflumethiazide (Generic)
	Propranolol Solution (Generic)	Nebivolol (Bystolic®)
	Propranolol Tablet (Generic)	Pindolol (Generic)
	Sotalol (Generic)	Propranolol (Hemangeol®)
		Propranolol ER Capsule (Inderal XL)
		Propranolol ER Capsule (Innopran XL®)
		Propranolol LA (Inderal LA®)
		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 (29)	Amlodipine Tablet (Generic)	Amlodipine Tablet (Norvasc®)
Hypertension	Diltiazem ER Capsule (Generic)	Amlodipine Suspension (Katerzia™)
Calcium Channel Blockers	Diltiazem IR Tablet (Generic)	Diltiazem CD (Cardizem CD®; Cardizem CD® 360 mg)
*Request Form	Felodipine ER Tablet (Generic)	Diltiazem LA Tablet (AG; Cardizem LA®; Matzim LA®)
*Criteria	Nifedipine ER Tablet (Generic)	Isradipine Capsule (Generic)
*POS Edits	Nifedipine IR Capsule (Generic)	Nicardipine Capsule (Generic)
	Verapamil ER Tablet (Generic)	Nifedipine ER Tablet (Procardia XL®)
	Verapamil IR Tablet (Generic)	Nimodipine Capsule (Generic)
		Nimodipine Solution (Nymalize®)
		Nisoldipine Tablet (Generic)
		Verapamil 360 mg Capsule (Generic)
		Verapamil ER PM Capsule (Generic; Verelan PM®)
		Verapamil ER Capsule (Generic)
		Verapamil ER Tablet (Calan® SR)
HEART DISEASE, HYPERLIPIDEMIA (29)	Cholestyramine/Sucrose Powder (Generic Questran®)	Alirocumab Subcutaneous Pen (Praluent®)
Lipotropics, Other	Colestipol Granules, Granule Packet (Generic)	Bempedoic Acid Tablet (Nexletol™)
*Request Form	Colestipol Tablet (Generic)	Bempedoic Acid and Ezetimibe Tablet (Nexlizet™)
*Criteria	Ezetimibe (Generic)	Cholestyramine/Aspartame Powder, Powder Packet (Generic)
*POS Edits	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 48 mg)	Colesevelam Powder Pack, Tablet (AG; Generic; Welchol®)
	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 145 mg)	Colestipol Granules, Tablet (Colestid®)
	Fenofibrate Capsule, Tablet (Generic for Lofibra®)	Evinacumab-dgnb Vial (Evkeeza®)
	Gemfibrozil Tablet (AG; Generic)	Evolocumab Auto-Injector (Repatha® SureClick®)
	Niacin ER Tablet (Generic)	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®)
		Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®)
		Gemfibrozil Tablet (Lopid®)
		Icosapent Ethyl Capsule (Generic; Vascepa®)
		Lomitapide Capsule (Juxtapid®)
		Niacin ER Tablet (Niaspan®)
		Omega-3-acid Ethyl Esters Capsule (Generic; Lovaza®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (29)	Ambrisentan Tablet (Generic)	Ambrisentan Tablet (Letairis®)
Pulmonary Arterial Hypertension (PAH)	Bosentan Tablet (Generic; Tracleer®)	Bosentan Suspension (Tracleer®)
*Request Form	Sildenafil Tablet (Generic for Revatio®)	Iloprost Inhalation Solution (Ventavis®)
*Criteria	Sildenafil Oral Suspension (AG; Generic)	Macitentan Tablet (Opsumit®)
*POS Edits	Tadalafil Tablet (Generic for Adcirca®)	Riociguat Tablet (Adempas®)
		Selexipag Tablet, Dose Pack (Uptravi®)
		Sildenafil Oral Suspension (Revatio®)
		Sildenafil Tablet (Revatio®)
		Tadalafil Tablet (Adcirca®)
		Treprostinil Inhalation Solution (Tyvaso®)
		Treprostinil ER Tablet (Orenitram ER®)
HEART DISEASE HYPERLIPIDEMIA (29)	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®)
		Pravastatin Tablet (Pravachol®)
		Rosuvastatin Tablet (Crestor®)
		Rosuvastatin Capsule (Ezallor™ Sprinkle)
		Simvastatin Tablet (Zocor®)
HEART DISEASE, HYPERLIPIDEMIA (29)	Clonidine Patch (Catapres-TTS®)	Clonidine Patch (Generic)
Sympatholytics	Clonidine Tablet (Generic)	Clonidine Tablet (Catapres®)
*Request Form	Guanfacine Tablet (Generic)	Methyldopa/Hydrochlorothiazide Tablet (Generic)
*Criteria	Methyldopa Tablet (Generic)	Methyldopate HCl (Intravenous)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEART DISEASE, HYPERLIPIDEMIA (29)	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (AG; Isordil®)
Vasodilators, Coronary	Isosorbide Mononitrate Tablet (Generic)	Isosorbide Dinitrate ER Capsule (Dilatrate-SR®)
*Request Form	Isosorbide Mononitrate SR Tablet (Generic)	Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)
*Criteria	Nitroglycerin Sublingual Tablet (AG; Generic)	Nitroglycerin Spray (AG; Generic; Nitrolingual®)
*POS Edits	Nitroglycerin Transdermal Ointment (Nitro-Bid®)	Nitroglycerin Spray (Nitromist®)
	Nitroglycerin Transdermal Patch (AG; Generic)	Nitroglycerin Sublingual Powder Packet (GoNitro®)
		Nitroglycerin Transdermal Patch (Nitro-Dur®)
		Nitroglycerin Sublingual Tablet (Nitrostat®)
		Vericiguat (Verquvo®)
HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (30)	Epoetin alfa-epbx (Retacrit®)	Darbepoetin Syringe (Aranesp®)
Erythropoietins		Darbepoetin Vial (Aranesp®)
*Request Form		Epoetin alfa (Epogen®)
*Criteria		Epoetin alfa (Procrit®)
*POS Edits		Luspatercept-aamt (Reblozyl®)
		Methoxy Polyethylene Glycol-Epoetin Beta (Mircera®)
HEMODIALYSIS (31)	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 (Velphoro®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HEMOPHILIA TREATMENT (32)	Emicizumab-kxwh (Hemlibra®)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
*Request Form	Factor IX Human Recombinant (BeneFIX® Kit)	Factor IX (Mononine® Kit)
*Criteria	Factor VIIa, Recombinant (NovoSeven® RT)	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)
*POS Edits	Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Factor IX Human (AlphaNine SD®)
	Factor VIII, B-Domain-Deleted (Xyntha® Solofuse® Syringe Kit)	Factor IX Human Recomb, GlycoPEGylated (Rebinyn®)
	Factor VIII, B-Domain-Truncated (Novoeight®)	Factor IX Human Recombinant (Ixinity®)
	Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Factor IX Recombinant (Rixubis®)
	Factor VIII/VWF (Alphanate®)	Factor IX Recombinant, Albumin Fusion (Idelvion®)
	Factor VIII/VWF (Humate-P® Kit)	Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
	Factor VIII/VWF (Wilate®)	Factor VIIa, (Recombinant)-jncw (Sevenfact®)
	Factor X (Coagadex®)Factor VIII/VWF (Wilate®)	Factor VIII, Full-Length (Advate®)
	Factor X (Coagadex®)	Factor VIII (Kogenate FS®)
	Factor XIII Concentrate, Human (Corifact® Kit)	Factor VIII (Kovaltry®)
		Factor VIII, Full-Length PEGylated (Adynovate®)
		Factor VIII, Human (Hemofil-M®)
		Factor VIII, Human Kit (Koate DVI®)
		Factor VIII, Human Vial (Koate DVI®)
		Factor VIII, Recombinant Glycopegylated-exei (Esperoct®)
		Factor VIII, Recombinant Porcine (Obizur®)
		Factor VIII, Recombinant (Recombinate®)
		Factor VIII, Recombinant, Fc Fusion (Eloctate®)
		Factor VIII, Recombinant, PEGylated-aucl (Jivi®)
		Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)
		Factor XIII A-Subunit, Recombinant (Tretten®)
		Von Willebrand Factor, Recombinant (Vonvendi®)
HIV-AIDS (33)	Abacavir Solution, Tablet (Generic; Ziagen®)	**NONE**
*Request Form	Abacavir/Lamivudine Tablet (Generic; Epzicom®)	
*Criteria	Abacavir/Dolutegravir/Lamivudine Tablet (Triumeq®)	
*POS Edits **DX**	Abacavir/Lamivudine/Zidovudine Tablet (Generic; Trizivir®)	
	Atazanavir Capsule (Generic)	
	Atazanavir Capsule (Reyataz®)	
	Atazanavir Powder Pack (Reyataz®)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
HIV-AIDS (33) Continued	Atazanavir Sulfate/Cobicistat Tablet (Evotaz®)	NONE
	Bictegravir/Emtricitabine/Tenofovir AF Tablet (Biktarvy®)	
	Cabotegravir/Rilpivirine IM (Cabenuva®)	
	Cobicistat Tablet (Tybost®)	
	Darunavir Ethanolate Tablet (Prezista®)	
	Darunavir Ethanolate Oral Susp (Prezista®)	
	Darunavir/Cobicistat/Emtricitabine/Tenofovir AF Tablet (Symtuza®)	
	Darunavir/Cobicistat Tablet (Prezcobix®)	
	Didanosine Capsule DR (Generic)	
	Dolutegravir Sodium Tablet (Tivicay®)	
	Dolutegravir Sodium Suspension (Tivicay PD®)	
	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®)	
	Enfuvirtide Vial (Fuzeon®)	
	Etravirine Tablet (Intelence®)	
	Fosamprenavir Tablet (Generic; Lexiva®)	
	Fosamprenavir Suspension (Lexiva®)	
	Fostemsavir Tromethamine Tablet (Rukobia®)	
	Ibalizumab-uiyk Vial (Trogarzo®)	

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

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

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
IMMUNOSUPPRESSIVES, ORAL (36)	Azathioprine Tablet (Generic)	Azathioprine (Azasan®; Imuran®)
*Request Form	Cyclosporine Capsule – MODIFIED 25 mg, 100 mg	Cyclosporine Capsule 25 mg, 100 mg (Generic; Sandimmune®)
*Criteria	Everolimus Tablet (Generic for Zortress®)	Cyclosporine Capsule – MODIFIED (Neoral®)
*POS Edits	Mycophenolate Mofetil Capsule (Generic)	Cyclosporine Softgel – MODIFIED 50 mg
	Mycophenolate Mofetil Tablet (Generic)	Cyclosporine Solution – MODIFIED (Generic; Neoral®)
	Sirolimus Solution (Rapamune®)	Cyclosporine Solution (Sandimmune®)
	Sirolimus Tablet (Rapamune®)	Everolimus Tablet (Zortress®)
	Tacrolimus Capsule (Generic)	Mycophenolate Mofetil Capsule (CellCept®)
		Mycophenolate Mofetil Suspension (CellCept®)
		Mycophenolate Mofetil Tablet (CellCept®)
		Mycophenolate Mofetil Suspension (Generic)
		Mycophenolic Acid as Mycophenolate Sodium (Generic; 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)	Cephalexin Capsule (Keflex®)
	Cephalexin Capsule (Generic)	Cephalexin Tablet (Generic)
	Cephalexin Suspension (Generic)	Cefpodoxime Proxetil Suspension, 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	Vancomycin Solution (Firvanq®)	Paromomycin (Generic)
*POS Edits		Rifaximin (Xifaxan®)
		Secnidazole (Solosec™)
		Vancomycin HCl Capsule (Vancocin®)
		Vancomycin Solution (Generic)
INFECTIOUS DISORDERS (37)	Tobramycin Solution (Bethkis®)	Amikacin Inhalation Suspension (Arikayce®)
Antibiotics	Tobramycin Pak (AG for Kitabis Pak®)	Aztreonam Solution (Cayston®)
Inhaled Antibiotics		Tobramycin Solution (AG; Generic for Bethkis®)
*Request Form		Tobramycin Solution (AG; Generic; Tobi®)
*Criteria		Tobramycin (Tobi Podhaler®)
*POS Edits		Tobramycin Inhalation Solution Pak (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; Ery-Tab®))
*Request Form	Erythromycin Base DR Capsule (Generic)	Erythromycin Ethyl Succinate Suspension (AG; E.E.S.® 200; EryPed® 200)
*Criteria		Erythromycin Ethyl Succinate Suspension (AG; Generic; EryPed® 400)
*POS Edits		Erythromycin Ethyl Succinate Tablet (E.E.S. ® 400)
		Erythromycin Stearate Filmtab (Erythrocin®)
INFECTIOUS DISORDERS (37)	Nitrofurantoin Macrocrystals Capsule (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; Furadantin®)
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (37)	Linezolid Tablet (AG; Generic)	Linezolid IV (AG; Generic)
Antibiotics		Linezolid Suspension (AG; Generic; Zyvox®)
Oxazolidinones		Tedizolid IV (Sivextro®)
*Request Form		Tedizolid Tablet (Sivextro®)
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (37)	**NONE**	Lefamulin Acetate Tablet, Vial (Xenleta®) CL
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 (Generic)	Doxycycline Hyclate DR Tablet (Doryx® MPC)
*Request Form	Doxycycline Monohydrate 100 mg Capsule (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, 150mg (Generic)
		Doxycycline Monohydrate Suspension (Generic)
		Minocycline ER Capsule (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 Ovules (Cleocin®)
Vaginal	Metronidazole Vaginal Gel (Vandazole®)	Metronidazole Vaginal Gel (Generic; MetroGel-Vaginal®)
*Request Form		
*Criteria		
*POS Edits		
INFECTIOUS DISORDERS (37)	Clotrimazole Troche (Generic)	Fluconazole Suspension, Tablet (Diflucan®)
Antifungals	Fluconazole Suspension (Generic)	Flucytosine Capsule (Generic)
Antifungals, Oral	Fluconazole Tablet (Generic)	Griseofulvin Tablet, Ultramicrosize Tablet (Generic)
*Request Form	Griseofulvin Suspension (Generic)	Isavuconazonium Capsule (Cresemba®)
*Criteria	Nystatin Suspension (Generic)	Itraconazole Capsule, Solution (Generic; Sporanox®)
*POS Edits	Nystatin Tablet (Generic)	Itraconazole Capsule (Tolsura®)
	Terbinafine Tablet (Generic)	Ketoconazole Tablet (Generic)
		Miconazole Buccal Tablet (Oravig®)
		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 (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 (Sovaldi®)
*Patient Treatment Agreement		Sofosbuvir Pellet Pack (Sovaldi®)
*POS Edits		Sofosbuvir/Velpatasvir (Epclusa®)
		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)
INFECTIOUS DISORDERS (37)	Peginterferon alfa 2a Syringe (Pegasys®)	Peginterferon alfa 2b Kit (Peg-Intron®)
Hepatitis C Agents	Peginterferon alfa 2a Vial (Pegasys®)	Ribavirin Capsule (Generic)
Not Direct Acting Antiviral Agents	Ribavirin Tablet (Generic)	
*Request Form		
*Criteria		
*POS Edits		
METHOTREXATE (38)	Methotrexate PF Vial	Methotrexate Auto-Injector (Otrexup®)
*Request Form	Methotrexate Tablet	Methotrexate Auto-Injector (Rasuvo®)
*Criteria	Methotrexate Vial	Methotrexate Tablet (Trexall™)
*POS Edits		Methotrexate Solution (Xatmep®)
		Methotrexate PF Syringe (RediTrex®)
MOVEMENT DISORDERS (39)	Deutetrabenazine (Austedo®)	Tetrabenazine (Xenazine®)
*Request Form	Tetrabenazine (Generic)	Valbenazine (Ingrezza®)
*Criteria		Valbenazine Initiation Pack (Ingrezza®)
*POS Edits		

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
MULTIPLE SCLEROSIS (40)	Dimethyl Fumarate Capsule, Starter Pack (Tecfidera®)	Alemtuzumab Vial (Lemtrada®)
Multiple Sclerosis Agents	Glatiramer Acetate Syringe 20 mg (Copaxone®)	Cladribine Tablet (Mavenclad®)
Immunomodulatory Agents	Interferon β-1a Pen Kit (Avonex® Pen)	Dalfampridine ER Tablet (AG; Generic; Ampyra®)
*Request Form	Interferon β-1b Kit (Betaseron®)	Dimethyl Fumarate DR Capsule (AG; Generic)
*Criteria	Interferon β-1a Syringe Kit (Avonex®)	Dimethyl Fumarate DR Starter Pack (Generic)
*POS Edits	Interferon β-1a Vial Kit (Avonex®)	Diroximel Fumarate Capsule (Vumerity®)
	Ofatumumab (Kesimpta®)	Fingolimod Capsule (Gilenya®)
***Bafiertam® - use THIS CRITERIA		Glatiramer Acetate Syringe 20 mg (Generic)
		Glatiramer Acetate Syringe 40 mg (Generic; Copaxone®)
		Interferon β-1a Auto-Injector, Titration Pack (Rebif® Rebidose®)
		Interferon β-1a Syringe, Titration Pack (Rebif®)
		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 (Plegridy®)
		Peginterferon β -1a Subcutaneous (Plegridy®)
		Siponimod Dose Pack, Tablet (Mayzent®)
		Teriflunomide Tablet (Aubagio®)
ONCOLOGY (41)	Capecitabine (Generic)	Alpelisib (Piqray®)
Oral – Breast	Cyclophosphamide (Generic)	Anastrozole (Arimidex®)
*Request Form	Exemestane (Generic)	Capecitabine (Xeloda®)
*Criteria	Letrozole (Generic)	Exemestane (Aromasin®)
*POS Edits	Palbociclib Capsule (Ibrance®)	Fulvestrant (AG; Generic; Faslodex®)
	Palbociclib Tablet (Ibrance®)	Lapatinib Ditosylate (Tykerb®)
	Tamoxifen Citrate (Generic)	Letrozole (Femara®)
		Neratinib Maleate (Nerlynx®)
		Ribociclib Succinate (Kisqali®)
		Ribociclib Succinate/Letrozole (Kisqali/Femara Kit®)
		Talazoparib (Talzenna®)
		Tamoxifen Citrate (Soltamox®)
		Toremifene Citrate (Generic; Fareston®)
		Tucatinib (Tukysa™)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (41)	Busulfan (Myleran®)	Acalabrutinib (Calquence®)
Oral – Hematologic	Dasatinib (Sprycel®)	Decitabine/Cedazuridine (Inqovi®)
*Request Form	Ibrutinib Capsule (Imbruvica®)	Duvelisib (Copiktra®)
*Criteria	Ibrutinib Tablet (Imbruvica®)	Enasidenib Mesylate (Idhifa®)
*POS Edits	Imatinib Mesylate (Generic)	Fedratinib (Inrebic®)
	Lenalidomide (Revlimid®)	Gilterinib (Xospata®)
	Melphalan (Generic)	Glasdegib (Daurismo®)
	Mercaptopurine (Generic)	Hydroxyurea (Hydrea®)
	Procarbazine HCl (Matulane®)	Idelalisib (Zydelig®)
	Ruxolitinib Phosphate (Jakafi®)	Imatinib Mesylate (Gleevec®)
	Tretinoin (Generic)	Ivosidenib (Tibsovo®)
	Venetoclax (Venclexta®)	Ixazomib Citrate (Ninlaro®)
	Venetoclax Starting Pack (Venclexta®)	Melphalan (Alkeran®)
		Mercaptopurine (Purixan®)
		Midostaurin (Rydapt®)
		Nilotinib HCl (Tasigna®)
		Panobinostat Lactate (Farydak®)
		Pomalidomide (Pomalyst®)
		Ponatinib HCl (Iclusig®)
		Selinexor (Xpovio®)
		Thalidomide (Thalomid®)
		Thioguanine (Tabloid®)
		Vorinostat (Zolinza®)
		Zanubrutinib (Brukinsa™)
ONCOLOGY (41)	Alectinib HCl (Alecensa®)	Capmatinib (Tabrecta™)
Oral – Lung	Alectinib HCl (Alecensa®)	Erlotinib HCl (Generic; Tarceva®)
*Request Form	Crizotinib (Xalkori®)	Gefitinib (Iressa®)
*Criteria	Osimertinib Mesylate (Tagrisso®)	Lorlatinib (Lorbrena®)
*POS Edits		Selpercatinib (Retevmo™)
		Tepotinib HCl (Tepmetko®)
		Capmatinib (Tabrecta™)
		Ceritinib (Zykadia®)
		Dacomitinib (Vizimpro®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (41)	Niraparib Tosylate (Zejula®)	Avapritinib (Ayvakit™)
Oral – Other		Erdafitinib (Balversa™)
*Request Form		Larotrectinib Capsule (Vitrakvi®)
*Criteria		Larotrectinib Solution (Vitrakvi®)
*POS Edits		Olaparib (Lynparza®)
		Pemigatinib (Pemazyre®)
		Pexidartinib (Turalio®)
		Regorafenib (Stivarga®)
		Ripretinib (Qinlock™)
		Rucaparib Camsylate (Rubraca®)
		Selumetinib (Koselugo™)
		Tazemetostat (Tazverik™)
		Temozolomide (Temodar®)
		Trifluridine/Tipiracil HCl (Lonsurf®)
		Vandetanib (Caprelsa®)
ONCOLOGY (41)	Bicalutamide (Generic)	Abiraterone Acetate, Submicronized (Yonsa®)
Oral – Prostate	Enzalutamide (Xtandi®)	Apalutamide (Erleada®)
*Request Form	Flutamide (Generic)	Darolutamide (Nubeqa®)
*Criteria		Estramustine Phosphate Sodium (Emcyt®)
*POS Edits		Nilutamide (AG; Generic)
		Relugolix (Orgovyx®)
ONCOLOGY (41)	Axitinib (Inlyta®)	Cabozantinib S-Malate (Cabometyx®)
Oral - Renal Cell	Everolimus Tablet (Afinitor®)	Everolimus Soluble Tablet (Afinitor Disperz®)
*Request Form	Lenvatinib Mesylate (Lenvima®)	Everolimus Tablet (Generic for Afinitor®)
*Criteria	Pazopanib HCl (Votrient®)	
*POS Edits	Sorafenib Tosylate (Nexavar®)	
	Sunitinib Malate (Sutent®)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (41)	Cobimetinib Fumarate (Cotellic®)	Binimetinib (Mektovi®)
Oral - Skin	Sonidegib Phosphate (Odomzo®)	Vismodegib (Erivedge®)
Request Form	Trametinib Dimethyl Sulfoxide (Mekinist®)	
*Criteria	Vemurafenib (Zelboraf®)	
*POS Edits		
OPHTHALMIC DISORDERS (42)	Cromolyn Sodium Solution (Generic)	Alcaftadine Solution (Lastacaft®)
Allergic Conjunctivitis	Loteprednol Suspension (Alrex®)	Azelastine HCl Solution (Generic)
*Request Form	Olopatadine HCl Solution (AG and Generic for Patanol®)	Bepotastine Solution (Bepreve®)
*Criteria	Olopatadine HCl Solution (Pazeo®)	Cetirizine (Zerviate™)
*POS Edits		Epinastine Solution (Generic)
		Lodoxamide Tromethamine Solution (Alomide®)
		Nedocromil Sodium Solution (Alocril®)
		Olopatadine HCl Solution (AG; Generic; Pataday®)
		Olopatadine HCl Solution (Patanol®)
OPHTHALMIC DISORDERS (42)	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)
Antibiotics	Ciprofloxacin Solution Ophthalmic (Generic)	Bacitracin Ointment (Generic)
*Request Form	Erythromycin Base Ointment (Generic)	Besifloxacin Suspension (Besivance®)
*Criteria	Gentamicin Sulfate Ointment (Generic)	Ciprofloxacin Ointment (Ciloxan®)
*POS Edits	Gentamicin Sulfate Solution (Generic)	Gatifloxacin Solution (Generic; Zymaxid®)
	Moxifloxacin (AG and Generic for Vigamox®)	Levofloxacin Solution (Generic)
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)	Moxifloxacin Solution (Generic; Moxeza®)
	Ofloxacin Solution Ophthalmic (Generic)	Moxifloxacin Solution (Vigamox®)
	Polymyxin B Sulfate/Trimethoprim (Generic)	Natamycin Suspension (Natacyn®)
	Sulfacetamide Sodium Solution (Generic)	Neomycin/Polymyxin B/Bacitracin Ointment (Generic)
	Tobramycin Solution (Generic)	Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)
		Sulfacetamide Sodium Ointment (Generic)
		Sulfacetamide Sodium Solution (Bleph-10®)
		Tobramycin Ointment (Tobrex®)
		Tobramycin Solution (Tobrex®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (42)	Neomycin/Polymyxin B/Dexamethasone Ointment	Gentamicin/Prednisolone Ointment, Suspension (Pred-G®)
Antibiotics	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension (Maxitrol®)
*Request Form	Tobramycin/Dexamethasone Ointment (TobraDex®)	Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
*Criteria	Tobramycin/Dexamethasone Suspension (TobraDex®)	Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P.®)
*POS Edits		Sulfacetamide/Prednisolone Solution (Blephamide®)
		Tobramycin/Dexamethasone Suspension (AG; Generic)
Antibiotics		Tobramycin/Dexamethasone ST (TobraDex ST®)
		Tobramycin/Loteprednol Suspension (Zylet®)
OPHTHALMIC DISORDERS (42)	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (BromSite®)
Anti-Inflammatories	Difluprednate Emulsion (Durezol®)	Bromfenac Sodium 0.09% Solution (Generic)
*Request Form	Fluorometholone 0.1% Suspension (Generic)	Dexamethasone (Dextenza®)
*Criteria	Flurbiprofen Sodium Solution (Generic)	Dexamethasone/PF (Dexycu™)
*POS Edits	Ketorolac Tromethamine LS Solution 0.4%	Dexamethasone Suspension (Maxidex®)
	Ketorolac Tromethamine Solution 0.5%	Dexamethasone Intravitreal Implant (Ozurdex®)
	Nepafenac 0.3% Suspension (Ilevro®)	Fluocinolone Acetonide Intraocular Implant (Iluvien®)
	Prednisolone Acetate 1% Suspension (Generic)	Fluocinolone Acetonide Intraocular Implant (Retisert®)
		Fluocinolone Acetonide Intravitreal Implant (Yutiq®)
		Fluorometholone 0.1% Ointment, Suspension (FML S.O.P.®; FML®)
		Fluorometholone 0.1% Suspension (FML®)
		Fluorometholone 0.25% Suspension (FML Forte®)
		Ketorolac Tromethamine 0.5% Solution (Acular®)
		Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)
		Loteprednol Etabonate 1% Ophthalmic Suspension (Inveltys®)
		Loteprednol Gel, Ointment (Lotemax®)
		Loteprednol Ointment (Lotemax®)
		Loteprednol Suspension (AG; Generic; Lotemax®)
		Prednisolone Acetate 0.12% Solution (Pred Mild®)
		Prednisolone Acetate 1% Suspension (Pred Forte®)
		Prednisolone Sodium Phosphate (Generic)
		Triamcinolone Acetonide Suspension (Triesence®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OPHTHALMIC DISORDERS (42)	Cyclosporine (Restasis®; Restasis Multidose™)	Cyclosporine 0.09% Ophthalmic Solution (Cequa®)
Anti-Inflammatory/Immunomodulators	Lifitegrast (Xiidra®)	Loteprednol Etabonate (Eysuvis®)
*Request Form *Criteria *POS Edits		
OPHTHALMIC DISORDERS (42)	Brimonidine 0.2% Solution (Generic)	Betaxolol 0.25% Suspension (Betoptic S®)
Glaucoma Agents	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Betaxolol 0.5% Solution (Generic)
Intraocular Pressure (IOP) Reducers	Brimonidine/Timolol Solution (Combigan®)	Bimatoprost Solution 2.5 mL, 5mL, 7.5mL (Generic; Lumigan®)
*Request Form	Carteolol Solution (Generic)	Brimonidine 0.1% Solution (Alphagan P® 0.1%)
*Criteria	Dorzolamide Solution (Generic)	Brimonidine P 0.15% Solution (Generic)
*POS Edits	Dorzolamide/Timolol Solution (Generic)	Brinzolamide Suspension (Azopt®)
	Latanoprost 2.5mL Solution (Generic)	Dorzolamide Solution (Trusopt®)
	Levobunolol Solution (Generic)	Dorzolamide/Timolol Solution (Cosopt®)
	Netarsudil Mesylate (Rhopressa®)	Dorzolamide/Timolol/PF Solution (AG; Generic; Cosopt PF®)
	Netarsudil Mesylate/Latanoprost (Rocklatan®)	Echothiophate Iodide (Phospholine Iodide®)
	Timolol Maleate Solution	Latanoprost Emulsion (Xelpros®)
	Travoprost 2.5 mL (Travatan Z®)	Latanoprost Solution 2.5 mL (Xalatan®)
	Travoprost 5 mL (Travatan Z®)	Latanoprostene Bunod Solution (Vyzulta®)
		Pilocarpine HCl Solution (Generic)
		Tafluprost Solution (Zioptan®)
		Timolol Maleate Gel-Forming Solution (Timoptic-XE®)
		Timolol Maleate LA Solution (AG; Generic; Istalol®)
		Timolol Maleate Solution (Timoptic® Ocudose®)
		Travoprost 2.5mL (AG; Generic)
OPIATE DEPENDENCE AGENTS (43)	Buprenorphine Sublingual Tablet (Generic)	Buprenorphine Syringe (Sublocade®)
*Request Form	Buprenorphine/Naloxone Sublingual Film (Suboxone®)	Buprenorphine/Naloxone Film Buccal Film (Bunavail®)
*Criteria	Buprenorphine/Naloxone Sublingual Tablet (Generic)	Buprenorphine/Naloxone Sublingual Film (Generic)
*POS Edits	Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)	Lofexidine Tablet (Lucemyra®)
	Naloxone Nasal Spray (Narcan®)	Naltrexone Extended-Release Suspension Vial (Vivitrol®)
	Naloxone Syringe, Vial (Generic)	
	Naltrexone Tablet (Generic)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
OSTEOPOROSIS (44)	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	Teriparatide Pen (Brand)	Alendronate/Vitamin D Tablet (Fosamax Plus D®)
*POS Edits		Denosumab Syringe (Prolia®)
		Ibandronate Sodium Tablet (Boniva®)
		Raloxifene Tablet (Generic; Evista®)
		Risedronate Tablet (AG; Generic for Actonel®)
		Risedronate DR Tablet (AG; Generic; Atelvia®)
		Romosozumab-aqqg Syringe (Evenity®)
		Teriparatide Pen (Forteo®)
OTIC AGENTS (45)	Neomycin/Polymyxin B/Hydrocortisone Solution/Suspension	Ciprofloxacin Otic (Otiprio®)
Antibiotics	Ofloxacin Otic (Generic)	Ciprofloxacin/Dexamethasone (AG; Generic)
*Request Form		Ciprofloxacin/Fluocinolone Acetonide (AG; Otovel®)
*Criteria		Ciprofloxacin/Hydrocortisone (Cipro HC Otic®)
*POS Edits		Colistin/Neomycin/Thonzonium/HC (Cortisporin® TC)
OTIC AGENTS (45)	Acetic Acid (Generic)	**NONE**
Anti-Infectives and Anesthetics	Acetic Acid/Hydrocortisone (Generic)	
*Request Form		
*Criteria		
*POS Edits		
PAIN MANAGEMENT (46)	Fremanezumab-vfrm Autoinjector (Ajovy®)	Eptinezumab-jjmr Vial (Vyepti™)
Antimigraine Agents	Fremanezumab-vfrm Autoinjector 3-Pack (Ajovy®)	Erenumab-aooe (Aimovig®)
CGRP Antagonists	Fremanezumab-vfrm (Ajovy®)	Galcanezumab-gnlm 100 mg Syringe (Emgality®)
*Request Form	Galcanezumab-gnlm Pen (Emgality®)	Ubrogepant Tablet (Ubrelvy™)
*Criteria	Galcanezumab-gnlm 120 mg Syringe (Emgality®)	
*POS Edits	Rimegepant (Nurtec™ ODT)	

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (46)	**NONE**	Diclofenac Potassium Oral Powder Packet (Cambia®)
Antimigraine Agents		Dihydroergotamine Mesylate Injection (Generic)
Ergotamines		Dihydroergotamine Mesylate Nasal (Generic; Migranal®)
*Request Form		Ergotamine Tartrate Sublingual Tablet (Ergomar®)
*Criteria		Ergotamine Tartrate/Caffeine Tablet (Cafergot®)
*POS Edits		
PAIN MANAGEMENT (46)	Rizatriptan ODT (Generic)	Almotriptan Tablet (Generic)
Antimigraine Agents	Rizatriptan Tablet (Generic)	Eletriptan Tablet (AG; Generic; Relpax®)
Triptans	Sumatriptan Disp Syringe (Generic)	Frovatriptan Tablet (Generic; Frova®)
*Request Form	Sumatriptan Nasal (Imitrex®)	Lasmiditan Tablet (Reyvow®)
*Criteria	Sumatriptan Tablet (Generic)	Naratriptan (Generic)
*POS Edits	Sumatriptan Vial (Generic)	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 (AG; Generic)
		Sumatriptan Nasal (Tosymra™)
		Sumatriptan Tablet (Imitrex®)
		Sumatriptan/Naproxen (Generic; Treximet®)
		Zolmitriptan Tablet (AG; Generic)
		Zolmitriptan ODT (Generic; Zomig ZMT®)
		Zolmitriptan Nasal (AG; Zomig®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (46)	Adalimumab Pen Kit (Humira®)	Abatacept Injection Clickject, Syringe, Vial (Orencia®)
Cytokine and CAM Antagonists	Adalimumab Syringe Kit (Humira®)	Anakinra Syringe (Kineret®)
*Request Form	Apremilast Tablet (Otezla®)	Baricitinib Tablet (Olumiant®)
*Criteria	Etanercept Kit (Enbrel®)	Brodalumab Syringe (Siliq®)
*POS Edits	Etanercept Mini Cartridge (Enbrel®)	Canakinumab/PF Vial (Ilaris®)
	Etanercept Pen (Enbrel®)	Certolizumab Pegol Kit (Cimzia®)
	Etanercept Syringe (Enbrel®)	Certolizumab Syringe Kit (Cimzia®)
	Etanercept Injection Vial (Enbrel®)	Golimumab Pen, Syringe (Simponi®)
		Golimumab Vial (Simponi Aria®)
		Guselkumab Autoinjector, Syringe (Tremfya®)
		Inebilizumab-cdon Injection (Uplizna™)
		Infliximab Vial (Remicade®)
		Infliximab-abda Vial (Renflexis®)
		Infliximab-axxq Injection (Avsola™)
		Infliximab-dyyb Vial (Inflectra®)
		Ixekizumab Autoinjector, Syringe (Taltz®)
		Rilonacept (Arcalyst®)
		Risankizumab-rzaa Injection (Skyrizi®)
		Sarilumab Pen, Syringe (Kevzara®)
		Satralizumab-mwge Injection (Enspryng™)
		Secukinumab Pen, Syringe (Cosentyx®)
		Tildrakizumab-asmn Syringe (Ilumya®)
		Tocilizumab Pen, Syringe, Vial (Actemra®)
		Tofacitinib Tablet (Xeljanz®)
		Tofacitinib ER Tablet (Xeljanz® XR)
		Tofacitinib Citrate Solution (Xeljanz®)
		Upadacitinib Extended Release Tablet (Rinvoq™)
		Ustekinumab Syringe, Vial (Stelara®)
		Vedolizumab (Entyvio®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (46)	Acetaminophen with Codeine Elixir, Tablet (Generic)	Benzhydrocodone/Acetaminophen (AG; Apadaz®)
Narcotic Analgesics - Short-Acting	Hydrocodone/Acetaminophen Tablet (Generic)	Butalbital/Caffeine/APAP/Codeine (Generic; Fioricet® with Codeine)
*Request Form	Hydrocodone/Acetaminophen Solution (Generic)	Butalbital Compound with Codeine (Generic)
*Criteria	Hydromorphone Tablet (Generic)	Butorphanol Tartrate Nasal (Generic)
*POS Edits	Morphine IR Tablet (Generic)	Carisoprodol Compound with Codeine (Generic)
	Morphine Sulfate Oral Disp Syringe (Generic)	Codeine Tablet (Generic)
	Oxycodone Tablet (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)
	Oxycodone/Acetaminophen Tablet (Generic)	Fentanyl Buccal (Generic; Fentora®)
	Tramadol 50 mg (Generic)	Hydrocodone/Acetaminophen Elixir (Lortab®)
	Tramadol/Acetaminophen (Generic)	Hydrocodone/Acetaminophen Tablet (Norco®)
		Hydrocodone/Ibuprofen (Generic)
		Hydromorphone Tablet (Dilaudid®)
		Hydromorphone Liquid, Suppository (Generic)
		Levorphanol Tablet (Generic)
		Meperidine Solution, Tablet (Generic)
		Morphine Solution (AG, Generic)
		Morphine Oral Concentrate (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®)
		Oxycodone/Acetaminophen Tablet (Generic for Prolate™)
		Oxycodone/Aspirin (Generic)
		Oxymorphone IR Tablet (Generic)
		Pentazocine/Naloxone (Generic)
		Sufentanil Sublingual Tablet (Dsuvia®)
		Tapentadol Tablet (Nucynta®)
		Tramadol (Ultram®)
		Tramadol 100 mg (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (46)	Fentanyl Transdermal 12 mcg (Generic)	Buprenorphine Buccal Film (Belbuca®)
Narcotic Analgesics - Long-Acting	Fentanyl Transdermal 25 mcg (Generic)	Buprenorphine Transdermal (AG; Generic; Butrans®)
*Request Form	Fentanyl Transdermal 50 mcg (Generic)	Fentanyl Transdermal (Duragesic®)
*Criteria	Fentanyl Transdermal 75 mcg (Generic)	Fentanyl Transdermal 37.5 mcg, 62.5mcg, 87.5mcg (Generic)
*POS Edits	Fentanyl Transdermal 100 mcg (Generic)	Hydrocodone Bitartrate ER Capsule (AG; Generic; Zohydro ER®)
	Morphine Sulfate ER Tablet (Generic)	Hydrocodone Bitartrate ER Tablet (Hysingla ER®)
		Hydromorphone ER Tablet (Generic)
		Morphine Sulfate ER Capsule (Generic Avinza®)
		Morphine Sulfate ER Capsule (Generic; 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 for Conzip®)
		Tramadol ER Tablet (Generic Ryzolt®)
		Tramadol ER Tablet (Generic Ultram ER®)
PAIN MANAGEMENT (46)	Gabapentin Capsule (Generic)	Duloxetine Capsule (Cymbalta®)
Neuropathic Pain	Gabapentin Solution (AG; Generic)	Duloxetine Capsule (Generic for Irenka®)
*Request Form	Gabapentin Tablet (Generic)	Duloxetine DR Capsule (Drizalma Sprinkle™)
*Criteria	Lidocaine Patch (AG; Generic)	Gabapentin Capsule, Solution, Tablet (Neurontin®)
*POS Edits	Lidocaine Topical System (Ztlido®)	Gabapentin Enacarbil Tablet (Horizant®)
	Milnacipran (Savella®)	Gabapentin ER Tablet (Gralise®)
	Milnacipran (Savella Dose Pak®)	Lidocaine Patch (Lidoderm®)
		Pregabalin Capsule (AG; Generic; Lyrica®)
		Pregabalin Solution (AG; Generic; Lyrica®)
		Pregabalin ER Tablet (Lyrica CR®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (46)	Diclofenac Sodium Tablet (Generic)	Celecoxib (AG; Generic; Celebrex®)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	Ibuprofen Suspension Rx (Generic)	Diclofenac Epolamine Topical (Licart™)
	Ibuprofen Tablet Rx (Generic)	Diclofenac Potassium Capsule (Zipsor®)
*Request Form	Indomethacin Capsule (Generic)	Diclofenac Potassium Tablet (Generic)
*Criteria	Ketorolac Tablet (Generic)	Diclofenac Sodium Topical Solution (Generic; Pennsaid® Pump)
*POS Edits	Meloxicam Tablet (Generic)	Diclofenac SR (Generic)
	Nabumetone Tablet (Generic)	Diclofenac Submicronized Capsule (Zorvolex®)
	Naproxen Suspension (Generic)	Diclofenac Sodium/Camphor/Menthol Kit (Diclotrex™ Kit)
	Naproxen Tablet (Generic)	Diclofenac Sodium/Capsaicin (Diclofex DC)
	Sulindac Tablet (Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
		Diclofenac Sodium Topical (VennGel One® Kit)
		Diflunisal Tablet (Generic)
		Etodolac Capsule, SR Tablet, Tablet (Generic)
		Etodolac Tablet (Generic)
		Etodolac SR Tablet (Generic)
		Flurbiprofen Tablet (Generic)
		Ibuprofen/Famotidine Tablet (Duexis®)
		Ibuprofen Tablet/Glycerin Spray (Ibupak® Kit)
		Indomethacin ER Capsule (Generic)
		Indomethacin Suppository, Suspension (Indocin®)
		Indomethacin Suspension (Indocin®)
		Ketoprofen Capsule, ER Capsule (Generic)
		Ketorolac Nasal Spray (AG; Sprix®)
		Mefenamic Acid (Generic)
		Meloxicam, Submicronized (Vivlodex®)
		Meloxicam ODT (Qmiiz® ODT)
		Meloxicam Tablet (Mobic®)
		Nabumetone Tablet (Relafen DS™)
		Naproxen CR, EC (AG; Generic)
		Naproxen EC (AG; Generic)
		Naproxen Sodium (Generic; Naprelan®)
		Oxaprozin Tablet (Generic; Daypro®)
		Piroxicam Capsule (Generic)
		Tolmetin Capsule, Tablet (Generic)
		Tolmetin Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (46)	Baclofen Tablet (Generic)	Carisoprodol Tablet 350 mg (Generic; Soma®)
Skeletal Muscle Relaxant	Chlorzoxazone Tablet (Generic)	Carisoprodol Tablet 250 mg (Generic; Soma®)
*Request Form	Cyclobenzaprine Tablet (Generic)	Carisoprodol Compound Tablet (Generic)
*Criteria	Methocarbamol Tablet (Generic)	Chlorzoxazone Tablet (Lorzone®)
*POS Edits	Tizanidine Tablet (Generic)	Cyclobenzaprine ER Capsule (AG; Generic; Amrix®)
		Dantrolene Sodium (AG; Generic; Dantrium®)
		Metaxalone Tablet (Generic; Skelaxin®)
		Orphenadrine ER Tablet (Generic)
		Tizanidine Capsule (Generic; Zanaflex®)
		Tizanidine Tablet (Zanaflex®)
PARKINSON'S (47)	Amantadine Capsule (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
Antiparkinson Agents	Amantadine Syrup (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
Anticholinergic and Other	Benztropine Tablet (Generic)	Amantadine Tablet (Generic)
*Request Form	Carbidopa/Levodopa ER Tablet (Generic)	Apomorphine Injection (Apokyn®)
*Criteria	Carbidopa/Levodopa Tablet (Generic)	Apomorphine Sublingual (Kynmobi™)
*POS Edits	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Bromocriptine (Generic)
	Pramipexole Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
	Ropinirole Tablet (Generic)	Carbidopa/Levodopa Enteral Suspension (Duopa®)
	Selegiline Capsule (Generic)	Carbidopa/Levodopa ER Capsule (Rytary®)
	Selegiline Tablet (Generic)	Carbidopa/Levodopa ODT (Generic)
	Trihexyphenidyl Elixir (Generic)	Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)
	Trihexyphenidyl Tablet (Generic)	Entacapone Tablet (Generic; Comtan®)
		Istradefylline Tablet (Nourianz™)
		Levodopa (Inbrija®)
		Pramipexole ER (Generic; Mirapex ER®)
		Rasagiline (Generic; Azilect®)
		Ropinirole ER (Generic; Requip XL®)
		Rotigotine Patch (Neupro®)
		Safinamide Tablet (Xadago®)
		Selegiline (Zelapar®)
		Tolcapone Tablet (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PEDIATRIC MULTIVITAMINS (48)	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 (49)	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®)	Triptorelin Pamoate Vial (Trelstar®)
	Leuprolide Acetate (Lupron Depot Kit®)	Triptorelin Pamoate Vial (Trelstar LA®)
	Leuprolide Acetate [1 month] (Lupron Depot-Ped Kit®)	Triptorelin Pamoate Kit (Triptodur®)
	Leuprolide Acetate Susp/Norethindrone Tablet (Lupaneta Pack®)	
	Nafarelin Acetate Nasal Solution (Synarel®)	
POTASSIUM BINDERS (50)	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 (51)	Hydroxyprogesterone Caproate Auto Injector (Makena®)	Hydroxyprogesterone Caproate (Generic by ANI; Generic by Mylan) – ***NOT indicated for pre-term labor***
*Request Form	Hydroxyprogesterone Caproate SDV (AG; Generic; Makena®)	Hydroxyprogesterone Caproate MDV (Generic)
*Criteria	Medroxyprogesterone Acetate Tablet (AG; Generic)	Medroxyprogesterone Acetate (Depo-Provera® 400 mg/mL)
*POS Edits	Norethindrone Acetate Tablet (Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
	Progesterone Capsule (Generic)	Norethindrone Acetate Tablet (Aygestin®)
		Progesterone Injection (Generic)
		Progesterone, Micronized, Oral (Prometrium®)
		Progesterone, Micronized, Vaginal (Crinone®)
PROSTATE (52)	Alfuzosin (Generic)	Doxazosin (Cardura®)
Benign Prostatic Hyperplasia Treatment (BPH)	Doxazosin (Generic)	Doxazosin ER (Cardura XL®)
*Request Form	Dutasteride (Generic)	Dutasteride (Avodart®)
*Criteria	Finasteride (Generic)	Dutasteride/Tamsulosin (Generic)
*POS Edits	Tamsulosin (Generic)	Finasteride (Proscar®)
	Terazosin (Generic)	Silodosin (Generic; Rapaflo®)
		Tadalafil (AG; Generic; Cialis®)
		Tamsulosin (Flomax®)
SEDATIVE/HYPNOTICS (53)	Temazepam Capsule (AG; Generic)	Doxepin Tablet (AG; Generic; Silenor®)
*Request Form	Triazolam Tablet (Generic)	Estazolam Tablet (Generic)
*Criteria	Zolpidem Tablet (Generic)	Eszopiclone Tablet (Generic; Lunesta®)
*POS Edits		Flurazepam Capsule (Generic)
		Lemborexant (Dayvigo®)
		Ramelteon Tablet (Generic; Rozerem®)
		Suvorexant Tablet (Belsomra®)
		Tasimelteon Capsule, Suspension (Hetlioz®; Hetlioz LQ™)
		Temazepam Capsule (Restoril®)
		Temazepam 7.5 mg, 22.5 mg (Generic)
		Temazepam 22.5 mg (Generic)
		Triazolam Tablet (Halcion®)
		Zolpidem Tartrate ER Tablet (Generic; Ambien CR®)
		Zolpidem Tartrate Sublingual (Generic; Edluar®)
		Zolpidem Tartrate Tablet (Ambien®)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
SICKLE CELL ANEMIA TREATMENTS (54)	Hydroxyurea (Generic)	Crizanlizumab-tmca Infusion (Adakveo®)
*Request Form		Hydroxyurea (Siklos®)
*Criteria		L-glutamine (Endari™)
*POS Edits		Voxelotor (Oxbryta®)
SINUS NODE INHIBITORS (55)	**NONE**	Ivabradine Solution (Corlanor®)
*Request Form		Ivabradine Tablet (Corlanor®)
*Criteria		
*POS Edits		
SMOKING CESSATION PRODUCTS (56)	Nicotine Buccal Gum OTC, Buccal Lozenges OTC (Generic)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)
*Request Form	Nicotine Patch OTC (Generic)	
*Criteria	Varenicline (Chantix®; Chantix Dose Pack®)	
*POS Edits	Varenicline (Chantix®)	
	Varenicline (Chantix Dose Pack®)	
THROMBOPOIESIS STIMULATING PROTEINS (57)	Eltrombopag Tablet (Promacta®)	Avatrombopag (Doptelet®)
		Eltrombopag Suspension (Promacta®)
*Request Form		Fostamatinib Disodium Hexahydrate (Tavalisse®)
*Criteria		Lusutrombopag (Mulpleta®)
*POS Edits		Romiplostim (Nplate®)
UROLOGY INCONTINENCE (58)	Fesoterodine Fumarate ER (Toviaz®)	Darifenacin ER (AG; Generic)
Bladder Relaxant Preparations	Oxybutynin Syrup (Generic)	Flavoxate (Generic)
*Request Form	Oxybutynin Tablet (Generic)	Mirabegron ER Tablet (Myrbetriq®)
*Criteria	Oxybutynin ER (Generic)	Oxybutynin ER (Ditropan XL®)
*POS Edits	Solifenacin (Generic)	Oxybutynin Transdermal (Gelnique®)
		Oxybutynin Transdermal Rx (Oxytrol®)
		Solifenacin (VESIcare®; VESIcare® LS)
		Tolterodine (Generic; Detrol®)
		Tolterodine ER (AG; Generic; Detrol LA®)
		Trospium (Generic)
		Trospium ER (Generic)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
UTERINE DISORDER TREATMENTS (59)	Elagolix Tablet (Orilissa®)	**NONE**
*Request Form *Criteria *POS Edits	Elagolix/Estradiol/Norethindrone Capsule (Oriahnn®)	

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

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

Acetaminophen	MD	Imipramine	BH, TD	Rilutek® (Riluzole)	DX
Acthar® (Corticotropin)	CL	Intron-A® (Interferon Alfa-2B Recombinant)	DX	Samsca® (Tolvaptan)	CL, QL
Actimmune® (Interferon Gamma-1b)	DX	Isotretinoin	RX	Santyl® (Collagenase)	QL
Aldurazyme™ (Laronidase)	CL	Jadenu® (Deferasirox)	DX	Soliris® (Eculizumab)	DX
Alferon N® (Interferon Alfa-N3)	DX	Jynarque® (Tolvaptan)	CL	Spinraza® (Nusinersen) REQUEST FORM	CL, DX
Amitriptyline	BH, TD	Keveyis® (Dichlorphenamide)	CL, QL	Strensiq® (Asfotase alfa)	DX
Amitriptyline/Chlordiazepoxide	BH	Kuvan® (Sapropterin Dihydrochloride)	CL	Sylatron® (Peginterferon alfa-2b)	DX
Amondys 45® (Casimersen)	CL	Lithium	BH	Synagis® (Palivizumab) REQUEST FORM	AL, CL, DT, QL
Amoxapine	BH, TD	Lidocaine Patch Kit (Brand Example - Prilo Patch II®)	CL	Tegsedi™ (Inotersen)	DX
Aspirin	MD	Lorazepam Injectable	BY	Tiglutik™ (Riluzole)	DX
Benlysta® (Belimumab)	CL	Lumizyme® (Alglucosidase alfa)	DX	Tikosyn® (Dofetilide)	CL
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	DX	Maprotiline	BH	Trimipramine ~~Trikafta™ (Elexacaftor/Ivacaftor/Tezacaftor)~~	BH, TD~~CL~~
Brineura™ (Cerliponase alfa)	DX	Mepsevii™ (Vestronidase alfa-vjbk)	CL	Ultomiris® (Ravulizumab-cwvz)	DX
Buphenyl® (Sodium Phenylbutyrate)	CL	Methadone	CL, DX, QL	Veletri® (Epoprostenol)	DX
Cablivi® (Caplacizumab-yhdp)	CL	Mosquito Repellant to Decrease Zika Virus Exposure Risk FFS Notice MCO Notice	AL, DX, QL	Viltepso® (Viltolarsen)	CL

Carafate® (Sucralfate)	DT	Mytesi® (Crofelemer)	CL	Vimizim™ (Elosulfase alfa)	CL
Carbaglu® (Carglumic Acid)	CL	Nabi-HB (Hepatitis B Immune Globulin)	CL	Vyndamax™, Vyndaqel® (Tafamidis)	CL, QL
Chlordiazepoxide/Clidinium	BH	Naglazyme™ (Galsulfase)	CL	Vyondys 53® (Golodirsen)	CL
Chlorpromazine Injectable	BH	Nexplanon® (Etonogestrel)	QL	Xenical® (Orlistat)	DX, QL
Clomipramine	BH, TD	Nityr® (Nitisinone)	CL	Xyrem® (Sodium Oxybate)	CL, TD
Cuprimine® (Penicillamine)	CL, QL	Nocdurna® (Desmopressin)	QL	Xywav™ (Oxybate Salts)	CL, TD
Daraprim® (Pyrimethamine)	CL	Nortriptyline	BH, TD	Zolgensma® (Onasemnogene Abeparvovec-xioi)	CL
Depen® (Penicillamine)	CL, QL	Nuedexta® (Dextromethorphan/Quinidine)	CL, QL	Zonalon® (Doxepin Topical)	AL, DX, TD, QL
Desipramine	BH, TD	Onpattro® (Patisiran)	DX		
Doral® (Quazepam)	MD	Orfadin® (Nitisinone)	CL		
Doxepin (10 mg-150 mg)	BH, TD	Palynziq® (Pegvaliase-pqpz)	CL		
Elaprase™ (Idursulfase)	CL	Pamidronate Disodium	CL		
Evrysdi™ (Risdiplam)	CL	Proleukin® (Aldesleukin)	DX		
Exjade® (Deferasirox)	DX	Protriptyline	BH, TD		
EXONDYS 51® (Eteplirsen)	CL, DX	Prudoxin® (Doxepin Topical)	AL, DX, TD, QL		
Fabrazyme® (Agalsidase beta)	DX, TD	Pulmozyme® (Dornase Alfa)	DX		
Fetroja® (Cefiderocol)	CL	Qualaquin® (Quinine) 324 mg	DS, DX, QL		
Flolan® (Epoprostenol Sodium)	DX	Radicava® (Edaravone)	DX		
Galafold® (Migalastat)	DX, TD	Ranexa® (Ranolazine)	CL		
Gattex® (Teduglutide)	CL	Ravicti® (Glycerol Phenylbutyrate)	CL		
Givlaari® (Givosiran)	CL	Reclast® (Zoledronic acid)	CL, QL		
HyperTET SD (Tetanus Immune Globulin)	CL	Remodulin® (Treprostinil Sodium) INJECTION	DX		