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

http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. 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.
    - **Example:** spironolactone, hydrochlorothiazide, amoxicillin suspension
- 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 and the pharmacist enters "**1**" in the DAW field 408-D8. For more information, please refer to the following policy:
    - **https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf**
- To locate any medication on this list, you may use the keyboard shortcut **CTRL + F** to search.
- 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**
- The PDL is arranged by therapeutic class with an item number and may contain a subset of medications under each therapeutic class.
- 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**
- There is a list of abbreviations at the top of each page to define the letters listed by certain medications.
    - **Example: DD – Drug Interactions**
- There are additional agents that have Point-of-Sale (POS) requirements listed at the end of the PDL document. Words underlined and highlighted in blue are hyperlinks to the criteria/request form.
    - **Example: Xolair® (Omalizumab) CL, DX**
- For medications that require a diagnosis code at the pharmacy, please refer to the following link and click ICD-10-CM Diagnosis Code Policy Chart: **http://ldh.la.gov/index.cfm/page/1328**

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: May 1, 2019

AL – Age Limits	**DS** – Maximum Days' Supply Allowed	**QL** – Quantity Limits
BH – Behavioral Health Clinical Pre-Authorization Required for Children Younger Than 6 Years Old	**DT** – Duration of Therapy Limit	**RX** – Specific Prescription Requirements
BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirements	**TD** – Therapeutic Duplication
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CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
ADD/ADHD	Amphetamine Salt Combo ER Capsule (Generic Adderall XR; Authorized Generic Adderall XR®)	**BH, DX, TD**	Amphetamine ER Suspension (Adzenys ER®)	**BH, DX, TD**
Stimulants and Related Agents	Amphetamine Salt Combo Tablet (Generic Adderall®)	**BH, DX, TD**	Amphetamine ODT (Adzenys XR ODT®)	**BH, DX, TD**
*Request Form *Stimulants and Related Agents Criteria with Diagnosis Code Chart	Atomoxetine Capsule (Generic; Authorized Generic)	**BH, DX, TD**	Amphetamine Salt Combo ER (Adderall XR®)	**BH, DX, TD**
	Dexmethylphenidate ER Capsule (Focalin XR®)	**BH, DX, TD**	Amphetamine Suspension (Dyanavel XR®)	**BH, DX, TD**
	Dexmethylphenidate Tablet (Generic Focalin®; Authorized Generic Focalin®)	**BH, DX, TD**	Amphetamine Tablet (Evekeo®)	**BH, DX, TD**
	Dextroamphetamine Solution (ProCentra®)	**BH, DX, TD**	Amphetamine/Dextroamphetamine XR Capsule (Mydayis®)	**BH, DX, TD**
	Dextroamphetamine Tablet (Generic)	**BH, DX, TD**	Armodafinil Tablet (Generic; Authorized Generic; Nuvigil®)	**AL, CU, DX, TD**
	Guanfacine ER Tablet (Generic)	**BH, DX, TD**	Atomoxetine Capsule (Strattera®)	**BH, DX, TD**
	Lisdexamfetamine Capsule, Chewable Tablet (Vyvanse®)	**BH, DX, TD**	Clonidine ER Tablet (Generic; Kapvay®)	**BH, DX, TD**
	Methylphenidate ER Capsule (Aptensio XR®)	**BH, DX, TD**	Dexmethylphenidate ER Capsule (Generic Focalin XR®; Authorized Generic Focalin XR®)	**BH, DX, TD**
	Methylphenidate ER Capsule (Generic Metadate CD®; Authorized Generic Metadate CD®)	**BH, DX, TD**	Dexmethylphenidate Tablet (Focalin®)	**BH, DX, TD**
	Methylphenidate ER Capsule (Generic Ritalin LA®)	**BH, DX, TD**	Dextroamphetamine IR Tablet (Zenzedi®)	**BH, DX, TD**
	Methylphenidate ER Chewable (QuilliChew ER®)	**BH, DX, TD**	Dextroamphetamine Solution (Generic ProCentra®)	**BH, DX, TD**
	Methylphenidate ER Suspension (Quillivant XR®)	**BH, DX, TD**	Dextroamphetamine Sulfate Capsule ER (Generic; Dexedrine® Spansule®)	**BH, DX, TD**
	Methylphenidate ER Tablet (Generic Concerta®; Authorized Generic Concerta®)	**BH, DX, TD**	Guanfacine ER Tablet (Intuniv®)	**BH, DX, TD**
	Methylphenidate IR Tablet (Generic)	**BH, DX, TD**	Methamphetamine Tablet (Generic; Desoxyn®)	**BH, DX, TD**
	Modafinil Tablet (Generic)	**AL, CU, DX, TD**	Methylphenidate ER Capsule (Ritalin LA®)	**BH, DX, TD**
			Methylphenidate ER Tablet (Concerta®)	**BH, DX, TD**
			Methylphenidate ER Tablet (Generic Metadate ER)	**BH, DX, TD**
			Methylphenidate ER Tablet 72mg (Generic)	**BH, DX, TD**
			Methylphenidate IR Chew Tablet (Generic)	**BH, DX, TD**
			Methylphenidate IR Tablet (Ritalin®)	**BH, DX, TD**
			Methylphenidate Patch (Daytrana®)	**BH, DX, TD**
			Methylphenidate Solution (Generic; Authorized Generic; Methylin®)	**BH, DX, TD**
			Methylphenidate XR ODT (Cotempla XR ODT®)	**BH, DX, TD**
			Modafinil Tablet (Provigil®)	**AL, CU, DX, TD**

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ALLERGY (2)	Cetirizine Tablet OTC (Generic)	**TD**	Acrivastin/Pseudoephedrine (Semprex-D®)	**TD**
Antihistamines – Minimally Sedating	Cetirizine Solution OTC/Rx (1mg/ml) (Generic)	**TD**	Cetirizine Chewable Tablet OTC (Generic)	**TD**
*Request Form	Levocetirizine Tablet (Generic)	**TD**	Cetirizine 5mg/5ml Solution OTC (Generic; Zyrtec® Children's Allergy)	**TD**
*Criteria	Loratadine Solution OTC; Tablet OTC; ODT OTC (Generic)	**TD**	Cetirizine Tablet OTC; ODT OTC (Zyrtec® Allergy)	**TD**
			Cetirizine-D Tablet OTC (Generic; Zyrtec-D® Allergy & Congestion)	**TD**
			Desloratadine Tablet (Generic; Clarinex®)	**TD**
			Desloratadine ODT (Generic)	**TD**
			Desloratadine Syrup (Clarinex®)	**TD**
			Desloratadine/Pseudoephedrine (Clarinex-D 12-Hour®)	**TD**
			Fexofenadine Suspension, Tablet 60mg, Tablet 180mg OTC (Generic; Allegra Allergy®)	**TD**
			Fexofenadine/Pseudoephedrine 12-hour OTC (Generic; Allegra-D® 12-hour)	**TD**
			Fexofenadine/Pseudoephedrine 24-hour OTC (Allegra-D® 24-hour)	**TD**
			Levocetirizine Solution (Generic)	**TD**
			Levocetirizine Tablet OTC, Solution OTC (Xyzal® Allergy)	**TD**
			Loratadine Capsule OTC, Chewable Tablet OTC (Generic; Claritin®)	**TD**
			Loratadine-D 12-hour OTC (Generic; Claritin-D 12 Hour®)	**TD**
			Loratadine-D 24-hour OTC (Generic; Claritin-D 24 Hour®)	**TD**
			Loratadine Solution OTC; Tablet OTC; ODT OTC (Claritin®)	**TD**
ALLERGY (2)	Azelastine (Generic Astelin®)		Azelastine (Astepro®)	
Rhinitis Agents, Nasal	Azelastine (Generic Astepro®; Authorized Generic Astepro®)		Azelastine/Fluticasone (Dymista®)	
*Request Form	Fluticasone Propionate Nasal Spray (Generic)		Beclomethasone (Beconase AQ®; Qnasl 40®; Qnasl 80®)	
*Criteria	Ipratropium Bromide Nasal Spray (Generic)		Ciclesonide (Omnaris®; Zetonna®)	
			Flunisolide Nasal Spray (Generic)	
			Fluticasone Propionate (Xhance®)	
			Mometasone (Generic; Authorized Generic; Nasonex®)	
			Mometasone Furoate Implant (Sinuva™)	
			Olopatadine (Generic; Authorized Generic; Patanase®)	

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ALZHEIMER'S AGENTS (3)	Donepezil ODT (Generic)		Donepezil (Aricept®)	
Cholinesterase Inhibitors	Donepezil Tablet (Generic)		Donepezil 23mg (Generic; Aricept® 23mg)	
*Request Form	Memantine Tablet (Generic; Authorized Generic)		Donepezil/Memantine ER Capsule; Dose Pack (Namzaric®; Namzaric® Titration Pack)	
*Criteria	Rivastigmine Transdermal (Generic)		Galantamine ER Capsule (Generic)	
			Galantamine Solution; Tablet (Generic)	
			Memantine Capsule ER (Generic; Namenda XR®)	
			Memantine Solution (Generic)	
			Memantine Tablet (Namenda®)	
			Memantine Titration Pack (Authorized Generic)	
			Rivastigmine Capsule (Generic)	
			Rivastigmine Transdermal (Authorized Generic; Exelon®)	
ANDROGENIC AGENTS (4)	Testosterone Gel (Authorized Generic; Vogelxo®)	**CL**	Testosterone Gel (Generic; Fortesta®; Testim®)	**CL**
*Request Form	Testosterone Gel Packet (Authorized Generic; Androgel®)	**CL**	Testosterone Topical Solution (Generic; Authorized Generic; Axiron®)	**CL**
*Androgenic Agents Criteria			Testosterone Transdermal Patch (Androderm®)	**CL**
			Testosterone Nasal Gel (Natesto®)	**CL**
			Testosterone Transdermal Gel (Androgel® Packet; Androgel® Pump)	**CL**
ANTIPSYCHOTIC AGENTS (5)	**ORAL AGENTS**		**ORAL AGENTS**	
Antipsychotic Oral Agents	Amitriptyline/Perphenazine (Generic)	**BH, DX, TD**	Aripiprazole ODT, Solution (Generic)	**BH, DX, MD, TD**
*Request Form	Aripiprazole Tablet (Generic)	**BH, DX, MD, TD**	Aripiprazole Tablet (Abilify®)	**BH, DX, MD, TD**
*Antipsychotics Criteria with Diagnosis Code Chart	Chlorpromazine Tablet (Generic)	**BH, DX, TD**	Asenapine Sublingual Tablet (Saphris®)	**BH, DX, MD, TD**
*Nuplazid Criteria	Clozapine Tablet (Generic)	**BH, DX, MD, TD**	Brexpiprazole Tablet (Rexulti®)	**BH, DX, MD, TD**
	Fluphenazine Tablet (Generic)	**BH, DX, TD**	Cariprazine Capsule (Vraylar®) **(plus QL for therapy pack)**	**BH, DX, MD, TD**
	Haloperidol Tablet (Generic)	**BH, DX, TD**	Clozapine ODT (Generic; Authorized Generic; Fazaclo®)	**BH, DX, MD, TD**
	Haloperidol Lactate Concentrate (Generic)	**BH, DX, TD**	Clozapine Suspension (Versacloz®)	**BH, DX, MD, TD**
	Loxapine Capsule (Generic)	**BH, DX, TD**	Clozapine Tablet (Clozaril®)	**BH, DX, MD, TD**

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ANTIPSYCHOTIC AGENTS (5)	Olanzapine Tablet, ODT (Generic)	**BH, DX, MD, TD**	Fluphenazine Elixir/Solution (Generic)	**BH, DX, TD**
Antipsychotic Oral Agents Continued	Perphenazine Tablet (Generic)	**BH, DX, TD**	Iloperidone Tablet (Fanapt®)	**BH, DX, MD, TD**
	Pimozide Tablet (Generic)	**BH, DX, TD**	Loxapine Inhalation (Adasuve®)	**BH, DX, TD**
	Quetiapine ER Tablet (Generic; Authorized Generic)	**BH, DX, MD, TD**	Lurasidone Tablet (Latuda®)	**BH, DX, MD, TD**
	Quetiapine Tablet (Generic)	**BH, DX, MD, TD**	Olanzapine Tablet, ODT (Zyprexa®; Zyprexa Zydis®)	**BH, DX, MD, TD**
	Risperidone Solution, Tablet (Generic)	**BH, DX, MD, TD**	Olanzapine/Fluoxetine (Generic; Symbyax®)	**BH, DX, MD, TD**
	Thioridazine Tablet (Generic)	**BH, DX, TD**	Paliperidone ER Tablet (Generic; Authorized Generic; Invega®)	**BH, DX, MD, TD**
	Thiothixene Capsule (Generic)	**BH, DX, TD**	Pimavanserin Capsule (Nuplazid®)	**CL, DX, QL, TD**
	Trifluoperazine Tablet (Generic)	**BH, DX, TD**	Pimavanserin Tablet (Nuplazid®)	**Al, CL, DX, QL, TD**
	Ziprasidone Capsule (Generic)	**BH, DX, MD, TD**	Pimozide Tablet (Orap®)	**BH, DX, TD**
			Quetiapine Tablet, ER Tablet (Seroquel®, Seroquel XR®)	**BH, DX, MD, TD**
			Risperidone ODT (Generic)	**BH, DX, MD, TD**
			Risperidone Solution, Tablet (Risperdal®)	**BH, DX, MD, TD**
			Ziprasidone Capsule (Geodon®)	**BH, DX, MD, TD**
ANTIPSYCHOTIC AGENTS (5)	**INJECTABLE AGENTS**		**INJECTABLE AGENTS**	
Antipsychotic Injectable Agents	Aripiprazole Lauroxil (Aristada®)	**AL, BH, DX, MD, PU, QL, TD**	Haloperidol Decanoate; Lactate (Haldol®)	**BH, DX, TD**
*Request Form *Antipsychotics Criteria with Diagnosis Code Chart *Nuplazid Criteria	Aripiprazole Lauroxil (Aristada Initio®)	**BH, DX, MD, QL, TD**	Olanzapine Solution (Generic; Zyprexa®)	**BH, DX, TD**
	Aripiprazole Suspension ER (Abilify Maintena®)	**BH, DX, TD**	Olanzapine Suspension (Zyprexa Relprevv®)	**BH, DX, TD**
	Fluphenazine Decanoate (Generic)	**BH, DX, TD**	Risperidone ER Suspension (Subcutaneous) (Perseris®)	**BH, DX, MD, QL, TD**
	Haloperidol Decanoate (Generic)	**BH, DX, TD**		
	Haloperidol Lactate (Generic)	**BH, DX, TD**		
	Paliperidone (Invega Sustenna®)	**BH, DX, TD**		

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ANTIPSYCHOTIC AGENTS (5)	Paliperidone (Invega Trinza®)	**AL, BH, DX, MD, PU, QL, TD**		
Antipsychotic Injectable Agents Continued	Risperidone ER Suspension (Intramuscular) (Risperdal Consta®)	**BH, DX, TD**		
	Ziprasidone (Geodon®)	**BH, DX, TD**		
ASTHMA/COPD (6)	**INHALATION**		**INHALATION**	
Bronchodilator, Beta-Adrenergic Inhalation Agents	Albuterol Sulfate Nebulizer 0.63mg/3ml, 1.25mg/3ml, 2.5mg/3ml (Generic)		Albuterol Sulfate MDI (Ventolin HFA®)	**YQ, BY, TD**
*Request Form *Criteria *Yearly Quantity Limits (YQ) *Diagnosis Codes That Bypass YQ (BY)	Albuterol Sulfate Nebulizer Solution 100mg/20ml (Generic)		Albuterol Sulfate Inhalation Powder (ProAir RespiClick®)	**YQ, BY, TD**
	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5ml (Generic)		Arformoterol Inhalation Solution (Brovana®)	
	Albuterol Sulfate MDI (ProAir HFA®; Proventil HFA®)	**YQ, BY, TD**	Formoterol Inhalation Solution (Perforomist®)	
	Salmeterol Xinafoate (Serevent Diskus®)		Indacaterol Inhalation Powder (Arcapta Neohaler®)	
			Levalbuterol Nebulizer Solution; Solution Concentrate (Generic; Xopenex®)	
			Levalbuterol MDI (Authorized Generic; Xopenex HFA®)	**YQ, BY, TD**
			Olodaterol (Striverdi Respimat®)	
ASTHMA/COPD (6)	**ORAL**		**ORAL**	
Bronchodilator, Beta-Adrenergic Oral Agents	Albuterol Sulfate Syrup (Generic)		Albuterol Sulfate ER Tablet (Generic)	
	Terbutaline Sulfate Tablet (Generic)		Albuterol Sulfate Tablet (Generic)	
			Metaproterenol Sulfate Syrup; Tablet (Generic)	
ASTHMA/COPD (6)	**INHALATION**		**INHALATION**	
Bronchodilator, Anticholinergics (COPD) Inhalation	Albuterol Sulfate/Ipratropium (Combivent Respimat®)		Aclidinium Bromide Inhalation Powder (Tudorza Pressair®)	
*Request Form *Criteria	Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)		Glycopyrrolate (Seebri Neohaler®)	
	Glycopyrrolate/Formoterol Inhalation (Bevespi Aerosphere®)		Glycopyrrolate Inhalation Solution (Lonhala Magnair®)	
	Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)		Indacaterol/Glycopyrrolate (Utibron Neohaler®)	
	Ipratropium Nebulizer Solution (Generic)		Tiotropium Bromide Inhalation Spray (Spiriva Respimat®)	
	Tiotropium Inhalation Powder (Spiriva® Handihaler®)		Umeclidinium Inhalation Powder (Incruse Ellipta®)	
	Tiotropium/Olodaterol (Stiolto Respimat®)		Umeclidinium/Vilanterol Inhalation Powder (Anoro Ellipta®)	

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ASTHMA/COPD (6)	**ORAL**		**ORAL**	
Bronchodilator, Anticholinergics (COPD) Oral Continued	**NONE**		Roflumilast (Daliresp®)	**CL**
*Request Form				
*Daliresp Criteria				
ASTHMA/COPD (6)	Budesonide Respules 0.25mg; 0.5mg; 1mg (Generic)		Beclomethasone HFA; Breath-Actuated HFA (QVAR®, QVAR® RediHaler®)	
Glucocorticoids, Inhalation	Budesonide/Formoterol MDI (Symbicort®)		Budesonide DPI (Pulmicort Flexhaler®)	
*Request Form	Fluticasone MDI (Flovent® HFA)		Budesonide Respules 0.25mg; 0.5mg; 1mg (Pulmicort Respules®)	
*Criteria	Fluticasone/Salmeterol DPI (Advair Diskus®)		Ciclesonide MDI (Alvesco®)	
	Mometasone Furoate Inhalation Powder (Asmanex® Twisthaler®)		Flunisolide MDI (Aerospan®)	
	Mometasone/Formoterol MDI (Dulera®)		Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)	
			Fluticasone Propionate Inhalation Powder (ArmonAir RespiClick®)	
			Fluticasone Propionate Inhalation Powder (Flovent Diskus®)	
			Fluticasone/Salmeterol MDI (Advair HFA®)	
			Fluticasone/Salmeterol Inhalation Powder (Authorized Generic; Airduo RespiClick®)	
			Fluticasone/Vilanterol Inhalation Powder (Breo Ellipta®)	
			Fluticasone/Umeclidinium/Vilanterol Inhalation Powder (Trelegy Ellipta®)	
			Mometasone Furoate MDI (Asmanex HFA®)	
ASTHMA/COPD (6)	Montelukast Chewable Tablet; Tablet (Generic)		Montelukast Chewable Tablet; Tablet (Singulair®)	
Leukotriene Modifiers			Montelukast Granules (Generic; Singulair®)	
*Request Form			Zafirlukast Tablet (Generic; Accolate®)	
*Criteria			Zileuton ER Tablet (Generic; Zyflo CR®)	
			Zileuton Tablet (Zyflo®)	

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CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
DEPRESSION (7)	Bupropion HCl IR (Generic)	**BH**	Bupropion HBr ER (Aplenzin®)	**BH**
Antidepressants, Other	Bupropion HCl SR (Generic)	**BH**	Bupropion HCl ER (Forfivo XL®; Wellbutrin XL®)	**BH**
*Request Form	Bupropion HCl XL (Generic)	**BH**	Bupropion HCl SR (Wellbutrin SR®)	**BH**
*Criteria	Mirtazapine ODT (Generic)	**BH**	Desvenlafaxine ER (Authorized Generic; Khedezla®)	**BH**
	Mirtazapine Tablet (Generic)	**BH**	Desvenlafaxine ER (Generic)	
	Trazodone (Generic)	**BH**	Desvenlafaxine Fumarate ER (Generic)	**BH**
	Venlafaxine ER Capsule (Generic)	**BH**	Desvenlafaxine Succinate ER Tablet (Generic; Authorized Generic; Pristiq®)	**BH**
	Venlafaxine IR Tablet (Generic)	**BH**	Isocarboxazid (Marplan®)	**BH**
			Levomilnacipran (Fetzima®)	**BH**
			Mirtazapine Tablet; ODT (Remeron®; Remeron ODT®)	**BH**
			Nefazodone Tablet (Generic)	**BH**
			Phenelzine (Generic; Nardil®)	**BH**
			Selegiline Patch (Emsam®)	**BH**
			Tranylcypromine Sulfate (Generic; Parnate®)	**BH**
			Venlafaxine ER Capsule (Effexor XR®)	**BH**
			Venlafaxine ER Tablet (Generic; Authorized Generic)	**BH**
			Vilazodone (Viibryd®; Viibryd® Dose Pack)	**BH**
			Vortioxetine (Trintellix®)	**BH**
DEPRESSION (7)	Citalopram Solution; Tablet (Generic)	**BH, TD**	Citalopram Tablet (Celexa®)	**BH, TD**
Selective Serotonin Reuptake Inhibitors (SSRIs)	Escitalopram Tablet (Generic)	**BH, TD**	Escitalopram Solution (Generic)	**BH, TD**
*Request Form	Fluoxetine Capsule; Solution (Generic)	**BH, TD**	Escitalopram Tablet (Lexapro®)	**BH, TD**
*Criteria	Fluvoxamine Maleate Tablet (Generic)	**BH, TD**	Fluoxetine 60 mg Tablet (Generic)	**BH, TD**
	Paroxetine Tablet (Generic)	**BH, TD**	Fluoxetine Capsule (Prozac®)	**BH, TD**
	Sertraline Concentrate; Tablet (Generic)	**BH, TD**	Fluoxetine Tablet (Generic; Sarafem®)	**BH, TD**
			Fluoxetine Delayed Release Capsule (Generic)	**BH, TD**
			Fluvoxamine Maleate ER (Generic)	**BH, TD**
			Paroxetine ER Tablet (Generic; Paxil CR®)	**BH, TD**
			Paroxetine HCl Suspension; Tablet (Paxil®)	**BH, TD**
			Paroxetine Mesylate (Generic; Authorized Generic; Brisdelle®); (Pexeva®)	**BH, TD**

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DEPRESSION (7)			Sertraline Tablet (Zoloft®)	**BH, TD**
Selective Serotonin Reuptake Inhibitors (SSRIs) Continued				
DERMATOLOGY (8)	Clotrimazole Rx Cream; Solution (Generic)		Butenafine (Mentax®)	
Antifungals - Topical	Clotrimazole/Betamethasone Cream (Generic)		Ciclopirox Cream; Gel; Solution; Suspension (Generic)	
*Request Form	Ketoconazole Cream; Shampoo (Generic)		Ciclopirox Shampoo (Generic; Loprox®)	
*Criteria	Nystatin Cream; Ointment; Powder (Generic)		Ciclopirox Solution Kit (Generic)	
			Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)	
			Ciclopirox Cream, Suspension (Loprox®)	
			Clotrimazole/Betamethasone Lotion (Generic)	
			Clotrimazole/Betamethasone Cream (Lotrisone®)	
			Clotrimazole/Betamethasone/Zinc Oxide Cream (DermacinRx Therazole® Pak)	
			Econazole Cream (Generic)	
			Efinaconazole Solution (Jublia®)	
			Ketoconazole Foam (Generic; Extina®)	
			Ketoconazole (Nizoral® Shampoo)	
			Ketoconazole (Xolegel®)	
			Luliconazole Cream (Luzu®)	
			Miconazole/zinc oxide/white petrolatum (Vusion®)	
			Naftifine Cream (Generic; Authorized Generic; Naftin®)	
			Naftifine Gel (Naftin®)	
			Nystatin/Triamcinolone Cream; Ointment (Generic)	
			Oxiconazole Lotion; Cream (Oxistat®)	
			Oxiconazole Cream (Generic)	
			Salicylic Acid/Benzoic Acid (Bensal HP®)	
			Sertaconazole (Ertaczo®)	
			Sulconazole Cream; Solution (Exelderm®)	
			Tavaborole (Kerydin®)	

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DERMATOLOGY (8)	Permethrin Cream (Generic)		Benzyl Alcohol (Ulesfia®)	
Antiparasitic Agents, Topical	Ivermectin (Sklice®)		Crotamiton Cream; Lotion (Eurax®)	
*Request Form	Spinosad (Natroba®)		Lindane; Shampoo (Generic)	
*Criteria			Malathion Lotion (Generic; Ovide®)	
			Permethrin Cream (Elimite®)	
			Spinosad (Generic)	
			Crotamiton (Crotan)	
DERMATOLOGY (8)	Acitretin Capsule (Generic; Authorized Generic)		Acitretin Capsule (Soriatane®)	
Antipsoriatics, Oral			Methoxsalen Rapid (Generic)	
*Request Form				
*Criteria				
DERMATOLOGY (8)	Calcipotriene Cream; Solution (Generic)		Calcipotriene Cream (Dovonex®)	
Antipsoriatics, Topical			Calcipotriene Foam (Sorilux®)	
*Request Form			Calcipotriene Ointment (Generic; Calcitrene®)	
*Criteria			Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®)	
			Calcipotriene/Betamethasone Dipropionate Ointment (Generic; Authorized Generic; Taclonex®)	
			Calcipotriene/Betamethasone Dipropionate Suspension (Taclonex Scalp®)	
			Calcitriol Ointment (Generic; Vectical®)	
DERMATOLOGY (8)	Acyclovir Cream (Zovirax®)		Acyclovir Ointment (Generic; Zovirax®)	
Antiviral Agents, Topical			Acyclovir/Hydrocortisone (Xerese®)	
*Request Form			Penciclovir Cream (Denavir®)	
*Criteria				

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DERMATOLOGY (8)	Pimecrolimus Cream (Elidel®)		Crisaborole Topical Ointment (Eucrisa®)	
Atopic Dermatitis Immunomodulators			Dupilumab Injection (Dupixent®)	
*Request Form			Tacrolimus Ointment (Generic; Authorized Generic; Protopic®)	
*Criteria				
DERMATOLOGY (8)	Mupirocin Ointment (Generic)		Gentamicin Sulfate Cream; Ointment (Generic)	
Antibiotics, Topical			Mupirocin Cream (Generic)	
*Request Form			Mupirocin Ointment (Centany®)	
*Criteria			Mupirocin Ointment (Centany® Kit)	
DERMATOLOGY (8)	Ammonium Lactate Cream; Lotion (Generic)		Emollient Combination No. 10 (Biafine® Emulsion)	
Emollients			Emollient Combination No. 25 (Eletone® Cream)	
*Request Form			Emollient Combination No. 43 (Promiseb®)	
*Criteria			Emollient Combination No. 43 / Skin Cleanser No. 27 (Promiseb Complete®)	
			Emollient Combination No. 53 (Hylatopic Plus®)	
			Hyaluronic Acid/Grape Seed Extract/Vitamin C & E (Atopiclair®)	
DERMATOLOGY (8)	Imiquimod 5% Cream Packet (Generic)	**DX**	Imiquimod 5% Cream Packet (Aldara®)	**DX**
Immunomodulators, Topical			Imiquimod (Zyclara®)	**DX**
*Request Form			Podofilox (Generic)	
*Criteria			Veregen (Sinecatechins)	
*Diagnosis Code Required				
DERMATOLOGY (8)	Fluocinolone Acetonide 0.01% Oil (Derma-Smoothe-FS®)		Alclometasone Dipropionate Cream; Ointment (Generic)	
STEROIDS, TOPICAL	Hydrocortisone Cream; Lotion; Ointment (Generic)		Desonide Cream; Lotion; Ointment (Generic)	
Low Potency			Desonide Gel (Desonate®)	
*Request Form			Fluocinolone Acetonide 0.01% Oil (Generic)	
*Criteria			Fluocinolone Acetonide Shampoo (Capex®)	
			Hydrocortisone Acetate Cream (Micort-HC®)	
			Hydrocortisone Base Cream; Lotion (Ala-Cort®; Ala-Scalp®)	
			Hydrocortisone Solution (Texacort®)	

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DERMATOLOGY (8)			Hydrocortisone/Mineral Oil/Petrolatum Ointment (Generic)	
STEROIDS, TOPICAL			Hydrocortisone/Skin Cleanser No. 25 (Aqua Glycolic HC®)	
Low Potency Continued			Hydrocortisone/Skin Cleanser No. 35 (Dermasorb HC®)	
DERMATOLOGY (8)	Fluticasone Propionate Cream; Ointment (Generic)		Betamethasone Valerate Foam (Generic; Luxiq®)	
STEROIDS, TOPICAL	Mometasone Furoate Cream; Ointment; Solution (Generic)		Clocortolone Pivalate Cream (Authorized Generic; Cloderm®)	
Medium Potency			Fluocinolone Acetonide Cream; Ointment; Solution (Generic)	
*Request Form			Fluocinolone Acetonide Ointment; Solution (Synalar®)	
*Criteria			Fluocinolone Acetonide/Emollient CMB No. 65 Cream Kit; Ointment Kit (Synalar®)	
			Fluocinolone Acetonide/Skin Cleanser No. 28 (Synalar® TS Kit)	
			Flurandrenolide Cream, Ointment (Generic)	
			Flurandrenolide Lotion (Generic; Authorized Generic)	
			Flurandrenolide Tape (Cordran Tape®)	
			Fluticasone Propionate Lotion (Generic)	
			Hydrocortisone Butyrate Cream; Lotion; Solution (Generic; Authorized Generic)	
			Hydrocortisone Butyrate Ointment (Generic)	
			Hydrocortisone Butyrate/Emollient (Generic; Authorized Generic)	
			Hydrocortisone Probutate Cream (Pandel®)	
			Hydrocortisone Valerate Cream; Ointment (Generic)	
			Mometasone Furoate Cream; Ointment (Elocon®)	
			Prednicarbate Cream; Ointment (Generic)	
DERMATOLOGY (8)	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)		Amcinonide Cream; Lotion (Generic)	
STEROIDS, TOPICAL	Betamethasone Valerate Cream; Lotion; Ointment (Generic)		Betamethasone Dipropionate Cream; Gel; Lotion; Ointment (Generic)	
High Potency	Triamcinolone Acetonide Cream; Lotion; Ointment (Generic)		Betamethasone Dipropionate Spray (Sernivo®)	
*Request Form			Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)	
*Criteria			Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)	
			Clobetasol Propionate (Impoyz®)	
			Desoximetasone Cream; Gel	
			Desoximetasone Ointment; Spray (Generic; Topicort®)	

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DERMATOLOGY (8)			Diflorasone Diacetate Cream; Ointment (Generic)	
STEROIDS, TOPICAL			Fluocinonide Cream 0.05%; Cream 0.1%; Gel; Solution; Ointment (Generic)	
High Potency Continued			Fluocinonide Cream 0.1% (Vanos®)	
			Halcinonide Cream; Ointment (Halog®)	
			Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)	
			Triamcinolone Acetonide Ointment (Trianex®)	
			Triamcinolone Acetonide/Dimethicone Ointment/Cream Kit (Generic)	
			Triamcinolone/Emollient Combination No. 86 (Dermasorb TA®)	
DERMATOLOGY (8)	Clobetasol Propionate Cream; Emollient; Gel; Ointment; Solution (Generic)		Clobetasol Propionate Foam (Generic; Olux®)	
STEROIDS, TOPICAL	Halobetasol Propionate Cream; Ointment (Generic)		Clobetasol Propionate Lotion; Shampoo (Generic; Clobex®)	
Very High Potency			Clobetasol Propionate Spray (Generic; Authorized Generic; Clobex®)	
*Request Form			Clobetasol/Skin Cleanser No. 28 (Clodan® Kit)	
*Criteria			Diflorasone Diacetate (Apexicon E®)	
			Halobetasol Propionate Lotion (Ultravate®)	
			Halobetasol Propionate/Lactic Acid Cream; Ointment (Ultravate® X)	
DIABETES (9)	Acarbose (Generic)		Acarbose (Precose®)	
Alpha-Glucosidase Inhibitors			Miglitol (Generic; Glyset®)	
*Request Form				
*Criteria				
DIABETES (9)	Nateglinide (Generic)		Nateglinide (Starlix®)	
Hypoglycemics, Meglitinides	Repaglinide (Generic)		Repaglinide (Prandin®)	
*Request Form			Repaglinide/Metformin (Generic)	
*Criteria				

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DIABETES (9)	Pioglitazone (Generic)		Pioglitazone (Actos®)	
Hypoglycemics			Pioglitazone/Glimepiride (Authorized Generic; Duetact®)	
Thiazolidinednes (TZDs)			Pioglitazone/Metformin (Generic; Actoplus Met®)	
*Request Form			Pioglitazone/Metformin ER (Actoplus Met XR®)	
*Criteria			Rosiglitazone (Avandia®)	
DIABETES (9)	Insulin Aspart Pen; Cartridge; Vial (Novolog®)		Insulin Fast Acting Insulin Aspart Vial; Flextouch Pen (Fiasp®)	
Hypoglycemics	Insulin Aspart/Insulin Aspart Protamine Pens; Vial (Novolog Mix 70/30®)		Insulin Degludec 100 units/ml; 200 units/ml Pens (Tresiba® Flextouch)	
Insulins & Related Agents	Insulin Detemir Pens; Vial (Levemir®)		Insulin Degludec/Liraglutide (Xultophy®)	
*Request Form	Human Insulin OTC Pen, Vial (Humulin®)		Insulin Glargine Pen (Basaglar®)	
*Criteria	Human Insulin Regular 500 units/ml Vial (Humulin® R U-500		Insulin Glargine Pen (Toujeo SoloStar®)	
	Insulin Glargine Vial (Lantus®)		Insulin Glargine Pen (Toujeo Max SoloStar®)	
	Insulin Glargine Pen (Lantus® SoloStar)		Insulin Glargine/Lixisenatide (Soliqua®)	
	Insulin Glulisine Pens; Vial (Apidra® SoloStar)		Human Insulin Regular 500 units/ml Pens (Humulin® R U-500)	
	Insulin Isophane (NPH) Insulin Regular Vial OTC (Humulin 70/30®)		Insulin Isophane (NPH) Insulin Regular Pens (Humulin 70/30®)	
	Insulin Lispro Pen; Vial; (Humalog®)		Insulin Lispro 200 units/ml Pen (Humalog®)	
	Insulin Lispro Junior Kwikpen (Humalog® Jr. Kwikpen)		Insulin Lispro Pen (Admelog SoloStar®)	
	Insulin Lispro/Protamine Lispro Pen; Vial (Humalog Mix®)		Insulin Lispro Vial (Admelog®)	
			Insulin Isophane (NPH) Insulin Regular Vial OTC (Novolin 70/30®)	
			Insulin Lispro Cartridge (Humalog®)	
			Insulin Regular Powder Cartridge (Afrezza®)	

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DIABETES (9)	Exenatide Microspheres Subcutaneous; Pens (Bydureon®)	**MD, PU**	Alogliptin (Authorized Generic; Nesina®)	**MD, PU**
Hypoglycemics	Exenatide Pens (Byetta®)	**MD, PU**	Alogliptin/Metformin (Authorized Generic; Kazano®)	**MD, PU**
Incretin Mimetics/Enhancers	Empagliflozin/Linagliptin Tablet (Glyxambi®) **(See SGLT2 Criteria)**	**PU**	Alogliptin/Pioglitazone (Authorized Generic; Oseni®)	**MD, PU**
*Request Form	Linagliptin/Metformin (Jentadueto®)	**MD, PU**	Dulaglutide Pen (Trulicity®)	**MD, PU**
*Incretin Mimetic Enhancers Criteria	Linagliptin (Tradjenta®)	**MD, PU**	Exenatide ER Injection (Bydureon BCise™)	**MD, PU**
*SGLT2 Criteria (for Glyxambi)	Liraglutide (Victoza®)	**MD, PU**	Linagliptin/Metformin (Jentadueto XR®)	**MD, PU**
	Sitagliptin (Januvia®)	**MD, PU**	Lixisenatide (Adlyxin®)	**MD, PU**
	Sitagliptin/Metformin (Janumet®)	**MD, PU**	Pramlintide Pens (Symlin®)	**MD, PU**
	Sitagliptin/Metformin ER (Janumet XR®)	**MD, PU**	Saxagliptin/Metformin ER (Kombiglyze XR®)	**MD, PU**
			Saxagliptin (Onglyza®)	**MD, PU**
			Semaglutide Pen (Ozempic®)	**MD, PU**
DIABETES (9)	Canagliflozin (Invokana)	**PU**	Canagliflozin/Metformin (Invokamet®, Invokamet XR®)	**PU**
Hypoglycemics	Dapagliflozin (Farxiga®)	**PU**	Dapagliflozin/Metformin Tablet (Xigduo XR®)	**PU**
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Empagliflozin (Jardiance®)	**PU**	Dapagliflozin/Saxagliptin (Qtern®)	**PU**
*Request Form			Empagliflozin/Metformin Tablet (Synjardy®, Synjardy XR®)	**PU**
*Criteria			Ertugliflozin (Steglatro®)	**PU**
			Ertugliflozin/Sitagliptin (Steglujan®)	**PU**
			Ertugliflozin/Metformin (Segluromet®)	**PU**
DIABETES (9)	Glipizide-Metformin		Glyburide/Metformin (Glucovance®)	
Metformins	Glyburide-Metformin		Metformin (Glucophage®)	
*Request Form	Metformin		Metformin ER (Generic; Fortamet™ ; Glumetza™)	
*Criteria	Metformin ER (Generic for Glucophage XR®)		Metformin Oral Solution (Riomet™)	
			Metformin ER (Glucophage XR®)	

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DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
DIABETES (9)	Glimepiride (Generic)		Chlorpropamide (Generic)	
Hypoglycemics	Glipizide (Generic)		Glimepiride (Amaryl®)	
Sulfonylureas	Glipizide ER (Generic)		Glipizide (Glucotrol®)	
*Request Form	Glyburide (Generic)		Glipizide ER (Glucotrol XL®)	
*Criteria	Glyburide Micronized (Generic)		Tolazamide (Generic)	
DIGESTIVE DISORDERS (10)	Aprepitant Capsule (Generic)		Aprepitant Oral Capsule (Emend®)	
Antiemetic/Antivertigo Agents	Meclizine Tablet (Generic)		Aprepitant Oral (Emend Pack®, Generic)	
*Request Form	Metoclopramide Vial (Generic)		Aprepitant Injectable Emulsion (Cinvanti®)	
*Criteria	Metoclopramide Tablet; Solution (Generic)		Dimenhydrinate Injection (Generic)	
*Authorization Required When Used For Children Under 6 (BH)	Ondansetron Tablet; ODT Tablet; Solution (Generic)		Dolasetron Oral (Anzemet®)	
	Ondansetron Vial (Generic)		Doxylamine/Pyridoxine Tablet (Diclegis®, Bonjesta®)	
*Prochlorperazine Use in Children, Diagnosis Requirements (DX), & Diagnosis Codes that Bypass (BY) BH Authorization Requirement for Children Under 6	Prochlorperazine Oral (Generic)	**BH, BY, DX, TD**	Dronabinol Oral (Marinol®; Generic)	
	Promethazine Amp; Vial (Generic)		Dronabinol Oral Solution (Syndros®)	
	Promethazine Tablet; Syrup (Generic)		Fosaprepitant Dimeglumine Injection (Emend®)	
	Promethazine Rectal 12.5, 25mg (Generic)		Fosnetupitant/Palonosetron (Akynzeo®) (Intravenous)	
	Scopolamine Transdermal (Transderm-Scop®)		Granisetron Oral; IV (Generic)	
			Granisetron ER Injection (Sustol®)	
			Granisetron Transdermal (Sancuso®)	
			Meclizine OTC (Generic)	
			Metoclopramide Tablet (Reglan®)	
			Metoclopramide Oral ODT (Generic)	
			Metoclopramide Syringe (Generic)	
			Nabilone (Cesamet®)	
			Netupitant/Palonosetron HCl Capsule (Akynzeo®)	
			Ondansetron Ampul (Generic)	
			Ondansetron Syringe (Generic)	
			Ondansetron Tablet; ODT; Solution; Vial (Zofran®)	

AL – Age Limits	**DS** – Maximum Days' Supply Allowed	**QL** – Quantity Limits
BH – Behavioral Health Clinical Pre-Authorization Required for Children Younger Than 6 Years Old	**DT** – Duration of Therapy Limit	**RX** – Specific Prescription Requirements
BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirements	**TD** – Therapeutic Duplication
CL - More Detailed Clinical Information Required for Authorization	**ER** – Early Refill **NOT** Allowed	**UN** – Drug Use Not Warranted (Needs Appropriate Diagnosis)
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
DIGESTIVE DISORDERS (10)			Ondansetron Oral Film (Zuplenz®)	
Antiemetic/Antivertigo Agents Continued			Palonosetron Injection (Aloxi®)	
			Phosphoric Acid/Dextrose/Fructose Solution OTC	
			Prochlorperazine Rectal (Compro®)	
			Prochlorperazine Injection (Generic)	**BH, BY, DX, TD**
			Prochlorperazine Rectal (Generic)	
			Promethazine Amp, Vial (Phenergan®)	
			Promethazine Rectal 50 mg (Generic)	
			Rolapitant Tablet; Injectable Emulsion (Varubi®)	
			Scopolamine Transdermal (Generic)	
			Trimethobenzamide IM Injection (Tigan®)	
			Trimethobenzamide Oral (Generic)	
DIGESTIVE DISORDERS (10)	Ursodiol Tablet (Generic)		Chenodiol Tablet (Chenodal®)	
Bile Acid Salts			Cholic Acid Capsule (Cholbam®)	
*Request Form			Obeticholic Acid Tablet (Ocaliva®)	
*Criteria			Ursodiol 300 mg Capsule (Generic; Actigall®)	
			Ursodiol (URSO 250®; URSO Forte®)	
DIGESTIVE DISORDERS (10)	Famotidine Tablet (Generic)	**BY, DT**	Cimetidine Solution; Tablet (Generic)	**BY, DT**
Histamine II Receptor Blockers	Ranitidine Syrup; Tablet (Generic)	**BY, DT**	Famotidine Suspension (Generic; Pepcid®)	**BY, DT**
*Request Form			Famotidine Tablet (Pepcid®)	**BY, DT**
*H2 Antagonists Criteria with Duration of Therapy Limits (DT)			Nizatidine Capsule; Solution (Generic)	**BY, DT**
*Diagnosis Codes That Bypass DT (BY)			Ranitidine Capsule (Generic)	**BY, DT**
			Ranitidine Tablet (Zantac 25®)	**BY, DT**

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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
DIGESTIVE DISORDERS (10)	Pancrelipase (Creon®)		Pancrelipase (Pancreaze®)	
Pancreatic Enzymes	Pancrelipase (Zenpep®)		Pancrelipase (Pertzye®)	
*Request Form			Pancrelipase (Viokace®)	
*Criteria				
DIGESTIVE DISORDERS (10)	Omeprazole Rx (Generic)	**BY, DT, TD**	Dexlansoprazole (Dexilant®)	**BY, DT, TD**
Proton Pump Inhibitors	Pantoprazole (Generic)	**BY, DT, TD**	Esomeprazole Capsule (Nexium®; Generic)	**BY, DT, TD**
*Request Form	Pantoprazole Suspension (Protonix®)	**BY, DT, TD**	Esomeprazole Kit	**TD**
*Criteria with Duration of Therapy Limits (DT) and Diagnosis Codes That Bypass DT (BY)			Esomeprazole Suspension (Nexium®)	**BY, DT, TD**
			Esomeprazole Strontium (Generic)	**BY, DT, TD**
			Lansoprazole Capsule (Prevacid®; Generic)	**BY, DT, TD**
			Lansoprazole SoluTab(Prevacid®)	**BY, DT, TD**
			Omeprazole Granules for Suspension (Prilosec®)	**BY, DT, TD**
			Omeprazole/Sodium Bicarbonate Rx (Zegerid®; Generic)	**BY, DT, TD**
			Pantoprazole (Protonix®)	**BY, DT, TD**
			Rabeprazole Sprinkle (Aciphex Sprinkle®)	**BY, DT, TD**
			Rabeprazole Tablet (Aciphex®; Generic)	**BY, DT, TD**
DIGESTIVE DISORDERS (10)	Balsalazide (Generic)		Balsalazide Capsule (Colazal®)	
Ulcerative Colitis Agents	Mesalamine ER (Apriso®)		Balsalazide Tablet (Giazo®)	
*Request Form	Mesalamine Suppository (Canasa®)		Budesonide ER Tablet; Rectal Foam (Uceris®)	
*Criteria	Sulfasalazine (Generic)		Mesalamine DR (Authorized Generic; Asacol HD®)	
	Sulfasalazine DR (Generic)		Mesalamine DR Capsule (Delzicol®)	
			Mesalamine Rectal; Rectal Kit (Generic; Rowasa®)	
			Mesalamine DR Tablet (Lialda®)	
			Mesalamine ER Capsule (Pentasa®)	
			Olsalazine Capsule (Dipentum®)	
			Sulfasalazine Tablet (Azulfidine®)	

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EPINEPHRINE, SELF-INJECTED (11)	Epinephrine 0.3mg (Authorized Generic EpiPen®)	**QL**	Epinephrine 0.3mg (EpiPen®)	**QL**
*Request Form *Criteria	Epinephrine 0.15mg (Authorized Generic EpiPen Jr®)	**QL**	Epinephrine 0.15mg (EpiPen Jr®)	**QL**
			Epinephrine 0.15 Mg (Authorized Generic Adrenaclick®)	**QL**
			Epinephrine 0.3 Mg (Authorized Generic Adrenaclick®)	**QL**
GROWTH DEFICIENCY (12)	Somatropin Pen (Norditropin® FlexPro)	**CL, DX**	Somatropin Cartridge; Syringe (Genotropin®)	**CL, DX**
Growth Hormones	Somatropin Pen (Nutropin AQ® NuSpin)	**CL, DX**	Somatropin Cartridge; Vial (Humatrope®)	**CL, DX**
*Request Form *Criteria			Somatropin Cartridge; Vial (Omnitrope®)	**CL, DX**
			Somatropin Vial (Serostim®)	**CL, DX**
			Somatropin Cartridge; Vial (Saizen®)	**CL, DX**
			Somatropin Vial (Zomacton®)	**CL, DX**
			Somatropin Vial (Zorbtive®)	**CL, DX**
GOUT AGENTS (13)	Allopurinol Tablet (Generic)		Colchicine Capsule (Mitigare®)	
Antihyperuricemics	Colchicine Capsule (Authorized Generic)		Colchicine Tablet (Authorized Generic; Colcrys®)	
*Request Form *Criteria	Probenecid Tablet (Generic)		Febuxostat Tablet (Uloric®)	
	Probenecid/Colchicine Tablet (Generic)		Lesinurad (Zurampic®)	
			Lesinurad/Allopurinol (Duzallo®)	
			Pegloticase (Krystexxa®) (Intravenous)	
HEART DISEASE, HYPERLIPIDEMIA (14)	Cholestyramine/Sucrose (Generic for Questran®)		Alirocumab Subcutaneous Pen (Praluent®)	**CL**
Lipotropics, Other	Cholestyramine/Aspartame (Generic for Questran Light®)		Cholestyramine (Questran®; Questran Light®)	
*Request Form	Colestipol Tablet (Generic)		Colesevelam Tablet; Powder Pack (Welchol®)	
*Criteria	Fenofibrate Nanocrystalized Tablet (Authorized Generic for Tricor® 48mg & 145mg; Generic for Tricor® 48mg & 145mg)		Colestipol Granule (Generic; Colestid®)	
	Gemfibrozil (Generic)		Evolocumab Subcutaneous SureClick; Pushtronex; Syringe (Repatha®)	**CL**
	Niacin ER (Generic)		Ezetimibe (Generic; Zetia®)	
	Niacin IR (Niacor®)		Fenofibrate Capsule Micronized (Generic for Antara®; Authorized Generic for Antara®; Antara®)	
	Omega-3 Acid Ethyl Esters (Generic)		Fenofibrate Capsule (Generic for Lipofen®; Lipofen®)	
			Fenofibrate Micronized/Nanocrystalized Tablet (Generic and Authorized Generic Fenoglide®; Fenoglide®; Triglide®; Tricor®)	

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HEART DISEASE, HYPERLIPIDEMIA (14)			Fenofibrate Oral (Lofibra®)	
Lipotropics, Other Continued			Fenofibric Acid Tablet (Generic for Fibricor®)	
			Fenofibric Acid Choline Capsule (Generic; Authorized Generic; Trilipix®) Gemfibrozil (Lopid®)	
			Icosapent Ethyl (Vascepa®)	
			Lomitapide (Juxtapid®)	**CL**
			Mipomersen (Kynamro®)	**CL**
			Niacin ER (Niaspan®)	
			Omega-3-acid Ethyl Esters (Lovaza®)	
HEART DISEASE, HYPERLIPIDEMIA (14)	Atorvastatin (Generic)		Amlodipine/Atorvastatin (Generic; Caduet®)	**TD**
Statins & Statin Combination Agents	Lovastatin (Generic)		Atorvastatin (Lipitor®)	
*Request Form	Pravastatin (Generic)		Ezetimibe/Simvastatin (Generic; Vytorin®)	
*Criteria	Rosuvastatin (Generic)		Fluvastatin (Generic)	
	Simvastatin (Generic)		Fluvastatin ER (Generic; Authorized Generic; Lescol XL®)	
			Lovastatin ER (Altoprev®)	
			Pitavastatin (Livalo®; Zypitamag®)	
			Pravastatin (Pravachol®)	
			Rosuvastatin (Crestor®)	
			Simvastatin (Zocor®)	
HEART DISEASE, HYPERLIPIDEMIA (14)	Benazepril (Generic)	**TD**	Aliskiren (Tekturna®)	**TD**
HYPERTENSION	Enalapril (Generic)	**TD**	Aliskiren/HCTZ (Tekturna HCT®)	**TD**
ACE Inhibitors & Direct Renin Inhibitors	Enalapril/HCTZ (Generic)	**TD**	Azilsartan Medoxomil (Edarbi®)	**TD**
*Request Form	Irbesartan (Generic)	**TD**	Azilsartan/Chlorthalidone (Edarbyclor®)	**TD**
*Criteria	Irbesartan/HCTZ (Generic)	**TD**	Benazepril/HCTZ (Generic)	**TD**
	Lisinopril (Generic)	**TD**	Candesartan (Generic; Authorized Generic; Atacand®)	**TD**
	Lisinopril/HCTZ (Generic)	**TD**	Candesartan/HCTZ (Generic; Atacand HCT®)	**TD**
	Losartan (Generic)	**TD**	Captopril (Generic)	**TD**

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CL - More Detailed Clinical Information Required for Authorization	**ER** – Early Refill **NOT** Allowed	**UN** – Drug Use Not Warranted (Needs Appropriate Diagnosis)
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
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HEART DISEASE, HYPERLIPIDEMIA (14)	Losartan/HCTZ (Generic)	**TD**	Captopril/HCTZ (Generic)	**TD**
HYPERTENSION	Ramipril (Generic)	**TD**	Enalapril for Solution; Powder (Epaned®)	**TD**
ACE Inhibitors & Direct Renin Inhibitors Continued	Valsartan (Generic; Authorized Generic)	**TD**	Eprosartan (Generic)	**TD**
	Valsartan/HCTZ (Generic)	**TD**	Fosinopril (Generic)	**TD**
			Fosinopril/HCTZ (Generic)	**TD**
			Irbesartan (Avapro®)	**TD**
			Irbesartan/HCTZ (Avalide®)	**TD**
			Lisinopril Solution (Qbrelis®)	**TD**
			Lisinopril (Zestril®; Prinivil®)	**TD**
			Lisinopril/HCTZ (Zestoretic®)	**TD**
			Losartan (Cozaar®)	**TD**
			Losartan/HCTZ (Hyzaar®)	**TD**
			Moexipril (Generic)	**TD**
			Moexipril/HCTZ (Generic)	**TD**
			Olmesartan (Benicar®; Generic; Authorized Generic)	**TD**
			Olmesartan/HCTZ (Benicar HCT®; Generic; Authorized Generic)	**TD**
			Perindopril (Generic)	**TD**
			Quinapril (Generic; Accupril®)	**TD**
			Quinapril/HCTZ (Generic)	**TD**
			Ramipril (Altace®)	**TD**
			Telmisartan (Generic; Authorized Generic; Micardis®)	**TD**
			Telmisartan/HCTZ (Generic; Authorized Generic; Micardis HCT®)	**TD**
			Trandolapril (Generic)	**TD**
			Valsartan (Diovan®)	**TD**
			Valsartan/HCTZ (Diovan HCT®)	**TD**

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HEART DISEASE, HYPERLIPIDEMIA (14)	Sacubitril/Valsartan (Entresto®)		**NONE**	
Angiotensin Receptor Antagonist/ Neprilysin Inhititor Combination				
*Request Form				
*Criteria				
HEART DISEASE, HYPERLIPIDEMIA (14)	Amlodipine/Benazepril (Generic)	**TD**	Amlodipine/Benazepril (Lotrel®)	**TD**
Angiotensin Modulators/Calcium Channel Blockers Combination Products	Amlodipine/Valsartan (Generic; Authorized Generic)	**TD**	Amlodipine/Olmesartan (Azor® Generic, Authorized Generic)	**TD**
*Request Form	Amlodipine/Valsartan/HCTZ (Generic; Authorized Generic)	**TD**	Amlodipine/Olmesartan/HCTZ (Tribenzor®, Generic,-Authorized Generic)	**PU, TD**
*Criteria			Amlodipine/Perindopril (Prestalia®)	**TD**
			Amlodipine/Telmisartan (Generic; Twnysta®)	**TD**
			Amlodipine/Valsartan (Exforge®)	**TD**
			Amlodipine/Valsartan/HCTZ (Exforge HCT®)	**PU, TD**
			Nebivolol/Valsartan (Byvalson®)	**TD**
			Trandolapril/Verapamil (Generic)	**TD**
HEART DISEASE, HYPERLIPIDEMIA (14)	Atenolol (Generic)	**TD**	Acebutolol (Generic)	**TD**
Beta Blockers Agents	Atenolol/Chlorthalidone (Generic)	**TD**	Atenolol (Tenormin®)	**TD**
*Request Form	Bisoprolol/HCTZ (Generic)	**TD**	Atenolol/Chlorthalidone (Tenoretic®)	**TD**
*Criteria	Carvedilol (Generic)	**TD**	Betaxolol (Generic)	**TD**
	Labetalol (Generic)	**TD**	Bisoprolol (Generic; Zebeta®)	**TD**
	Metoprolol Tartrate (Generic)	**TD**	Bisoprolol/HCTZ (Ziac®)	**TD**
	Metoprolol Succinate ER (Generic)	**TD**	Carvedilol (Coreg®)	**TD**
	Nebivolol (Bystolic®)	**TD**	Carvedilol CR (Generic; Coreg CR®)	**TD**
	Propranolol Tablet; Solution (Generic)	**TD**	Metoprolol/HCTZ (Generic)	**TD**
	Propranolol ER (Generic)	**TD**	Metoprolol Succinate (Kapspargo®)	**TD**
	Sotalol (Generic)	**TD**	Metoprolol Succinate/HCTZ (Dutoprol®)	**TD**
			Metoprolol ER (Toprol XL®)	**TD**
			Nadolol (Generic; Corgard®)	**TD**

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HEART DISEASE, HYPERLIPIDEMIA (14)			Nadolol/Bendroflumethiazide (Generic)	**TD**
Beta Blockers Agents Continued			Penbutolol (Levatol®)	**TD**
			Pindolol (Generic)	**TD**
			Propranolol (Hemangeol®)	**TD**
			Propranolol ER Capsule (Innopran XL®; Inderal XL®)	**TD**
			Propranolol LA (Inderal LA®)	**TD**
			Propanolol/HCTZ (Generic)	**TD**
			Sotalol (Betapace® AF)	**TD**
			Sotalol Solution (Sotylize®)	**TD**
			Timolol Maleate (Generic)	**TD**
HEART DISEASE, HYPERLIPIDEMIA (14)	Amlodipine Tablet (Generic)	**TD**	Amlodipine (Norvasc®)	**TD**
Calcium Channel Blockers	Diltiazem ER Capsule (Generic)	**TD**	Diltiazem IR (Cardizem®)	**TD**
*Request Form	Diltiazem IR Tablet (Generic)	**TD**	Diltiazem CD (Cardizem CD®; Tiazac®)	**TD**
*Criteria	Nifedipine ER Tablet (Generic)	**TD**	Diltiazem LA Tablet (Authorized Generic; Cardizem LA®; Matzim LA®)	**TD**
	Verapamil ER Tablet (Generic)	**TD**	Felodipine ER (Generic)	**TD**
	Verapamil IR Tablet (Generic)	**TD**	Isradipine (Generic)	**TD**
			Nicardipine (Generic)	**TD**
			Nifedipine ER (Adalat CC®; Procardia XL®)	**TD**
			Nifedipine IR Capsule (Generic; Procardia®)	**TD**
			Nimodipine Capsule (Generic)	**TD**
			Nimodipine Solution (Nymalize®)	**TD**
			Nisoldipine ER (Generic)	**TD**
			Verapamil ER Capsule (Generic)	**TD**
			Verapamil ER Tablet (Calan®SR)	**TD**
			Verapamil ER PM (Generic; Verelan PM®)	**TD**

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DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
HEART DISEASE, HYPERLIPIDEMIA (14)	Clonidine Patch (Catapres-TTS ®)	**BH, BY, DX**	Clonidine Tablet (Catapres®)	**BH, BY, DX**
SYMPATHOLYTICS	Clonidine Tablet (Generic)	**BH, BY, DX**	Clonidine Patch (Generic)	**BH, BY, DX**
*Request Form	Guanfacine Tablet (Generic)	**BH, BY, DX**	Methyldopa/Hydrochlorothiazide Tablet (Generic)	
*Criteria	Methyldopa Tablet (Generic)		Methyldopate HCl (Intravenous)	
*Criteria for ADHD Use of Clonidine and Guanfacine in Recipients Under 21 Years of Age				
*Diagnosis Required (DX) Under 21 Y/O, Behavioral Health Under 6 Y/O (BH) & Diagnosis Codes That Bypass BH (BY)				
HEART DISEASE, HYPERLIPIDEMIA (14)	Isosorbide Dinitrate Tablet (Generic)		Isosorbide Dinitrate Tablet (Isordil®)	
VASODILATORS, CORONARY	Isosorbide Mononitrate Tablet (Generic)		Isosorbide Dinitrate ER Capsule (Generic; Dilatrate-SR®)	
*Request Form	Isosorbide Mononitrate SR Tablet (Generic)		Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)	
*Criteria	Nitroglycerin Sublingual Tablet (Generic; Authorized Generic)		Nitroglycerin ER Capsule (Generic)	
	Nitroglycerin Transdermal Ointment (Nitro-Bid®)		Nitroglycerin Spray (Generic; Nitrolingual®; NitroMist®)	
	Nitroglycerin Transdermal Patch (Generic)		Nitroglycerin Transdermal Patch (Nitro-Dur®)	
			Nitroglycerin Sublingual Tablet(Nitrostat®)	
			Nitroglycerin Sublingual Packet (GoNitro®)	
HEART DISEASE, HYPERLIPIDEMIA (14)	Aspirin/Dipyridamole ER (Generic; Authorized Generic)		Aspirin/Dipyridamole ER (Aggrenox®)	
ANTICOAGULANTS	Clopidogrel (Generic)		Aspirin/Omeprazole DR Tablet (Yosprala®)	
Platelet Aggregation Inhibitors	Dipyridamole (Generic)		Clopidogrel (Plavix®)	
*Request Form	Ticagrelor (Brilinta®)		Prasugrel (Generic; Authorized Generic; Effient®)	
*Criteria			Ticlopidine (Generic) **Discontinued**	
			Vorapaxar Tablet (Zontivity®)	

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BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirements	**TD** – Therapeutic Duplication
CL - More Detailed Clinical Information Required for Authorization	**ER** – Early Refill **NOT** Allowed	**UN** – Drug Use Not Warranted (Needs Appropriate Diagnosis)
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
HEART DISEASE, HYPERLIPIDEMIA (14)	Apixaban Tablet; Dose Pack (Eliquis®)	**QL**	Dalteparin Syringe (Fragmin®)	**QL**
Anticoagulants	Dabigatran (Pradaxa®)	**QL**	Edoxaban Tablet (Savaysa®)	**QL**
*Request Form	Dalteparin Vial (Fragmin®)	**DS, QL**	Enoxaparin Vial (Lovenox®, Generic)	**DS**
*Criteria	Enoxaparin Syringe (Generic; Authorized Generic)	**DS, QL**	Enoxaparin Syringe (Lovenox®)	**DS, QL**
	Enoxaparin Vial (Authorized Generic)	**DS**	Fondaparinux (Generic; Arixtra®)	**DS, QL**
	Rivaroxaban (Xarelto®; Xarelto® Starter Pack)	**QL**	Warfarin (Coumadin®)	
	Warfarin (Generic)			
HEART DISEASE, HYPERLIPIDEMIA (14)	Ambrisentan Tablet (Letairis®)	**DX**	Bosentan Suspension (Tracleer®)	**DX**
PULMONARY ARTERIAL HYPERTENSION (PAH)	Bosentan Tablet (Tracleer®)	**DX**	Iloprost Inhalation Solution (Ventavis®)	**DX**
*Request Form	Sildenafil Tablet (Generic)	**DD, DX**	Macitentan Tablet (Opsumit®)	**DX**
*Criteria			Riociguat Tablet (Adempas®)	**DX**
*Diagnosis Code Required			Selexipag Tablet; Dose Pack (Uptravi®)	**DX**
			Sildenafil Tablet; Oral Suspension (Revatio®)	**DD, DX**
			Tadalafil Tablet (Adcirca®)	**DD, DX**
			Treprostinil Inhalation Solution (Tyvaso®)	**DX**
			Treprostinil ER Tablet (Orenitram ER®)	**DX**
HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (15)	Epoetin Alfa (Procrit®)		Darbepoetin Syringe; Vial (Aranesp®)	
Erythropoietins	Epoetin Alfa-epbx (Retacrit®)		Epoetin alfa (Epogen®)	
*Request Form			Methoxy Polyethylene Glycol-Epoetin Beta (Mircera®)	
*Criteria				

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CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
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DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
HEMODIALYSIS (16)	Calcium Acetate Capsule (Generic)		Calcium Acetate Tablet (Generic)	
Phosphate Binders	Sevelamer HCl Tablet (RenaGel®)		Calcium Acetate Tablet (Eliphos®)	
*Request Form			Calcium Acetate Solution (Phoslyra®)	
*Criteria			Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)	
			Ferric Citrate Tablet (Auryxia®)	
			Lanthanum Carbonate Chew Tablet; Powder Pack (Fosrenol®)	
			Sevelamer Carbonate Tablet (Generic; Authorized Generic; Renvela®)	
			Sevelamer Carbonate Powder Pack (Generic)	
			Sucroferric Oxyhydroxide (Velphoro®)	
HEMODIALYSIS (16)	Leuprolide Acetate (Lupron Depot®)	**DX**	Goserelin Acetate (Zoladex®)	**DX**
PITUITARY SUPPRESSIVE AGENTS	Leuprolide Acetate (Lupron Depot Kit®)	**DX**	Histrelin Implant Kit (Supprelin LA®)	**DX**
*Request Form	Leuprolide Acetate (Lupron Depot-Ped®)	**DX**	Histrelin Kit (Vantas®)	**DX**
*Criteria	Leuprolide Acetate (Lupron Depot-Ped Kit®)	**DX**	Leuprolide Acetate Sub-Q (Generic)	**DX**
*Diagnosis Code Required			Leuprolide Acetate Sub-Q Kit (Eligard®)	**DX**
			Leuprolide Acetate Suspension and Norethindrone Tablet; Kit (Lupaneta Pack®)	**DX**
			Nafarelin Acetate Nasal Solution (Synarel®)	**DX**
			Triptorelin Pamoate (Trelstar®; Trelstar LA®)	**DX**
			Triptorelin Pamoate Injection Kit (Triptodur®)	**DX**

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DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
IMMUNOSUPPRESSIVES, ORAL (17)	Azathioprine (Generic)		Azathioprine (Imuran®; Azasan®)	
*Request Form	Cyclosporine Capsule; Modified (Generic)		Cyclosporine Capsule (Generic; Sandimmune®)	
*Criteria	Mycophenolate Mofetil Capsule; Tablet (Generic)		Cyclosporine Softgel Capsule; Modified (Generic; Neoral®)	
	Tacrolimus Capsule (Generic)		Cyclosporine Solution (Sandimmune®)	
			Cyclosporine Solution; Modified (Generic; Neoral®)	
			Everolimus (Zortress®)	
			Mycophenolate Mofetil Capsule; Tablet; Suspension (Cellcept®)	
			Mycophenolate Mofetil Suspension (Generic)	
			Mycophenolate Mycophenolic Acid Tablet (Generic; Myfortic®)	
			Sirolimus Solution; Tablet (Rapamune®)	
			Sirolimus Tablet (Generic, Authorized Generic)	
			Tacrolimus Tablet (Prograf®)	
			Tacrolimus ER Tablet (Envarsus® XR)	
			Tacrolimus ER Capsule (Astagraf® XL)	
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Amoxicillin/Clavulanate Tablet; Suspension(Generic)		Amoxicillin/Clavulanate Tablet (Augmentin®)	
Cephalosporin and Related Antibiotics	Cefadroxil Capsule (Generic)		Amoxicillin/Clavulanate ER (Generic; Augmentin XR®)	
*Request Form	Cefdinir Suspension; Capsule (Generic)		Amoxicillin/Clavulanate Chew Tablet (Generic)	
*Criteria	Cefixime Capsule; Chew Tablet (Suprax®)		Amoxicillin/Clavulanate Suspension(Augmentin® 125)	
	Cefprozil Tablet; Suspension (Generic)		Cefaclor Capsule; Suspension(Generic)	
	Cefuroxime Tablet (Generic)		Cefaclor ER 500 mg Tablet (Generic)	
	Cephalexin Capsule; Suspension; (Generic)		Cefadroxil Suspension; Tablet (Generic)	
			Cefixime Suspension (Generic; Suprax®)	
			Cephalexin Capsule (Keflex®)	
			Cephalexin Tablet (Generic)	
			Cefpodoxime Tablet; Suspension (Generic)	
			Cefuroxime Axetil Suspension (Ceftin®)	

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CL - More Detailed Clinical Information Required for Authorization	**ER** – Early Refill **NOT** Allowed	**UN** – Drug Use Not Warranted (Needs Appropriate Diagnosis)
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Ciprofloxacin Tablet (Generic)		Ciprofloxacin Suspension (Generic; Cipro®)	
Fluoroquinolones	Levofloxacin Tablet (Generic)		Ciprofloxacin ER Tablet (Generic)	
*Request Form *Criteria			Delafloxacin (Baxdela®)	
			Levofloxacin Solution (Generic)	
			Levofloxacin Tablet (Levaquin®)	
			Moxifloxacin (Generic; Authorized Generic; Avelox®)	
			Ofloxacin (Generic)	
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Metronidazole Tablet (Generic)		Fidaxomicin (Dificid®)	
Antibiotics, Gastrointestinal	Neomycin (Generic)		Metronidazole Capsule (Generic; Flagyl®)	
*Request Form *Criteria	Vancomycin HCl capsule (Generic; Authorized Generic)		Metronidazole Tablet (Flagyl®)	
			Nitazoxanide Tablet; Suspension (Alinia®)	
			Paromomycin (Generic)	
			Rifaximin (Xifaxan®)	
			Secnidazole (Solosec™)	
			Tinidazole (Generic; Tindamax®)	
			Vancomycin HCl (Vancocin®)	
			Vancomycin Solution (Firvanq ®)	
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Tobramycin Solution (Bethkis®)	**DX**	Aztreonam Solution (Cayston®)	**DX**
Antibiotics, Inhaled	Tobramycin Solution (Authorized Generic)	**DX**	Tobramycin Solution (Generic; Tobi®)	**DX**
*Request Form *Criteria *Diagnosis Code Required			Tobramycin (Tobi Podhaler®)	**DX**
			Tobramycin Pak (Authorized Generic; Kitabis Pak®)	**DX**

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CL - More Detailed Clinical Information Required for Authorization	**ER** – Early Refill **NOT** Allowed	**UN** – Drug Use Not Warranted (Needs Appropriate Diagnosis)
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Clindamycin Capsule; Solution (Generic)		Clindamycin Capsule (Cleocin®)	
Lincosamides			Clindamycin Oral Solution (Cleocin®)	
*Request Form			Clindamycin Phosphate Piggyback Injection (Generic; Cleocin®)	
*Criteria			Clindamycin in 0.9% Sodium Chloride Piggyback	
			Clindamycin Phosphate Injection Vial (Generic; Cleocin®)	
			Lincomycin HCl (Generic; Lincocin®)	
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Linezolid Tablet (Generic; Authorized Generic)	**CL**	Linezolid Injection (Generic; Authorized Generic; Zyvox®)	**CL**
Oxazolidinones	Linezolid Suspension (Generic; Authorized Generic)	**CL**	Linezolid Tablet, Suspension (Zyvox®)	**CL**
*Request Form			Tedizolid IV; Tablet (Sivextro®)	**CL**
*Sivextro Criteria				
*Zyvox Criteria				
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	**NONE**		Quinupristin/Dalfopristin Vial (Synercid®)	
Streptogramins				
*Request Form				
*Criteria				
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Azithromycin Packet; Suspension; Tablet (Generic)		Azithromycin Packet; Suspension; Tablet (Zithromax®)	
Macrolides - Ketolides	Clarithromycin Tablet (Generic)		Azithromycin ER (Zmax®)	
*Request Form	Erythromycin Ethyl Succinate Suspension (EryPed® 400)		Clarithromycin ER (Generic)	
*Criteria	Erythromycin Base DR Capsule (Generic)		Clarithromycin Suspension (Generic)	
			Erythromycin Base Tablet (Generic; PCE®)	
			Erythromycin Tablet (Ery-Tab®)	
			Erythromycin Ethyl Succinate Tablet (Generic; E.E.S. ® 400)	
			Erythromycin Ethyl Succinate Suspension (Authorized Generic; E.E.S. ® 200; EryPed® 200)	
			Erythromycin Stearate (Erythrocin®)	

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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Nitrofurantoin Macrocrystals Capsule (Generic)		Nitrofurantoin Suspension (Generic; Furadantin®)	
Nitrofuran Derivatives	Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)		Nitrofurantoin Macrocrystals Capsule (Macrodantin®)	
*Request Form			Nitrofurantoin Monohydrate Macrocrystals Capsule (Macrobid®)	
*Criteria				
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Doxycycline Hyclate Tablet (Generic)		Demeclocycline (Generic)	
Tetracyclines	Doxycycline Hyclate Capsule (Generic; Authorized Generic)		Doxycycline Calcium Syrup (Vibramycin®)	
*Request Form	Doxycycline Monohydrate 50mg, 100 mg Capsule (Generic)		Doxycycline Hyclate Tablet DR (Generic; Doryx®)	
*Criteria	Minocycline Capsule (Generic)		Doxycycline Hyclate Capsule (Vibramycin®)	
			Doxycycline Hyclate Tablet (TargaDOX®)	
			Doxycycline/Skin Cleanser No. 19 (Moridox® Kit)	
			Doxycycline Hyclate (Doryx® MPC)	
			Doxycycline Monohydrate Capsule 75 mg (Generic)	
			Doxycycline Monohydrate 50mg, 100 mg Capsule (Branded Generic)	
			Doxycycline Monohydrate Capsule 150 mg (Generic; Adoxa®)	
			Doxycycline Monohydrate DR Capsule 40mg (Authorized Generic)	
			Doxycycline Monohydrate Suspension (Generic; Vibramycin®)	
			Doxycycline Monohydrate Tablet (Generic)	
			Doxycycline DR (Oracea®)	
			Minocycline ER Tablet (Generic; Solodyn®)	
			Minocycline Tablet (Generic)	
			Minocycline ER Capsule (Ximino®)	
			Tetracycline Capsule	

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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Clindamycin Vaginal Cream (Generic)		Clindamycin Vaginal Cream (Cleocin®)	
Vaginal	Clindamycin Vaginal Cream (Clindesse®)		Clindamycin Vaginal Ovules (Cleocin®)	
*Request Form	Metronidazole Vaginal Gel (Generic)		Metronidazole Vaginal Gel (MetroGel-Vaginal®; Nuvessa®; Vandazole®)	
*Criteria				
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Clotrimazole Troches (Generic)		Fluconazole Tablet; Suspension (Diflucan®)	
ANTIFUNGALS	Fluconazole Tablet; Suspension(Generic)		Flucytosine (Generic)	
Antifungals, Oral	Griseofulvin Suspension (Generic)		Griseofulvin Tablet (Generic)	
*Request Form	Nystatin Tablet; Suspension (Generic)		Griseofulvin Ultramicrosize Tablet (Generic; Gris-Peg®)	
*Criteria	Terbinafine Tablet (Generic)		Isavuconazonium (Cresemba®)	
			Itraconazole Capsule (Generic; Sporanox®)	
			Itraconazole Tablet (Onmel®)	
			Ketoconazole (Generic)	
			Miconazole Buccal Tablet (Oravig®)	
			Nystatin Powder (Generic)	
			Posaconazole Tablet; Suspension(Noxafil®)	
			Terbinafine Tablet (Lamisil®)	
			Voriconazole Tablet; Suspension(Generic)	

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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Sofosbuvir/Velpatasvir (Epclusa®)	**AL, CL, DT, DX, ER, QL, TD**	Daclatasvir Tablet (Daklinza®)	**AL, CL, DT, DX, ER, QL, TD**
HEPATITIS C AGENTS	Glecaprevir/Pibrentasvir (Mavyret®)	**AL, CL, DX, ER, QL, TD**	Elbasvir/Grazoprevir (Zepatier®)	**AL, CL, DT, DX, ER, QL, TD**
Direct Acting Antiviral Agents	Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)	**CL**	Ledipasvir/Sofosbuvir Tablet (Harvoni®)	**AL, CL, DT, DX, ER, QL, TD**
*Hepatitis C DAA Criteria, Request Form, Worksheet and Patient Treatment Agreement			Ombitasvir/Paritaprevir/Ritonavir (Technivie®) **Discontinued**	**AL, CL, DT, DX, ER, QL, TD**
			Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®) **Discontinued**	**AL, CL, DT, DX, ER, QL, TD**
			Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira XR®) **Discontinued**	**AL, CL, DX, ER, QL, TD**
			Simeprevir Capsule (Olysio®) **Discontinued**	**AL, CL, DT, DX, ER, QL, TD**
			Sofosbuvir (Sovaldi®)	**AL, CL, DT, DX, ER, QL, TD**
INFECTIOUS DISORDERS, ANTIBIOTICS (18)	Peginterferon alfa 2a Proclick; Syringe; Vial (Pegasys®)	**DX**	Peginterferon alfa 2b Kit (Peg-Intron®)	**DX**
HEPATITIS C AGENTS	Ribavirin Tablet (Generic)	**DX**	Ribavirin Capsule (Generic)	**DX**
Not Direct Acting Antiviral Agents			Ribavirin Tablet (Ribasphere® 400mg, 600mg; Ribasphere Ribapak®; Moderiba® Dose Pack)	**DX**
*Request Form			Ribavirin Solution (Rebetol®)	**DX**
*Criteria				
*Diagnosis Code Required				

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BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirements	**TD** – Therapeutic Duplication
CL - More Detailed Clinical Information Required for Authorization	**ER** – Early Refill **NOT** Allowed	**UN** – Drug Use Not Warranted (Needs Appropriate Diagnosis)
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
MULTIPLE SCLEROSIS (19)	Fingolimod Capsule (Gilenya®)	**CL**	Alemtuzumab Vial (Lemtrada®)	**CL**
Multiple Sclerosis Agents	Glatiramer Syringe Kit 20mg (Copaxone®)	**CL**	Daclizumab (Zinbryta®) **Discontinued**	
Immunomodulatory Agents	Interferon beta - 1a Pen, Syringe(Avonex®)	**CL**	Dalfampridine Tablet (Ampyra®)	**CL**
*Request Form	Interferon beta - 1a (Rebif®; Rebif® Rebidose® Pen Injector)	**CL**	Dimethyl Fumarate Capsule (Tecfidera®)	**CL**
*Criteria	Interferon beta - 1b Kit (Betaseron®)	**CL**	Glatiramer Acetate Syringe (Generic for Glatopa®)	**CL**
			Glatiramer Syringe 40mg (Generic; Copaxone®)	**CL**
			Interferon beta-1b Kit; Vial (Extavia®)	**CL**
			Ocrelizumab Injection (Ocrevus®)	**CL**
			Peginterferon beta-1a Pen; Syringe; Starter Pack (Plegridy®)	**CL**
			Teriflunomide Tablet (Aubagio®)	**CL**
OPHTHALMIC DISORDERS (20)	Cromolyn Sodium Solution (Generic)		Alcaftadine Solution (Lastacaft®)	
Allergic Conjunctivitis	Loteprednol Suspension (Alrex®)		Azelastine HCl Solution (Generic)	
*Request Form	Olopatadine HCl Solution (Generic Patanol®; Authorized Generic Patanol®)		Bepotastine Solution (Bepreve®)	
*Criteria	Olopatadine HCl Solution (Pazeo®)		Emedastine Difumarate Solution (Emadine®)	
			Epinastine Solution (Generic)	
			Lodoxamide Tromethamine Solution (Alomide®)	
			Nedocromil Sodium Solution (Alocril®)	
			Olopatadine HCl Solution (Generic; Authorized Generic; Pataday®)	
			Olopatadine HCl Solution (Patanol®)	
OPHTHALMIC DISORDERS (20)	Brimonidine 0.15% Solution (Alphagan P® 0.15%)		Apraclonidine Solution (Generic; Iopidine®)	
Glaucoma Agents	Brimonidine 0.2% Solution (Generic)		Betaxolol 0.25% Suspension (Betoptic S®)	
Intraocular Pressure (IOP) Reducers	Brimonidine/Brinzolamide Suspension (Simbrinza®)		Betaxolol 0.5% Solution (Generic)	
*Request Form	Brimonidine/Timolol Solution (Combigan®)		Bimatoprost Solution (Generic; Lumigan®)	
*Criteria	Carteolol Solution (Generic)		Brimonidine 0.1% Solution (Alphagan P® 0.1%)	
	Dorzolamide Solution (Generic)		Brimonidine P 0.15% Solution (Generic)	
	Dorzolamide/Timolol Solution (Generic)		Brinzolamide Suspension (Azopt®)	
	Latanoprost 2.5ml Solution (Generic)		Dorzolamide Solution (Trusopt®)	
	Levobunolol Solution (Generic)		Dorzolamide/Timolol Solution (Cosopt®)	

AL – Age Limits	**DS** – Maximum Days' Supply Allowed	**QL** – Quantity Limits
BH – Behavioral Health Clinical Pre-Authorization Required for Children Younger Than 6 Years Old	**DT** – Duration of Therapy Limit	**RX** – Specific Prescription Requirements
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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
OPHTHALMIC DISORDERS (20)	Netarsudil Mesylate (Rhopressa)		Dorzolamide/Timolol/PF Solution (Generic; Cosopt PF®)	
Glaucoma Agents	Pilocarpine HCl Solution (Generic)		Echothiophate Iodide (Phospholine Iodide®)	
Intraocular Pressure (IOP) Reducers Continued	Timolol Maleate Solution; Gel-Forming Solution		Latanoprost Solution (Xalatan®)	
	Travoprost (Travatan Z®)		Latanoprostene Bunod Solution (Vyzulta®)	
			Tafluprost Solution (Zioptan®)	
			Timolol Hemihydrate Solution (Betimol®)	
			Timolol Maleate LA Solution (Generic; Authorized Generic; Istalol®)	
			Timolol Maleate Solution (Timoptic® Ocudose®)	
OPHTHALMIC DISORDERS (20)	Bacitracin/Polymyxin B Sulfate Ointment (Generic)		Azithromycin Solution (AzaSite®)	
Ophthalmics, Antibiotic	Ciprofloxacin Solution Ophthalmic (Generic)		Bacitracin Ointment (Generic)	
*Request Form *Criteria	Erythromycin Base Ointment (Generic)		Besifloxacin Suspension (Besivance®)	
	Gentamicin Sulfate Ointment; Solution (Generic)		Ciprofloxacin Ointment; Solution (Ciloxan®)	
	Moxifloxacin Solution (Moxeza®)		Gatifloxacin Solution (Generic; Zymaxid®)	
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)		Levofloxacin Solution (Generic)	
	Ofloxacin Solution Ophthalmic (Generic)		Moxifloxacin Solution (Generic; Authorized Generic; Vigamox®)	
	Polymyxin B Sulfate/Trimethoprim (Generic)		Natamycin Suspension (Natacyn®)	
	Sulfacetamide Sodium Solution (Generic)		Neomycin/Polymyxin B/Bacitracin Ointment (Generic)	
	Tobramycin Solution (Generic)		Ofloxacin Solution (Ocuflox®)	
			Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)	
			Sulfacetamide Sodium Ointment (Generic)	
			Sulfacetamide Sodium Solution (Bleph-10®)	
			Tobramycin Solution; Ointment (Tobrex®)	

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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
OPHTHALMIC DISORDERS (20)	Neomycin/Polymyxin B/Dexamethasone Suspension; Ointment (Generic)		Gentamicin/Prednisolone Ointment; Suspension (Pred-G®)	
Ophthalmics, Antibiotic-Steroid Combinations	Sulfacetamide/Prednisolone Solution (Generic)		Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment (Generic)	
*Request Form *Criteria	Tobramycin/Dexamethasone Ointment; Suspension (Tobradex®)		Neomycin/Polymyxin B/Dexamethasone Suspension; Ointment (Maxitrol®)	
			Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)	
			Sulfacetamide/Prednisolone Ointment; Solution (Blephamide S.O.P.®; Blephamide®)	
			Tobramycin/Dexamethasone Suspension (Generic; Authorized Generic)	
			Tobramycin/Dexamethasone ST (Tobradex ST®)	
			Tobramycin/Loteprednol Suspension (Zylet®)	
OPHTHALMIC DISORDERS (20)	Dexamethasone Sodium Phosphate (Generic)		Bromfenac Sodium 0.07% Solution (Prolensa®)	
Ophthalmics, Anti-Inflammatories	Diclofenac Sodium Solution (Generic)		Bromfenac Sodium 0.075% Solution (BromSite®)	
*Request Form	Difluprednate Emulsion (Durezol®)		Bromfenac Sodium 0.09% Solution (Generic)	
*Criteria	Fluorometholone 0.1% Suspension (Generic)		Dexamethasone Intraocular Implant (Ozurdex®)	
	Flurbiprofen Sodium Solution (Generic)		Dexamethasone Suspension (Maxidex®)	
	Ketorolac Tromethamine LS Solution 0.4%; Solution 0.5% (Generic)		Fluocinolone Acetonide Intraocular Implant (Iluvien®; Retisert®)	
	Nepafenac 0.3% Suspension (Ilevro®)		Fluorometholone 0.1% Ointment; 0.1% Suspension (FML S.O.P.®; FML®)	
	Prednisolone Acetate 1% Suspension (Generic)		Fluorometholone 0.25% Suspension (FML Forte®)	
			Fluorometholone Acetate 0.1% Suspension (Flarex®)	
			Ketorolac Tromethamine 0.4% Solution; 0.5% Solution (Acular LS®; Acular®)	
			Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)	
			Loteprednol Suspension; Gel; Ointment (Lotemax®)	
			Nepafenac 0.1% Suspension (Nevanac®)	
			Prednisolone Acetate 0.12% Solution; 1% Suspension (Pred Mild®; Pred Forte®)	
			Prednisolone Sodium Phosphate (Generic)	
			Triamcinolone Acetonide Suspension (Triesence®)	

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Ophthalmics, Anti-Inflammatory/ Immunomodulator (21)	Cyclosporine (Restasis®; Restasis® Multidose™)		Lifitegrast (Xiidra®)	
*Request Form				
*Criteria				
OPIATE DEPENDENCE AGENTS (22)	Buprenorphine/Naloxone Film (Suboxone®)	**Al, DX, MD, QL, TD, X**	Buprenorphine/Naloxone Film (Bunavail®)	**AL, DX, MD, QL, TD, X**
*Request Form	Naloxone Syringe; Vial (Generic)	**QL**	Buprenorphine/Naloxone SL Tablet (Generic; Zubsolv®)	**AL, DX, MD, QL, TD, X**
*Criteria, Quantity Limits, Diagnosis Codes, and Concurrent Meds	Naloxone Nasal Spray (Narcan®)	**QL**	Buprenorphine Sublingual Tablet (Generic)	**AL, DX, MD, TD, X**
	Naltrexone Tablet (Generic)		Buprenorphine Implant (Probuphine® Implant)	**AL, DX, QL, TD, X**
			Buprenorphine Injection (Sublocade®)	**AL, DX, QL, TD, X**
			Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	**AL, DD, DX, QL**
OTIC AGENTS (23)	Ciprofloxacin Otic (Generic)		Ciprofloxacin Otic (Otiprio®)	
Otic Antibiotics	Ciprofloxacin/Dexamethasone (Ciprodex®)		Ciprofloxacin/Fluocinolone Acetonide (Otovel®)	
*Request Form	Neomycin/Polymyxin B/Hydrocortisone Solution; Suspension (Generic)		Ciprofloxacin/Hydrocortisone (Cipro HC Otic®)	
*Criteria			Neomycin/Colistin/Thonzonium/Hydrocortisone (Coly-Mycin S®)	
			Ofloxacin Otic (Generic)	
OTIC AGENTS (23)	Acetic Acid (Generic)		**NONE**	
Otic Anti-Infectives and Anesthetics	Acetic Acid/Hydrocortisone (Generic)			
*Request Form				
*Criteria				

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CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
OSTEOPOROSIS (24)	Alendronate Tablet (Generic)		Abaloparatide (Tymlos®)	
Bone Resorption Suppression Agents	Calcitonin-Salmon Nasal (Generic)		Alendronate Eff Tablet (Binosto®)	
*Request Form *Criteria			Alendronate Tablet (Fosamax®)	
			Alendronate Solution (Generic)	
			Alendronate/Vitamin D (Fosamax Plus D®)	
			Denosumab (Prolia®)	
			Etidronate Disodium (Generic)	
			Ibandronate Sodium Tablet (Generic; Boniva®)	
			Raloxifene (Generic; Evista®)	
			Risedronate (Generic; Authorized Generic; Actonel®)	
			Risedronate DR (Generic; Authorized Generic; Atelvia®)	
			Teriparatide Subcutaneous (Forteo®)	
PAIN MANAGEMENT (25)	Acetaminophen w/Codeine Elixir (Generic)	**AL, CU, TD**	Acetaminophen w/Codeine (Tylenol #3®; Tylenol #4®)	**AL, CU, QL, TD**
Analgesics, Narcotics Short-Acting	Acetaminophen w/Codeine Tablet (Generic)	**AL, CU, QL, TD**	Butalbital/Caffeine/APAP w/ Codeine (Generic)	**AL, CU, TD**
*Request Form	Hydrocodone/Acetaminophen Tablet (Generic)	**CU, QL, TD**	Butalbital Compound with Codeine (Generic; Fiorinal w/ Codeine®)	**AL, CU, TD**
*Criteria, Age Limits, Diagnosis Requirements, Maximum Daily Dose, Quantity Limits, & Diagnosis Codes That Bypass MOST Narcotic Quantity Limits	Hydrocodone/Acetaminophen Solution (Generic)	**CU, TD**	Butorphanol Tartrate Nasal (Generic)	**CU, TD**
*Quantity Limits, Maximum Morphine Milligram Equivalent (MME), & Criteria for Override	Hydromorphone Tablet (Generic)	**CU, QL, TD**	Carisoprodol Compound-Codeine (Generic)	**AL, CU, QL, TD**
	Morphine, IR Tablet (Generic)	**CU, QL, TD**	Capital w/Codeine	**AL, CU, QL, TD**
	Oxycodone Tablet (Generic)	**CU, QL, TD**	Codeine Tablet (Generic)	**AL, CU, TD**
	Oxycodone/Acetaminophen Tablet (Generic)	**CU, QL, TD**	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)	**CU, TD**
	Tramadol (Generic)	**AL, CU, MD, QL, TD**	Fentanyl Buccal (Generic; Fentora®)	**CU, DX, QL, TD**
	Tramadol/Acetaminophen (Generic)	**AL, CU, MD, QL, TD**	Fentanyl Nasal Solution (Lazanda®)	**AL, CU, DX, TD**
			Fentanyl Sublingual (Abstral®)	**CU, DX, QL, TD**
			Fentanyl Sublingual Spray (Subsys®)	**AL, CU, DX, TD**

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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
PAIN MANAGEMENT (25)			Fentanyl Transmucosal Oral Lozenge (Actiq®)	**CU, DX, QL, TD**
Analgesics, Narcotics Short-Acting Continued			Hydrocodone/Acetaminophen Solution (Lortab®)	**CU, TD**
			Hydrocodone/Acetaminophen Tablet (Lortab®; Norco®)	**CU, QL, TD**
			Hydrocodone/Ibuprofen (Ibudone®; Generic)	**CU, QL, TD**
			Hydromorphone Liquid (Dilaudid®)	**CU, TD**
			Hydromorphone (Dilaudid®) Tablet	**CU, QL, TD**
			Hydromorphone Suppositories; Liquid (Generic)	**CU, TD**
			Levorphanol Tablet (Generic)	**CU, TD**
			Meperidine Solution (Generic)	**CU, TD**
			Meperidine Tablet (Generic)	**CU, QL, TD**
			Morphine Solution (Generic)	**CU, TD**
			Morphine Concentrate Solution (Generic)	**CU, TD**
			Morphine Suppositories (Generic)	**CU, TD**
			Oxycodone/Acetaminophen Solution (Roxicet®)	**CU, TD**
			Oxycodone/Acetaminophen Tablet (Percocet®; Primlev®)	**CU, QL, TD**
			Oxycodone/Aspirin (Generic)	**CU, QL, TD**
			Oxycodone Capsule (Generic)	**CU, QL, TD**
			Oxycodone Solution, Syringe (Generic)	**CU, TD**
			Oxycodone Tablet (Roxicodone®)	**CU, QL, TD**
			Oxycodone HCl Tablet (Oxaydo® Abuse-Deterrent)	**CU, QL, TD**
			Oxycodone Concentrate (Generic)	**CU, TD**
			Oxycodone Tablet (Roxybond)	**CU, QL, TD**
			Oxycodone/Ibuprofen (Generic)	**CU, QL, TD**
			Oxymorphone IR Tablet (Generic; Opana®)	**CU, QL, TD**
			Pentazocine/Naloxone (Generic)	**CU, TD**
			Tapentadol (Nucynta®)	**CU, MD, QL, TD**
			Tramadol (Ultram®)	**AL, CU, MD, QL, TD**
			Tramadol / Acetaminophen (Ultracet®)	**AL, CU, MD, QL, TD**

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PAIN MANAGEMENT (25)	Fentanyl Transdermal (Generic 12mcg, 25mcg, 50mcg, 75mcg, 100mcg)	**CU, PU, QL, TD**	Buprenorphine Buccal Film (Belbuca®)	**CU, DX, MD, PU, QL, TD**
Analgesics, Narcotics Long-Acting	Morphine Sulfate ER Tablet (Generic)	**CU, PU, QL, TD**	Buprenorphine Transdermal (Butrans®, Authorized Generic)	**CU, DX, MD, PU, QL, TD**
*Request Form *Criteria, Age Limits, Diagnosis Requirements, Maximum Daily Dose, Quantity Limits (QL) & Diagnosis Codes That Bypass **MOST** Narcotic QL *Quantity Limits (QL), Maximum Morphine Milligram Equivalent (MME) & Criteria for Override of QL & MME	Morphine Sulfate/Naltrexone HCl ER Capsule (Embeda®)	**CU, PU, QL, TD**	Fentanyl Transdermal (Duragesic®)	**CU, PU, QL, TD**
			Fentanyl Transdermal (Generic 37.5mcg, 62.5mcg, 87.5mcg)	**CU, PU, QL, TD**
			Hydrocodone Bitartrate ER Capsule (Zohydro ER®)	**CU, PU, QL, TD**
			Hydrocodone Bitartrate ER Tablet (Hysingla ER®)	**CU, PU, QL, TD**
			Hydromorphone ER Tablet (Generic; Authorized Generic; Exalgo®)	**CU, PU, QL, TD**
			Morphine Sulfate ER Capsule (Generic; Kadian®, Generic for Avinza®)	**CU, MD, PU, QL, TD**
			Morphine Sulfate ER Tablet (MS Contin®, Arymo ER®, MorphaBond ER®)	**CU, PU, QL, TD**
			Oxycodone ER Tablet (Authorized Generic; OxyContin®)	**CU, PU, QL, TD**
			Oxycodone Myristate (Xtampza® ER)	**CU, PU, QL, TD**
			Oxymorphone ER (Generic; Opana ER®)	**CU, PU, QL, TD**
			Tapentadol Extended Release (Nucynta ER®)	**CU, MD, PU, QL, TD**
			Tramadol ER Capsule (Authorized Generic; Conzip®)	**AL, CU, MD, PU, QL, TD**
			Tramadol ER Tablet (Generic; Ultram ER®, Generic for Ryzolt®)	**AL, CU, MD, PU, QL, TD**

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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
PAIN MANAGEMENT (25)	Duloxetine Capsule (Generic)	**BH**	Capsaicin/Skin Cleanser (Qutenza Kit®)	
Neuropathic Pain	Gabapentin Capsule; Solution; Tablet (Generic)		Duloxetine Capsule (Cymbalta®; Generic for Irenka®)	**BH**
*Request Form	Lidocaine Patch (Generic; Authorized Generic)	**QL**	Gabapentin Capsule; Solution; Tablet (Neurontin®)	
*Criteria			Gabapentin Enacarbil Tablet (Horizant®)	
*Criteria to Override Quantity Limit (QL) For Lidocaine Patch			Gabapentin ER Tablet (Gralise®)	
*Criteria for Antidepressant Use (BH) in Children Younger Than 6 Years Old (see bottom of page 2)			Lidocaine Patch (Lidoderm®)	**QL**
			Lidocaine/Emollient Combination No. 102 (DermacinRx® PHN Pak™)	
			Milnacipran (Savella®; Savella Titration Pack®)	
			Pregabalin Capsule; Solution (Lyrica®)	
			Pregabalin ER Tablet (Lyrica CR®)	
PAIN MANAGEMENT (25)	Diclofenac Sodium Tablet (Generic)	**TD**	Celecoxib (Generic; Authorized Generic; Celebrex®)	**DX, TD, UN**
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	Diclofenac Sodium Transdermal Gel (Voltaren®)	**TD**	Diclofenac Epolamine Patch (Flector®)	**TD**
*Request Form	Diclofenac SR (Generic)	**TD**	Diclofenac Potassium Capsule (Zipsor®)	**TD**
*Criteria	Ibuprofen Suspension Rx; Tablet Rx (Generic)	**TD**	Diclofenac Potassium Tablet (Generic)	**TD**
	Indomethacin Capsule (Generic)	**TD**	Diclofenac Sodium Topical Solution (Generic; Pennsaid®)	**TD**
Ketorolac Quantity Limit - 20 And Maximum 5-Day Supply (Point-of-Sale Override May Be Available)	Ketorolac Tablet (Generic)	**QL, DS, TD**	Diclofenac Sodium Transdermal Gel (Generic)	**TD**
	Meloxicam Tablet (Generic)		Diclofenac Sodium/Isopropyl Alcohol (Vopac MDS Kit)	**TD**
	Nabumetone Tablet (Generic)		Diclofenac Submicronized Capsule (Zorvolex®)	**TD**
	Naproxen EC DR (Generic)		Diclofenac/Capsicum Oleoresin Kit	**TD**
	Naproxen Suspension; Tablet (Generic)		Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)	**TD**
	Sulindac Tablet (Generic)		Diflunisal Tablet (Generic)	**TD**
			Etodolac Tablet; Capsule; SR Tablet (Generic)	**TD**
			Fenoprofen Capsule (Generic; Authorized Generic; Nalfon®)	**TD**
			Flurbiprofen Tablet (Generic)	**TD**
			Ibuprofen/Famotidine Tablet (Duexis®)	**TD**

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BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirements	**TD** – Therapeutic Duplication
CL - More Detailed Clinical Information Required for Authorization	**ER** – Early Refill **NOT** Allowed	**UN** – Drug Use Not Warranted (Needs Appropriate Diagnosis)
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
PAIN MANAGEMENT (25)			Indomethacin ER Capsule (Generic)	**TD**
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) Continued			Indomethacin Submicronized Capsule (Tivorbex®)	**TD**
			Indomethacin Suppository; Suspension (Indocin®)	**TD**
			Ketoprofen Capsule (Generic)	**TD**
			Ketoprofen ER Capsule (Generic)	**TD**
			Ketorolac Nasal Spray (Sprix®)	**TD**
			Meclofenamate Sodium Capsule (Generic)	**TD**
			Mefenamic Acid (Generic)	**TD**
			Meloxicam, Submicronized (Vivlodex®)	**TD**
			Meloxicam Tablet; Suspension (Mobic®)	**TD**
			Naproxen CR (Generic; Authorized Generic)	**TD**
			Naproxen EC (EC-Naprosyn®)	**TD**
			Naproxen Sodium (Generic; Naprelan®)	**TD**
			Naproxen/Esomeprazole Tablet (Vimovo®)	**TD**
			Oxaprozin Tablet (Generic)	**TD**
			Piroxicam Capsule (Generic; Feldene®)	**TD**
			Tolmetin Capsule; Tablet (Generic)	**TD**
PAIN MANAGEMENT (25)	Rizatriptan ODT, Tablet (Generic)	**DX, QL**	Almotriptan Tablet (Generic; Authorized Generic; Axert®)	**DX, QL**
Antimigraine Agents, Triptans	Sumatriptan Nasal (Generic)	**DX**	Eletriptan Tablet (Generic; Authorized Generic; Relpax®)	**DX, QL**
*Request Form	Sumatriptan Vial (Generic)	**DX**	Frovatriptan (Generic; Frova®)	**DX, QL**
*Criteria	Sumatriptan Tablet (Generic)	**DX, QL**	Naratriptan (Generic; Amerge®)	**DX, QL**
*Diagnosis Requirement (DX) for Younger than 18 Y/O, Quantity Limits (QL)	Zolmitriptan ODT, Tablet (Generic)	**DX, QL**	Rizatriptan Tablet (Maxalt®; Maxalt MLT®)	**DX, QL**
			Sumatriptan Auto-Injector (Zembrace SymTouch®)	**DX**
			Sumatriptan Jet-Injector (Sumavel DosePro®)	**DX**
			Sumatriptan Kit (Generic and Branded Generic for Imitrex®)	**DX**
			Sumatriptan Nasal (Onzetra Xsail®)	**DX, QL**
			Sumatriptan Nasal (Imitrex®)	**DX**
			Sumatriptan Tablet (Imitrex®)	**DX, QL**
			Sumatriptan Kit, Vial (Imitrex ®)	**DX**

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PAIN MANAGEMENT (25)			Sumatriptan/Naproxen (Generic; Treximet®)	**DX, QL**
Antimigraine Agents, Triptans Continued			Sumatriptan/Menthol/Camphor (Migranow Kit®)	**DX**
			Zolmitriptan Tablet (Zomig®)	**DX, QL**
			Zolmitriptan ODT (Authorized Generic; Zomig ZMT®)	**DX, QL**
			Zolmitriptan Nasal (Zomig®)	**DX**
PAIN MANAGEMENT (25)	Baclofen (Generic)		Carisoprodol Tablet (Soma®; Generic)	**QL**
Skeletal Muscle Relaxants	Chlorzoxazone (Generic)		Carisoprodol Compound	**QL**
*Request Form *Criteria *Quantity Limits for Selected Agents (QL) (see bottom of page 3)	Cyclobenzaprine (Generic)		Chlorzoxazone (Lorzone®)	
	Methocarbamol (Generic)		Cyclobenzaprine Tablet (Fexmid®)	
	Tizanidine Tablet (Generic)		Cyclobenzaprine ER (Amrix®)	
			Dantrolene Sodium (Generic; Authorized Generic; Dantrium®)	
			Metaxalone (Generic; Skelaxin®)	
			Methocarbamol (Robaxin®)	
			Orphenadrine ER Tablet (Generic)	
			Tizanidine Capsule (Generic; Zanaflex®)	
			Tizanidine Tablet (Zanaflex®)	
PAIN MANAGEMENT (25)	Adalimumab Pen Kit; Syringe Kit (Humira®)	**CL, DX**	Abatacept Injection Clickject; Syringe; Vial (Orencia®)	**CL**
Cytokine and CAM Antagonists	Secukinumab Pen; Syringe (Cosentyx®)	**CL**	Anakinra Syringe (Kineret®)	**CL**
*Request Form *Criteria *Diagnosis Codes for Selected Agents (DX)			Apremilast Tablet (Otezla®)	**CL**
			Baricitinib Tablet (Olumiant®)	**CL**
			Brodalumab Syringe (Siliq®)	**CL**
			Canakinumab/PF Vial (Ilaris®)	**CL**
			Certolizumab Pegol Kit; Syringe Kit (Cimzia®)	**CL, DX**
			Etanercept Kit; Mini Cartridge; Pen; Syringe (Enbrel®)	**CL, DX**
			Golimumab SQ Pen; SQ Syringe; IV Vial (Simponi®; Simponi Aria®)	**CL, DX**
			Guselkumab Syringe (Tremfya®)	**CL**
			Infliximab Vial (Remicade®)	**CL, DX**
			Infliximab-abda (Renflexis®)	**CL, DX**

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PAIN MANAGEMENT (25)			Infliximab-dyyb (Inflectra®)	**CL, DX**
Cytokine and CAM Antagonists Continued			Ixekizumab Syringe; Autoinjector (Taltz®)	**CL**
			Rilonacept (Arcalyst®)	**CL**
			Sarilumab Pen; Syringe (Kevzara®)	**CL**
			Tildrakizumab-asmn Syringe (Ilumya®)	**CL**
			Tocilizumab Syringe; Vial (Actemra®)	**CL**
			Tofacitinib Tablet, ER Tablet (Xeljanz®; Xeljanz® XR)	**CL**
			Ustekinumab Syringe; Vial (Stelara®)	**CL, DX**
			Vedolizumab (Entyvio®)	**CL**
PARKINSON'S (26)	Amantadine Capsule; Syrup (Generic)		Amantadine Hydrochloride ER Capsule (Gocovri®)	
Antiparkinson Agents -	Benztropine Tablet (Generic)		Amantadine Hydrochloride ER Tablet (Osmolex ER®)	
Anticholinergic and Other	Carbidopa/Levodopa ER Tablet (Generic)		Amantadine Tablet (Generic)	
*Request Form	Carbidopa/Levodopa Tablet (Generic)		Bromocriptine Capsule; Tablet (Generic)	
*Criteria	Carbidopa/Levodopa/Entacapone Tablet (Generic)		Carbidopa Tablet (Generic; Lodosyn®)	
	Pramipexole Tablet (Generic)		Carbidopa/Levodopa Enteral Suspension (Duopa®)	
	Ropinirole Tablet (Generic)		Carbidopa/Levodopa ER Capsule (Rytary®)	
	Selegiline Capsule, Tablet (Generic)		Carbidopa/Levodopa ER Tablet (Sinemet CR®)	
	Trihexyphenidyl Elixir, Tablet (Generic)		Carbidopa/Levodopa ODT (Generic)	
			Carbidopa/Levodopa Tablet (Sinemet®)	
			Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)	
			Entacapone Tablet (Generic)	
			Pramipexole (Mirapex®)	
			Pramipexole ER (Generic; Mirapex ER®)	
			Rasagiline (Generic; Azilect®)	
			Ropinirole (Requip®)	
			Ropinirole ER (Generic; Requip XL®)	
			Rotigotine Patch (Neupro®)	
			Safinamide Tablet (Xadago®)	
			Selegiline (Zelapar®)	
			Tolcapone Tablet (Generic)	

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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
PROGESTATIONAL AGENTS (27)	Hydroxyprogesterone Caproate MDV; SDV; Auto Injector (Makena®)	**DX**	Hydroxyprogesterone Caproate (Generic by ANI; Generic by Mylan) – **NOT** indicated for pre-term labor	
*Request Form *Progestational Agents Criteria	Hydroxyprogesterone Caproate Vial (Generic; Authorized Generic)		Medroxyprogesterone Acetate Injection (Depo-Provera® 400mg/ml)	
	Medroxyprogesterone Acetate Tablet (Generic)		Medroxyprogesterone Acetate Tablet (Provera®)	
	Norethindrone Acetate Tablet (Generic)		Norethindrone Acetate Tablet (Aygestin®)	
	Progesterone Capsule (Generic)		Progesterone Injection (Generic)	
			Progesterone, Micronized, Oral (Prometrium®)	
			Progesterone, Micronized, Vaginal (Crinone®)	
SEDATIVE/HYPNOTICS (28)	Temazepam Capsule 15mg; 30mg (Generic)	**MD, TD**	Doxepin Tablet (Silenor®)	**BH, MD, TD**
*Request Form	Triazolam Tablet (Generic)	**MD, TD**	Estazolam Tablet (Generic)	**MD, TD**
*Criteria	Zolpidem Tablet (Generic)	**MD, TD**	Eszopiclone Tablet (Generic; Lunesta®)	**MD, TD**
*Maximum Dose Limits Selected Agents (MD)			Flurazepam Capsule (Generic)	**MD, TD**
*Hetlioz Criteria			Ramelteon Tablet (Rozerem®)	**MD, TD**
*Criteria for Antidepressant Use (BH) in Children Younger Than 6 Years Old (see bottom of page 2)			Suvorexant Tablet (Belsomra®)	**MD, TD**
			Tasimelteon Capsule (Hetlioz®)	**CL, MD, TD**
			Temazepam Capsule (Restoril®)	**MD, TD**
			Temazepam 7.5mg, 22.5mg (Generic)	**MD, TD**
			Triazolam Tablet (Halcion®)	**MD, TD**
			Zaleplon Capsule (Generic; Sonata®)	**MD, TD**
			Zolpidem Tartrate ER Tablet (Generic; Ambien CR®)	**MD, TD**
			Zolpidem Tartrate Oral Spray (Zolpimist®)	**MD, TD**
			Zolpidem Tartrate Sublingual (Generic; Edluar®; Intermezzo®)	**MD, TD**
			Zolpidem Tartrate Tablet (Ambien®)	**MD, TD**

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UROLOGY INCONTINENCE (29)	Fesoterodine Fumarate (Toviaz®)		Darifenacin ER (Generic; Authorized Generic; Enablex® ER)	
Bladder Relaxant Preparations	Oxybutynin Syrup; Tablet (Generic)		Flavoxate (Generic)	
*Request Form	Oxybutynin ER (Generic; Authorized Generic)		Mirabegron ER Tablet (Myrbetriq®)	
*Criteria	Solifenacin (VESIcare®)		Oxybutynin ER (Ditropan XL®)	
			Oxybutynin Gel (Gelnique Gel Pump®; Gelnique Gel MD PMP Transdermal®)	
			Oxybutynin Transdermal (Oxytrol® Rx)	
			Tolterodine (Generic; Detrol®)	
			Tolterodine ER (Generic; Authorized Generic; Detrol LA®)	
			Trospium (Generic)	
			Trospium ER (Generic)	
SMOKING CESSATION PRODUCTS (30)	Bupropion SR Tablet (Generic)		Bupropion ER Tablet (Zyban®)	
Smoking Cessation	Nicotine Buccal Gum OTC (Generic)	**RX, PR**	Nicotine Buccal Gum OTC (Nicorette®)	**RX, PR**
*Request Form	Nicotine Buccal Lozenges OTC (Generic)		Nicotine Buccal Lozenges OTC (Nicorette®)	
*Criteria	Nicotine Patch OTC (Generic)	**RX, PR**	Nicotine Inhaler (Nicotrol Inhaler®)	
	Varenicline (Chantix®; Chantix Dose Pack®)		Nicotine Nasal Spray (Nicotrol Nasal Spray®)	**RX, PR**
			Nicotine Patch OTC (Nicoderm CQ®)	**RX, PR**
PROSTATE (31)	Alfuzosin (Generic)		Alfuzosin (Uroxatral®)	
Benign Prostatic Hyperplasia Treatment (BPH)	Doxazosin (Generic)		Doxazosin (Cardura®)	
*Request Form	Dutasteride (Generic)		Doxazosin ER (Cardura XL®)	
*Criteria	Finasteride (Generic)		Dutasteride (Avodart®)	
	Tamsulosin (Generic)		Dutasteride/Tamsulosin (Generic; Jalyn®)	
	Terazosin (Generic)		Silodosin (Rapaflo®)	
			Tamsulosin (Flomax®)	

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Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
ANXIOLYTICS (32)	Alprazolam Tablet (Generic)	**BH, CU, QL, TD**	Alprazolam ER Tablet (Generic; Xanax XR®)	**AL, CU, DX, QL, TD**
*Request Form	Buspirone Tablet (Generic)	**BH, CU, TD**	Alprazolam Intensol Concentrate (Generic)	**BH, CU, TD**
*Criteria	Lorazepam Tablet (Generic)	**BH, BY, CU, QL, TD**	Alprazolam ODT (Generic)	**AL, CU, DX, TD**
*Age Limits (AL), Diagnosis Code Requirement (DX), Quantity Limits (QL) & Diagnosis Codes That Bypass Quantity Limits or Behavioral Health Authorization Requirements (BY)			Alprazolam Tablet (Xanax®)	**BH, CU, QL, TD**
			Chlordiazepoxide Capsule (Generic)	**BH, CU, QL, TD**
			Clorazepate Dipotassium Tablet (Generic; Tranxene T-Tab®)	**BH, BY, CU, QL, TD**
			Diazepam Injection Vial; Syringe (Generic)	**BH, BY, CU, TD**
			Diazepam Intensol Concentrate (Generic)	**BH, BY, CU, TD**
			Diazepam Solution (Generic)	**BH, BY, CU, TD**
			Diazepam Tablet (Generic; Valium®)	**BH, BY, CU, QL, TD**
			Lorazepam Intensol Concentrate (Generic)	**BH, CU, TD**
			Lorazepam Tablet (Ativan®)	**BH, BY, CU, QL, TD**
			Meprobamate (Generic)	**CU, TD**
			Oxazepam (Generic)	**BH, CU, QL, TD**
ANTIVIRALS, ORAL (33)	Acyclovir Capsule; Tablet (Generic)		Acyclovir Suspension (Zovirax®)	
*Request Form	Acyclovir Suspension (Generic)		Oseltamivir Capsule (Generic)	
*Criteria	Famciclovir Tablet (Generic)		Oseltamivir Suspension (Tamiflu®)	
	Oseltamivir Capsule (Tamiflu®)		Valacyclovir Tablet (Valtrex®)	
	Oseltamivir Suspension (Generic)			
	Rimantadine Tablet (Generic)			
	Valacyclovir Tablet (Generic)			
	Zanamivir Inhalation Powder (Relenza® Diskhaler®)			

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GI MOTILITY, CHRONIC (34)	Linaclotide Capsule (Linzess®)		Alosetron Tablet (Generic; Authorized Generic; Lotronex®)	
*Request Form	Lubiprostone Capsule (Amitiza®)		Eluxadoline Tablet (Viberzi®)	
*Criteria	Naloxegol Tablet (Movantik®)		Methylnaltrexone Syringe; Vial; Tablet (Relistor®)	
			Naldemedine (Symproic®)	
			Plecanatide (Trulance®)	
H. PYLORI TREATMENT (35)	Bismuth/Metronidazole/Tetracycline (Pylera®)		Lansoprazole/Amoxicillin/ Clarithromycin (Prevpac®; Generic; Authorized Generic)	
*Request Form			Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)	
*Criteria				
COLONY STIMULATING FACTORS (36)	Pegfilgrastim-jmdb (Fulphila®)	**CL**	Filgrastim-aafi (Nivestym®)	**CL**
*Request Form	Tbo-Filgrastim (Granix®)	**CL**	Filgrastim-sndz (Zarxio®)	**CL**
*Criteria	Filgrastim Syringe; Vial (Neupogen®)	**CL**	Pegfilgrastim Kit; Syringe (Neulasta®)	**CL**
			Sargramostim (Leukine®)	**CL**
GLUCOCORTICOIDS, ORAL (37)	Budesonide Delayed Release Capsules (Generic for Entocort EC®)		Budesonide Delayed Release Capsules (Entocort EC®)	
*Request Form	Dexamethasone Tablet		Cortisone Acetate Tablet	
*Criteria	Hydrocortisone Tablet		Deflazacort Suspension; Tablet (Emflaza®)	
	Methylprednisolone Tablet Dose Pack		Dexamethasone (DexPak®; TaperDex®)	
	Prednisolone Sodium Phosphate Oral Solution (Generic) 5mg/5ml; 15mg/5ml; 25mg/5ml		Dexamethasone Elixir; Intensol Concentrate; Solution; Tablet Dose Pack	
	Prednisolone Solution		Hydrocortisone Tablet (Cortef®)	
	Prednisone Tablet		Methylprednisolone Therapy Pack; Tablet (Medrol Dose Pack®; Medrol®)	
			Methylprednisolone 4mg; 8mg; 16mg; 32mg Tablet	
			Prednisone Delayed Release Tablet (Rayos®)	
			Prednisone Intensol Concentrate; Solution; Tablet Dose Pack	
			Prednisolone Solution; Tablet; Tablet Dose Pack (Millipred®; Millipred DP®)	
			Prednisolone Sodium Phosphate Solution 10mg/5ml (Generic Millipred®)	

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GLUCOCORTICOIDS, ORAL (37) Continued			Prednisolone Sodium Phosphate Solution 20mg/5ml (Generic Veripred®)	
			Prednisolone Sodium Phosphate ODT (Generic; Authorized Generic; Orapred ODT®)	
HEMOPHILIA TREATMENT (38)	Antihemophilic Factor VIII, B-Domain-Deleted (Xyntha® Kit)		Antihemophilic Factor VIII (Helixate FS®)	
*Request Form *Criteria	Antihemophilic Factor VIII, B-Domain-Deleted (Xyntha® Solofuse Syringe Kit®)		Antihemophilic Factor VIII (Kogenate FS®)	
	Antihemophilic Factor VIII, B-Domain-Truncated (Novoeight®)		Antihemophilic Factor VIII (Kovaltry®)	
	Antihemophilic Factor VIII, Full-Length (Advate®)		Antihemophilic Factor VIII, Full-Length PEGylated (Adynovate®)	
	Antihemophilic Factor VIII, HEK B-Domain-Deleted (Nuwiq®)		Antihemophilic Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)	
	Antihemophilic Factor VIII, Human (Monoclate-P® Kit)		Antihemophilic Factor VIII, Recombinant, Fc Fusion (Eloctate®)	
	Antihemophilic Factor VIII, Recombinant (Recombinate®)		Antihemophilic Factor VIII, Recombinant, PEGylated-aucl (Jivi®)	
	Antihemophilic Factor/VWF (Alphanate®)		Antihemophilic Factor VIII, Recombinant Porcine (Obizur®)	
	Antihemophilic Factor/VWF (Humate-P® Kit)		Antihemophilic Factor, Human (Hemofil-M®)	
	Antihemophilic Factor/VWF (Wilate®)		Antihemophilic Factor, Human Kit; Vial (Koate DVI®)	
	Coagulation Factor VIIa, Recombinant (Novoseven® RT)		Anti-Inhibitor Coagulant Complex (Feiba NF®)	
	Coagulation Factor IX (Mononine® Kit)		Coagulation Factor IX Human (AlphaNine SD®)	
	Coagulation Factor IX Human Recombinant (BeneFIX® Kit)		Coagulation Factor IX Human Recombinant (Ixinity®)	
	Coagulation Factor X (Coagadex®)		Coagulation Factor IX Human Recombinant, GlycoPEGylated (Rebinyn®)	
	Factor IX Complex (PCC) 3-Factor (Profilnine® SD)		Coagulation Factor IX Recombinant (Rixubis®)	
	Factor XIII Concentrate, Human (Corifact® Kit)		Coagulation Factor IX Recombinant, Albumin Fusion (Idelvion®)	
			Coagulation Factor IX Recombinant, Fc Fusion Protein (Alprolix®)	
			Coagulation Factor XIII A-Subunit, Recombinant (Tretten®)	
			Emicizumab-kxwh (Hemlibra®)	
			Factor IX Complex (PCC) 3-Factor (Bebulin®)	
			Von Willebrand Factor, Recombinant (Vonvendi®)	

AL – Age Limits	**DS** – Maximum Days' Supply Allowed	**QL** – Quantity Limits
BH – Behavioral Health Clinical Pre-Authorization Required for Children Younger Than 6 Years Old	**DT** – Duration of Therapy Limit	**RX** – Specific Prescription Requirements
BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirements	**TD** – Therapeutic Duplication
CL - More Detailed Clinical Information Required for Authorization	**ER** – Early Refill **NOT** Allowed	**UN** – Drug Use Not Warranted (Needs Appropriate Diagnosis)
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
ONCOLOGY, ORAL – BREAST (39)	Anastrozole (Generic)		Abemaciclib (Verzenio®)	
*Request Form *Criteria	Capecitabine (Xeloda®)		Anastrozole (Arimidex®)	
	Cyclophosphamide (Generic)		Capecitabine (Generic)	
	Exemestane (Generic)		Exemestane (Aromasin®)	
	Letrozole (Generic)		Fulvestrant (Faslodex®)	
	Palbociclib (Ibrance®)		Lapatinib Ditosylate (Tykerb®)	
	Tamoxifen Citrate (Generic)		Letrozole (Femara®)	
			Neratinib Maleate (Nerlynx®)	
			Ribociclib Succinate (Kisqali®)	
			Ribociclib Succinate/Letrozole (Kisqali/Femara Kit®)	
			Toremifene Citrate (Fareston®)	
ONCOLOGY, ORAL – HEMATOLOGIC (40)	Busulfan (Myleran®)		Acalabrutinib (Calquence®)	
*Request Form *Criteria *Diagnosis Codes for Selected Agents (DX)	Chlorambucil (Leukeran®)		Bosutinib (Bosulif®)	
	Dasatinib (Sprycel®)		Enasidenib Mesylate (Idhifa®)	
	Hydroxyurea (Generic)		Hydroxyurea (Hydrea®)	
	Ibrutinib Capsule; Tablet (Imbruvica®)		Idelalisib (Zydelig®)	
	Imatinib Mesylate (Gleevec®)		Imatinib Mesylate (Generic)	
	Lenalidomide (Revlimid®)	**DX**	Ivosidenib (Tibsovo®)	
	Melphalan (Generic)		Ixazomib Citrate (Ninlaro®)	
	Mercaptopurine (Generic)		Melphalan (Alkeran®)	
	Nilotinib HCl (Tasigna®)		Mercaptopurine (Purixan®)	
	Procarbazine HCl (Matulane®)		Midostaurin (Rydapt®)	
	Ruxolitinib Phosphate (Jakafi®)		Panobinostat Lactate (Farydak®)	
	Tretinoin (Generic)		Pomalidomide (Pomalyst®)	**DX**
			Ponatinib HCl (Iclusig®)	
			Thalidomide (Thalomid®)	
			Thioguanine (Tabloid®)	
			Venetoclax Tablet; Therapy Pack (Venclexta®; Venclexta Starting Pack®)	

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CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
ONCOLOGY, ORAL – HEMATOLOGIC (40) Continued			Vorinostat (Zolinza®)	
ONCOLOGY, ORAL – LUNG (41)	Afatinib Dimaleate (Gilotrif®)		Brigatinib (Alunbrig®)	
*Request Form	Alectinib HCl (Alecensa®)		Ceritinib (Zykadia®)	
*Criteria	Crizotinib (Xalkori®)			
	Erlotinib HCl (Tarceva®)			
	Gefitinib (Iressa®)			
	Osimertinib Mesylate (Tagrisso®)			
	Topotecan HCl (Hycamtin®)			
ONCOLOGY, ORAL – OTHER (42)	Lomustine (Gleostine®)		Altretamine (Hexalen®)	
*Request Form	Temozolomide (Generic; Authorized Generic)		Cabozantinib S-Malate (Cometriq®)	
*Criteria	Vandetanib (Caprelsa®)		Niraparib Tosylate (Zejula®)	
			Olaparib (Lynparza®)	
			Regorafenib (Stivarga®)	
			Rucaparib Camsylate (Rubraca®)	
			Temozolomide (Temodar®)	
			Trifluridine/Tipiracil HCl (Lonsurf®)	
ONCOLOGY, ORAL – PROSTATE (43)	Bicalutamide (Generic)		Abiraterone Acetate (Zytiga®)	
*Request Form	Flutamide (Generic)		Abiraterone Acetate, Submicronized (Yonsa®)	
*Criteria			Apalutamide (Erleada®)	
			Bicalutamide (Casodex®)	
			Enzalutamide (Xtandi®)	
			Estramustine Phosphate Sodium (Emcyt®)	
			Nilutamide (Generic)	

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CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	**MD** – Maximum Dose Limits	**X** – Prescriber Must Have 'X' DEA Number
DD – Drug-Drug Interactions	**PR** – Enrollment in a Physician-Supervised Program Required	**YQ** – Yearly Quantity Limits
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	**PU** – Prior Use of Other Medication is Required	

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
ONCOLOGY, ORAL - RENAL CELL (44)	Axitinib (Inlyta®)		Cabozantinib S-Malate (Cabometyx®)	
*Request Form *Criteria	Lenvatinib Mesylate (Lenvima®)		Everolimus (Afinitor®, Afinitor Disperz®)	
	Pazopanib HCl (Votrient®)			
	Sorafenib Tosylate (Nexavar®)			
	Sunitinib Malate (Sutent®)			
ONCOLOGY, ORAL – SKIN (45)	Cobimetinib Fumarate (Cotellic®)		Encorafenib (Braftovi®)	
*Request Form *Criteria	Dabrafenib Mesylate (Tafinlar®)		Binimetinib (Mektovi®)	
	Sonidegib Phosphate (Odomzo®)			
	Trametinib Dimethyl Sulfoxide (Mekinist®)			
	Vemurafenib (Zelboraf®)			
	Vismodegib (Erivedge®)			

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

Click Here for Behavioral Health Agents Listed Below for Children Younger Than Six (BH) Click Here for Agents Listed Below with Point-of-Sale Requirements (POS)

Acetaminophen	POS	Exondys 51® (Eteplirsen)	CL, DX	Proleukin® (Aldesleukin)	POS
Actimmune® (Interferon Gamma-1b)	POS	Fasenra® (Benralizumab)	CL	Protriptyline	BH, TD
Alferon N® (Interferon Alfa-N3)	POS	First-Progesterone VGS® (Vaginal Progesterone)	POS	Pulmozyme® (Dornase Alfa)	POS
Amitriptyline	BH, TD	Flolan® (Epoprostenol Sodium)	POS	Ragwitek® (Short Ragweed Pollen Allergen Extract)	POS
Amitriptyline/Chlordiazepoxide	BH	Fycompa® (Perampanel)	POS	Remodulin® (Treprostinil Sodium) **INJECTION**	POS
Amoxapine	BH, TD	Grastek® (Timothy Grass Pollen Allergen Extract)	POS	Soliris® (Eculizumab)	POS
Aspirin	POS	Imipramine	BH, TD	Spinraza® (Nusinersen)	CL, DX
Austedo® (Deutetrabenazine)	CL	Ingrezza® (Valbenazine)	CL	Sylatron® (Peginterferon alfa-2b)	POS
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	POS	Intron-A® (Interferon Alfa-2B Recombinant)	POS	Symdeko® (Tezacaftor/Ivacaftor)	CL
Botox® (OnabotulinumtoxinA)	DX, QL	Isotretinoin	POS	Synagis (Palivizumab)	AL, CL, DT, ER, QL
Carafate® (Sucralfate)	POS	Kalydeco® (Ivacaftor)	CL, DX	Tazorac® (Tazarotene)	POS
Chlordiazepoxide/Clidinium	BH	Lithium	BH	Testosterone Buccal (Striant®)	CL
Chlorpromazine Injectable	BH	Lorazepam Injectable	BY	Testosterone Cypionate Injection	CL
Cialis® (Tadalafil) 2.5mg, 5mg	POS	Maprotiline	BH	Testosterone Pellets (Testopel®)	CL
Cinqair® (Reslizumab)	CL	Methadone	CL, DX, QL	Testosterone Undecanoate (Aveed®)	CL
Clomipramine	BH, TD	Methyltestosterone Capsules (Android®)	CL	Trimipramine	BH, TD
Clonazepam Tablet	BH, BY, QL	Mosquito Repellant to Decrease Zika Virus Exposure Risk FFS Notice MCO Notice	AL, DX, QL	Tysabri® (Natalizumab)	POS
Daraprim® (Pyrimethamine)	CL	Myobloc® (RimabotulinumtoxinB)	DX	Veletri® (Epoprostenol)	POS
Desipramine	BH, TD	Nexplanon® (Etonogestrel)	POS	Xenazine® (Tetrabenazine)	CL
Doral® (Quazepam)	MD	Nortriptyline	BH, TD	Xenical® (Orlistat)	QL, DX
Doxepin (10mg-150mg)	BH, TD	Nucala® (Mepolizumab)	CL	Xeomin® (IncobotulinumtoxinA)	DX, QL
Dysport® (AbobotulinumtoxinA)	DX	Oralair® (Mixed Grass Pollens Allergen Extract)	POS	Xolair® (Omalizumab)	CL, DX
Equetro® (Carbamazepine)	BH	Orkambi® (Lumacaftor/Ivacaftor)	CL, DX	Xyrem® (Sodium Oxybate)	CL, TD
Exjade®, Jadenu® (Deferasirox)	POS				