

**FISCAL IMPACT ANALYSIS OF MEDICAL ASSISTANCE PROGRAM  
UNIFORM STATEWIDE PREFERRED DRUG LIST  
2019 REPORT**



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Commonwealth of Pennsylvania  
Department of Human Services**

## I. EXECUTIVE SUMMARY

In March 2019, the Department of Human Services (Department) announced its plans to implement a statewide preferred drug list (PDL) for the Medical Assistance (MA) fee-for-service and managed care delivery systems on January 1, 2020. The Statewide PDL would improve consistency for participants in the MA Program, ease the burden on providers, and save dollars in the program through increased rebates.

The act of June 28, 2019 (P.L. 168, No. 19) amended the Human Services Code to require the Department to commission an analysis of the “projected cost to the medical assistance managed care organization and the projected supplemental rebates that could be obtained” through the use of a uniform statewide PDL. The Department commissioned Change Healthcare to conduct the analysis.

**The results of the analysis show that the Commonwealth will save \$85 million annually through implementation of a Statewide PDL.** The Statewide PDL will allow the Department to receive an additional \$261 million in pharmacy rebates, which will more than offset the estimated increase to managed care organization (MCO) expenditures of \$176 million, considering their additional costs and loss of market share rebates.

## II. BACKGROUND

The Department announced the Statewide PDL on March 28, 2019 at the Medical Assistance Advisory Committee meeting. This is a public meeting attended by MCO representatives, consumers, advocates, providers and legislative staff. The Department shared at this meeting the benefits of a statewide PDL, including that it is both consumer and provider friendly, and that it is projected to result in cost savings in the MA program. MCOs were informed on March 22, 2019, of the Department’s intention to implement a statewide PDL and were provided an opportunity through April 12, 2019 to submit information for the Department’s actuarial services contractor, Mercer Government Programs (Mercer), to consider in the calendar year 2020 rate setting process.

The Department’s Pharmacy & Therapeutics (P&T) Committee developed recommendations for the Statewide PDL, identifying drugs as preferred or non-preferred, for implementation in January 2020. The P&T Committee includes voting members from each of the MCOs, external practicing physicians and pharmacists, Department medical directors, consumer advocates, and specialists as needed for drug class reviews. The P&T Committee determines which drugs are best in a particular drug class based upon clinical effectiveness, safety and outcomes. When all drugs within a class are therapeutically equivalent, cost, including manufacturer rebates, is considered. A statewide PDL enables the Department to pool all MA utilization and increase negotiating power for the MA Program supplemental rebates.

A Department analysis performed prior to the announcement of the Statewide PDL initiative showed the Statewide PDL will result in annualized net savings of \$118 million total; \$43 million state funds. This analysis considered the adjustment to the MCO rates for loss of market share rebates and increased payment reimbursement for some drugs. Although other analyses have been performed by outside entities, due to the confidentiality of the drug rebate information, these analyses did not take into account the drug rebates and were, instead, based on assumptions.

Mercer is developing actuarially sound capitation rates for calendar year 2020 that take into consideration the Statewide PDL.

At least 20 states have successfully moved to a statewide PDL and no state that has implemented a statewide PDL has resumed permitting MCO specific formularies.

### III. RESULTS

The Department commissioned Change Healthcare to conduct the analysis. Change Healthcare currently provides support and consultation to the Department in the development of the MA Program's PDL. It also is the rebate program contractor and therefore has access to the drug rebate information. Change Healthcare has assisted seven other state Medicaid agencies with development and implementation of a statewide PDL.

Implementation of a statewide PDL enables the Department to take full advantage of significant Federal Medicaid Drug Rebates that manufacturers are required by law to pay in order to have their drugs covered by Medicaid. Manufacturers are required to pay an additional rebate if they increase their drug prices faster than the rate of inflation. Because of the rapid increase in drug prices and relatively low inflation, this has resulted in Federal rebates of 100% for many drugs. While the Department collects Federal Medicaid Drug Rebates for MCO utilization, MCOs are not able to access or collect these rebates and, as such, they do not consider them when designing their own PDLs. As a result, the Department can lose significant potential rebates when MCOs have these drugs in disadvantaged PDL positions.

In some cases, rebates of 90-100% are available for drugs that have a higher gross cost than therapeutic equivalents. These drugs with high rebates and higher gross cost are sometimes in a preferred position on the Statewide PDL if they have a lower net cost. Because of this, the Statewide PDL could result in increases in MCO gross drug expenditures (which will be accounted for as part of rate setting). Increases in MCO gross drug expenditures are more than offset by higher manufacturer drug rebates.

Both the MCOs and fee-for-service program (FFS) negotiate additional rebates with manufacturers. Under the existing system of separate PDLs, the MCOs collect market share rebates on utilization they control through their PDLs and the Department collects supplemental rebates on FFS utilization.

The Federal Medicaid Drug Rebate requirement results in drug manufacturers providing rebates that are based on the Best Price available to any commercial payer. MCO market share rebates are included in the determination of the Best Price used to calculate the amount of the federal rebates. Supplemental rebates collected by the Department are above and beyond the Best Price available to any commercial payer.

Under the Statewide PDL, the MCOs will no longer be able to collect market share rebates but the Department is able to collect supplemental rebates on both MCO and FFS utilization.

The fiscal impact of the Statewide PDL, then, is based on the following factors:

- Federal Medicaid Drug Rebate – optimized under the Statewide PDL, resulting in increased collections from the manufacturers
- MCO Net Drug Spend – increased in order for the Commonwealth to optimize rebate collections from the manufacturers
- MCO Market Share Rebates – eliminated since the MCOs no longer control the formulary
- State Supplemental Rebates – increased since the Commonwealth is able to collect these rebates on both MCO and FFS utilization

It is estimated that the Statewide PDL will increase overall annual MCO gross drug expenditures by \$21.0 million and will result in the loss of \$155 million in MCO market share rebates. The net impact to the MCO drug spend is an estimated increase of \$176.0 million. This will be more than offset by over \$261.0 million in additional rebates from the manufacturers paid directly to the Department.

Figure 1 illustrates the estimated annual impact of the Statewide PDL on the MCOs’ drug expenditures. The increased net MCO drug spend will be factored into the rate setting process for 2020.

<b>Figure 1</b>			
<b>Estimated Annual Impact on the MCOs Drug Expenditures in millions</b>			
<b>Component</b>	<b>Before Statewide PDL</b>	<b>After Statewide PDL</b>	<b>Impact</b>
Gross MCO Drug Spend	\$3,683.7	\$3,704.7	\$21.0
MCO Market Share Rebates	(\$155.0)	\$0.0	\$155.0
<b>Net MCO Drug Spend</b>	<b>\$3,528.7</b>	<b>\$3,704.7</b>	<b>\$176.0</b>

Figure 2 illustrates the estimated annual impact of the Statewide PDL on the Department’s accrual of manufacturer rebates for MCO utilization. The increase in rebates is due to optimization of the Statewide PDL to take full advantage of available manufacturer rebates.

<b>Figure 2</b>			
<b>Estimated Annual Impact on the Department's Manufacturer Rebates for MCO Utilization in millions</b>			
<b>Component</b>	<b>Before Statewide PDL</b>	<b>After Statewide PDL</b>	<b>Impact</b>
Federal Medicaid Rebates	\$1,085.1	\$1,187.8	\$102.7
State Supplemental Rebates	\$0.0	\$158.3	\$158.3
<b>Federal and Supplemental Rebates</b>	<b>\$1,085.1</b>	<b>\$1,346.1</b>	<b>\$261.0</b>

Figure 3 shows the MCO spend and the Department rebates for high impact drug classes.

<b>Figure 3</b>		
<b>High Impact Drug Classes (\$ millions)</b>		
<b>Therapy Class</b>	<b>Change in Gross MCO Spend Increase/(Decrease)</b>	<b>Change in Net Department Rebates Increase/(Decrease)</b>
ADHD - EXTENDED RELEASE STIMULANTS	\$ (3.6)	\$ 6.7
ANTIDIABETICS - INSULIN	\$ 17.8	\$ 66.4
ANTIDIABETICS - NON-INSULIN	\$ 6.1	\$ 10.6
ANTIRETROVIRALS	\$ (0.2)	\$ 47.1
BLOOD GLUCOSE METERS/STRIPS	\$ (4.3)	\$ 42.0
DERMATOLOGIC PRODUCTS	\$ 2.8	\$ 7.0
GROWTH HORMONE	\$ (1.9)	\$ 15.2
HEPATITIS C AGENTS	\$ (1.8)	\$ 45.1
OTHER	\$ 6.1	\$ 20.9
<b>TOTAL</b>	<b>\$ 21.0</b>	<b>\$ 261.0</b>

Classes with the greatest reductions in gross MCO spend:

- ADHD - ER Stimulants - Shift of 20% of utilization of Vyvanse, a branded extended release amphetamine product, to generic Adderall XR.
- BLOOD GLUCOSE METERS/STRIP - Shift of 95% of utilization away from higher cost, high MCO market share rebate strips/meters

Classes with the greatest increases in gross MCO spend:

- ANTIDIABETICS, INSULIN - Shift from some newer, lower list price branded products to therapeutically equivalent brands with very high rebates (significant increase in rebates offsets increased reimbursement cost)

- ANTIDIABETICS, NON-INSULIN – Shift to drugs with proven benefits to cardiovascular outcomes

#### IV. DATA SOURCES AND METHODOLOGY

##### **Data Sources**

- Encounter data reported by the MCOs for 2019 Q1.
- MCO self-reported market share rebates for CY 2018.
- Federal Medicaid Drug Rebates reported by CMS for 2019 Q1.
- State supplemental rebate offers from drug manufacturers for CY 2020.

##### **Methodology**

###### Before Statewide PDL:

- MCO Drug Spend reflects encounter data submitted by MCOs
- MCO self-reported market share rebates for CY 2018
- Federal Medicaid Rebates for MCO utilization based on the Federal Medicaid Drug Unit Rebate Amounts provided to the Department by CMS

###### After Statewide PDL:

The MCO reported utilization was shifted to reflect projected changes resulting from application of the Statewide PDL. Utilization shifts were done at the drug level and reflect experience in both MA FFS and Statewide PDL experience in other states as well as changes expected in the pharmaceutical market. Projected shifts in utilization vary depending on the characteristics of the drugs in question. In addition, for drugs where patients are grandfathered (i.e., permitted to continue on current therapy regardless of PDL status), shift rates could be as low as 10%. On the other extreme, shifts from brand drugs to their generic equivalents could be as high as 95%. The MCO projected spend was derived from the shifts in MCO reported utilization. State supplemental rebate offers and the Federal Medicaid Drug Unit Rebate Amounts were applied to the shifted utilization for projected rebates to the Department. Total utilization (number of prescriptions) and average payment per prescription were not changed in the modeling.

#### V. LIMITATIONS/ASSUMPTIONS

This model does not include changes to overall utilization that may occur as a result of seasonality, program changes or prescribing patterns.

This model relies on the accuracy of utilization, payment data, and market share rebate information provided by the MCOs.

The model is stress tested for variances in MCO market share shift. The model incorporates best estimates of expected market share shift based on experience in other states with unified PDLs. Stress testing incorporates both lower and higher than expected shifts in market share to

determine the impact that the MCO's Statewide PDL compliance can have on their gross expenditures as well as the state's rebate accrual. Stress testing of this model has shown that variations in shift rates tend to have a significantly greater impact on the Department's rebate accrual than on MCO drug spend.

In classes where the patients are grandfathered, shift in utilization will be minimal. Grandfathering does not apply to most drug classes. In classes where grandfathering does not apply, the expectation is that utilization will shift away from drugs that are non-preferred and toward drugs that are preferred on the Statewide PDL.

The projected utilization shifts are dependent on the MCOs reaching a Statewide PDL compliance rate of 95%. If actual utilization patterns emerge differently, the MCOs would experience variation in paid claims costs and the Department would experience variation in drug rebate collection. The draft 2020 MCO Agreement requires the MCOs to meet a Statewide PDL quarterly compliance of 95%. The draft MCO agreement provides for a financial sanction that is the difference in net cost using the MCO actual compliance rate and the net cost if the compliance rate was 95%.

Other states have implemented statewide PDLs and their MCOs achieved compliance with the statewide PDL in less than 6 months, resulting in savings to the state Medicaid agencies.

#### APPENDIX 1: STATEWIDE PREFERRED DRUG LIST

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**ACNE AGENTS, ORAL**

Preferred Agents	Non-Preferred Agents
Amnesteem <sup>PA</sup> Claravis <sup>PA</sup> Isotretinoin <sup>PA</sup> Myorisan <sup>PA</sup> Zenatane <sup>PA</sup>	Absorica

**ACNE AGENTS, TOPICAL**

Preferred Agents	Non-Preferred Agents
Adapalene 0.3% Gel Tube	Acanya Gel
Adapalene-Benzoyl Peroxide 0.1%-2.5% Gel Pump ( <i>generic EpiDuo</i> )	Acanya Gel Pump
Avita Cream	Aczone Gel
Azelex Cream <sup>AR</sup>	Aczone Gel Pump
Benzoyl Peroxide 5% Gel (OTC)	Adapalene 0.1% Cream
Benzoyl Peroxide 5% Lotion (OTC)	Adapalene 0.1% Gel
Benzoyl Peroxide 5% Wash (OTC)	Adapalene 0.1% Solution
Benzoyl Peroxide 5.3% Foam (OTC)	Adapalene 0.3% Gel Pump
Benzoyl Peroxide 9.8% Foam (Rx)	Altreno Lotion
Benzoyl Peroxide 10% Gel (OTC)	Atralin Gel
Benzoyl Peroxide 10% Lotion (OTC)	Avita Gel
Benzoyl Peroxide 10% Wash (OTC)	Benzaclin Gel
Clindamycin 1% Gel	Benzaclin Gel Pump
Clindamycin 1% Lotion	Benzamycin Gel
Clindamycin 1% Pledget	Benzoyl Peroxide 6% Cleanser (OTC)
Clindamycin 1% Solution	BP 10-1 Wash
Clindamycin-Benzoyl Peroxide 1%-5% Gel Jar ( <i>generic BenzaClin</i> )	BP Cleansing Wash
Differin 0.1% Cream (Rx) <sup>AR</sup>	BPO Gel
Differin 0.1% Gel (Rx) <sup>AR</sup>	BPO Foaming Cloths
Differin 0.1% Lotion (Rx) <sup>AR</sup>	Cleocin T Gel
Differin 0.3% Gel Pump (Rx) <sup>AR</sup>	Cleocin T Lotion
Epiduo Gel Pump <sup>AR</sup>	Cleocin T Pledget
Ery Pads	Clindacin ETZ Kit
Erythromycin 2% Pledget	Clindacin ETZ Pledget
Erythromycin 2% Solution	Clindacin P Pledget
Panoxyl 10% Acne Cleansing Bar (OTC)	Clindacin Pac Kit
Panoxyl 10% Acne Foaming Wash (OTC)	Clindagel
Retin-A Cream <sup>AR</sup>	Clindamycin Foam
Retin-A Gel <sup>AR</sup>	Clindamycin 1% Daily Gel ( <i>generic Clindagel</i> )
SSS 10%-5% Cream	Clindamycin-Benzoyl Peroxide 1%-5% Gel Pump ( <i>generic BenzaClin Gel Pump</i> )
Sulfacetamide Sodium-Sulfur 8%-4% Suspension	Clindamycin-Benzoyl Peroxide 1.2%-2.5% Gel Pump ( <i>generic Acanya</i> )
Sulfacetamide Sodium-Sulfur 9%-4.5% Wash	Clindamycin-Benzoyl Peroxide 1.2%-5% Gel ( <i>generic Duac, Neuac</i> )
Sulfacetamide Sodium-Sulfur 10%-5% Cleanser	Clindamycin-Tretinoin Gel
Tazorac Cream <sup>AR</sup>	Dapsone Gel
Tazorac Gel <sup>AR</sup>	Duac Gel
	Epiduo Forte Gel Pump <sup>AR</sup>
	Erygel
	Erythromycin Gel
	Erythromycin-Benzoyl Peroxide Gel
	Evoclin Foam
	Fabior Foam
	Klaron Lotion



# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents
	Neuac Gel Neuac Kit Onexton Gel Pump Retin-A Micro Gel <sup>AR</sup> Retin-A Micro Gel Pump <sup>AR</sup> Sodium Sulfacetamide 10% Lotion Sodium Sulfacetamide 10% Wash SSS 10%-5% Foam Sulfacetamide Sodium 10% Suspension Sulfacetamide Sodium-Sulfur 9%-4% Wash Sulfacetamide Sodium-Sulfur 9.8%-4.8% Cleanser Sulfacetamide Sodium-Sulfur 10%-2% Cleanser Sulfacetamide Sodium-Sulfur 10%-2% Cream Sulfacetamide Sodium-Sulfur 10%-4% Medicated Pad Sulfacetamide Sodium-Sulfur 10%-5% Cream Sumadan Wash Sumadan Kit <sup>QL</sup> Sumadin XLT Kit Sumaxin Cleansing Pad Sumaxin CP Kit <sup>QL</sup> Sumaxin TS Suspension Sumaxin Wash Tazarotene Cream <sup>AR</sup> Tretinoin Cream <sup>AR</sup> Tretinoin Gel <sup>AR</sup> Tretinoin Micro Gel <sup>AR</sup> Tretinoin Micro Gel Pump <sup>AR</sup> Ziana <sup>AR</sup>

## ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents
Donepezil 5 mg, 10 mg Tablet <sup>AR, PA, QL</sup> Galantamine Tablet <sup>AR, PA, QL</sup> Memantine Tablet <sup>AR, PA, QL</sup> Rivastigmine Capsule <sup>AR, PA, QL</sup>	Aricept <sup>AR, QL</sup> Donepezil 23 mg Tablet <sup>AR, QL</sup> Donepezil ODT <sup>AR, QL</sup> Exelon Patch <sup>AR, QL</sup> Galantamine ER Capsule <sup>AR, QL</sup> Galantamine Solution <sup>AR, QL</sup> Memantine ER Capsule <sup>AR, QL</sup> Memantine Solution <sup>AR, QL</sup> Namenda <sup>AR, QL</sup> Namenda XR <sup>AR, QL</sup> Namzaric <sup>AR, QL</sup> Razadyne <sup>AR, QL</sup> Razadyne ER <sup>AR, QL</sup> Rivastigmine Patch <sup>AR, QL</sup>

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS**

Preferred Agents	Non-Preferred Agents
Butalbital-Acetaminophen-Caffeine Tablet <sup>PA, QL</sup> Butalbital-Aspirin-Caffeine Capsule, Tablet <sup>PA, QL</sup>	Allzital <sup>QL</sup> Bupap <sup>QL</sup> Butalbital-Acetaminophen Tablet <sup>QL</sup> Butalbital-Acetaminophen-Caffeine Capsule <sup>QL</sup> Esgic Capsule, Tablet <sup>QL</sup> Fioricet <sup>QL</sup> Fiorinal <sup>QL</sup> Vanatol Solution <sup>QL</sup> Zebutal <sup>QL</sup>

**ANALGESICS, OPIOID – LONG ACTING**

Preferred Agents	Non-Preferred Agents
Butrans Patch <sup>AR, QL</sup> Embeda ER <sup>AR, PA, QL</sup> Fentanyl Patch 12, 25, 50, 75, 100 mcg/hr <sup>AR, PA, QL</sup> Morphine ER Tablet <sup>tAR, PA, QL</sup>	Arymo ER <sup>AR, QL</sup> Belbuca Film <sup>AR, QL</sup> Buprenorphine Patch <sup>AR, QL</sup> Dolophine <sup>AR, QL</sup> Duragesic Patch <sup>AR, QL</sup> Exalgo ER <sup>AR, QL</sup> Fentanyl Patch 37.5, 62.5, 87.5 mcg/hr <sup>AR, QL</sup> Hydromorphone ER <sup>AR, QL</sup> Hysingla ER <sup>AR, QL</sup> Kadian ER <sup>AR, QL</sup> Methadone <sup>AR, QL</sup> Morphabond ER <sup>AR, QL</sup> Morphine ER Capsule <sup>AR, QL</sup> MS Contin <sup>AR, QL</sup> Nucynta ER <sup>AR, QL</sup> Oxycodone ER <sup>AR, QL</sup> Oxycontin <sup>AR, QL</sup> Oxymorphone ER <sup>AR, QL</sup> Tramadol ER <sup>AR, QL</sup> Xtampza ER <sup>AR, QL</sup> Zohydro ER <sup>AR, QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANALGESICS, OPIOID – SHORT ACTING

Preferred Agents	Non-Preferred Agents
Acetaminophen-Codeine <sup>AR, QL</sup>	Acetaminophen-Caffeine-Dihydrocodeine <sup>AR, QL</sup>
Endocet <sup>AR, QL</sup>	Abstral <sup>AR, QL</sup>
Hydrocodone-Acetaminophen Tablet <sup>AR, QL</sup>	Actiq <sup>AR, QL</sup>
Hydrocodone-Ibuprofen <sup>AR, QL</sup>	Apadaz <sup>AR, QL</sup>
Morphine IR <sup>AR, QL</sup>	Benzyhydrocodone-Acetaminophen <sup>AR, QL</sup>
Oxycodone IR Tablet <sup>AR, QL</sup>	Butalbital-Caffeine-Acetaminophen-Codeine <sup>AR, QL</sup>
Oxycodone-Acetaminophen Tablet <sup>AR, QL</sup>	Butalbital-Caffeine-Aspirin-Codeine <sup>AR, QL</sup>
Tramadol IR <sup>AR, QL</sup>	Butorphanol Tartrate Nasal <sup>AR, QL</sup>
	Carisoprodol-Aspirin-Codeine <sup>AR, QL</sup>
	Codeine <sup>AR, QL</sup>
	Demerol <sup>AR, QL</sup>
	Dilaudid <sup>AR, QL</sup>
	Dsuvia <sup>AR, QL</sup>
	Fentanyl Citrate <sup>AR, QL</sup>
	Fentora <sup>AR, QL</sup>
	Fiorinal with Codeine <sup>AR, QL</sup>
	Hydrocodone-Acetaminophen Solution <sup>AR, QL</sup>
	Hydromorphone <sup>AR, QL</sup>
	Ibudone <sup>AR, QL</sup>
	Lazanda <sup>AR, QL</sup>
	Levorphanol <sup>AR, QL</sup>
	Lorcet <sup>AR, QL</sup>
	Lorcet HD <sup>AR, QL</sup>
	Lorcet Plus <sup>AR, QL</sup>
	Lortab <sup>AR, QL</sup>
	Meperidine <sup>AR, QL</sup>
	Morphine Suppository <sup>AR, QL</sup>
	Nalocet <sup>AR, QL</sup>
	Norco <sup>AR, QL</sup>
	Nucynta IR <sup>AR, QL</sup>
	Opana IR <sup>AR, QL</sup>
	Oxaydo <sup>AR, QL</sup>
	Oxycodone IR Capsule, Concentrate Solution, Solution <sup>AR, QL</sup>
	Oxycodone-Aspirin <sup>AR, QL</sup>
	Oxycodone-Ibuprofen <sup>AR, QL</sup>
	Oxymorphone IR <sup>AR, QL</sup>
	Pentazocine-Naloxone <sup>AR, QL</sup>
	Percocet <sup>AR, QL</sup>
	Primlev <sup>AR, QL</sup>
	Roxicodone <sup>AR, QL</sup>
	Roxybond <sup>AR, QL</sup>
	Subsys <sup>AR, QL</sup>
	Tramadol-Acetaminophen <sup>AR, QL</sup>
	Tylenol with Codeine <sup>AR, QL</sup>
	Ultracet <sup>AR, QL</sup>
	Ultram <sup>AR, QL</sup>
	Vicodin <sup>AR, QL</sup>
	Vicodin ES <sup>AR, QL</sup>
	Vicodin HP <sup>AR, QL</sup>
	Xylon <sup>AR, QL</sup>

## ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents
Androgel 1% Packet <sup>PA, QL</sup>	Androderm Patch <sup>QL</sup>
Depo-Testosterone Injection <sup>PA, QL</sup>	Androgel 1.62% Packet, Pump <sup>QL</sup>
Testopel Implant Pellet <sup>PA, QL</sup>	Anadrol-50 <sup>QL</sup>

AR = age restriction, clinical prior authorization required  
 Non-preferred medications require prior authorization  
 IR = immediate-release formulation  
 January 1, 2020

PA = clinical prior authorization required  
 QL = quantity limit applies to FFS claims  
 ER = extended-release formulation  
 Page 11 of 52

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents
Testosterone Cypionate Injection <sup>PA, QL</sup>	Android <sup>QL</sup> Aveed <sup>QL</sup> Fortesta <sup>QL</sup> Methitest <sup>QL</sup> Methyltestosterone Capsule <sup>QL</sup> Oxandrolone <sup>QL</sup> Striant <sup>QL</sup> Testim <sup>QL</sup> Testosterone Enanthate Injection <sup>QL</sup> Testosterone 1% Gel Packet, Pump ( <i>generic Androgel 1%</i> ) <sup>QL</sup> Testosterone 1% Gel Tube ( <i>generic Testim 1%</i> ) <sup>QL</sup> Testosterone 1.62% Gel Packet, Pump ( <i>generic Androgel 1.62%</i> ) <sup>QL</sup> Testosterone 10 mg Gel Pump ( <i>generic Fortesta</i> ) <sup>QL</sup> Testosterone Solution Pump ( <i>generic Axiron</i> ) <sup>QL</sup> Testred Capsule <sup>QL</sup> Vogelxo Gel <sup>QL</sup> Xyosted Injection <sup>QL</sup>

## ANGIOTENSIN MODULATOR COMBINATIONS

Preferred Agents	Non-Preferred Agents
Amlodipine-Benazepril <sup>QL</sup> Amlodipine-Valsartan <sup>QL</sup> Amlodipine-Valsartan HCTZ <sup>QL</sup>	Amlodipine-Olmesartan <sup>QL</sup> Amlodipine-Olmesartan-HCTZ <sup>QL</sup> Azor <sup>QL</sup> Exforge <sup>QL</sup> Exforge HCT <sup>QL</sup> Lotrel <sup>QL</sup> Prestalia <sup>QL</sup> Tarka <sup>QL</sup> Telmisartan-Amlodipine <sup>QL</sup> Trandolapril-Verapamil <sup>QL</sup> Tribenzor <sup>QL</sup> Twynsta <sup>QL</sup>

## ANGIOTENSIN MODULATORS

Preferred Agents	Non-Preferred Agents
Benazepril <sup>QL</sup> Benazepril-Hydrochlorothiazide <sup>QL</sup> Enalapril <sup>QL</sup> Enalapril-Hydrochlorothiazide <sup>QL</sup> Entresto <sup>QL</sup> Fosinopril <sup>QL</sup> Fosinopril-Hydrochlorothiazide <sup>QL</sup> Irbesartan <sup>QL</sup> Irbesartan-Hydrochlorothiazide <sup>QL</sup> Lisinopril <sup>QL</sup> Lisinopril-Hydrochlorothiazide <sup>QL</sup> Losartan <sup>QL</sup> Losartan-Hydrochlorothiazide <sup>QL</sup> Olmesartan <sup>QL</sup> Olmesartan-Hydrochlorothiazide <sup>QL</sup> Quinapril <sup>QL</sup> Quinapril-Hydrochlorothiazide <sup>QL</sup> Ramipril <sup>QL</sup> Trandolapril <sup>QL</sup>	Accupril <sup>QL</sup> Accuretic <sup>QL</sup> Aliskiren <sup>QL</sup> Altace <sup>QL</sup> Atacand <sup>QL</sup> Atacand HCT <sup>QL</sup> Avalide <sup>QL</sup> Avapro <sup>QL</sup> Benicar <sup>QL</sup> Benicar HCT <sup>QL</sup> Candesartan <sup>QL</sup> Candesartan-Hydrochlorothiazide <sup>QL</sup> Captopril <sup>QL</sup> Captopril-Hydrochlorothiazide <sup>QL</sup> Cozaar <sup>QL</sup> Diovan <sup>QL</sup> Diovan HCT <sup>QL</sup> Edarbi <sup>QL</sup> Edarbyclor <sup>QL</sup>

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**ANGIOTENSIN MODULATORS**

Preferred Agents	Non-Preferred Agents
Valsartan <sup>QL</sup> Valsartan-Hydrochlorothiazide <sup>QL</sup>	Epaned <sup>QL</sup> Eprosartan <sup>QL</sup> Hyzaar <sup>QL</sup> Lotensin <sup>QL</sup> Lotensin HCT <sup>QL</sup> Micardis <sup>QL</sup> Micardis HCT <sup>QL</sup> Moexipril <sup>QL</sup> Moexipril-Hydrochlorothiazide <sup>QL</sup> Perindopril <sup>QL</sup> Prinivil <sup>QL</sup> Qbrelis <sup>QL</sup> Tekturna <sup>QL</sup> Tekturna HCT <sup>QL</sup> Telmisartan <sup>QL</sup> Telmisartan-Hydrochlorothiazide <sup>QL</sup> Vaseretic <sup>QL</sup> Vasotec <sup>QL</sup> Zestoretic <sup>QL</sup> Zestril <sup>QL</sup>

**ANTIANGINAL AGENTS**

Preferred Agents	Non-Preferred Agents
Isosorbide Mononitrate Isosorbide Mononitrate ER Nitro-BID Ointment Nitroglycerin Patch Nitroglycerin SL Tablet Ranolazine ER <sup>PA, QL</sup>	BiDil Dilatrate-SR GoNitro Isordil Isordil Titradose Isosorbide Dinitrate Minitran Patch Nitro-DUR Patch Nitroglycerin ER Capsule Nitroglycerin Spray Nitrolingual Spray NitroMist Spray Nitrostat SL Tablet Ranexa <sup>QL</sup>

**ANTIBIOTICS, GI AND RELATED AGENTS**

Preferred Agents	Non-Preferred Agents
Firvanq Solution Metronidazole Tablet Neomycin Vancomycin	Difucid <sup>QL</sup> Flagyl Metronidazole Capsule Paromomycin Tindamax <sup>QL</sup> Tinidazole <sup>QL</sup> Vancocin Xifaxan <sup>QL</sup> Zinplava <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANTIBIOTICS, INHALED

Preferred Agents	Non-Preferred Agents
Kitabis Pak <sup>QL</sup> Tobramycin Solution ( <i>generic Tobj</i> ) <sup>QL</sup>	Arikayce <sup>QL</sup> Bethkis <sup>QL</sup> Cayston <sup>QL</sup> Tobi Solution <sup>QL</sup> Tobi Podhaler <sup>QL</sup> Tobramycin Pak ( <i>generic Kitabis</i> ) <sup>QL</sup>

## ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Bacitracin Bacitracin-Polymyxin Gentamicin Sulfate Mupirocin Ointment Triple Antibiotic Ointment Triple Antibiotic Plus Ointment	Centany Centany AT Kit Cortisporin Mupirocin Cream Neo-Synalar Cream

## ANTICOAGULANTS

Preferred Agents	Non-Preferred Agents
Eliquis <sup>QL</sup> Enoxaparin <sup>QL</sup> Pradaxa <sup>QL</sup> Warfarin Xarelto <sup>QL</sup>	Arixtra <sup>QL</sup> Coumadin Fondaparinux <sup>QL</sup> Fragmin <sup>QL</sup> Lovenox <sup>QL</sup> Savaysa <sup>QL</sup>

## ANTICONVULSANTS

Preferred Agents	Non-Preferred Agents
Carbamazepine Chewable Tablet, Suspension, Tablet <sup>QL</sup> Carbamazepine ER Capsule <sup>QL</sup> Carbamazepine ER Tablet <sup>QL</sup> Clobazam Suspension, Tablet <sup>QL</sup> Clonazepam Tablet <sup>QL</sup> Diazepam Rectal Gel Dilantin Capsule <sup>QL</sup> Divalproex Sodium DR Sprinkle, Tablet Divalproex Sodium ER Tablet Epilex Tablet <sup>QL</sup> Equetro Capsule <sup>QL</sup> Ethosuximide Capsule, Solution <sup>QL</sup> Gabapentin Capsule, Tablet <sup>QL</sup> Lamotrigine Tablet <sup>QL</sup> Levetiracetam Solution, Tablet <sup>QL</sup> Levetiracetam ER Tablet <sup>QL</sup> Lyrica Capsule <sup>QL</sup> Oxcarbazepine Suspension, Tablet <sup>QL</sup> Phenobarbital Elixir, Solution, Tablet Phenytoin Capsule, Chewable Tablet, Suspension <sup>QL</sup> Phenytoin ER Capsule ( <i>generic Phenytek</i> ) <sup>QL</sup> Primidone Tablet <sup>QL</sup> Topiramate ER Sprinkle <sup>QL</sup> Topiramate IR Sprinkle, Tablet <sup>QL</sup> Valproic Acid Capsule, Solution <sup>QL</sup> Zonisamide Capsule <sup>QL</sup>	Aptiom <sup>QL</sup> Banzel <sup>QL</sup> Briviact <sup>QL</sup> Carbatrol ER Capsule <sup>QL</sup> Celontin <sup>QL</sup> Clonazepam ODT <sup>QL</sup> Depakene Depakote DR Sprinkle, Tablet Depakote ER Tablet Diastat, Diastat Acudial Rectal Gel Dilantin Infatab, Suspension <sup>QL</sup> Epidiolex <sup>QL</sup> Felbamate Felbatol Fycompa <sup>QL</sup> Gabapentin Solution <sup>QL</sup> Gabitril Keppra <sup>QL</sup> Keppra XR <sup>QL</sup> Klonopin <sup>QL</sup> Lamictal <sup>QL</sup> Lamictal ODT <sup>QL</sup> Lamictal XR Lamotrigine Chewable Tablet Lamotrigine ODT Lamotrigine Starter Kit Lamotrigine ER

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANTICONVULSANTS

Preferred Agents	Non-Preferred Agents
	Lyrica Solution <sup>QL</sup>
	Mysoline <sup>QL</sup>
	Neurontin <sup>QL</sup>
	Onfi Suspension, Tablet <sup>QL</sup>
	Oxtellar XR <sup>QL</sup>
	Peganone <sup>QL</sup>
	Phenytek <sup>QL</sup>
	Qudexy XR <sup>QL</sup>
	Sabril <sup>QL</sup>
	Spritam Tablet for Suspension <sup>QL</sup>
	Sympazan <sup>QL</sup>
	Tegretol IR Suspension, Tablet <sup>QL</sup>
	Tegretol XR Tablet <sup>QL</sup>
	Tiagabine
	Topamax Sprinkle, Tablet <sup>QL</sup>
	Trileptal <sup>QL</sup>
	Trokendi XR <sup>QL</sup>
	Vigabatrin <sup>QL</sup>
	Vimpat <sup>QL</sup>
	Zarontin Capsule, Syrup <sup>QL</sup>

## ANTIDEPRESSANTS, OTHER

Preferred Agents	Non-Preferred Agents
Amitriptyline Tablet	Anafranil
Amoxapine Tablet	Aplenzin <sup>QL</sup>
Bupropion IR <sup>QL</sup>	Clomipramine
Bupropion SR <sup>QL</sup>	Desipramine
Bupropion XL <sup>QL</sup>	Cymbalta <sup>QL</sup>
Desvenlafaxine Succinate ER ( <i>generic Pristiq</i> ) <sup>QL</sup>	Desvenlafaxine ER <sup>QL</sup>
Doxepin Capsule, Concentrate Solution	Desvenlafaxine Fumarate ER <sup>QL</sup>
Duloxetine 20 mg, 30 mg, 60 mg Capsule ( <i>generic Cymbalta</i> ) <sup>QL</sup>	Duloxetine 40 mg Capsule ( <i>generic Irenka</i> ) <sup>QL</sup>
Imipramine Tablet	Effexor XR <sup>QL</sup>
Mirtazapine Tablet <sup>QL</sup>	Emsam Patch <sup>QL</sup>
Nortriptyline Capsule	Fetzima <sup>QL</sup>
Phenelzine Tablet	Forfivo XL <sup>QL</sup>
Trazodone Tablet	Imipramine Capsule
Venlafaxine ER Capsule <sup>QL</sup>	Khedezla ER <sup>QL</sup>
Venlafaxine IR Tablet <sup>QL</sup>	Maprotiline <sup>QL</sup>
	Marplan
	Mirtazapine ODT <sup>QL</sup>
	Nardil
	Nefazodone
	Norpramin
	Nortriptyline Solution
	Pamelor
	Parnate
	Pristiq ER <sup>QL</sup>
	Protriptyline
	Remeron <sup>QL</sup>
	Remeron Soltab <sup>QL</sup>
	Spravato <sup>QL</sup>
	Surmontil
	Tofranil
	Tranlycypromine Sulfate
	Trimipramine
	Trintellix <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANTIDEPRESSANTS, OTHER

Preferred Agents	Non-Preferred Agents
	Venlafaxine ER Tablet <sup>QL</sup> Viibryd <sup>QL</sup> Wellbutrin SR <sup>QL</sup> Wellbutrin XL <sup>QL</sup>

## ANTIDEPRESSANTS, SSRIS

Preferred Agents	Non-Preferred Agents
Citalopram Solution, Tablet <sup>QL</sup> Escitalopram Tablet <sup>QL</sup> Fluoxetine IR Capsule, Solution <sup>QL</sup> Fluvoxamine IR Tablet <sup>QL</sup> Paroxetine IR Tablet <sup>QL</sup> Sertraline Tablet <sup>QL</sup>	Brisdelle <sup>QL</sup> Celexa <sup>QL</sup> Escitalopram Solution <sup>QL</sup> Fluoxetine DR Capsule <sup>QL</sup> Fluoxetine IR Tablet <sup>QL</sup> Fluvoxamine ER Capsule <sup>QL</sup> Lexapro <sup>QL</sup> Paroxetine ER Tablet <sup>QL</sup> Paroxetine Mesylate Capsule <sup>QL</sup> Paxil <sup>QL</sup> Paxil CR <sup>QL</sup> Pexeva <sup>QL</sup> Prozac <sup>QL</sup> Sarafem <sup>QL</sup> Sertraline Concentrate Solution <sup>QL</sup> Zoloft <sup>QL</sup>

## ANTIEMETICS-ANTIVERTIGO AGENTS

Preferred Agents	Non-Preferred Agents
Aloxi Injection <sup>QL</sup> Cinvanti Vial <sup>QL</sup> Diclegis <sup>QL</sup> Dimenhydrinate Tablet (OTC) Emend Capsule, Dose Pack <sup>QL</sup> Granisetron Injection Meclizine Chewable Tablet, Tablet (OTC & Rx) Metoclopramide Solution, Tablet Metoclopramide Syringe, Vial Ondansetron ODT <sup>QL</sup> Ondansetron Solution, Tablet <sup>QL</sup> Ondansetron Syringe Ondansetron Vial <sup>QL</sup> Phosphorated Carbohydrate Oral Solution Prochlorperazine Tablet Prochlorperazine Vial Promethazine Ampule, Vial <sup>AR</sup> Promethazine Syrup <sup>AR</sup> Promethazine Tablet <sup>AR, QL</sup> Transderm-Scop <sup>QL</sup> Trimethobenzamide Capsule <sup>QL</sup>	Akynzeo Capsule, Vial <sup>QL</sup> Anzemet <sup>QL</sup> Aprepitant <sup>QL</sup> Bonjesta Tablet <sup>QL</sup> Cesamet <sup>QL</sup> Dimenhydrinate Injection Dronabinol <sup>QL</sup> Emend Powder for Suspension <sup>QL</sup> Emend Vial <sup>QL</sup> Granisetron Tablet <sup>QL</sup> Marinol <sup>QL</sup> Metoclopramide ODT Palonosetron Injection <sup>QL</sup> Phenergan <sup>AR</sup> Prochlorperazine Suppository Promethazine Suppository <sup>AR, QL</sup> Reglan Sancuso Patch <sup>QL</sup> Scopolamine Patch <sup>QL</sup> Sustol <sup>QL</sup> Syndros <sup>QL</sup> Tigan <sup>QL</sup> Varubi <sup>QL</sup> Zofran <sup>QL</sup> Zofran ODT <sup>QL</sup> Zuplenz <sup>QL</sup>



**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**ANTIFUNGALS, ORAL**

Preferred Agents	Non-Preferred Agents
Clotrimazole Troche <sup>QL</sup>	Ancobon
Fluconazole <sup>QL</sup>	Cresemba <sup>QL</sup>
Griseofulvin Suspension	Diflucan <sup>QL</sup>
Nystatin	Flucytosine
Terbinafine <sup>QL</sup>	Griseofulvin Microsize Tablet
	Griseofulvin Ultramicrosize Tablet
	Itraconazole <sup>QL</sup>
	Ketoconazole Tablet <sup>QL</sup>
	Noxafil <sup>QL</sup>
	Onmel <sup>QL</sup>
	Oravig <sup>QL</sup>
	Sporanox <sup>QL</sup>
	Tolsura
	Vfend
	Voriconazole

**ANTIFUNGALS, TOPICAL**

Preferred Agents	Non-Preferred Agents
Alevazol (OTC)	Bensal HP
Butenafine Cream	Ciclodan
Ciclopirox Cream, Solution	Ciclopirox Gel, Shampoo, Suspension
Clotrimazole Cream (OTC)	Ciclopirox Treatment Kit
Clotrimazole-Betamethasone Cream	Clotrimazole Solution
Desenex Powder	Clotrimazole Cream (Rx)
Ketoconazole Shampoo	Clotrimazole-Betamethasone Lotion
Lamisil AF Defense Spray (OTC)	Econazole
Lamisil Spray (OTC)	Ertaczo
Miconazole (OTC)	Exelderm
Nyamyc Powder	Extina
Nystatin Cream, Ointment, Powder	Fungoid, Fungoid Kit
Nystop	Hydrocortisone-Iodoquinol
Terbinafine Topical (OTC)	Iodoquinol-Hydrocortisone-Aloe
Tolnaftate (OTC)	Jublia
Zeasorb Powder	Kerydin
	Ketoconazole Cream, Foam
	Lamisil AT Cream
	Loprox
	Lotrisone
	Luliconazole
	Luzu
	Mentax
	Miconazole/Zinc/Petrolatum
	Naftifine
	Naftin
	Nizoral Shampoo
	Nystatin-Triamcinolone
	Oxiconazole
	Oxistat
	Penlac
	Vusion

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANTIHEMOPHILIA FACTOR VIII AGENTS

Preferred Agents	Non-Preferred Agents
Advate <sup>PA</sup> Eloctate <sup>PA</sup> Helixate FS <sup>PA</sup> Hemofil M <sup>PA</sup> Koate <sup>PA</sup> Kogenate FS <sup>PA</sup> Monoclate-P <sup>PA</sup> Novoeight <sup>PA</sup> Nuwiq <sup>PA</sup> Recombinate <sup>PA</sup> Xyntha <sup>PA</sup> Xyntha Solofuse <sup>PA</sup>	Adynovate Afstyla Jivi Kovaltry Obizur

## ANTIHEMOPHILIA FACTOR VIII/VWF

Preferred Agents	Non-Preferred Agents
Alphanate <sup>PA</sup> Humate-P <sup>PA</sup> Wilate <sup>PA</sup>	Vonvendi

## ANTIHEMOPHILIA FACTOR INHIBITORS

Preferred Agents	Non-Preferred Agents
Hemlibra <sup>PA</sup>	Feiba NF Novoseven

## ANTIHEMOPHILIA FACTOR IX AGENTS

Preferred Agents	Non-Preferred Agents
Alphanine SD <sup>PA</sup> Alprolix <sup>PA</sup> Benefix <sup>PA</sup> Ixinity <sup>PA</sup> Mononine <sup>PA</sup> Profilnine <sup>PA</sup> Rixubis <sup>PA</sup>	Idelvion Rebinyon

## ANTI-HISTAMINES, MINIMALLY SEDATING

Preferred Agents	Non-Preferred Agents
Cetirizine Solution, Tablet <sup>QL</sup> Fexofenadine Suspension, Tablet <sup>QL</sup> Levocetirizine Tablet <sup>QL</sup> Loratadine ODT <sup>QL</sup> Loratadine Solution, Tablet <sup>QL</sup> Loratadine-D 24HR <sup>QL</sup>	Cetirizine Chewable Tablet <sup>QL</sup> Cetirizine-D <sup>QL</sup> Clarinet Syrup, Tablet <sup>QL</sup> Clarinet-D <sup>QL</sup> Desloratadine <sup>QL</sup> Fexofenadine-D <sup>QL</sup> Levocetirizine Solution <sup>QL</sup> Loratadine Capsule, Chewable Tablet <sup>QL</sup> Loratadine-D 12HR <sup>QL</sup> Sempres D <sup>QL</sup>

## ANTI-HYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents	Non-Preferred Agents
Clonidine Patch <sup>QL</sup> Clonidine Tablet Guanfacine <sup>QL</sup> Methyldopa	Catapres-TTS <sup>QL</sup> Catapres Tablet Methyldopa-HCTZ

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANTIHYPURICEMICS

Preferred Agents	Non-Preferred Agents
Allopurinol Tablet Colchicine Capsule, Tablet <sup>PA, QL</sup> Probenecid Tablet Probenecid-Colchicine Tablet	Colcrys <sup>QL</sup> Krystexxa <sup>QL</sup> Mitigare <sup>QL</sup> Uloric <sup>QL</sup> Zyloprim

## ANTIMALARIALS

Preferred Agents	Non-Preferred Agents
Atovaquone-Proguanil <sup>QL</sup> Chloroquine Coartem Hydroxychloroquine Krintafel Mefloquine Primaquine	Malarone <sup>QL</sup> Plaquenil Quaaluan Quinine Capsule

## ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non-Preferred Agents
Emgality <sup>PA, QL</sup>	Aimovig <sup>QL</sup> Ajovy <sup>QL</sup> Cafergot <sup>QL</sup> DHE Injection Dihydroergotamine Mesylate Injection Dihydroergotamine Mesylate Nasal Spray <sup>QL</sup> Ergomar <sup>QL</sup> Migergot Suppository <sup>QL</sup> Migranal Nasal Spray <sup>QL</sup>

## ANTIMIGRAINE AGENTS, TRIPTANS

Preferred Agents	Non-Preferred Agents
Naratriptan <sup>QL</sup> Rizatriptan <sup>QL</sup> Rizatriptan ODT <sup>QL</sup> Sumatriptan Nasal Spray <sup>QL</sup> Sumatriptan Injection <sup>QL</sup> Sumatriptan Tablet <sup>QL</sup> Zolmitriptan <sup>QL</sup> Zolmitriptan ODT <sup>QL</sup> Zomig Nasal Spray <sup>QL</sup>	Almotriptan <sup>QL</sup> Amerge <sup>QL</sup> Eletriptan <sup>QL</sup> Frova <sup>QL</sup> Frovatriptan <sup>QL</sup> Imitrex Injection, Nasal Spray, Tablet <sup>QL</sup> Maxalt <sup>QL</sup> Maxalt MLT <sup>QL</sup> Onzetra Xsail <sup>QL</sup> Relpax <sup>QL</sup> Sumatriptan-Naproxen Tablet <sup>QL</sup> Sumavel Dosepro <sup>QL</sup> Treximet <sup>QL</sup> Zembrace <sup>QL</sup> Zomig Tablet <sup>QL</sup> Zomig ZMT <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANTIPARASITICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Natroba Topical Suspension	Crotan Lotion
Permethrin 1% Creme Rinse (OTC) ( <i>Lice Treatment 1% Creme Rinse</i> )	Elimite Cream
Permethrin 5% Cream	Eurax Cream, Lotion
Piperonyl Butoxide/Pyrethrins Kit, Liquid, Shampoo (OTC) ( <i>Lice Treatment Shampoo</i> )	Lindane Shampoo
Piperonyl Butoxide/Pyrethrins/Permethrin Kit (OTC) ( <i>Lice Solutions Kit</i> )	Malathion Lotion
Sklice Lotion	Ovide Lotion
	Spinosad Topical Suspension
	Vanallice Gel

## ANTIPARKINSON'S AGENTS

Preferred Agents	Non-Preferred Agents
Amantadine Capsule, Solution, Tablet	Azilect <sup>QL</sup>
Benzotropine Tablet <sup>QL</sup>	Bromocriptine <sup>QL</sup>
Carbidopa-Levodopa IR Tablet <sup>QL</sup>	Carbidopa <sup>QL</sup>
Carbidopa-Levodopa ER Tablet <sup>QL</sup>	Carbidopa-Levodopa ODT <sup>QL</sup>
Entacapone Tablet <sup>QL</sup>	Carbidopa-Levodopa-Entacapone <sup>QL</sup>
Parlodel Capsule, Tablet <sup>QL</sup>	Comtan <sup>QL</sup>
Pramipexole IR Tablet <sup>QL</sup>	Duopa <sup>QL</sup>
Ropinirole IR Tablet <sup>QL</sup>	Gocovri ER <sup>QL</sup>
Selegiline Capsule, Tablet <sup>QL</sup>	Inbrija <sup>QL</sup>
Trihexyphenidyl Elixir, Tablet <sup>QL</sup>	Lodosyn <sup>QL</sup>
	Mirapex <sup>QL</sup>
	Mirapex ER <sup>QL</sup>
	Neupro Patch <sup>QL</sup>
	Osmolex ER <sup>QL</sup>
	Pramipexole ER Tablet <sup>QL</sup>
	Rasagiline <sup>QL</sup>
	Requip <sup>QL</sup>
	Requip XL <sup>QL</sup>
	Ropinirole ER Tablet <sup>QL</sup>
	Rytary ER <sup>QL</sup>
	Sinemet CR Tablet <sup>QL</sup>
	Sinemet IR Tablet <sup>QL</sup>
	Stalevo <sup>QL</sup>
	Tasmar <sup>QL</sup>
	Tolcapone <sup>QL</sup>
	Xadago <sup>QL</sup>
	Zelapar <sup>QL</sup>

## ANTIPSORIATICS, ORAL

Preferred Agents	Non-Preferred Agents
Soriatane <sup>QL</sup>	Acitretin <sup>QL</sup>
	Methoxsalen
	Oxsoralen-Ultra

## ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Calcipotriene Cream, Solution	Calcipotriene Ointment
Tazorac Cream, Gel <sup>AR</sup>	Calcipotriene-Betamethasone
Vectical	Calcitrene
	Calcitriol
	Dovonex Cream
	Enstilar Foam

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents
	Sorilux Taclonex Tazarotene <sup>AR</sup>

## ANTIPSYCHOTICS

Preferred Agents	Non-Preferred Agents
Abilify Maintena <sup>AR, QL</sup>	Abilify Tablet <sup>AR, QL</sup>
Aripiprazole Tablet <sup>AR, QL</sup>	Abilify Mycrite <sup>AR</sup>
Aristada ER <sup>AR, QL</sup>	Adasuve <sup>AR, QL</sup>
Aristada Initio <sup>AR, QL</sup>	Amitriptyline-Perphenazine <sup>AR</sup>
Clozapine Tablet <sup>AR, QL</sup>	Aripiprazole ODT <sup>AR, QL</sup>
Fluphenazine Tablet <sup>AR</sup>	Aripiprazole Solution <sup>AR, QL</sup>
Fluphenazine Decanoate Injection <sup>AR</sup>	Chlorpromazine <sup>AR</sup>
Haldol (Lactate) Injection <sup>AR</sup>	Clozapine ODT <sup>AR, QL</sup>
Haloperidol Tablet <sup>AR</sup>	Clozaril <sup>AR, QL</sup>
Haloperidol Decanoate Injection <sup>AR</sup>	Fanapt <sup>AR, QL</sup>
Haloperidol Lactate Injection <sup>AR</sup>	Fazaclo <sup>AR, QL</sup>
Haloperidol Lactate Oral Concentrate Solution <sup>AR</sup>	Fluphenazine Elixir, Oral Concentrate Solution <sup>AR</sup>
Invega Sustenna <sup>AR, QL</sup>	Fluphenazine HCl Injection <sup>AR</sup>
Invega Trinza <sup>AR, QL</sup>	Geodon Capsule, Injection <sup>AR, QL</sup>
Loxapine <sup>AR</sup>	Haldol Decanoate Injection <sup>AR</sup>
Olanzapine Tablet <sup>AR, QL</sup>	Invega ER Tablet <sup>AR, QL</sup>
Perphenazine Tablet <sup>AR</sup>	Latuda <sup>AR, QL</sup>
Perseris ER <sup>AR, QL</sup>	Molindone <sup>AR, QL</sup>
Quetiapine ER Tablet <sup>AR, QL</sup>	Nuplazid <sup>AR, QL</sup>
Quetiapine IR Tablet <sup>AR, QL</sup>	Olanzapine Injection <sup>AR, QL</sup>
Risperdal Consta <sup>AR, QL</sup>	Olanzapine ODT <sup>AR, QL</sup>
Risperidone Solution, Tablet <sup>AR, QL</sup>	Olanzapine-Fluoxetine <sup>AR, QL</sup>
Trifluoperazine Tablet <sup>AR</sup>	Paliperidone ER <sup>AR, QL</sup>
Ziprasidone Capsule <sup>AR, QL</sup>	Pimozide <sup>AR</sup>
Zyprexa Relprevv <sup>AR, QL</sup>	Rexulti <sup>AR, QL</sup>
	Risperdal Solution, Tablet <sup>AR, QL</sup>
	Risperidone ODT <sup>AR, QL</sup>
	Saphris <sup>AR, QL</sup>
	Seroquel <sup>QL</sup>
	Seroquel XR <sup>AR, QL</sup>
	Symbyax <sup>AR, QL</sup>
	Thioridazine <sup>AR</sup>
	Thiothixene <sup>AR</sup>
	Versacloz <sup>AR</sup>
	Vraylar <sup>AR, QL</sup>
	Zyprexa <sup>AR, QL</sup>
	Zyprexa Zydis <sup>AR, QL</sup>

## ANTIVIRALS, CMV

Preferred Agents	Non-Preferred Agents
Prevymis <sup>PA, QL</sup>	Valcyte Tablet
Valcyte Solution	Valganciclovir Solution
Valganciclovir Tablet	

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANTIVIRALS, HERPES

Preferred Agents	Non-Preferred Agents
Abreva Cream <sup>QL</sup> Acyclovir Capsule, Suspension, Tablet <sup>QL</sup> Famciclovir <sup>QL</sup> Valacyclovir <sup>QL</sup>	Acyclovir Cream, Ointment <sup>QL</sup> Denavir <sup>QL</sup> Sitavig <sup>QL</sup> Valtrex <sup>QL</sup> Xerese <sup>QL</sup> Zovirax <sup>QL</sup>

## ANTIVIRALS, INFLUENZA

Preferred Agents	Non-Preferred Agents
Oseltamivir <sup>QL</sup> Relenza <sup>QL</sup>	Flumadine Rapivab Rimantadine Tamiflu <sup>QL</sup> Xofluza <sup>QL</sup>

## ANXIOLYTICS

Preferred Agents	Non-Preferred Agents
Alprazolam Tablet <sup>AR, QL</sup> Buspirone <sup>QL</sup> Chlordiazepoxide <sup>AR, QL</sup> Clorazepate <sup>AR, QL</sup> Diazepam Tablet, Solution <sup>AR, QL</sup> Diazepam Vial Hydroxyzine Hydrochloride Solution, Tablet Hydroxyzine Pamoate Capsule Lorazepam Tablet <sup>AR, QL</sup>	Alprazolam ER <sup>QL</sup> Alprazolam Intensol Solution <sup>QL</sup> Alprazolam ODT <sup>AR, QL</sup> Ativan Tablet <sup>AR, QL</sup> Diazepam Intensol Solution <sup>AR, QL</sup> Diazepam Syringe Lorazepam Intensol Solution <sup>AR, QL</sup> Meprobamate <sup>QL</sup> Oxazepam <sup>AR, QL</sup> Tranxene T-Tab <sup>AR, QL</sup> Vistaril Capsule Xanax Tablet <sup>AR, QL</sup> Xanax XR <sup>AR, QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## BETA-BLOCKERS

Preferred Agents	Non-Preferred Agents
Acebutolol	Betapace
Atenolol	Betapace AF
Atenolol-Chlorthalidone	Betaxolol
Bisoprolol	Bystolic <sup>QL</sup>
Bisoprolol-Hydrochlorothiazide	Carvedilol ER Capsule <sup>QL</sup>
Carvedilol IR Tablet <sup>QL</sup>	Coreg <sup>QL</sup>
Hemangeol <sup>PA</sup>	Coreg CR <sup>QL</sup>
Labetalol	Corgard
Metoprolol Tartrate	Corzide
Metoprolol Succinate ER	Inderal LA
Pindolol	Inderal XL <sup>QL</sup>
Propranolol	Innopran XL <sup>QL</sup>
Propranolol-Hydrochlorothiazide	Kapsargo Sprinkle <sup>QL</sup>
Propranolol ER	Lopressor
Sotalol	Metoprolol-Hydrochlorothiazide
Sotalol AF	Nadolol
	Nadolol-Bendroflumethiazide
	Sotylize
	Tenoretic
	Tenormin
	Timolol
	Toprol XL
	Ziac

## BILE SALTS

Preferred Agents	Non-Preferred Agents
Cholbam <sup>PA</sup>	Actigall <sup>QL</sup>
Ursodiol <sup>QL</sup>	Chenodal <sup>QL</sup>
	Ocaliva <sup>QL</sup>
	Urso <sup>QL</sup>
	Urso Forte <sup>QL</sup>

## BLADDER RELAXANT PREPARATIONS

Preferred Agents	Non-Preferred Agents
Oxybutynin <sup>QL</sup>	Darifenacin ER <sup>QL</sup>
Oxybutynin ER <sup>QL</sup>	Detrol <sup>QL</sup>
Oxytrol for Women (OTC) <sup>QL</sup>	Detrol LA <sup>QL</sup>
Tolterodine <sup>QL</sup>	Ditropan XL <sup>QL</sup>
Tolterodine ER <sup>QL</sup>	Enablex <sup>QL</sup>
Trospium <sup>QL</sup>	Flavoxate
	Gelnique <sup>QL</sup>
	Myrbetriq <sup>QL</sup>
	Oxytrol <sup>QL</sup>
	Toviaz <sup>QL</sup>
	Trospium ER <sup>QL</sup>
	Vesicare <sup>QL</sup>

## BLOOD GLUCOSE METERS AND TEST STRIPS

Preferred Products	Non-Preferred Manufacturers	
<b>Ascensia Glucometers</b>	Abbott <sup>QL</sup>	Nipro Diagnostics/Trividia <sup>QL</sup>
• Contour <sup>QL</sup>	Able Diagnostics <sup>QL</sup>	Nova <sup>QL</sup>
• Contour Next <sup>QL</sup>	Acon <sup>QL</sup>	Oak Tree Intern <sup>QL</sup>
• Contour Next EZ <sup>QL</sup>	Agamatrix <sup>QL</sup>	Omnis Health <sup>QL</sup>
• Contour Next One <sup>QL</sup>	American Screening	One Pharmaceutical <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## BLOOD GLUCOSE METERS AND TEST STRIPS

Preferred Products	Non-Preferred Manufacturers	
<b>Ascensia Test Strips</b> <ul style="list-style-type: none"> <li>• Contour<sup>QL</sup></li> <li>• Contour Next <sup>QL</sup></li> </ul>	<ul style="list-style-type: none"> <li>Arkray<sup>QL</sup></li> <li>Bayer<sup>QL</sup></li> <li>Bionime USA<sup>QL</sup></li> <li>Biosense Medical<sup>QL</sup></li> <li>Cambridge<sup>QL</sup></li> <li>Cardiocom<sup>QL</sup></li> <li>Citizen Health<sup>QL</sup></li> <li>Dario<sup>QL</sup></li> <li>Entra Health<sup>QL</sup></li> <li>Fifty50<sup>QL</sup></li> <li>ForaCare<sup>QL</sup></li> <li>Future Diagnostics<sup>QL</sup></li> <li>GL Diabetes<sup>QL</sup></li> <li>Genesis Health<sup>QL</sup></li> <li>Home Aide Diagnostics<sup>QL</sup></li> <li>Infopia USA<sup>QL</sup></li> <li>I-Sens<sup>QL</sup></li> <li>Leader<sup>QL</sup></li> <li>Liberty Medical<sup>QL</sup></li> <li>Links Medical<sup>QL</sup></li> <li>Medline<sup>QL</sup></li> <li>Meijer<sup>QL</sup></li> <li>MHC Medical<sup>QL</sup></li> <li>MPA-Diabetic<sup>QL</sup></li> </ul>	<ul style="list-style-type: none"> <li>Perrigo<sup>QL</sup></li> <li>Pharma Tech<sup>QL</sup></li> <li>Prodigy<sup>QL</sup></li> <li>Progressive Health<sup>QL</sup></li> <li>PSS World Medical<sup>QL</sup></li> <li>Roche<sup>QL</sup></li> <li>Sacks Medical<sup>QL</sup></li> <li>SD Biosensor<sup>QL</sup></li> <li>Shasta Technology<sup>QL</sup></li> <li>Simple Diagnostics<sup>QL</sup></li> <li>Solartek<sup>QL</sup></li> <li>Sunmark<sup>QL</sup></li> <li>Target<sup>QL</sup></li> <li>Telcare<sup>QL</sup></li> <li>Topco<sup>QL</sup></li> <li>Unistrip Technology<sup>QL</sup></li> <li>US Diagnostics<sup>QL</sup></li> <li>Value Providers<sup>QL</sup></li> <li>Vertex Diagnostics<sup>QL</sup></li> <li>VIP International<sup>QL</sup></li> <li>Xpress Medical<sup>QL</sup></li> </ul>
<b>Lifescan Glucometers</b> <ul style="list-style-type: none"> <li>• OneTouch Ultra 2<sup>QL</sup></li> <li>• OneTouch UltraMini<sup>QL</sup></li> <li>• OneTouch Verio<sup>QL</sup></li> <li>• One Touch Verio Flex<sup>QL</sup></li> <li>• OneTouch Verio IQ<sup>QL</sup></li> </ul>		
<b>Lifescan Test Strips</b> <ul style="list-style-type: none"> <li>• OneTouch Ultra Blue<sup>QL</sup></li> <li>• OneTouch Verio<sup>QL</sup></li> </ul>		

## BONE DENSITY REGULATORS

Preferred Agents	Non-Preferred Agents	
Alendronate Tablet <sup>QL</sup> Ibandronate Tablet <sup>QL</sup> Pamidronate Zoledronic Acid <sup>QL</sup>	<ul style="list-style-type: none"> <li>Actonel<sup>QL</sup></li> <li>Alendronate Solution<sup>QL</sup></li> <li>Atelvia<sup>QL</sup></li> <li>Binosto<sup>QL</sup></li> <li>Boniva<sup>QL</sup></li> <li>Calcitonin Salmon Nasal<sup>QL</sup></li> <li>Etidronate Disodium</li> <li>Evista<sup>QL</sup></li> <li>Forteo<sup>QL</sup></li> <li>Fosamax<sup>QL</sup></li> <li>Fosamax Plus D<sup>QL</sup></li> <li>Ibandronate Injection<sup>QL</sup></li> <li>Miacalcin Injection<sup>QL</sup></li> <li>Prolia<sup>QL</sup></li> <li>Raloxifene<sup>QL</sup></li> <li>Reclast<sup>QL</sup></li> <li>Risedronate<sup>QL</sup></li> <li>Risedronate DR Tablet<sup>QL</sup></li> <li>Tymlos<sup>QL</sup></li> <li>Xgeva<sup>QL</sup></li> <li>Zometa<sup>QL</sup></li> </ul>	

## BOTULINUM TOXINS

Preferred Agents	Non-Preferred Agents	
Botox <sup>PA, QL</sup> Dysport <sup>PA, QL</sup>	<ul style="list-style-type: none"> <li>Myobloc<sup>QL</sup></li> <li>Xeomin<sup>QL</sup></li> </ul>	



# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENTS

Preferred Agents	Non-Preferred Agents
Alfuzosin ER <sup>QL</sup> Doxazosin <sup>QL</sup> Dutasteride <sup>QL</sup> Finasteride <sup>QL</sup> Tamsulosin <sup>QL</sup> Terazosin <sup>QL</sup>	Avodart <sup>QL</sup> Cardura <sup>QL</sup> Cardura XL <sup>QL</sup> Cialis <sup>QL</sup> Dutasteride-Tamsulosin <sup>QL</sup> Jalyn <sup>QL</sup> Proscar <sup>QL</sup> Rapaflo <sup>QL</sup> Silodosin <sup>QL</sup> Tadalafil <sup>QL</sup>

## BRONCHODILATORS, BETA AGONIST

Preferred Agents	Non-Preferred Agents
Albuterol HFA <sup>QL</sup> (labelers 00093, 00254, 66993 only) Albuterol Nebulizer Concentrate Solution, Vial Albuterol Syrup Serevent Diskus <sup>QL</sup>	Albuterol HFA <sup>QL</sup> (all labelers except 00093, 00254, 66993) Albuterol Tablet Albuterol ER Tablet Arcapta Neohaler <sup>QL</sup> Brovana Vial <sup>QL</sup> Levalbuterol HFA <sup>QL</sup> Levalbuterol Nebulizer Concentrate Solution, Vial <sup>QL</sup> Metaproterenol Syrup, Tablet Perforomist Vial <sup>QL</sup> Proair HFA <sup>QL</sup> Proair Respiclick <sup>QL</sup> Proventil HFA <sup>QL</sup> Striverdi Respimat <sup>QL</sup> Terbutaline Tablet Ventolin HFA <sup>QL</sup> Xopenex HFA <sup>QL</sup> Xopenex Nebulizer Concentrate Solution, Vial <sup>QL</sup>

## CALCIUM CHANNEL BLOCKERS

Preferred Agents	Non-Preferred Agents
Amlodipine <sup>QL</sup> Cartia XT Capsule <sup>QL</sup> Dilt-XR Capsule <sup>QL</sup> Diltiazem IR Tablet <sup>QL</sup> Diltiazem 24HR ER (CD) Capsule ( <i>generic Cardizem CD Capsule</i> ) <sup>QL</sup> Diltiazem 24HR ER Capsule ( <i>generic Tiazac ER Capsule</i> ) <sup>QL</sup> Diltiazem 24HR ER (XR) Capsule ( <i>generic Dilacor XR Capsule</i> ) <sup>QL</sup> Felodipine ER <sup>QL</sup> Nifedipine Capsule <sup>QL</sup> Nifedipine ER Tablet <sup>QL</sup> Nimodipine Taztia XT Capsule <sup>QL</sup> Verapamil ER/SR Capsule ( <i>generic Verelan Capsule</i> ) <sup>QL</sup> Verapamil ER PM Capsule ( <i>generic Verelan PM Capsule</i> ) <sup>QL</sup> Verapamil ER Tablet ( <i>generic Calan SR/Isoptin SR Tablet</i> ) <sup>QL</sup> Verapamil Tablet	Adalat CC <sup>QL</sup> Calan <sup>QL</sup> Calan SR <sup>QL</sup> Cardizem Tablet <sup>QL</sup> Cardizem CD Capsule <sup>QL</sup> Cardizem LA Tablet <sup>QL</sup> Diltiazem 12HR ER Capsule ( <i>generic Cardizem SR Capsule</i> ) <sup>QL</sup> Diltiazem 24HR ER (LA) Tablet ( <i>generic Cardizem LA Tablet</i> ) <sup>QL</sup> Isradipine Capsule <sup>QL</sup> Matzim LA Tablet <sup>QL</sup> Nicardipine <sup>QL</sup> Nisoldipine ER <sup>QL</sup> Norvasc <sup>QL</sup> Nymalize Solution Procardia Capsule Procardia XL <sup>QL</sup> Sular ER <sup>QL</sup> Tiazac ER <sup>QL</sup> Verelan Capsule <sup>QL</sup> Verelan PM Capsule <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## CEPHALOSPORINS

Preferred Agents	Non-Preferred Agents
Cefadroxil Capsule	Cefaclor Capsule, Suspension
Cefdinir Capsule, Suspension	Cefaclor ER
Cefpodoxime Tablet	Cefadroxil Suspension, Tablet
Cefprozil Suspension, Tablet	Cefixime Suspension
Cefuroxime Tablet	Cefpodoxime Suspension
Cephalexin 250 mg, 500 mg Capsule	Cephalexin 750 mg Capsule
Cephalexin Suspension	Cephalexin Tablet
	Keflex
	Suprax Capsule, Chewable Tablet, Suspension

## COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents
Granix <sup>PA</sup>	Fulphila <sup>QL</sup>
Neupogen <sup>PA</sup>	Leukine
Udenyca ( <i>biosimilar for Neulasta</i> ) <sup>PA, QL</sup>	Neulasta Onpro <sup>QL</sup>
	Neulasta Syringe <sup>QL</sup>
	Nivestym
	Zarxio

## CONTRACEPTIVES, ORAL - MONOPHASIC

Preferred Agents	Non-Preferred Agents
Altavera	Balcoltra
Alyacen-28 1-35	Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.03-0.451 mg ( <i>generic Safyral</i> )
Apri	Ethinodiol-Ethinyl Estradiol
Aubra	Jasmiel
Aubra EQ	Kelnor-28 1-50
Aviane	Loestrin-21
Balziva	Loestrin Fe-28
Blisovi Fe-28 1-20	Norethindrone-Ethinyl Estradiol Fe 0.4-0.035 (21)-75 ( <i>generic Wymzya Fe Chewable</i> )
Blisovi Fe-28 1.5-30	Norinyl-28 1-35
Briellyn	Nortrel-28 0.5-35
Chateal	Nortrel-28 1-35
Chateal EQ	Ogestrel
Cryselle	Ortho-Cyclen
Cyclafem-28 1-35	Ortho-Novum-28 1-35
Cyred	Safyral
Cyred EQ	Syeda
Dasetta-28 1-35	Taytulla
Desogestrel-Ethinyl Estradiol-28 0.15-30 ( <i>generic Desogen</i> )	Tydemy
Drospirenone-Ethinyl Estradiol	Wymzya Fe Chewable
Elinest	Yasmin
Emoquette	
Enskyce	
Estarylla	
Falmina	
Femynor	
Gianvi	
Isibloom	
Juleber	
Junel-21 1-20	
Junel-21 1.5-30	
Junel Fe-28 1-20	
Junel Fe-28 1.5-30	
Kelnor-28 1-35	
Levonorgestrel-Ethinyl Estradiol-28 0.1 mg-20 mg ( <i>generic Alesse, Levlite</i> )	
Levonorgestrel-Ethinyl Estradiol-28 0.15 mg-30 mcg ( <i>generic Nordette, Levlen</i> )	
Levora	
Lillow	
Low-Ogestrel	
Lutera	
Marlissa	
Microgestin-21 1-20	
Microgestin-21 1.5-30	
Microgestin Fe-28 1-20	
Mili	
Mono-Linyah	
MonoNessa	
Necon-28 0.5-35	
Necon-28 1-35	
Necon-28 1-50	
Norethindrone-Ethinyl Estradiol-21 1-20 ( <i>generic Loestrin-21 1-20</i> )	
Norethindrone-Ethinyl Estradiol Fe-28 1-20 ( <i>generic Loestrin Fe-28 1-20</i> )	
Norgestimate-Ethinyl Estradiol-28 ( <i>generic Ortho-Cyclen</i> )	
Ocella	
Orsythia	
Philith	
Pirmella-28 1-35	
Portia	
Previfem	
Reclipsen	
Sprintec	
Sronyx	
Tarina Fe 1-20	

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## CONTRACEPTIVES, ORAL - MONOPHASIC

Preferred Agents	Non-Preferred Agents
Kurvelo	Tarina Fe 1-20 EQ
Larin-21 1-20	Vienva
Larin-21 1.5.30	Vyfemla
Larin Fe-28 1-20	Vylibra
Larin Fe-28 1.5-30	Wera
Larissia	Zarah
Lessina	Zovia 1-35

## CONTRACEPTIVES, ORAL – BIPHASIC

Preferred Agents	Non-Preferred Agents
Azurette	Mircette
Bekyree	
Desogestrel-Ethinyl Estradiol 21-2-5 ( <i>generic Mircette</i> )	
Kariva	
Pimtrea	
Viorele	

## CONTRACEPTIVES, ORAL – TRIPHASIC

Preferred Agents	Non-Preferred Agents
Alyacen-28 7-7-7	Cyclessa
Aranelle	Estrostep Fe-28
Caziant	Ortho-Novum-28 7-7-7
Cyclafem-28 7-7-7	Ortho Tri-Cyclen
Dasetta-28 7-7-7	Ortho Tri-Cyclen Lo
Enpresse	Nortrel-28 7-7-7
Leena	Tilia Fe
Levonest	Tri-Estarylla
Levonorgestrel-Ethinyl Estradiol ( <i>generic TriPhasil, Tri-Levlen</i> )	Tri-Legest Fe
Myzila	
Norgestimate-Ethinyl Estradiol Lo-28 ( <i>generic Ortho Tri-Cyclen Lo</i> )	
Norgestimate-Ethinyl Estradiol-28 ( <i>generic Ortho Tri-Cyclen</i> )	
Pirmella-28 7-7-7	
Tri-Femynor	
Tri-Linyah	
Tri-Lo-Estarylla	
Tri-Lo-Marzia	
Tri-Lo-Sprintec	
Tri-Mili	
Tri-Previfem	
Tri-Sprintec	
Trivora	
Tri-Vylibra	
Tri-Vylibra Lo	
Velivet	

## CONTRACEPTIVES, ORAL – FOUR-PHASIC

Preferred Agents	Non-Preferred Agents
	Natazia

## CONTRACEPTIVES, ORAL – 28-DAY EXTENDED CYCLE

Preferred Agents	Non-Preferred Agents
Drospirenone-Ethinyl Estradiol 3-0.02 mg	Beyaz
Gianvi	Blisovi 24 Fe

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## CONTRACEPTIVES, ORAL – 28-DAY EXTENDED CYCLE

Preferred Agents	Non-Preferred Agents
Nikki	Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.02-0.451 mg ( <i>generic Beyaz</i> ) Generess Fe Chewable Hailey 24 Fe Junel 24 Fe Kaitlib Fe Chewable Larin 24 Fe Layolis Fe Chewable Lo Loestrin Fe-28 Loryna Melodetta 24 Fe Chewable Mibelas 24 Fe Chewable Microgestin 24 Fe 1-20 Minastrin 24 Fe Chewable Noethindrone-Ethinyl Estradiol-Fe 1-0.02(24) ( <i>generic Loestrin 24 Fe</i> ) Noethindrone-Ethinyl Estradiol-Fe 1-0.02(24)-75 ( <i>generic Minastrin 24 Fe</i> ) Noethindrone-Ethinyl Estradiol-Fe 0.8-0.025(24) Chewable ( <i>generic Generess Fe Chewable</i> ) Yaz

## CONTRACEPTIVES, ORAL – 28-DAY CONTINUOUS CYCLE

Preferred Agents	Non-Preferred Agents
Amethyst-28 Levonorgestrel-Ethinyl Estradiol-28 0.09-0.02 mg	

## CONTRACEPTIVES, ORAL – 3-MONTH EXTENDED CYCLE

Preferred Agents	Non-Preferred Agents
Camrese (3-month) Introvale (3-month) Jolessa (3-month) Levonorgestrel-Ethinyl Estradiol 0.15-0.03 mg (3-month) ( <i>generic Seasonale-91</i> ) Setlakin (3-month)	Amethia (3-month) Amethia Lo (3-month) Ashlyna (3-month) Camrese Lo (3-month) Daysee (3-month) Fayosim (3-month) Levonorgestrel-Ethinyl Estradiol + EE 0.10-0.02 mg + 0.01 mg (3-month) ( <i>generic LoSeasonique-91</i> ) Levonorgestrel-Ethinyl Estradiol + EE 0.15-0.03 mg + 0.01 mg (3-month) ( <i>generic Seasonique-91</i> ) Levonorgestrel 0.15 mg-Ethinyl Estradiol 20-25-30 (3-month) ( <i>generic Quartette-91</i> ) Loseasonique (3-month) Quartette (3-month) Rivelsa (3-month) Seasonique (3-month)

## CONTRACEPTIVES, ORAL – PROGESTIN-ONLY

Preferred Agents	Non-Preferred Agents
Camila Deblitane Errin Heather Incassia Jencycla	Micronor
Lyza Nora-Be Norethindrone-28 0.35 Norlyda Sharobel Tulana	

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## CONTRACEPTIVES, ORAL – PROGESTIN-ONLY

Jolivet

## CONTRACEPTIVES, OTHER

Preferred Agents	Non-Preferred Agents
Depo-SubQ Provera 104 Injection <sup>QL</sup> Kyleena <sup>QL</sup> Liletta <sup>QL</sup> Medroxyprogesterone Acetate Injection Syringe, Vial <sup>QL</sup> Mirena <sup>QL</sup> Nexplanon <sup>QL</sup> Nuvaring <sup>QL</sup> Paragard T 380-A <sup>QL</sup> Skyla <sup>QL</sup> Xulane Patch <sup>QL</sup>	Depo-Provera Injection Syringe, Vial <sup>QL</sup>

## COPD AGENTS

Preferred Agents	Non-Preferred Agents
Anoro Ellipta <sup>QL</sup> Atrovent HFA <sup>QL</sup> Bevespi Aerosphere <sup>QL</sup> Combivent Respimat <sup>QL</sup> Ipratropium Nebulizer Vial Ipratropium-Albuterol Nebulizer Vial <sup>QL</sup> Spiriva Handihaler, Respimat <sup>QL</sup>	Daliresp Tablet <sup>QL</sup> Incruse Ellipta <sup>QL</sup> Lonhala Magnair <sup>QL</sup> Seebri Neohaler <sup>QL</sup> Stiolto Respimat <sup>QL</sup> Trelegy Ellipta <sup>QL</sup> Tudorza Pressair <sup>QL</sup> Utibron Neohaler <sup>QL</sup> Yupelri Nebulizer Vial <sup>QL</sup>

## CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents
Cosentyx <sup>PA, QL</sup> Enbrel <sup>PA, QL</sup> Humira <sup>PA, QL</sup>	Actemra <sup>QL</sup> Arcalyst <sup>QL</sup> Cimzia <sup>QL</sup> Entyvio <sup>QL</sup> Ilaris <sup>QL</sup> Ilumya <sup>QL</sup> Inflectra Kevzara <sup>QL</sup> Kineret Olumiant <sup>QL</sup> Orencia <sup>QL</sup> Otezla <sup>QL</sup> Remicade Renflexis Siliq <sup>QL</sup> Simponi <sup>QL</sup> Simponi Aria Skyrizi <sup>QL</sup> Stelara <sup>QL</sup> Taltz <sup>QL</sup> Tremfya <sup>QL</sup> Xeljanz, Xeljanz XR <sup>QL</sup>

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**ENZYME REPLACEMENTS, GAUCHER DISEASE**

Preferred Agents	Non-Preferred Agents
Elelyso <sup>PA</sup> Zavesca <sup>PA, QL</sup>	Cerdelga <sup>QL</sup> Cerezyme Miglustat <sup>QL</sup> Vpriv

**EPINEPHRINE, SELF-INJECTED**

Preferred Agents	Non-Preferred Agents
Epinephrine Auto-Injector (Mylan [49502] labeler only)	Adrenaclick Epinephrine Auto-Injector (all labelers except Mylan [49502]) EpiPen, EpiPen Jr. Symjepi

**ERYTHROPOIESIS STIMULATING PROTEINS**

Preferred Agents	Non-Preferred Agents
Aranesp <sup>PA</sup> Epogen <sup>PA</sup> Mircera <sup>PA</sup> Retacrit <sup>PA</sup>	Procrit

**ESTROGENS**

Preferred Agents	Non-Preferred Agents
Alora Patch <sup>QL</sup> Angeliq Tablet <sup>QL</sup> Climara Pro Patch <sup>QL</sup> Combipatch <sup>QL</sup> Elestrin Gel Estradiol Tablet Premarin Tablet Premphase Tablet <sup>QL</sup> Prempo Tablet <sup>QL</sup>	Activella Tablet <sup>QL</sup> Amabelz Tablet <sup>QL</sup> Climara Patch <sup>QL</sup> Divigel Packet Duavee Tablet <sup>QL</sup> Estrace Tablet Estradiol Patch (Once-Weekly) <sup>QL</sup> Estradiol Patch (Twice-Weekly) <sup>QL</sup> Estradiol-Norethindrone Tablet ( <i>generic Activella Tablet</i> ) <sup>QL</sup> Estrogen-Methyltestosterone Tablet Evamist Spray Femhrt Tablet <sup>QL</sup> Fyavolv Tablet <sup>QL</sup> Jinteli Tablet <sup>QL</sup> Lopreeza Tablet <sup>QL</sup> Menest Tablet Menostar Patch <sup>QL</sup> Mimvey, Mimvey Lo Tablet <sup>QL</sup> Minivelle Patch <sup>QL</sup> Norethindrone-Ethinyl Estradiol Tablet ( <i>generic Femhrt Tablet</i> ) <sup>QL</sup> Prefest Tablet <sup>QL</sup> Premarin Injection Vivelle-Dot Patch <sup>QL</sup>

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**FLUOROQUINOLONES, ORAL**

Preferred Agents	Non-Preferred Agents
Cipro Suspension Ciprofloxacin IR Tablet Levofloxacin Tablet	Avelox Baxdela Cipro Tablet Ciprofloxacin ER Ciprofloxacin Suspension Levaquin Levofloxacin Solution Moxifloxacin Tablet Ofloxacin Tablet

**GI MOTILITY, CHRONIC**

Preferred Agents	Non-Preferred Agents
Amitiza Capsule <sup>QL, PA</sup> Linzess 145mg, 290mg Capsule <sup>QL, PA</sup>	Alosetron <sup>QL</sup> Linzess 72mg Capsule <sup>QL</sup> Lotronex <sup>QL</sup> Motegrity <sup>QL</sup> Movantik <sup>QL</sup> Relistor <sup>QL</sup> Symproic <sup>QL</sup> Trulance <sup>QL</sup> Viberzi <sup>QL</sup>

**GLUCOCORTICOIDS, INHALED**

Preferred Agents	Non-Preferred Agents
<u>Single-Ingredient Glucocorticoids</u>	<u>Single-Ingredient Glucocorticoids</u>
Asmanex Twisthaler <sup>QL</sup> Budesonide 0.25 mg/2 ml, 0.5 mg/2 ml Respule <sup>QL</sup> Flovent Diskus <sup>QL</sup> Flovent HFA <sup>QL</sup> Pulmicort Flexhaler <sup>QL</sup>	Alvesco <sup>QL</sup> Armonair Respiclick <sup>QL</sup> Arnuity Ellipta <sup>QL</sup> Asmanex HFA <sup>QL</sup> Budesonide 1 mg/ml Respule <sup>QL</sup> Pulmicort Respule <sup>QL</sup> Qvar Redihaler <sup>QL</sup>
<u>Glucocorticoid + LABA Combinations</u>	<u>Glucocorticoid + LABA Combinations</u>
Advair HFA <sup>QL</sup> Dulera <sup>QL</sup> Fluticasone-Salmeterol <sup>QL</sup> (labelers 00093, 66993 only) Symbicort <sup>QL</sup>	Advair Diskus <sup>QL</sup> Airduo Respiclick <sup>QL</sup> Breo Ellipta <sup>QL</sup> Fluticasone-Salmeterol <sup>QL</sup> (all labelers except 00093, 66993) Wixela Inhub <sup>QL</sup>

**GLUCOCORTICOIDS, ORAL**

Preferred Agents	Non-Preferred Agents
Budesonide EC Capsule <sup>QL</sup> Budesonide ER Tablet <sup>QL</sup> Dexamethasone Elixir, Intensol, Solution, Tablet Fludrocortisone Hydrocortisone Tablet Methylprednisolone Dose Pack, Tablet Prednisolone Sodium Phosphate Solution Prednisolone Solution Prednisone Dose Pack, Solution, Tablet	Cortef Cortisone Decadron Dexamethasone Dose Pack DexPak Emflaza <sup>QL</sup> Entocort EC <sup>QL</sup> Medrol Millipred Prednisolone Sodium Phosphate ODT

AR = age restriction, clinical prior authorization required  
Non-preferred medications require prior authorization  
IR = immediate-release formulation  
January 1, 2020

PA = clinical prior authorization required  
QL = quantity limit applies to FFS claims  
ER = extended-release formulation  
Page 31 of 52

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred Agents
	Prednisone Intensol Rayos DR Taperdex Uceris <sup>QL</sup>

## GROWTH HORMONES

Preferred Agents	Non-Preferred Agents
Norditropin <sup>PA</sup> Omnitrope <sup>PA</sup>	Genotropin Humatrope Nutropin AQ Saizen Serostim <sup>QL</sup> Zomacton Zorbtive

## H. PYLORI TREATMENTS

Preferred Agents	Non-Preferred Agents
	Lansoprazole-Amoxicillin-Clarithromycin <sup>QL</sup> Omeclamox-Pak Pylera

## HEPATITIS B AGENTS

Preferred Agents	Non-Preferred Agents
Baraclude Solution <sup>QL</sup> Entecavir <sup>QL</sup> Epivir HBV Solution <sup>QL</sup> Hepsera <sup>QL</sup> Lamivudine HBV <sup>QL</sup> Tenofovir Disoproxil Fumarate 300 mg Tablet <sup>QL</sup> Viread Powder <sup>QL</sup> Viread Tablet (all strengths except 300 mg) <sup>QL</sup>	Adefovir Dipivoxil <sup>QL</sup> Baraclude Tablet <sup>QL</sup> Epivir HBV Tablet <sup>QL</sup> Vemlidy <sup>QL</sup> Viread 300 mg Tablet <sup>QL</sup>

## HEPATITIS C AGENTS

Preferred Agents	Non-Preferred Agents
Mavyret <sup>PA, QL</sup> Ribavirin Capsule <sup>QL</sup> Sofosbuvir-Velpatasvir <sup>PA, QL</sup> Zepatier <sup>PA, QL</sup>	Daklinza <sup>QL</sup> Epclusa <sup>QL</sup> Harvoni <sup>QL</sup> Ledipasvir-Sofosbuvir <sup>QL</sup> Moderiba Dose Pack Moderiba Tablet Pegasys <sup>QL</sup> Peg-Intron Rebetol Ribasphere Ribapak Ribasphere Tablet Ribavirin Tablet Sovaldi <sup>QL</sup> Viekira <sup>QL</sup> Vosevi <sup>QL</sup>



# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## HEREDITARY ANGIOEDEMA TREATMENTS

Preferred Agents	Non-Preferred Agents
Berinert <sup>PA</sup> Cinryze <sup>PA, QL</sup> Firazyr <sup>PA, QL</sup> Haegarda <sup>PA, QL</sup> Kalbitor <sup>PA, QL</sup> Ruconest <sup>PA, QL</sup> Takhzyro <sup>PA, QL</sup>	

## HISTAMINE 2 RECEPTOR BLOCKERS

Preferred Agents	Non-Preferred Agents
Famotidine Injection Famotidine Tablet <sup>QL</sup> Ranitidine Injection <sup>QL</sup> Ranitidine Syrup Ranitidine Tablet <sup>QL</sup>	Acid Reducer Complete Tablet Chew (Famotidine-Calcium Carbonate-Magnesium Hydroxide Chewable) Cimetidine Famotidine Suspension Nizatidine Pepcid <sup>QL</sup> Ranitidine Capsule <sup>QL</sup> Zantac <sup>QL</sup>

## HIV/AIDS ANTIRETROVIRALS – INSTIs

Preferred Agents	Non-Preferred Agents
Isentress Chewable Tablet, Tablet <sup>QL</sup> Isentress Powder Pack <sup>QL</sup> Tivicay <sup>QL</sup>	Isentress HD <sup>QL</sup>

## HIV/AIDS ANTIRETROVIRALS – MISCELLANEOUS

Preferred Agents	Non-Preferred Agents
	Fuzeon <sup>QL</sup> Selzentry <sup>QL</sup> Trogarzo <sup>QL</sup> Tybost <sup>QL</sup>

## HIV/AIDS ANTIRETROVIRALS – NRTIS

Preferred Agents	Non-Preferred Agents
Abacavir Tablet, Solution <sup>QL</sup> Abacavir-Lamivudine <sup>QL</sup> Cimduo <sup>QL</sup> Descovy <sup>QL</sup> Didanosine DR <sup>QL</sup> Emtriva <sup>QL</sup> Lamivudine <sup>QL</sup> Lamivudine-Zidovudine <sup>QL</sup> Stavudine Capsule <sup>QL</sup> Tenofovir Disoproxil Fumarate 300 mg Tablet <sup>QL</sup> Truvada <sup>QL</sup> Videx Solution <sup>QL</sup> Viread Powder <sup>QL</sup> Viread Tablet (all strengths except 300 mg) <sup>QL</sup> Zidovudine <sup>QL</sup>	Abacavir-Lamivudine-Zidovudine <sup>QL</sup> Combivir <sup>QL</sup> Epivir <sup>QL</sup> Epzicom <sup>QL</sup> Retrovir <sup>QL</sup> Trizivir <sup>QL</sup> Videx EC <sup>QL</sup> Viread 300 mg Tablet <sup>QL</sup> Zerit <sup>QL</sup> Ziagen <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## HIV/AIDS ANTIRETROVIRALS – NNRTIS

Preferred Agents	Non-Preferred Agents
Edurant <sup>QL</sup> Efavirenz <sup>QL</sup> Nevirapine Tablet <sup>QL</sup>	Intelence <sup>QL</sup> Nevirapine ER <sup>QL</sup> Nevirapine Suspension <sup>QL</sup> Pifeltro <sup>QL</sup> Rescriptor <sup>QL</sup> Sustiva <sup>QL</sup> Viramune <sup>QL</sup> Viramune XR <sup>QL</sup>

## HIV/AIDS – PIs

Preferred Agents	Non-Preferred Agents
Atazanavir <sup>QL</sup> Evotaz <sup>QL</sup> Kaletra <sup>QL</sup> Norvir Powder, Solution <sup>QL</sup> Prezcobix <sup>QL</sup> Prezista <sup>QL</sup> Reyataz Powder Packet <sup>QL</sup> Ritonavir Tablet <sup>QL</sup>	Aptivus <sup>QL</sup> Crixivan <sup>QL</sup> Fosamprenavir <sup>QL</sup> Invirase <sup>QL</sup> Lexiva <sup>QL</sup> Lopinavir-Ritonavir <sup>QL</sup> Norvir Tablet <sup>QL</sup> Reyataz Capsule <sup>QL</sup> Viracept <sup>QL</sup>

## HIV/AIDS – SINGLE TABLET REGIMENS

Preferred Agents	Non-Preferred Agents
Atripla <sup>QL</sup> Biktarvy <sup>QL</sup> Complera <sup>QL</sup> Delstrigo <sup>QL</sup> Dovato <sup>QL</sup> Genvoya <sup>QL</sup> Juluca <sup>QL</sup> Odefsey <sup>QL</sup> Symfi <sup>QL</sup> Symfi Lo <sup>QL</sup> Triumeq <sup>QL</sup>	Stribild <sup>QL</sup> Symtuza <sup>QL</sup>

## HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred Agents
Acarbose <sup>QL</sup>	Glyset <sup>QL</sup> Miglitol <sup>QL</sup> Precose <sup>QL</sup>

## HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

Preferred Agents	Non-Preferred Agents
<p style="text-align: center;"><u>Incretin Enhancers</u></p> Janumet <sup>PA, QL</sup> Janumet XR <sup>PA, QL</sup> Januvia <sup>PA, QL</sup> Jentadueto <sup>PA, QL</sup> Tradjenta <sup>PA, QL</sup>	<p style="text-align: center;"><u>Incretin Enhancers</u></p> Alogliptin <sup>QL</sup> Alogliptin-Metformin <sup>QL</sup> Alogliptin-Pioglitazone <sup>QL</sup> Glyxambi <sup>QL</sup> Jentadueto XR <sup>QL</sup> Kazano <sup>QL</sup> Kombiglyze XR <sup>QL</sup> Nesina <sup>QL</sup>

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS**

Preferred Agents	Non-Preferred Agents
	Onglyza <sup>QL</sup> Oseni <sup>QL</sup> Qtern <sup>QL</sup> Steglujan <sup>QL</sup>
<b><u>Incretin Mimetics</u></b>	<b><u>Incretin Mimetics</u></b>
Bydureon Pen <sup>PA, QL</sup> Byetta <sup>PA, QL</sup> Trulicity <sup>PA, QL</sup> Victoza <sup>PA, QL</sup>	Adlyxin <sup>QL</sup> Bydureon BCise <sup>QL</sup> Ozempic <sup>QL</sup> Symlin Pen <sup>QL</sup>

**HYPOGLYCEMICS, INSULIN AND RELATED AGENTS**

Preferred Agents	Non-Preferred Agents
<b><u>Rapid-Acting</u></b>	<b><u>Rapid-Acting</u></b>
Apidra Solostar Apidra Vial Insulin Lispro Pen Insulin Lispro Vial NovoLog Cartridge NovoLog Flexpen NovoLog Vial	Admelog Solostar Admelog Vial Fiasp Flextouch Fiasp Vial Humalog Cartridge Humalog Junior Kwikpen Humalog Kwikpen U-100 Humalog Kwikpen U-200 Humalog Vial
<b><u>Short-Acting</u></b>	<b><u>Short-Acting</u></b>
Humulin R Kwikpen U-500 Humulin R Vial U-500	Humulin R Vial U-100 Novolin R Vial
<b><u>Intermediate-Acting</u></b>	<b><u>Intermediate-Acting</u></b>
	Humulin N Kwikpen Humulin N Vial Novolin N Vial
<b><u>Long-Acting (basal)</u></b>	<b><u>Long-Acting (basal)</u></b>
Lantus Solostar Lantus Vial Levemir Flextouch Levemir Vial	Basaglar Kwikpen Toujeo Max Solostar Toujeo Solostar Tresiba FlexTouch U-100 Tresiba FlexTouch U-200 Tresiba Vial
<b><u>Insulin Mixes</u></b>	<b><u>Insulin Mixes</u></b>
Humalog Mix 50-50 Kwikpen Humalog Mix 50-50 Vial Humalog Mix 75-25 Kwikpen Humalog Mix 75-25 Vial Humulin 70-30 Kwikpen Humulin 70-30 Vial NovoLog Mix 70-30 Flexpen NovoLog Mix 70-30 Vial	Novolin 70-30 Flexpen Novolin 70-30 Vial

AR = age restriction, clinical prior authorization required  
 Non-preferred medications require prior authorization  
 IR = immediate-release formulation  
 January 1, 2020

PA = clinical prior authorization required  
 QL = quantity limit applies to FFS claims  
 ER = extended-release formulation  
 Page 35 of 52

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## HYPOGLYCEMICS, INSULIN AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents
<u>Alternate Formulations</u>	<u>Alternate Formulations</u> Afrezza Powder Soliqua <sup>QL</sup> Xultophy <sup>QL</sup>

## HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents	Non-Preferred Agents
Nateglinide <sup>QL</sup> Repaglinide <sup>QL</sup>	Prandin <sup>QL</sup> Repaglinide-Metformin <sup>QL</sup> Starlix <sup>QL</sup>

## HYPOGLYCEMICS, METFORMINS

Preferred Agents	Non-Preferred Agents
Glipizide-Metformin <sup>QL</sup> Glyburide-Metformin <sup>QL</sup> Metformin IR Tablet <sup>QL</sup> Metformin ER 500 mg, 750 mg Tablet ( <i>generic Glucophage XR Tablet</i> ) <sup>QL</sup>	Fortamet ER <sup>QL</sup> Glucophage IR Tablet <sup>QL</sup> Glucophage XR Tablet (500 mg, 750 mg) <sup>QL</sup> Glumetza ER <sup>QL</sup> Metformin ER Tablet ( <i>generic Fortamet ER</i> ) <sup>QL</sup> Metformin ER Tablet ( <i>generic Glumetza ER</i> ) <sup>QL</sup> Riomet Solution <sup>QL</sup>

## HYPOGLYCEMICS, SGLT2 INHIBITORS

Preferred Agents	Non-Preferred Agents
Farxiga <sup>PA, QL</sup> Invokamet <sup>PA, QL</sup> Invokana <sup>PA, QL</sup> Jardiance <sup>PA, QL</sup> Synjardy <sup>PA, QL</sup>	Invokamet XR <sup>QL</sup> Segluromet <sup>QL</sup> Steglatro <sup>QL</sup> Synjardy XR <sup>QL</sup> Xigduo XR <sup>QL</sup>

## HYPOGLYCEMICS, SULFONYLUREAS

Preferred Agents	Non-Preferred Agents
Glimepiride <sup>QL</sup> Glipizide <sup>QL</sup> Glipizide ER/XL <sup>QL</sup> Glyburide <sup>QL</sup> Glyburide Micronized <sup>QL</sup>	Amaryl <sup>QL</sup> Chlorpropamide <sup>QL</sup> Glucotrol <sup>QL</sup> Glucotrol XL <sup>QL</sup> Glynase Prestab <sup>QL</sup> Tolazamide <sup>QL</sup> Tolbutamide <sup>QL</sup>

## HYPOGLYCEMICS, TZDS

Preferred Agents	Non-Preferred Agents
Pioglitazone <sup>PA, QL</sup>	Actoplus Met <sup>QL</sup> Actoplus Met XR <sup>QL</sup> Actos <sup>QL</sup> Avandia <sup>QL</sup> Duetact <sup>QL</sup> Pioglitazone-Glimepiride <sup>QL</sup> Pioglitazone-Metformin <sup>QL</sup>

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**IDIOPATHIC PULMONARY FIBROSIS AGENTS**

Preferred Agents	Non-Preferred Agents
Esbriet <sup>PA, QL</sup> Ofev <sup>PA, QL</sup>	

**IMMUNOMODULATORS, ATOPIC DERMATITIS**

Preferred Agents	Non-Preferred Agents
Elidel Protopic	Dupixent <sup>QL</sup> Eucrisa Pimecrolimus Tacrolimus

**IMMUNOMODULATORS, TOPICAL**

Preferred Agents	Non-Preferred Agents
Imiquimod Cream 5% Packet	Aldara Imiquimod Cream 3.75% Pump Zyclara

**IMMUNOSUPPRESSIVES, ORAL**

Preferred Agents	Non-Preferred Agents
Azathioprine CellCept Suspension Cyclosporine Capsule Cyclosporine (Modified) Softgel, Solution Gengraf Capsule Mycophenolate Mofetil Capsule, Tablet Mycophenolic Acid DR Rapamune Solution Sandimmune Sirolimus Tablet Tacrolimus Capsule	Astagraf XL Azasan CellCept Capsule, Tablet Envarsus XR Gengraf Solution Imuran Mycophenolate Mofetil Suspension Myfortic DR Neoral Capsule Neoral Solution Prograf Rapamune Tablet Sirolimus Solution Zortress

**INTRA-ARTICULAR HYALURONATES**

Preferred Agents	Non-Preferred Agents
Durolane <sup>PA, QL</sup> Euflexxa <sup>PA, QL</sup> Gel-One <sup>PA, QL</sup> Gelsyn-3 <sup>PA, QL</sup> Hyalgan <sup>PA, QL</sup> Hymovis <sup>PA, QL</sup> Trivisc <sup>PA, QL</sup> Visco-3 <sup>PA, QL</sup>	Genvisc 850 <sup>QL</sup> Monovisc <sup>QL</sup> Orthovisc <sup>QL</sup> Supartz FX <sup>QL</sup> Synvisc <sup>QL</sup> Synvisc-One <sup>QL</sup>

**INTRANASAL RHINITIS AGENTS**

Preferred Agents	Non-Preferred Agents
Azelastine 0.1% (137 mcg) ( <i>generic Astelin</i> ) <sup>QL</sup> Cromolyn Sodium (OTC) Fluticasone Propionate (Rx) <sup>QL</sup> Ipratropium <sup>QL</sup>	Astepro 0.15% <sup>QL</sup> Azelastine 0.15% (205.5 mcg) ( <i>generic Astepro</i> ) <sup>QL</sup> Beconase AQ <sup>QL</sup> Budesonide (OTC) <sup>QL</sup> Dymista <sup>QL</sup> Flonase Allergy Relief (OTC) <sup>QL</sup> Flonase Sensimist (OTC) <sup>QL</sup>

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**INTRANASAL RHINITIS AGENTS**

Preferred Agents	Non-Preferred Agents
	Flunisolide <sup>QL</sup> Fluticasone Propionate (OTC) <sup>QL</sup> Mometasone <sup>QL</sup> Nasonex <sup>QL</sup> Olopatadine <sup>QL</sup> Omnaris <sup>QL</sup> Patanase <sup>QL</sup> Qnasl <sup>QL</sup> Sinuva Triamcinolone <sup>QL</sup> Xhance <sup>QL</sup> Zetonna <sup>QL</sup>

**IRON CHELATING AGENTS**

Preferred Agents	Non-Preferred Agents
Exjade <sup>PA</sup>	Deferasirox Ferriprox Jadenu

**IRON, ORAL**

Preferred Agents	Non-Preferred Agents
Ferate Tablet Ferrous Gluconate Tablet Ferrous Sulfate Drops Ferrous Sulfate EC Tablet Ferrous Sulfate Elixir Ferrous Sulfate Tablet Folivane-F Hemocyte-F Hemocyte Plus Iferex 150 Iron 45 mg Tablet ( <i>Ferrous Sulfate, Dried ER Tablet</i> )	Active Fe Auryxia <sup>QL</sup> Corvita 150 Corvite 150 Corvite FE Feriva 21-7 Ferraplus 90 Ferrous Fumarate Tablet Fusion Plus Fusion Sprinkles Powder Packet Iferex 150 Forte Integra Plus Nufera Purevit Dualfe Plus Tandem Plus Taron Forte TL-HEM 150 Tricon Trigels-F Forte

**IRON, PARENTERAL**

Preferred Agents	Non-Preferred Agents
Ferrlecit INFeD Sodium Ferric Gluconate Complex in Sucrose Venofer <sup>QL</sup>	Feraheme <sup>QL</sup> Injectafer

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents
Montelukast Chewable Tablet <sup>QL</sup> Montelukast Tablet <sup>QL</sup>	Accolate <sup>QL</sup> Montelukast Granule <sup>QL</sup> Singulair <sup>QL</sup> Zafirlukast <sup>QL</sup> Zileuton ER <sup>QL</sup> Zyflo <sup>QL</sup> Zyflo CR <sup>QL</sup>

## LIPOTROPICS, OTHER

Preferred Agents	Non-Preferred Agents
Cholestyramine, Cholestyramine Lite Colestipol Tablet <sup>QL</sup> Ezetimibe Tablet <sup>QL</sup> Fenofibrate 54 mg, 160 mg Tablet ( <i>generic Lofibra Tablet</i> ) <sup>QL</sup> Fenofibrate Micronized 43 mg, 130 mg Capsule ( <i>generic Antara</i> ) <sup>QL</sup> Fenofibrate Micronized 67 mg, 134 mg, 200 mg Capsule ( <i>generic Lofibra Capsule</i> ) <sup>QL</sup> Fenofibrate Nanocrystalized 48 mg, 145 mg Tablet ( <i>generic Tricor</i> ) <sup>QL</sup> Fenofibric Acid (Choline) DR 45 mg, 135 mg Capsule ( <i>generic Trilipix</i> ) <sup>QL</sup> Gemfibrozil <sup>QL</sup> Omega-3 Ethyl Esters <sup>QL</sup> Prevalite	Antara <sup>QL</sup> Colesevelam <sup>QL</sup> Colestid <sup>QL</sup> Colestipol Granule Fenofibrate 50 mg, 150 mg Capsule ( <i>generic Lipofen</i> ) <sup>QL</sup> Fenofibrate 40 mg, 120 mg Tablet ( <i>generic Fenoglide</i> ) <sup>QL</sup> Fenofibric Acid 35 mg, 105 mg Tablet ( <i>generic Fibracor</i> ) <sup>QL</sup> Fenoglide <sup>QL</sup> Fibracor <sup>QL</sup> Juxtapid <sup>QL</sup> Lipofen <sup>QL</sup> Lopid <sup>QL</sup> Lovaza <sup>QL</sup> Niacin (OTC) Niacin ER Tablet ( <i>generic Niaspan</i> ) Niacin SA Capsule Niacor Niaspan Praluent <sup>QL</sup> Questran, Questran Light Repatha <sup>QL</sup> Tricor <sup>QL</sup> Triglide <sup>QL</sup> Trilipix <sup>QL</sup> Vascepa <sup>QL</sup> Welchol <sup>QL</sup> Zetia <sup>QL</sup>

## LIPOTROPICS, STATINS

Preferred Agents	Non-Preferred Agents
Atorvastatin <sup>QL</sup> Lovastatin <sup>QL</sup> Pravastatin <sup>QL</sup> Rosuvastatin <sup>QL</sup> Simvastatin <sup>QL</sup>	Altoprev ER <sup>QL</sup> Atorvastatin-Amlodipine <sup>QL</sup> Caduet <sup>QL</sup> Crestor <sup>QL</sup> Ezetimibe-Simvastatin <sup>QL</sup> Fluvastatin <sup>QL</sup> Fluvastatin ER <sup>QL</sup> Lescol XL <sup>QL</sup> Lipitor <sup>QL</sup> Livalo <sup>QL</sup> Pravachol <sup>QL</sup> Vytorin <sup>QL</sup> Zocor <sup>QL</sup> Zypitomag <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## LOCAL ANESTHETICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Glydo Jelly Syringe Lidocaine Cream, Jelly, Ointment Lidocaine Viscous Solution <sup>AR</sup> Lidocaine-Prilocaine Cream Synera Patch	Lidocaine-Prilocaine Kit Lidotral

## MACROLIDES

Preferred Agents	Non-Preferred Agents
Azithromycin Clarithromycin Suspension, Tablet E.E.S. 200 Suspension EryPed Suspension	Clarithromycin ER Tablet E.E.S. 400 Filmtab Ery-Tab DR Erythrocin Filmtab Erythromycin Base DR Capsule Erythromycin Base Filmtab Erythromycin Ethylsuccinate Suspension, Tablet Zithromax

## MACULAR DEGENERATION AGENTS

Preferred Agents	Non-Preferred Agents
Eylea <sup>PA, QL</sup> Lucentis <sup>PA, QL</sup> Macugen <sup>PA, QL</sup> Visudyne <sup>PA</sup>	

## METHOTREXATES

Preferred Agents	Non-Preferred Agents
Methotrexate Tablet Methotrexate Injection Vial, PF Vial	Otrexup <sup>QL</sup> Rasuvo <sup>QL</sup> Trexall Xatmep

## MONOCLONAL ANTIBODIES (MABs) – ANTI-IL, ANTI-IGE

Preferred Agents	Non-Preferred Agents
Fasenra <sup>PA, QL</sup> Nucala <sup>PA, QL</sup> Xolair Vial <sup>PA, QL</sup>	Cinqair Dupixent <sup>QL</sup> Xolair Syringe <sup>QL</sup>

## MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred Agents
Aubagio Tablet <sup>PA, QL</sup> Avonex <sup>QL</sup> Betaseron <sup>QL</sup> Dalfampridine ER Tablet <sup>PA, QL</sup> Gilenya Capsule <sup>PA, QL</sup> Glatiramer <sup>QL</sup> Rebif <sup>QL</sup> Rebif Rebidose <sup>QL</sup> Tecfidera DR Capsule <sup>PA, QL</sup> Tysabri <sup>PA, QL</sup>	Ampyra ER <sup>QL</sup> Copaxone <sup>QL</sup> Extavia <sup>QL</sup> Glatopa <sup>QL</sup> Lemtrada <sup>QL</sup> Mavenclad <sup>QL</sup> Mayzent <sup>QL</sup> Ocrevus <sup>QL</sup> Plegridy <sup>QL</sup>



# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## NEUROPATHIC PAIN

Preferred Agents	Non-Preferred Agents
Capsaicin Topical	Cymbalta DR <sup>QL</sup>
Duloxetine DR 20 mg, 30 mg, 60 mg Capsule ( <i>generic Cymbalta</i> ) <sup>QL</sup>	Duloxetine DR 40 mg Capsule ( <i>generic Irenka</i> ) <sup>QL</sup>
Gabapentin Capsule, Solution, Tablet <sup>QL</sup>	Gralise ER <sup>QL</sup>
Lidocaine 5% Patch ( <i>generic Lidoderm Patch</i> ) <sup>QL</sup>	Horizant ER <sup>QL</sup>
Lyrica Capsule <sup>QL</sup>	Lidoderm Patch <sup>QL</sup>
Savella Tablet <sup>QL</sup>	Lyrica CR <sup>QL</sup>
	Lyrica Solution <sup>QL</sup>
	Neurontin <sup>QL</sup>
	Qutenza Patch <sup>QL</sup>
	Ztlido Patch <sup>QL</sup>

## NSAIDs

Preferred Agents	Non-Preferred Agents
Celecoxib <sup>QL</sup>	Arthrotec <sup>QL</sup>
Diclofenac Gel <sup>QL</sup>	Cambia <sup>QL</sup>
Diclofenac 1.5% (Topical) Solution <sup>QL</sup>	Celebrex <sup>QL</sup>
Diclofenac Sodium DR/EC 25 mg, 50 mg, 75 mg Tablet ( <i>generic Voltaren EC Tablet</i> ) <sup>QL</sup>	Daypro <sup>QL</sup>
Flurbiprofen Tablet <sup>QL</sup>	Diclofenac Epolamine Patch <sup>QL</sup>
Ibuprofen <sup>QL</sup>	Diclofenac Potassium Tablet <sup>QL</sup>
Indomethacin ER <sup>QL</sup>	Diclofenac Sodium ER 24HR 100 mg Tablet ( <i>generic Voltaren-XR Tablet</i> ) <sup>QL</sup>
Indomethacin IR <sup>QL</sup>	Diclofenac-Misoprostol <sup>QL</sup>
Ketorolac <sup>PA, QL</sup>	Diflunisal <sup>QL</sup>
Meloxicam Tablet <sup>QL</sup>	Duexis <sup>QL</sup>
Nabumetone <sup>QL</sup>	EC-Naproxen 375 mg, 500 mg Tablet <sup>QL</sup>
Naproxen 250 mg, 375 mg, 500 mg Tablet (Rx) ( <i>generic Naprosyn Tablet</i> ) <sup>QL</sup>	Etodolac, Etodolac SR <sup>QL</sup>
Naproxen DR 375 mg, 500 mg Tablet ( <i>generic Naprosyn EC Tablet</i> ) <sup>QL</sup>	Feldene <sup>QL</sup>
Naproxen Sodium 220 mg Capsule (OTC) ( <i>generic Aleve Liquid Gel Cap</i> ) <sup>QL</sup>	Fenoprofen <sup>QL</sup>
Naproxen Sodium 220 mg Tablet (OTC) ( <i>generic Aleve Caplet/Tablet</i> ) <sup>QL</sup>	Flector Patch <sup>QL</sup>
Piroxicam <sup>QL</sup>	Indocin Suppository <sup>QL</sup>
Sulindac <sup>QL</sup>	Indocin Suspension <sup>QL</sup>
	Ketoprofen IR <sup>QL</sup>
	Ketoprofen ER <sup>QL</sup>
	Meclofenamate <sup>QL</sup>
	Mefenamic Acid <sup>QL</sup>
	Mobic <sup>QL</sup>
	Nalfon <sup>QL</sup>
	Naprelan CR Tablet <sup>QL</sup>
	Naproxen Sodium CR Tablet, ER Tablet ( <i>generic Naprelan CR Tablet</i> ) <sup>QL</sup>
	Naproxen Sodium 275 mg Tablet ( <i>generic Anaprox Tablet</i> ) <sup>QL</sup>
	Naproxen Sodium DS 550 mg Tablet ( <i>generic Anaprox DS Tablet</i> ) <sup>QL</sup>
	Naproxen Suspension <sup>QL</sup>
	Oxaprozin <sup>QL</sup>
	Pennsaid Pump <sup>QL</sup>
	Sprix <sup>QL</sup>
	Tivorbex <sup>QL</sup>
	Tolmetin <sup>QL</sup>
	Vimovo <sup>QL</sup>
	Vivlodex <sup>QL</sup>
	Voltaren Gel <sup>QL</sup>
	Zipsor <sup>QL</sup>
	Zorvolex <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ONCOLOGY AGENTS, BREAST CANCER

Preferred Agents	Non-Preferred Agents
Anastrozole Tablet <sup>QL</sup>	Arimidex <sup>QL</sup>
Exemestane Tablet <sup>QL</sup>	Aromasin <sup>QL</sup>
Letrozole Tablet <sup>PA, QL</sup>	Fareston <sup>QL</sup>
Tamoxifen Tablet <sup>QL</sup>	Femara <sup>QL</sup>
	Soltamox Solution <sup>QL</sup>
	Toremifene <sup>QL</sup>

## ONCOLOGY AGENTS, ORAL

Preferred Agents	Non-Preferred Agents
Abiraterone Acetate Tablet <sup>PA, QL</sup>	Braftovi <sup>QL</sup>
Afinitor <sup>PA, QL</sup>	Casodex <sup>QL</sup>
Afinitor Disperz <sup>PA</sup>	Gleevec <sup>QL</sup>
Alecensa <sup>PA, QL</sup>	Mektovi <sup>QL</sup>
Alunbrig <sup>PA, QL</sup>	Temodar
Bicalutamide <sup>PA, QL</sup>	Xeloda
Bosulif <sup>PA, QL</sup>	Yonsa <sup>QL</sup>
Cabometyx <sup>PA, QL</sup>	Zytiga <sup>QL</sup>
Calquence <sup>PA, QL</sup>	
Capecitabine <sup>PA</sup>	
Caprelsa <sup>PA, QL</sup>	
Cometriq <sup>PA, QL</sup>	
Copiktra <sup>PA, QL</sup>	
Cotellic <sup>PA, QL</sup>	
Daurismo <sup>PA, QL</sup>	
Erivedge <sup>PA, QL</sup>	
Erleada <sup>PA, QL</sup>	
Farydak <sup>PA, QL</sup>	
Gilotrif <sup>PA, QL</sup>	
Ibrance <sup>PA, QL</sup>	
Iclusig <sup>PA, QL</sup>	
IDHIFA <sup>PA, QL</sup>	
Imatinib <sup>PA, QL</sup>	
Imbruvica <sup>PA, QL</sup>	
Inlyta <sup>PA, QL</sup>	
Iressa <sup>PA, QL</sup>	
Jakafi <sup>PA, QL</sup>	
Kisqali <sup>PA, QL</sup>	
Kisqali Femara <sup>PA, QL</sup>	
Lenvima <sup>PA, QL</sup>	
Lonsurf <sup>PA, QL</sup>	
Lobrena <sup>PA, QL</sup>	
Lynparza <sup>PA, QL</sup>	
Mekinist <sup>PA, QL</sup>	
Nerlynx <sup>PA, QL</sup>	
Nexavar <sup>PA, QL</sup>	
Ninlaro <sup>PA, QL</sup>	
Odomzo <sup>PA, QL</sup>	
Rubraca <sup>PA, QL</sup>	
Rydapt <sup>PA, QL</sup>	
Sprycel <sup>PA, QL</sup>	
Stivarga <sup>PA, QL</sup>	
Sutent <sup>PA, QL</sup>	
Tafinlar <sup>PA, QL</sup>	
Tagrisso <sup>PA, QL</sup>	
Talzenna <sup>PA, QL</sup>	
Tarceva <sup>PA, QL</sup>	
Tasigna <sup>PA, QL</sup>	
Temozolomide <sup>PA</sup>	
Tibsovo <sup>PA, QL</sup>	
Tykerb <sup>PA, QL</sup>	
Venclexta <sup>PA, QL</sup>	
Verzenio <sup>PA, QL</sup>	
Viktravi <sup>PA, QL</sup>	
Vizimpro <sup>PA, QL</sup>	
Votrient <sup>PA, QL</sup>	
Xalkori <sup>PA, QL</sup>	
Xospata <sup>PA, QL</sup>	
Xtandi <sup>PA, QL</sup>	
Zejula <sup>PA, QL</sup>	
Zelboraf <sup>PA, QL</sup>	
Zolinza <sup>PA, QL</sup>	
Zydelig <sup>PA, QL</sup>	
Zykadia <sup>PA, QL</sup>	

## OPHTHALMICS, ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred Agents
Alaway	Alocril
Azelastine Drop	Alomide
Cromolyn Sodium Drop	Alrex
Ketotifen (OTC)	Bepreve
Naphcon-A	Epinastine
Olopatadine Drop	Lastacaft
Zaditor (OTC)	Pataday
	Patanol
	Pazeo

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## OPHTHALMICS, ANTIBIOTICS

Preferred Agents	Non-Preferred Agents
AK-Poly-Bac Ointment	AzaSite
Bacitracin-Polymyxin Ophthalmic Ointment	Bacitracin Ophthalmic Ointment
Ciprofloxacin Ophthalmic Drop	Besivance
Erythromycin Ointment	Bleph-10
Gentak Ophthalmic Ointment	Ciloxan
Gentamicin Drop	Gatifloxacin
Moxeza	Levofloxacin Ophthalmic Drop
Ofloxacin Ophthalmic Drop	Moxifloxacin Ophthalmic Drop
Polymyxin B-Trimethoprim Drop	Natacyn
Tobramycin Drop	Neomycin-Bacitracin-Polymyxin Ophthalmic Ointment
	Neo-Polycin Ointment
	Neomycin-Polymyxin-Gramicidin Drop
	Ocuflox
	Polycin Ointment
	Polytrim
	Sulfacetamide Drop, Ointment
	Tobrex Drop, Ointment
	Vigamox
	Zymaxid

## OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred Agents
Neomycin-Bacitracin-Polymyxin-HC Ointment	Blephamide Drop, Ointment
Neomycin-Polymyxin-Dexamethasone Drop, Ointment	Maxitrol Drop, Ointment
Pred-G Drop, Ointment	Neomycin-Polymyxin-HC Drop
Sulfacetamide-Prednisolone Drop	Neo-Polycin HC Ointment
TobraDex Drop, Ointment	TobraDex ST Drop
Zylet Drop	Tobramycin-Dexamethasone Drop

## OPHTHALMICS, ANTI-INFLAMMATORIES

Preferred Agents	Non-Preferred Agents
Acuvail	Acular
Dexamethasone Sodium Phosphate Ophthalmic Drop	Acular LS
Durezol	Bromfenac
Flarex	Bromsite
Fluorometholone	Dexycu
Flurbiprofen Drop	Diclofenac Ophthalmic Drop
FML Forte	FML Liquifilm
FML S.O.P.	Iluvien
Ilevro	Inveltys
Ketorolac Drop	Lotemax
Ketorolac LS Drop	Lotemax SM
Lotemax Drop, Ointment	Loteprednol Drop
Maxidex	Omnipred
Nevanac	Ozurdex
Pred Mild	Pred Forte
Prednisolone Acetate Ophthalmic Drop	Prolensa
Prednisolone Sodium Phosphate Ophthalmic Drop	Retisert
	Triesence <sup>QL</sup>
	Yutiq

## OPHTHALMICS, GLAUCOMA

Preferred Agents	Non-Preferred Agents
Brimonidine 0.2%	Alphagan P 0.1%

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**OPHTHALMICS, GLAUCOMA**

Preferred Agents	Non-Preferred Agents
Carteolol	Alphagan P 0.15%
Dorzolamide	Apraclonidine
Dorzolamide-Timolol Drop ( <i>generic Cosopt</i> )	Azopt
Latanoprost 0.005%	Betaxolol
Levobunolol	Betoptic S 0.25%
Simbrinza	Bimatoprost 0.03%
Timolol Drop ( <i>generic Timoptic</i> )	Brimonidine 0.15%
	Combigan
	Cosopt
	Cosopt PF
	Dorzolamide-Timolol Droperette ( <i>generic Cosopt PF</i> )
	Iopidine
	Isopto Carpine
	Istalol
	Lumigan 0.01%
	Phospholine Iodide
	Pilocarpine
	Rhopressa
	Rocklatan
	Timolol Drop Once-Daily ( <i>generic Istalol</i> )
	Timolol Gel-Solution
	Timoptic
	Timoptic Ocudose
	Timoptic-XE GFS
	Travatan Z
	Trusopt
	Vyzulta
	Xalatan
	Xelpros
	Zioptan

**OPHTHALMICS, IMMUNOMODULATORS**

Preferred Agents	Non-Preferred Agents
Restasis Droperette <sup>QL</sup>	Cequa <sup>QL</sup>
	Restasis Multidose <sup>QL</sup>
	Xiidra <sup>QL</sup>

**OPIOID DEPENDENCE TREATMENTS**

Preferred Agents	Non-Preferred Agents
Buprenorphine SL Tablet <sup>PA, QL</sup>	Bunavail Film <sup>QL</sup>
Buprenorphine-Naloxone SL Film <sup>QL</sup>	Catapres Tablet
Buprenorphine-Naloxone SL Tablet <sup>QL</sup>	Lucemrya <sup>QL</sup>
Clonidine Tablet	Probuphine <sup>QL</sup>
Naltrexone Tablet	Suboxone SL Film <sup>QL</sup>
Sublocade <sup>QL</sup>	Zubsolv SL Tablet <sup>QL</sup>
Vivitrol <sup>QL</sup>	

**OPIOID OVERDOSE AGENTS**

Preferred Agents	Non-Preferred Agents
Naloxone Syringe, Vial	
Narcan Nasal Spray	

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred Agents
Cipro HC Ciprodex Coly-Mycin S Neomycin-Polymyxin-HC Otic Drop Ofloxacin Otic Drop	Ciprofloxacin Otic Drop Otiprio Otovel

## PANCREATIC ENZYMES

Preferred Agents	Non-Preferred Agents
Creon Zenpep	Pancreaze Pertzye Viokace

## PENICILLINS

Preferred Agents	Non-Preferred Agents
Amoxicillin Amoxicillin-Clavulanate 200-28.5 mg/5 ml Suspension Amoxicillin-Clavulanate 400-57 mg/5 ml Suspension Amoxicillin-Clavulanate 600-42.9 mg/5 ml Suspension Amoxicillin-Clavulanate Tablet Ampicillin Trihydrate Dicloxacillin Penicillin	Amoxicillin-Clavulanate Chewable Tablet Amoxicillin-Clavulanate 250-62.5 mg/5 ml Suspension Amoxicillin-Clavulanate ER Tablet Augmentin Augmentin XR

## PHOSPHATE BINDERS

Preferred Agents	Non-Preferred Agents
Calcium Acetate Capsule <sup>QL</sup> Calphron Tablet <sup>QL</sup> Phoslyra Solution <sup>QL</sup> Sevelamer Carbonate Tablet <sup>QL</sup>	Auryxia <sup>QL</sup> Calcium Acetate Tablet <sup>QL</sup> Fosreno <sup>QL</sup> Lanthanum Carbonate Chewable <sup>QL</sup> Renage <sup>QL</sup> Renvela <sup>QL</sup> Sevelamer Carbonate Powder Packet <sup>QL</sup> Sevelamer HCl Tablet <sup>QL</sup> Velphoro <sup>QL</sup>

## PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred Agents
Eligard <sup>PA, QL</sup> Leuprolide Acetate <sup>PA</sup> Lupaneta Pack <sup>PA, QL</sup> Lupron Depot <sup>PA, QL</sup> Lupron Depot-Ped <sup>PA, QL</sup> Orilissa <sup>PA, QL</sup> Synarel <sup>PA, QL</sup> Triptodur <sup>PA, QL</sup> Zoladex <sup>PA, QL</sup>	Supprelin LA <sup>QL</sup> Trelstar <sup>QL</sup> Vantas <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred Agents
Aggrenox <sup>QL</sup> Brilinta <sup>QL</sup> Clopidogrel <sup>QL</sup> Dipyridamole <sup>QL</sup> Prasugrel <sup>QL</sup>	Aspirin-Dipyridamole ER <sup>QL</sup> Effient <sup>QL</sup> Plavix <sup>QL</sup> Yosprala <sup>QL</sup> Zontivity <sup>QL</sup>

## POTASSIUM REMOVING AGENTS

Preferred Agents	Non-Preferred Agents
Lokelma <sup>PA, QL</sup> Veltassa <sup>PA, QL</sup>	

## PRENATAL VITAMINS

Preferred Agents	Non-Preferred Agents
Complete Natal DHA Niva-Plus Tablet O-Cal FA Tablet Preplus Tablet Trinatal RX 1 Tablet Triveen-Duo DHA Combo Pack Vol-Plus Tablet	C-Nate DHA Completenate Tablet Chewable Elite-OB Caplet Folivane-OB Capsule OB Complete One Softgel OB Complete Petite Softgel OB Complete Premier Tablet OB Complete Prenatal OB Complete with DHA Softgel PNV 29-1 Tablet Pretab Provida DHA Capsule Provida OB Capsule Taron-C DHA Capsule Taron-Prex Prenatal DHA Capsule Thrivite 19 Thrivite Rx Virt-Advance Virt-C DHA Virt-Nate Virt-Nate DHA Virt-PN Virt-PN DHA Softgel Virt-PN Plus Softgel Virtprex Capsule Virt-Select Capsule Vitafof Gummies VP-PNV-DHA Zatean-PN DHA Capsule Zatean-PN Plus Softgel

## PROGESTATIONAL AGENTS

Preferred Agents	Non-Preferred Agents
Depo-Provera 400 mg/mL <sup>QL</sup> Makena <sup>PA, QL</sup> Medroxyprogesterone Tablet <sup>QL</sup> Norethindrone Tablet <sup>QL</sup> Progesterone Capsule <sup>QL</sup> Progesterone IM Injection	Aygestin <sup>QL</sup> Crinone Gel Hydroxyprogesterone Caproate <sup>QL</sup> Prometrium <sup>QL</sup> Provera <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## PROTON PUMP INHIBITORS

Preferred Agents	Non-Preferred Agents
Esomeprazole Magnesium DR Capsule <sup>QL</sup>	Aciphex DR Sprinkle Capsule, Tablet <sup>QL</sup>
Lansoprazole DR Capsule <sup>QL</sup>	Dexilant DR <sup>QL</sup>
Nexium DR Granule Packet for Suspension <sup>QL</sup>	Esomeprazole Strontium DR Capsule <sup>QL</sup>
Omeprazole DR Capsule (Rx) <sup>QL</sup>	Lansoprazole ODT DR <sup>QL</sup>
Pantoprazole DR Tablet <sup>QL</sup>	Nexium DR Capsule <sup>QL</sup>
	Omeprazole DR Tablet <sup>QL</sup>
	Omeprazole Magnesium DR Capsule (OTC) <sup>QL</sup>
	Omeprazole-Sodium Bicarbonate Capsule, Packet <sup>QL</sup>
	Prevacid 24HR DR Capsule
	Prevacid DR Capsule <sup>QL</sup>
	Prevacid Solutab <sup>QL</sup>
	Prilosec DR Granule for Suspension <sup>QL</sup>
	Protonix DR Tablet <sup>QL</sup>
	Protonix Granule for Suspension <sup>QL</sup>
	Rabeprazole DR <sup>QL</sup>
	Zegerid Capsule, Packet <sup>QL</sup>

## PULMONARY ARTERIAL HYPERTENSION (PAH) AGENTS, ORAL AND INHALED

Preferred Agents	Non-Preferred Agents
Ambrisentan <sup>PA, QL</sup>	Adcirca <sup>QL</sup>
Sildenafil <sup>PA, QL</sup>	Adempas <sup>QL</sup>
Tadalafil <sup>PA, QL</sup>	Alyq <sup>QL</sup>
Tracleer Tablet <sup>PA, QL</sup>	Bosentan <sup>QL</sup>
Tyvaso <sup>PA, QL</sup>	Letairis <sup>QL</sup>
Ventavis <sup>PA, QL</sup>	Opsumit <sup>QL</sup>
	Orenitram ER
	Revatio <sup>QL</sup>
	Tracleer Tablet for Suspension <sup>QL</sup>
	Upravi <sup>QL</sup>

## SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents
Eszopiclone <sup>QL</sup>	Ambien <sup>QL</sup>
Temazepam 15mg, 30mg Capsule <sup>AR, QL</sup>	Ambien CR <sup>QL</sup>
Zaleplon <sup>QL</sup>	Belsomra <sup>QL</sup>
Zolpidem IR Tablet <sup>QL</sup>	Butisol Sodium <sup>QL</sup>
	Edluar <sup>QL</sup>
	Estazolam <sup>AR, QL</sup>
	Flurazepam <sup>AR, QL</sup>
	Halcion <sup>AR, QL</sup>
	Hetlioz <sup>QL</sup>
	Intermezzo <sup>QL</sup>
	Lunesta <sup>QL</sup>
	Midazolam Syrup <sup>AR</sup>
	Restoril <sup>AR, QL</sup>
	Rozerem <sup>QL</sup>
	Seconal Sodium <sup>QL</sup>
	Silenor <sup>QL</sup>
	Temazepam 7.5mg, 22.5mg Capsule <sup>AR, QL</sup>
	Triazolam <sup>AR, QL</sup>
	Zolpidem ER Tablet <sup>QL</sup>
	Zolpidem SL Tablet <sup>QL</sup>
	Zolpimist <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred Agents
Baclofen <sup>QL</sup> Cyclobenzaprine Tablet <sup>QL</sup> Dantrolene Capsule <sup>QL</sup> Methocarbamol <sup>QL</sup> Tizanidine Tablet <sup>QL</sup>	Amrix ER <sup>QL</sup> Carisoprodol <sup>QL</sup> Carisoprodol-Aspirin <sup>QL</sup> Chlorzoxazone <sup>QL</sup> Cyclobenzaprine ER Capsule <sup>QL</sup> Dantrium <sup>QL</sup> Fexmid <sup>QL</sup> Lorzone <sup>QL</sup> Metaxall <sup>QL</sup> Metaxalone <sup>QL</sup> Orphenadrine ER <sup>QL</sup> Robaxin <sup>QL</sup> Skelaxin <sup>QL</sup> Soma <sup>QL</sup> Tizanidine Capsule <sup>QL</sup> Zanaflex <sup>QL</sup>

## SMOKING CESSATION

Preferred Agents	Non-Preferred Agents
Bupropion SR <sup>QL</sup> Chantix <sup>QL</sup> Nicorelief Gum <sup>QL</sup> Nicotine Gum <sup>QL</sup> Nicotine Lozenge, Mini Lozenge <sup>QL</sup> Nicotine Patch <sup>QL</sup>	Nicoderm CQ Patch <sup>QL</sup> Nicorette Gum <sup>QL</sup> Nicorette Lozenge, Mini Lozenge <sup>QL</sup> Nicotine Transdermal System (Steps 1, 2, 3) <sup>QL</sup> Nicotrol Cartridge Inhaler <sup>QL</sup> Nicotrol NS <sup>QL</sup> Zyban <sup>QL</sup>

## STEROIDS, TOPICAL – LOW POTENCY

Preferred Agents	Non-Preferred Agents
Hydrocortisone Cream, Ointment, Lotion Hydrocortisone (OTC) Hydrocortisone-Aloe Cream (OTC) Scalpicin (OTC)	Alclometasone Capex Shampoo Derma-Smoothe-FS Desonate Desonide Desowen Fluocinolone Oil Micort-HC Texacort

## STEROIDS, TOPICAL – MEDIUM POTENCY

Preferred Agents	Non-Preferred Agents
Fluticasone Cream, Ointment Mometasone Cream, Ointment, Solution	Betamethasone Valerate Foam Clocortolone Cloderm Cordran Tape Cutivate Dermatop Elocon Fluocinolone Cream, Ointment, Solution Flurandrenolide Fluticasone Lotion Hydrocortisone Butyrate Hydrocortisone Valerate Locoid



# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## STERIODS, TOPICAL – MEDIUM POTENCY

Preferred Agents	Non-Preferred Agents
	Luxiq Pandel Prednicarbate Synalar Synalar TS

## STERIODS, TOPICAL – HIGH POTENCY

Preferred Agents	Non-Preferred Agents
Betamethasone Dipropionate Cream, Lotion Betamethasone Dipropionate Augmented Cream Betamethasone Valerate Cream, Lotion, Ointment Triamcinolone Acetonide Cream, Lotion, Ointment	Amcinonide Betamethasone Dipropionate Ointment Betamethasone Dipropionate Augmented Gel, Lotion, Ointment Desoximetasone Diflorasone Diprolene Fluocinonide Fluocinonide-E Halog Kenalog Spray Psorcon Sernivo Spray Topicort Triamcinolone Spray Trianex Vanos

## STERIODS, TOPICAL – VERY HIGH POTENCY

Preferred Agents	Non-Preferred Agents
Clobetasol Cream, Solution, Ointment Clodan Shampoo	Apexicon E Bryhali Clobetasol Foam, Gel, Lotion, Shampoo, Spray Clobetasol Emollient Cream, Foam Clobetasol Emulsion Foam Clobex Clodan Kit Halobetasol Lexette Olux Olux-E Temovate Ultravate Ultravate X

## STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents
Aptensio XR Capsule <sup>AR, QL</sup> Armodafinil Tablet <sup>AR, PA, QL</sup> Atomoxetine Capsule <sup>AR, QL</sup> Dexmethylphenidate ER Capsule <sup>QL</sup> Dexmethylphenidate IR Tablet <sup>AR, QL</sup> Dextroamphetamine ER Capsule <sup>AR, QL</sup> Dextroamphetamine IR Tablet <sup>AR, QL</sup> Dextroamphetamine/Amphetamine ER Capsule ( <i>generic Adderall XR</i> ) <sup>AR, QL</sup> Dextroamphetamine/Amphetamine Tablet ( <i>generic Adderall</i> ) <sup>AR, QL</sup>	Adderall IR Tablet <sup>AR, QL</sup> Adderall XR Capsule <sup>AR, QL</sup> Adzenys ER Suspension <sup>AR, QL</sup> Adzenys XR-ODT <sup>AR, QL</sup> Amphetamine Sulfate Tablet <sup>AR, QL</sup> Clonidine ER Tablet <sup>AR, QL</sup> Concerta Tablet <sup>AR, QL</sup> Cotempla XR-ODT <sup>AR, QL</sup> Daytrana Patch <sup>AR, QL</sup> Desoxyn <sup>AR, QL</sup>

AR = age restriction, clinical prior authorization required  
Non-preferred medications require prior authorization  
IR = immediate-release formulation  
January 1, 2020

PA = clinical prior authorization required  
QL = quantity limit applies to FFS claims  
ER = extended-release formulation  
Page 49 of 52

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents
Guanfacine ER Tablet <sup>AR, QL</sup>	Dexedrine <sup>AR, QL</sup>
Methylphenidate ER (CD) Capsule ( <i>generic Metadate CD</i> ) <sup>AR, QL</sup>	Dextroamphetamine Solution <sup>AR, QL</sup>
Methylphenidate IR Tablet <sup>AR, QL</sup>	Dyanavel XR Suspension <sup>AR, QL</sup>
Methylphenidate ER Tablet ( <i>generic Ritalin SR Tablet</i> ) <sup>AR, QL</sup>	Evekeo <sup>AR, QL</sup>
Methylphenidate ER 24HR Tablet ( <i>generic Concerta</i> ) <sup>AR, QL</sup> (labeler 10147 only)	Focalin IR Tablet <sup>AR, QL</sup>
Modafinil Tablet <sup>AR, PA, QL</sup>	Focalin XR Capsule <sup>AR, QL</sup>
Quillichew ER Chewable Tablet <sup>AR, QL</sup>	Intuniv ER <sup>AR, QL</sup>
Quillivant XR Suspension <sup>AR, QL</sup>	Methamphetamine Tablet <sup>AR, QL</sup>
	Methylin <sup>AR, QL</sup>
	Methylphenidate Chewable Tablet, Solution <sup>AR, QL</sup>
	Methylphenidate ER 24HR Tablet ( <i>generic Concerta</i> ) <sup>AR, QL</sup> (all labelers except 10147)
	Methylphenidate ER 24HR 72 mg Tablet ( <i>generic Relexxii ER Tablet</i> ) <sup>AR, QL</sup>
	Methylphenidate ER (LA) 24HR Capsule ( <i>generic Ritalin LA Capsule</i> ) <sup>AR, QL</sup>
	Mydayis ER Capsule <sup>AR, QL</sup>
	Nuvigil <sup>AR, QL</sup>
	Procentra Solution <sup>AR, QL</sup>
	Provigil <sup>AR, QL</sup>
	Relexxii ER 24HR Tablet <sup>AR, QL</sup>
	Ritalin <sup>AR, QL</sup>
	Ritalin LA <sup>AR, QL</sup>
	Strattera <sup>AR, QL</sup>
	Vyvanse Capsule, Chewable Tablet <sup>AR, QL</sup>
	Zenzedi <sup>AR, QL</sup>

## TETRACYCLINES

Preferred Agents	Non-Preferred Agents
Doxycycline Hyclate 50 mg, 100 mg Capsule	Demeclocycline
Doxycycline Hyclate 20 mg, 100 mg Tablet	Doryx DR, MPC DR <sup>QL</sup>
Doxycycline Monohydrate 50 mg, 100mg Capsule	Doxycycline Hyclate 75 mg, 150 mg Tablet
Doxycycline Monohydrate Suspension	Doxycycline Hyclate DR Tablet <sup>QL</sup>
Doxycycline Monohydrate 50 mg, 75 mg, 100 mg Tablet	Doxycycline IR-DR 40 mg Capsule <sup>QL</sup>
Minocycline Capsule	Doxycycline Monohydrate 75 mg, 150 mg Capsule
	Doxycycline Monohydrate 150 mg Tablet
	Minocin Pelletized Capsule
	Minocycline ER Tablet <sup>QL</sup>
	Minocycline Tablet
	Minolira ER Tablet
	Morgidox Capsule, Kit <sup>QL</sup>
	Oracea <sup>QL</sup>
	Solodyn ER <sup>QL</sup>
	Tetracycline
	Vibramycin
	Ximino ER <sup>QL</sup>

## THALIDOMIDE AND DERIVATIVES

Preferred Agents	Non-Preferred Agents
Revlimid <sup>PA, QL</sup>	Pomalyst <sup>QL</sup>
Thalomid <sup>PA, QL</sup>	

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## THROMBOPOIETICS

Preferred Agents	Non-Preferred Agents
Nplate <sup>PA</sup> Promacta <sup>PA, QL</sup>	Doptelet Mupleta <sup>QL</sup> Tavalisse <sup>QL</sup>

## THYROID HORMONES

Preferred Agents	Non-Preferred Agents
Armour Thyroid Cytome <sup>QL</sup> Levo-T Levothyroxine Tablet Levoxyl NP Thyroid Thyroid Tablet Tirosint Capsule	Levothyroxine Injection Liothyronine Injection Liothyronine Tablet <sup>QL</sup> Synthroid Tirosint-Sol Solution Triostat Injection Unithroid

## ULCERATIVE COLITIS AGENTS

Preferred Agents	Non-Preferred Agents
Apriso <sup>QL</sup> Balsalazide <sup>QL</sup> Delzico <sup>QL</sup> Mesalamine Enema, Suppository <sup>QL</sup> Mesalamine Enema Kit Pentasa <sup>QL</sup> Sulfasalazine <sup>QL</sup> Sulfasalazine DR <sup>QL</sup>	Asacol HD <sup>QL</sup> Azulfidine <sup>QL</sup> Azulfidine EN-Tab <sup>QL</sup> Canasa <sup>QL</sup> Colazal <sup>QL</sup> Dipentum <sup>QL</sup> Giazo <sup>QL</sup> Lialda DR <sup>QL</sup> Mesalamine DR Tablet <sup>QL</sup> Rowasa sfRowasa <sup>QL</sup> Uceris Rectal Foam <sup>QL</sup>

## UREA CYCLE DISORDER AGENTS

Preferred Agents	Non-Preferred Agents
Buphenyl	Ravicti <sup>QL</sup> Sodium Phenylbutyrate

## URINARY ANTI-INFECTIVES

Preferred Agents	Non-Preferred Agents
Methenamine Hippurate <sup>QL</sup> Nitrofurantoin Capsule ( <i>generic Macrochantin Capsule</i> ) <sup>QL</sup> Nitrofurantoin Monohydrate-Macro Capsule ( <i>generic Macrobid Capsule</i> ) <sup>QL</sup>	Furadantin Suspension <sup>QL</sup> Hiprex <sup>QL</sup> Macrobid Capsule <sup>QL</sup> Macrochantin Capsule <sup>QL</sup> Methenamine Mandelate Monuroi <sup>QL</sup> Nitrofurantoin Suspension <sup>QL</sup> Urelle <sup>QL</sup> Urimar-T <sup>QL</sup> Urin D.S. <sup>QL</sup> Urogesic-Blue <sup>QL</sup>

## VAGINAL ANTI-INFECTIVES

Preferred Agents	Non-Preferred Agents
Cleocin Ovules	AVC Cream

**Pennsylvania Department of Human Services  
Statewide Preferred Drug List (PDL)**

Effective January 1, 2020

**VAGINAL ANTI-INFECTIVES**

Preferred Agents	Non-Preferred Agents
Clindamycin Vaginal Cream	Cleocin Vaginal Cream
Clindesse Cream	Gynazole 1
Clotrimazole 3 (2%) Vaginal Cream	MetroGel Vaginal
Clotrimazole 7 (1%) Vaginal Cream	Miconazole 3 (200 mg) Suppository
Metronidazole Tablet	Nuversa Gel
Metronidazole Vaginal Gel	Solosec
Miconazole 1 (1200 mg-2%) Combination Pack	Terconazole Cream, Suppository
Miconazole 3 (200 mg-2%) Combination Pack	Vandazole Gel
Miconazole 3 (4%) Vaginal Cream	
Miconazole 7 (2%) Vaginal Cream	
Miconazole 7 (100 mg) Suppository	
Tioconazole-1 (6.5%) Ointment	

**VITAMIN D ANALOGS**

Preferred Agents	Non-Preferred Agents
Calcitriol Ampule, Capsule	Calcitriol Solution
Doxercalciferol Injection	Doxercalciferol Capsule
Hectorol Injection	Paricalcitol Capsule
Paricalcitol Injection	Rayaldee ER <sup>QL</sup>
	Rocaltrol
	Zemplar

**VMAT2 INHIBITORS**

Preferred Agents	Non-Preferred Agents
Austedo <sup>PA, QL</sup>	Xenazine <sup>QL</sup>
Ingrezza <sup>PA, QL</sup>	
Tetrabenazine <sup>PA, QL</sup>	