

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

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

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

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**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ACNE AGENTS, TOPICAL (1)</b>	Clindamycin Phosphate Gel	Adapalene Cream (Generic; Differin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Clindamycin Phosphate Medicated Swab	Adapalene Gel (AG; Generic)
	Clindamycin Phosphate Solution	Adapalene Gel Pump (AG; Generic; Differin®)
	Clindamycin Phosphate Lotion (Generic)	Adapalene Lotion (Differin®)
	Clindamycin Phosphate/Benzoyl Peroxide (Generic)	Adapalene Solution
	Erythromycin Gel	Adapalene/Benzoyl Peroxide (Generic; Epiduo®)
	Erythromycin Solution	Adapalene/Benzoyl Peroxide with Pump (Epiduo Forte® Gel)
	Erythromycin/Benzoyl Peroxide (Generic)	Azelaic Acid (Azelex®)
	Tretinoin Cream (Generic)	Clindamycin Phosphate (Cleocin-T® Gel)
		Clindamycin Phosphate (AG; Clindagel®)
		Clindamycin Phosphate /Benzoyl Peroxide w/Pump (AG; Generic; Acanya®)
		Clindamycin Phosphate Foam
		Clindamycin Phosphate Lotion (Cleocin-T®)
		Clindamycin Phosphate Medicated Swab (Cleocin T® Medicated Swab)
		Clindamycin Phosphate Topical Solution (Clindacin® Pac)
		Clindamycin Phosphate/Benzoyl Peroxide (Generic; BenzaClin®)
		Clindamycin Phosphate/Benzoyl Peroxide (Duac®)
		Clindamycin Phosphate/Benzoyl Peroxide Pump (Onexton®)
		Clindamycin/Benzoyl Peroxide with Pump (Generic; BenzaClin®)
		Clindamycin Phosphate/Skin Cleanser 19 (Clindacin® Pac Kit)
		Clindamycin Phosphate/Benzoyl Peroxide Gel (Neuac™)
		Clindamycin/Benzoyl/Emollient Combo 94 (Neuac™ Kit)
		Clindamycin/Tretinoin (AG; Generic; Ziana®)
		Dapsone Gel (AG; Generic; Aczone®)
		Dapsone Gel with Pump (Generic; Aczone®)
		Erythromycin Gel (AG)
		Erythromycin Medicated Swab
		Erythromycin/Benzoyl Peroxide (Benzamycin®)
		Minocycline Topical Foam (Amzeeq™)
	Sulfacetamide Cleanser	
	Sulfacetamide Sodium (Ovace® Plus Cream ER)	
	Sulfacetamide Sodium (Ovace® Plus Cleanser ER)	

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ACNE AGENTS, TOPICAL (1) Continued	(preferred agents listed on page 1)	Sulfacetamide Sodium (Ovace® Plus Foam)
		Sulfacetamide Sodium (Ovace® Plus Lotion)
		Sulfacetamide Sodium (Ovace® Plus Shampoo)
		Sulfacetamide Sodium (Ovace® Plus Wash)
		Sulfacetamide Sodium (Ovace® Wash)
		Sulfacetamide Sodium Cleanser ER
		Sulfacetamide Sodium Shampoo
		Sulfacetamide Sodium/Sulfur (Avar® LS Cleanser)
		Sulfacetamide Sodium/Sulfur (Avar® LS Medicated Pads)
		Sulfacetamide Sodium/Sulfur (Avar® Medicated Pads)
		Sulfacetamide Sodium/Sulfur (Avar-e®)
		Sulfacetamide Sodium/Sulfur (BP 10-1®)
		Sulfacetamide Sodium/Sulfur
		Sulfacetamide Sodium/Sulfur Cleanser (Avar®)
		Sulfacetamide Sodium/Sulfur Cleanser
		Sulfacetamide Sodium/Sulfur Cleanser Kit
		Sulfacetamide Sodium/Sulfur Cream
		Sulfacetamide Sodium/Sulfur Cream (Avar-e® LS)
		Sulfacetamide Sodium/Sulfur Foam (Avar®)
		Sulfacetamide Sodium/Sulfur Foam (SSS 10-5®)
		Sulfacetamide Sodium/Sulfur Lotion
		Sulfacetamide Sodium/Sulfur Medicated Pads
		Sulfacetamide Suspension
		Sulfacetamide/Sulfur Suspension
		Sulfacetamide/Sulfur/Cleanser 23 (Sumaxin® CP Kit)
		Sulfacetamide/Sulfur/Urea Cleanser
		Tazarotene (Fabior®)
		Tazarotene Cream (AG; Generic; Tazorac®)
		Tazarotene Gel (Tazorac®)
		<b>Tazarotene Lotion (Arazlo™)</b>
		Tretinoin (Altreno®)
		Tretinoin Cream (Avita®)
		Tretinoin Cream (Retin-A®)

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ACNE AGENTS, TOPICAL (1) Continued	(preferred agents listed on page 2)	Tretinoin Gel (Generic; Atralin®)
		Tretinoin Gel (AG for Avita®; Generic for Avita®)
		Tretinoin Gel (AG; Generic; Retin-A®)
		Tretinoin 0.06% Pump (Retin-A® Micro)
		Tretinoin 0.04% & 0.1% Gel; Pump (AG; Generic; Retin-A® Micro)
		Tretinoin 0.08% Pump (Retin-A® Micro)
		Tretinoin (Tretin-X®)
		Tretinoin/Emollient 9/Skin Cleanser 1 (Tretin-X® Combo Pack)
		Trifarotene Cream (Aklief®)
ADD/ADHD (2)	Amphetamine Salt Combo ER (AG; Generic)	Amphetamine ER Suspension (AG; Adzenys ER®)
Stimulants and Related Agents	Amphetamine Salt Combo Tablet (Generic)	Amphetamine ODT (Adzenys XR ODT®)
*Request Form	Atomoxetine Capsule (AG; Generic)	Amphetamine Salt Combo ER (Adderall XR®)
*Criteria	Dexamethylphenidate ER Capsule (Focalin XR®)	Amphetamine Suspension (Dyanavel XR®)
*POS Edits	Dexamethylphenidate Tablet (AG; Generic)	Amphetamine Tablet (Generic; Evekeo®)
	Dextroamphetamine Tablet (Generic)	Amphetamine Sulfate ODT (Evekeo® ODT)
	Guanfacine ER Tablet (Generic)	Amphetamine/Dextroamphetamine XR Capsule (Mydayis® ER)
	Lisdexamfetamine Capsule (Vyvanse®)	Armodafinil Tablet (AG; Generic; Nuvigil®)
	Lisdexamfetamine Chewable Tablet (Vyvanse®)	Atomoxetine Capsule (Strattera®)
	Methylphenidate ER Capsule (AG and Generic for Metadate CD®)	Clonidine ER Tablet (Generic)
	Methylphenidate ER Capsule (Generic for Ritalin LA®)	Dexamethylphenidate ER Capsule (AG; Generic)
	Methylphenidate ER Chewable (QuilliChew ER®)	Dexamethylphenidate Tablet (Focalin®)
	Methylphenidate ER Suspension (Quillivant XR®)	Dextroamphetamine IR Tablet (Zenzedi®)
	Methylphenidate ER Tablet (AG and Generic for Concerta®)	Dextroamphetamine Solution (Generic; ProCentra®)
	Methylphenidate IR Tablet (Generic)	Dextroamphetamine Sulfate ER (Generic; Dexedrine® Spansule®)
	Methylphenidate Solution (Generic)	Guanfacine ER Tablet (Intuniv®)
	Modafinil Tablet (Generic)	Methamphetamine Tablet (Generic; Desoxyn®)
		Methylphenidate ER Capsule (Adhansia XR™)
		Methylphenidate ER Capsule (AG; Aptensio XR®)
		Methylphenidate ER Capsule (Jornay PM®)
		Methylphenidate ER Capsule (Ritalin LA®)
		Methylphenidate ER Tablet (Concerta®)
		Methylphenidate ER Tablet (Generic for Metadate ER)

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<b>ADD/ADHD (2)</b>	(preferred agents listed on page 3)	Methylphenidate ER Tablet 72mg (Generic)
<b>Stimulants and Related Agents Continued</b>		Methylphenidate IR Chew Tablet (Generic) Methylphenidate IR Tablet (Ritalin®) Methylphenidate Patch (Daytrana®) Methylphenidate Solution (Methylin®) Methylphenidate XR ODT (Cotempla XR ODT®) Modafinil Tablet (Provigil®) Pitolisant HCl Tablet (Wakix®) Solriamfetol HCl (Sunosi™)
<b>ALLERGY (3)</b>	Cetirizine-D OTC (Generic)	Acrivastine/Pseudoephedrine (Semprex-D®)
<b>Antihistamines – Minimally Sedating</b>	Cetirizine Solution OTC (1 mg/mL) (Generic)	Cetirizine Injection (Quzyttir™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cetirizine Solution RX (1 mg/mL) (Generic)	Cetirizine Capsule OTC (Generic)
	Cetirizine Tablet OTC (Generic)	Cetirizine Chewable Tablet OTC (Generic)
	Levocetirizine Tablet OTC (Generic)	Cetirizine 5 mg/5 mL Solution OTC (Generic)
	Levocetirizine Tablet (Generic)	Desloratadine Tablet (Generic; Clarinex®)
	Loratadine-D OTC (Generic)	Desloratadine ODT (Generic)
	Loratadine ODT OTC (Generic)	Desloratadine/Pseudoephedrine (Clarinex-D 12-Hour®)
	Loratadine Solution OTC (Generic)	Fexofenadine 60 mg OTC (Generic)
	Loratadine Tablet OTC (Generic)	Fexofenadine 180 mg OTC (Generic)
		Fexofenadine Suspension OTC (Generic)
		Fexofenadine/Pseudoephedrine 12-hour OTC (Generic)
		Levocetirizine Solution (Generic)
		Loratadine Chewable Tablet OTC (Generic)
<b>ALLERGY (3)</b>	Azelastine (Generic for Astelin®)	Azelastine/Fluticasone (AG; Generic; Dymista®)
<b>Rhinitis Agents, Nasal</b>	Azelastine (AG for Astepro®; Generic for Astepro®)	Beclomethasone (Beconase AQ®)
<a href="#">*Request Form</a>	Fluticasone Propionate Nasal Spray (Generic)	Beclomethasone (Qnasl 40®)
<a href="#">*Criteria</a>	Ipratropium Bromide Nasal Spray (Generic)	Beclomethasone (Qnasl 80®)
<a href="#">*POS Edits</a>		Ciclesonide (Omnaris®)
		Ciclesonide (Zetonna®)
		Flunisolide Nasal Spray (Generic)
		Fluticasone Propionate (Xhance®)

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<b>ALLERGY (3)</b>	(preferred agents listed on page 4)	Mometasone (AG; Generic; Nasonex®)
<b>Rhinitis Agents, Nasal Continued</b>		Mometasone Furoate Implant (Sinuva™)
		Olopatadine (AG; Generic; Patanase®)
<b>ALZHEIMER'S AGENTS (4)</b>	Donepezil ODT (Generic)	Donepezil (Aricept®)
<b>Cholinesterase Inhibitors</b>	Donepezil Tablet (Generic)	Donepezil 23 mg (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Memantine Tablet (AG; Generic)	Donepezil/Memantine ER Capsule (Namzaric®)
	Rivastigmine Transdermal (AG; Generic)	Donepezil/Memantine ER Dose Pack (Namzaric®)
		Galantamine Solution (Generic)
		Galantamine Tablet (Generic)
		Galantamine ER Capsule (Generic)
		Memantine Capsule ER (AG; Generic; Namenda XR®)
		Memantine Solution (Generic)
		Memantine Tablet (Namenda®)
		Memantine Titration Pack (AG; Namenda® Dose Pack)
		Rivastigmine Capsule (Generic)
	Rivastigmine Transdermal (Exelon®)	
<b>ANDROGENIC AGENTS (5)</b>	Testosterone Transdermal System (Androderm®)	Testosterone Gel (AG; Testim®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Testosterone Gel (AG for Vogelxo®)	Testosterone Gel (AG for Fortesta®)
	Testosterone Gel Packet (AG for Vogelxo®)	Testosterone Gel Packet (AG; Generic; Androgel®)
	Testosterone Gel Pump (AG for Vogelxo®)	Testosterone Gel Pump (Generic Axiron®)
	Testosterone Gel (Generic for Vogelxo®)	Testosterone Gel Pump (AG; Generic; Androgel®)
		Testosterone Gel Pump (Vogelxo®)
		Testosterone Gel Pump (Generic; Fortesta®)
<b>ANTHELMINTICS (6)</b>	Albendazole (AG; Generic)	Albendazole (Albenza®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ivermectin (Generic)	Ivermectin (Stromectol®)
	Mebendazole (Emverm®)	Praziquantel (Biltricide®)
	Praziquantel (Generic)	

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ANTI-ALLERGENS, ORAL (7)	NONE	Mixed Grass Allergen Extract (Oralair®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Peanut Allergen Titration Capsule (Palforzia®) Peanut Allergen Maintenance Sachet (Palforzia®)
ANTICONVULSANTS (8)	Brivaracetam Solution (Briviact®)	Carbamazepine ER (Generic for Carbatrol®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Brivaracetam Tablet (Briviact®) Cannabidiol Solution (Epidiolex®) Carbamazepine Tablet (Generic; Epitol®) Carbamazepine Extended Release Capsule (Carbatrol®) Carbamazepine Extended Release Capsule (Equetro®) Carbamazepine Extended Release Tablet (Tegretol® XR) Carbamazepine Chewable Tablet (Generic) Cenobamate Tablet (Xcopri®) Cenobamate Titration Pak (Xcopri®) Clobazam Suspension (Generic) Clobazam Tablet (Generic) Clonazepam (Generic) Clonazepam ODT (Generic) Diazepam Device Rectal (AG) Diazepam Nasal Spray (Valtoco®) Diazepam Rectal (AG) Divalproex ER (Generic) Divalproex Sodium Sprinkle (Depakote®) Divalproex Tablet (Generic) Ethosuximide Capsule (AG; Generic) Ethosuximide Syrup (Generic) Ethotoin (Peganone®) Eslicarbazepine Acetate (Aptiom®) Felbamate Suspension (Felbatol®) Felbamate Tablet (Felbatol®) Lacosamide Solution (Vimpat®)	Carbamazepine XR (AG; Generic) Carbamazepine Suspension (Generic; Tegretol®) Carbamazepine Tablet (Tegretol®) Clobazam Film (Sympazan®) Clobazam Suspension (Onfi®) Clobazam Tablet (Onfi®) Clonazepam Tablet (Klonopin®) Diazepam Rectal (Diastat®) Diazepam Rectal (Diastat® AcuDial™) Divalproex Sodium (Depakote®) Divalproex Sodium (Depakote® ER) Divalproex Sodium Sprinkle (AG; Generic) Ethosuximide Capsule (Zarontin®) Ethosuximide Syrup (Zarontin®) Felbamate Suspension (Generic) Felbamate Tablet (Generic) Fenfluramine Oral Solution (Fintepla®) Lamotrigine Dispersible Tablet (Lamictal®) Lamotrigine ODT (Lamictal®) Lamotrigine ODT Dose Pack (Generic; Lamictal®) Lamotrigine XR Dose Pack (Lamictal® XR) Lamotrigine Extended Release Tablet (Lamictal® XR®) Lamotrigine Tablet (Lamictal®) Lamotrigine Tablet Dose Pack (Generic; Lamictal®) Levetiracetam Extended Release Tablet (Keppra XR®) Levetiracetam Tablet for Oral Suspension (Spritam®)

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ANTICONVULSANTS (8) Continued	Lacosamide Tablet (Vimpat®)	Levetiracetam Solution (Keppra®)
	Lamotrigine Dispersible Tablet (Generic)	Levetiracetam Tablet (Keppra®)
	Lamotrigine ODT (Generic)	Oxcarbazepine Suspension (Generic)
	Lamotrigine Tablet (Generic)	Oxcarbazepine Tablet (Trileptal®)
	Lamotrigine XR (Generic)	Phenytoin (Dilantin®)
	Levetiracetam ER (Generic)	Phenytoin (Dilantin® Infatabs®)
	Levetiracetam Solution (Generic)	Phenytoin Ext Capsule (Phenytek®)
	Levetiracetam Tablet (Generic)	Phenytoin Suspension (Dilantin®)
	Methsuximide (Celontin®)	Primidone (Mysoline®)
	Midazolam Nasal Spray (Nayzilam®)	Tiagabine Tablet (Generic; Gabitril®)
	Oxcarbazepine (Oxtellar XR®)	Topiramate Extended Release Capsule (Qudexy® XR)
	Oxcarbazepine Suspension (Trileptal®)	Topiramate Sprinkle (Topamax®)
	Oxcarbazepine Tablet (Generic)	Topiramate Tablet (Topamax®)
	Perampanel Suspension (Fycompa®)	Vigabatrin Powder Pack (Generic)
	Perampanel Tablet (Fycompa®)	Vigabatrin Tablet (Generic)
	Phenobarbital Elixir (Generic)	
	Phenobarbital Tablet (Generic)	
	Phenytoin Capsule (Generic)	
	Phenytoin 30 mg Capsule (Dilantin®)	
	Phenytoin Chewable Tablet (Generic)	
	Phenytoin Ext Capsule (Generic for Phenytek®)	
	Phenytoin Suspension (AG; Generic)	
	Primidone (AG for Mysoline®; Generic for Mysoline®)	
	Rufinamide Suspension (Banzel®)	
	Rufinamide Tablet (Banzel®)	
	Stiripentol Capsule (Diacomit®)	
	Stiripentol Powder Pack (Diacomit®)	
	Topiramate Extended Release Capsule (AG for Qudexy® XR)	
	Topiramate Extended Release Capsule (Trokendi XR®)	
	Topiramate Sprinkle (Generic)	
	Topiramate Tablet (Generic)	
	Valproic Acid Capsule (Generic)	
	Valproic Acid Solution (Generic)	



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<b>ANTICONVULSANTS (8) Continued</b>	Vigabatrin Powder Pack (Sabril®)	(non-preferred agents listed on page 7)
	Vigabatrin Tablet (Sabril®)	
	Zonisamide (Generic)	
<b>ANTIPSYCHOTIC AGENTS (9)</b>	<b>ORAL AGENTS</b>	<b>ORAL AGENTS</b>
<b>Antipsychotic Oral/Transdermal Agents</b>	Amitriptyline/Perphenazine (Generic)	Aripiprazole ODT (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>  ***Prior Use Requirement for Vraylar® and Latuda® - See POS Edits	Aripiprazole Tablet (Generic)	Aripiprazole Solution (Generic)
	Cariprazine (Vraylar®)***	Aripiprazole Tablet (Abilify®)
	Chlorpromazine Tablet (Generic)	Aripiprazole Tablet with Sensor (Abilify® Mycrite®)
	Clozapine Tablet (AG; Generic)	Asenapine Sublingual Tablet (Saphris®)
	Fluphenazine Tablet (Generic)	Asenapine Transdermal (Secuado®)
	Haloperidol Tablet (Generic)	Brexiprazole Tablet (Rexulti®)
	Haloperidol Lactate Concentrate (Generic)	Clozapine ODT (AG; Generic)
	Loxapine Capsule (Generic)	Clozapine Tablet (Clozaril®)
	Lurasidone Tablet (Latuda®)***	Clozapine Suspension (Versacloz®)
	Olanzapine ODT (Generic)	Fluphenazine Elixir/Solution (Generic)
	Olanzapine Tablet (Generic)	Iloperidone Tablet (Fanapt®)
	Perphenazine Tablet (Generic)	Loxapine Inhalation (Adasuve®)
	Pimozide Tablet (Generic)	Lumateperone Capsule (Caplyta™)
	Quetiapine ER Tablet (AG; Generic)	Molindone Tablet (Generic)
	Quetiapine Tablet (Generic)	Olanzapine Tablet (Zyprexa®)
	Risperidone Solution (Generic)	Olanzapine ODT (Zyprexa Zydis®)
	Risperidone Tablet (Generic)	Olanzapine/Fluoxetine (Generic; Symbyax®)
	Thioridazine Tablet (Generic)	Paliperidone ER Tablet (AG; Generic; Invega®)
	Thiothixene Capsule (Generic)	Pimavanserin Capsule (Nuplazid®)
	Trifluoperazine Tablet (Generic)	Pimavanserin Tablet (Nuplazid®)
Ziprasidone Capsule (Generic)	Quetiapine ER Tablet (Seroquel XR®)	
	Quetiapine Tablet (Seroquel®)	
	Risperidone ODT (Generic)	
	Risperidone Solution (Risperdal®)	
	Risperidone Tablet (Risperdal®)	
	Ziprasidone Capsule (Geodon®)	

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<b>Antipsychotic Injectable Agents</b>	Aripiprazole Lauroxil (Aristada®)	Haloperidol Decanoate (Haldol®)
* <a href="#">Request Form</a>	Aripiprazole Lauroxil (Aristada® Initio®)	Olanzapine Solution (Generic; Zyprexa®)
* <a href="#">Criteria</a>	Aripiprazole Suspension ER (Abilify Maintena®)	Olanzapine Suspension (Zyprexa® Relprevv®)
* <a href="#">POS Edits</a>	Fluphenazine Decanoate (Generic)	Risperidone ER Suspension (Subcutaneous) (Perseris®)
	Haloperidol Decanoate (Generic)	<b>Ziprasidone Intramuscular (Generic)</b>
	Haloperidol Lactate (Generic)	
	Paliperidone (Invega® Sustenna®)	
	Paliperidone (Invega® Trinza®)	
	Risperidone ER Suspension (Intramuscular) (Risperdal® Consta®)	
	Ziprasidone (Geodon®)	
<b>ANTIVIRALS, ORAL (10)</b>	Acyclovir Capsule (Generic)	Acyclovir Buccal Tablet (Sitavig®)
* <a href="#">Request Form</a>	Acyclovir Suspension (Generic)	Baloxavir Marboxil (Xofluza®)
* <a href="#">Criteria</a>	Acyclovir Tablet (Generic)	Oseltamivir Capsule (Tamiflu®)
* <a href="#">POS Edits</a>	Famciclovir Tablet (Generic)	Oseltamivir Suspension (Tamiflu®)
	Oseltamivir Capsule (Generic)	Rimantadine Tablet (Generic)
	Oseltamivir Suspension (Generic)	Valacyclovir Tablet (Valtrex®)
	Valacyclovir Tablet (Generic)	Zanamivir Inhalation Powder (Relenza® Diskhaler®)
<b>ANXIOLYTICS (11)</b>	Alprazolam Tablet (Generic)	Alprazolam ER Tablet (Generic; Xanax XR®)
* <a href="#">Request Form</a>	Buspirone Tablet (Generic)	Alprazolam Intensol Concentrate (Generic)
* <a href="#">Criteria</a>	Lorazepam Tablet (Generic)	Alprazolam ODT (Generic)
* <a href="#">POS Edits</a>		Alprazolam Tablet (Xanax®)
		Chlordiazepoxide Capsule (Generic)
		Clorazepate Dipotassium Tablet (Generic)
		Diazepam Injection Syringe (Generic)
		Diazepam Injection Vial (Generic)
		Diazepam Intensol Concentrate (Generic)
		Diazepam Solution (Generic)
		Diazepam Tablet (Generic)
		Lorazepam Intensol Concentrate (Generic)
		Lorazepam Tablet (Ativan®)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ANXIOLYTICS (11) Continued</b>	(preferred agents listed on page 9)	Meprobamate (Generic)
		Oxazepam (Generic)
<b>ASTHMA/COPD (12)</b>	<b>INHALATION</b>	<b>INHALATION</b>
<b>Bronchodilator, Anticholinergics (COPD) Inhalation</b>	Albuterol Sulfate/Ipratropium (Combivent® Respimat®)	Acclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)	Acclidinium Bromide Inhalation Powder (Tudorza® Pressair®)
	Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Glycopyrrolate (Seebri® Neohaler®)
	Ipratropium Nebulizer Solution (Generic)	<b>Glycopyrrolate and Formoterol Fumarate (Bevespi Aerosphere®)</b>
	Tiotropium Inhalation Powder (Spiriva® HandiHaler®)	Glycopyrrolate Inhalation Solution (Lonhala® Magnair®)
	Tiotropium/Olodaterol (Stiolto® Respimat®)	Indacaterol/Glycopyrrolate (Utibron® Neohaler®)
	<b>Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)</b>	Revefenacin Inhalation Solution (Yupelri®)
		Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)
		Umeclidinium Inhalation Powder (Incruse® Ellipta®)
<b>ASTHMA/COPD (12)</b>	<b>ORAL</b>	<b>ORAL</b>
<b>Bronchodilator, Anticholinergics (COPD) Oral</b>	NONE	Roflumilast (Daliresp®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>ASTHMA/COPD (12)</b>	<b>INHALATION</b>	<b>INHALATION</b>
<b>Bronchodilator, Beta-Adrenergic Inhalation Agents</b>	Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL (Generic)	Albuterol Sulfate MDI (Proventil HFA®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL (Generic)	Albuterol Sulfate MDI (Ventolin HFA®)
	Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™)
	Albuterol Sulfate Nebulizer Solution 100 mg/20 mL (Generic)	Albuterol Sulfate Inhalation Powder (ProAir® RespiClick®)
	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL (Generic)	Arformoterol Inhalation Solution (Brovana®)
	Albuterol Sulfate MDI (AG; <b>Generic</b> ; ProAir HFA®)	Formoterol Inhalation Solution (Perforomist®)
	Albuterol Sulfate MDI (AG and <b>Generic</b> for Proventil HFA®)	Indacaterol Inhalation Powder (Arcapta® Neohaler®)
	Albuterol Sulfate MDI (AG for Ventolin HFA®)	Levalbuterol Nebulizer Solution (Generic; Xopenex®)
	Salmeterol Xinafoate (Serevent® Diskus®)	Levalbuterol Nebulizer Solution Concentrate (Generic; Xopenex®)
		Levalbuterol MDI (AG; Xopenex HFA®)
	Olodaterol (Striverdi® Respimat®)	

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

Effective Date: January 1, 2021

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

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

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

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

Effective Date: January 1, 2021

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

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DEPRESSION (16)</b>	(preferred agents listed on page 13)	Paroxetine Mesylate (AG; Generic; Brisdelle®)
<b>Selective Serotonin Reuptake Inhibitors (SSRIs) Continued</b>		Paroxetine Mesylate (Pexeva®)
		Paroxetine HCl Suspension (Paxil®)
		<b>Sertraline Conc (Zoloft®)</b>
		Sertraline Tablet (Zoloft®)
<b>DERMATOLOGY (17)</b>	Mupirocin Ointment (Generic)	Gentamicin Sulfate Cream (Generic)
<b>Antibiotics, Topical</b>		Gentamicin Sulfate Ointment (Generic)
* <a href="#">Request Form</a>		Mupirocin Cream (Generic)
* <a href="#">Criteria</a>		Mupirocin Ointment (Centany®)
* <a href="#">POS Edits</a>		Mupirocin Ointment (Centany® Kit)
<b>DERMATOLOGY (17)</b>	Clotrimazole Rx Cream (Generic)	Butenafine Cream (Mentax®)
<b>Antifungals, Topical</b>	Clotrimazole Rx Solution (Generic)	Ciclopirox Cream (Generic)
* <a href="#">Request Form</a>	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Gel (Generic)
* <a href="#">Criteria</a>	Ketoconazole Cream (Generic)	Ciclopirox Solution (Generic)
* <a href="#">POS Edits</a>	Ketoconazole Shampoo [Rx only] (Generic)	Ciclopirox Suspension (Generic)
	Nystatin Cream (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
	Nystatin Ointment (Generic)	Ciclopirox Solution Kit (Generic; Ciclodan® Kit)
	Nystatin Topical Powder (Generic)	Ciclopirox Suspension (AG for Loprox®)
	Nystatin/Triamcinolone Cream	Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
	Nystatin/Triamcinolone Ointment (Generic)	Ciclopirox Solution (Penlac®)
		Clotrimazole/Betamethasone Lotion (Generic)
		Clotrimazole/Betamethasone Cream (Lotrisone®)
		Clotrimazole/Betamethasone/Zinc Oxide (DermacinRx® Therazole Pak™)
		Econazole Cream (Generic)
		Efinaconazole Solution (Jublia®)
		Ketoconazole Foam (AG; Generic; Ketodan®)
		Ketoconazole Foam Kit (Ketodan® Kit)
		Luliconazole Cream (AG; Luzu®)
		Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

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



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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (17)</b>	(preferred agents listed on page 15)	Calcipotriene/Betamethasone Dipropionate Suspension ( <b>AG; Generic; Taclonex Scalp®</b> )
<b>Antipsoriatics, Topical Continued</b>		<b>Halobetasol/Tazarotene Lotion (Duobrii®)</b>
<b>DERMATOLOGY (17)</b>	Acyclovir Ointment (Generic)	Acyclovir Cream (AG; Generic; Zovirax®)
<b>Antiviral Agents, Topical</b>		Acyclovir Ointment (Zovirax®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Acyclovir/Hydrocortisone (Xerese®) Penciclovir Cream (Denavir®)
<b>DERMATOLOGY (17)</b>	<b>Crisaborole Ointment (Eucrisa®)</b>	Dupilumab Pen (Dupixent®)
<b>Atopic Dermatitis Immunomodulators</b>	Pimecrolimus Cream (Elidel®)	Dupilumab Syringe (Dupixent®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		<b>Pimecrolimus Cream (AG; Generic)</b> Tacrolimus Ointment (AG; Generic; Protopic®)
<b>DERMATOLOGY (17)</b>	Ammonium Lactate Cream/Lotion (Generic)	Emollient Combination No. 10 (Biafine® Emulsion)
<b>Emollients</b>		Emollient Combination No. 43 (Promiseb®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>DERMATOLOGY (17)</b>	Imiquimod 5% Cream Packet (Generic for Aldara®)	Imiquimod 5% Cream Packet (Aldara®)
<b>Immunomodulators, Topical</b>		Imiquimod ( <b>Generic; Zyclara®</b> )
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		<b>Podofilox Gel (Condylox®)</b> Podofilox Solution (Generic) Sinecatechins (Veregen®)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (17)</b>	Hydrocortisone Cream (Generic)	Alclometasone Dipropionate Cream (Generic)
<b>Steroids, Topical</b>	Hydrocortisone Lotion (Generic)	Alclometasone Dipropionate Ointment (Generic)
<b>Low Potency</b>	Hydrocortisone Ointment (Generic)	Desonide Cream (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Desonide Lotion (Generic)
		Desonide Ointment (Generic)
		Desonide Gel (Desonate®)
		Fluocinolone Acetonide 0.01% Oil (Generic; Derma-Smoothe/FS®)
		Fluocinolone Acetonide Shampoo (Capex®)
		Hydrocortisone Solution (Texacort®)
		Hydrocortisone/Skin Cleanser No.25 (Aqua Glycolic HC®)
<b>DERMATOLOGY (17)</b>	Fluticasone Propionate Cream (Generic)	Betamethasone Valerate Foam (Generic)
<b>Steroids, Topical</b>	Fluticasone Propionate Ointment (Generic)	Clocortolone Pivalate Cream (AG; Cloderm®)
<b>Medium Potency</b>	Mometasone Furoate Cream (Generic)	Fluocinolone Acetonide Cream (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Mometasone Furoate Ointment (Generic)	Fluocinolone Acetonide Ointment (Generic)
	Mometasone Furoate Solution (Generic)	Fluocinolone Acetonide Solution (Generic)
		Fluocinolone Acetonide/Emollient No. 65 Cream Kit (Synalar®)
		Fluocinolone Acetonide/Emollient No. 65 Ointment Kit (Synalar®)
		Fluocinolone Acetonide/Skin Cleanser No.28 Kit (Synalar® TS)
		Flurandrenolide Cream (Generic)
		Flurandrenolide Ointment (Generic)
		Flurandrenolide Lotion (AG; Generic)
		Flurandrenolide Tape (Cordran Tape®)
		Fluticasone Propionate Lotion (Generic; <b>Beser™</b> )
		<b>Fluticasone Propionate Lotion Kit (Beser™)</b>
		Hydrocortisone Butyrate Cream (AG; Generic)
		Hydrocortisone Butyrate Lotion (AG; Generic)
		Hydrocortisone Butyrate Solution (AG; Generic)
		Hydrocortisone Butyrate Ointment (Generic)
	Hydrocortisone Butyrate/Emollient (AG; Generic)	
	Hydrocortisone Probutate Cream (Pandel®)	
	Hydrocortisone Valerate Cream (Generic)	
	Hydrocortisone Valerate Ointment (Generic)	

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (17)</b>	(preferred agents listed on page 17)	Prednicarbate Cream (Generic)
<b>Steroids, Topical</b>		Prednicarbate Ointment (Generic)
<b>Medium Potency Continued</b>		
<b>DERMATOLOGY (17)</b>	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)	Amcinonide Cream (Generic)
<b>Steroids, Topical</b>	Betamethasone Valerate Cream (Generic)	Amcinonide Lotion (Generic)
<b>High Potency</b>	Betamethasone Valerate Lotion (Generic)	Betamethasone Dipropionate Cream (Generic)
* <a href="#">Request Form</a>	Betamethasone Valerate Ointment (Generic)	Betamethasone Dipropionate Gel (Generic)
* <a href="#">Criteria</a>	Triamcinolone Acetonide Cream (Generic)	Betamethasone Dipropionate Lotion (Generic)
* <a href="#">POS Edits</a>	Triamcinolone Acetonide Lotion (Generic)	Betamethasone Dipropionate Ointment (Generic)
	Triamcinolone Acetonide Ointment (Generic)	Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)
		Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)
		Desoximetasone Cream (Generic)
		Desoximetasone Gel (Generic)
		Desoximetasone Ointment (Generic)
		Desoximetasone Spray (Generic; Topicort®)
		Diflorasone Diacetate Cream (Generic)
		Diflorasone Diacetate Ointment (Generic)
		Fluocinonide Cream 0.05% (Generic)
		Fluocinonide Cream 0.1% (Generic)
		<b>Fluocinonide Emollient (Generic)</b>
		Fluocinonide Gel (Generic)
		Fluocinonide Ointment (Generic)
		Fluocinonide Solution (Generic)
		Fluocinonide Cream 0.1% (Vanos®)
		Halcinonide Cream (Generic; Halog®)
		Halcinonide Ointment (Halog®)
		<b>Halcinonide Solution (Halog®)</b>
		Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)
		Triamcinolone Acetonide Ointment (Trianex®)
		Triamcinolone Acetonide/Dimethicone Ointment (Generic)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DERMATOLOGY (17)</b>	Clobetasol Propionate Cream (Generic)	<b>Clobetasol Propionate Foam (AG; Generic; Olux-E®)</b>
<b>Steroids, Topical</b>	Clobetasol Propionate Emollient (Generic)	Clobetasol Propionate Kit (Tovet™ Kit)
<b>Very High Potency</b>	Clobetasol Propionate Gel (Generic)	Clobetasol Propionate Lotion (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Clobetasol Propionate Ointment (Generic)	Clobetasol Propionate Shampoo (Generic; Clobex®)
	Clobetasol Propionate Solution (Generic)	Clobetasol Propionate Spray (AG; Generic; Clobex®)
	Halobetasol Propionate Cream (Generic)	Clobetasol/Skin Cleanser No. 28 (Clodan® Kit)
	Halobetasol Propionate Ointment (Generic)	Diflorasone Diacetate (Apexicon E®)
		Halobetasol Propionate Foam (AG; Lexette™)
		Halobetasol Propionate Lotion (Bryhali®)
		Halobetasol Propionate Lotion (Ultravate®)
<b>DIABETES (18)</b>	Acarbose (Generic)	Acarbose (Precose®)
<b>Alpha-Glucosidase Inhibitors</b>		Miglitol (Generic; Glyset®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>DIABETES (18)</b>	Exenatide ER Pen-Injector (Bydureon®)	Albiglutide (Tanzeum®)
<b>Hypoglycemics</b>	Exenatide ER Vial (Bydureon®)	Alogliptin (AG; Nesina®)
<b>Incretin Mimetics/Enhancers</b>	Exenatide Solution Pens (Byetta®)	Alogliptin/Metformin (AG; Kazano®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	<b>Dulaglutide Pen (Trulicity®)</b>	Alogliptin/Pioglitazone (AG; Oseni®)
	Linagliptin Tablet (Tradjenta®)	<b>Empagliflozin/Linagliptin/Metformin (Trijardy™ XR)</b>
	Linagliptin/Empagliflozin (Glyxambi®) (See <a href="#">SGLT2 Criteria</a> )	Exenatide ER Auto-Injector (Bydureon BCise®)
	Linagliptin/Metformin (Jentadueto®)	Linagliptin/Metformin Tablet ER (Jentadueto XR®)
	Liraglutide (Victoza®)	Liraglutide/Insulin Degludec (Xultophy®) (See <a href="#">Insulins &amp; Related Agents Criteria</a> )
	Sitagliptin Tablet (Januvia®)	Lixisenatide (Adlyxin®)
	Sitagliptin/Metformin Tablet (Janumet®)	Lixisenatide/ Insulin Glargine (Soliqua®) (See <a href="#">Insulins &amp; Related Agents Criteria</a> )
	Sitagliptin/Metformin Tablet ER (Janumet XR®)	Pramlintide Pens (SymlinPen®)
		Semaglutide Tablet (Rybelsus®)
		Saxagliptin (Onglyza®)
	Saxagliptin/Dapagliflozin (Qtern®) (See <a href="#">SGLT2 Criteria</a> )	

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (18)</b>	(preferred agents listed on page 19)	Saxagliptin/Metformin ER (Kombiglyze XR®)
Hypoglycemics		Semaglutide Pen (Ozempic®)
Incretin Mimetics/Enhancers Continued		Sitagliptin/Ertugliflozin (Steglujan®) ( <i>See <a href="#">SGLT2 Criteria</a></i> )
<b>DIABETES (18)</b>	Insulin Aspart Cartridge (Novolog®)	Insulin Aspart Pen (Fiasp® FlexTouch®)
Hypoglycemics	Insulin Aspart Pen (Novolog®)	Insulin Aspart Cartridge (AG for Novolog®)
<b>Insulins &amp; Related Agents</b>	Insulin Aspart Vial (Novolog®)	Insulin Aspart Pen (AG for Novolog®)
* <a href="#">Request Form</a>	Insulin Aspart/Insulin Aspart Protamine Pen (Novolog Mix 70/30®)	Insulin Aspart Vial (AG for Novolog®)
* <a href="#">Criteria</a>	Insulin Aspart/Insulin Aspart Protamine Vial (Novolog Mix 70/30®)	Insulin Aspart Vial (Fiasp®)
* <a href="#">POS Edits</a>	Insulin Detemir Pen (Levemir®)	Insulin Aspart/Insulin Aspart Protamine Pen (AG for Novolog Mix 70/30®)
	Insulin Detemir Vial (Levemir®)	Insulin Aspart/Insulin Aspart Protamine Vial (AG for Novolog Mix 70/30®)
	Insulin Glargine Pen (Lantus® SoloStar®)	Insulin Degludec 100 U/mL (Tresiba® FlexTouch®)
	Insulin Glargine Vial (Lantus®)	Insulin Degludec 200 U/mL (Tresiba® FlexTouch®)
	Insulin Human Pen OTC (Humulin® N)	Insulin Degludec Vial (Tresiba®)
	Insulin Human Vial OTC (Humulin® N)	Insulin Glargine (Toujeo Solostar Pen®)
	Insulin Human Vial OTC (Humulin® R)	Insulin Glargine 300 units/mL (Toujeo Max Solostar Pen®)
	Insulin Human Regular 500 units/mL Pen (Humulin® R U-500)	Insulin Glargine U-100 (Basaglar® KwikPen®)
	Insulin Human Regular 500 units/mL Vial (Humulin® R U-500)	Insulin Glulisine Pen (Apidra® SoloStar®)
	Insulin Isophane (NPH)/Insulin Regular Pen OTC (Humulin® 70/30)	Insulin Glulisine Vial (Apidra®)
	Insulin Isophane (NPH)/Insulin Regular Vial OTC (Humulin® 70/30)	Insulin Human Inhalation Powder Cartridge (Afrezza®)
	Insulin Lispro (Humalog® Jr KwikPen)	Insulin Human Pen OTC (Novolin®)
	Insulin Lispro Cartridge (Humalog®)	Insulin Human Vial OTC (Novolin®)
	Insulin Lispro Pen (Humalog®)	Insulin Human in 0.9% Sodium Chloride Piggyback Intravenous (Myxredlin)
	Insulin Lispro Vial (Humalog®)	Insulin Isophane (NPH) Insulin Regular Pen OTC (Novolin® 70/30)
	Insulin Lispro/Protamine Lispro Pen (Humalog Mix®)	Insulin Isophane (NPH) Insulin Regular Vial OTC (Novolin® 70/30)
	Insulin Lispro/Protamine Lispro Vial (Humalog Mix®)	Insulin Lispro-aabc 100 U/mL Pen (Lyumjev®)
		Insulin Lispro-aabc 200 U/mL Pen (Lyumjev®)
		Insulin Lispro-aabc Vial (Lyumjev®)
		Insulin Lispro 200 U/mL Pen (Humalog®)
		Insulin Lispro Pen (Admelog® SoloStar®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (18)</b>	(preferred agents listed on page 20)	Insulin Lispro Pen (AG for Humalog®)
<b>Hypoglycemics</b>		Insulin Lispro Vial (Admelog®)
<b>Insulins &amp; Related Agents Continued</b>		
<b>DIABETES (18)</b>	Nateglinide (Generic)	Nateglinide (Starlix®)
<b>Hypoglycemics</b>	Repaglinide (Generic)	Repaglinide (Prandin®)
<b>Meglitinides</b>		Repaglinide/Metformin (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>DIABETES (18)</b>	Canagliflozin (Invokana®)	Canagliflozin/Metformin ER (Invokamet® XR)
<b>Hypoglycemics</b>	Canagliflozin/Metformin (Invokamet®)	Empagliflozin/Metformin (Synjardy®)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>	Dapagliflozin (Farxiga®)	Empagliflozin/Metformin ER (Synjardy® XR)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dapagliflozin/Metformin ER Tablet (Xigduo® XR)	Ertugliflozin (Steglatro®)
	Empagliflozin (Jardiance®)	Ertugliflozin/Metformin (Segluromet®)
<b>DIABETES (18)</b>	Glimepiride (Generic)	Glimepiride (Amaryl®)
<b>Hypoglycemics</b>	Glipizide (Generic)	Glipizide (Glucotrol®)
<b>Sulfonylureas</b>	Glipizide ER (Generic)	Glipizide ER (Glucotrol® XL)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Glyburide (Generic)	Tolbutamide (Generic)
	Glyburide Micronized (Generic)	

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIABETES (18)</b>	Pioglitazone (Generic)	Pioglitazone (Actos®)
<b>Hypoglycemics</b>		Pioglitazone/Glimepiride (AG for Duetact®)
<b>Thiazolidinediones (TZDs)</b>		Pioglitazone/Metformin (Generic Actoplus Met®)
* <a href="#">Request Form</a>		Pioglitazone/Metformin ER (Actoplus Met XR®)
* <a href="#">Criteria</a>		Rosiglitazone (Avandia®)
* <a href="#">POS Edits</a>		
<b>DIABETES (18)</b>	Glipizide-Metformin (Generic)	Metformin (Glucophage®)
<b>Metformins</b>	Glyburide-Metformin (Generic)	Metformin ER (Generic; Fortamet™)
* <a href="#">Request Form</a>	Metformin (Generic)	Metformin ER (Generic; Glumetza™)
* <a href="#">Criteria</a>	Metformin ER (Generic)	Metformin Oral Solution (Riomet™)
* <a href="#">POS Edits</a>		Metformin Oral Suspension (Riomet ER™)
		Metformin ER (Glucophage XR®)
<b>DIGESTIVE DISORDERS (19)</b>	Meclizine Tablet (Generic)	Aprepitant Capsule (Generic; Emend®)
<b>Antiemetic/Antivertigo Agents</b>	Metoclopramide Vial (Generic)	Aprepitant Pack (Generic; Emend TriPack®)
* <a href="#">Request Form</a>	Metoclopramide Solution (Generic)	Aprepitant Powder for Oral Suspension Packet (Emend®)
* <a href="#">Criteria</a>	Metoclopramide Tablet (Generic)	Aprepitant Injectable Emulsion (Cinvanti®)
* <a href="#">POS Edits</a>	Ondansetron ODT Tablet (Generic)	Dimenhydrinate Injection (Generic)
	Ondansetron Tablet (Generic)	Doxylamine/Pyridoxine Tablet (AG; Generic; Diclegis®)
	Ondansetron Solution (Generic)	Doxylamine/Pyridoxine Tablet (Bonjesta®)
	Ondansetron Vial (Generic)	Dronabinol Oral (Generic; Marinol®)
	Prochlorperazine Oral (Generic)	Fosaprepitant Dimeglumine Injection (AG; Generic; Emend®)
	Promethazine Ampule (Generic)	Fosnetupitant/Palonosetron (Akynzeo®) (Intravenous)
	Promethazine Vial (Generic)	Granisetron IV (Generic)
	Promethazine Syrup (Generic)	Granisetron Oral (Generic)
	Promethazine Tablet (Generic)	Granisetron ER Injection (Sustol®)
	Promethazine Rectal 12.5 mg (Generic)	Granisetron Transdermal (Sancuso®)
	Promethazine Rectal 25 mg (Generic)	Metoclopramide Tablet (Reglan®)
	Scopolamine Transdermal (Transderm-Scop®)	Metoclopramide ODT (Generic)
		Metoclopramide Syringe (Generic)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (19)</b>	(preferred agents listed on page 22)	Netupitant/Palonosetron HCl Capsule (Akynzeo®)
<b>Antiemetic/Antivertigo Agents Continued</b>		Ondansetron Ampule (Generic)
		Ondansetron Syringe (Generic)
		Ondansetron Tablet (Zofran®)
		Ondansetron Oral Film (Zuplenz®)
		Palonosetron Injection (AG; Generic; Aloxi®)
		Prochlorperazine Rectal (Generic; Compro®)
		Prochlorperazine Injection (Generic)
		Promethazine Ampule (Phenergan®)
		Promethazine Vial (Phenergan®)
		Promethazine Rectal 50 mg (Generic)
		Rolapitant Tablet (Varubi®)
		Scopolamine Transdermal (Generic)
		Trimethobenzamide IM Injection (Tigan®)
		Trimethobenzamide Oral (Generic)
<b>DIGESTIVE DISORDERS (19)</b>	Ursodiol 300 mg Capsule (Generic)	Chenodiol Tablet (Chenodal®)
<b>Bile Acid Salts</b>	Ursodiol Tablet (Generic)	Cholic Acid Capsule (Cholbam®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Obeticholic Acid Tablet (Ocaliva®)
		Ursodiol 300 mg Capsule (Actigall®)
		Ursodiol (URSO 250®/URSO Forte®)
<b>DIGESTIVE DISORDERS (19)</b>	Famotidine Suspension (Generic)	Cimetidine Solution (Generic)
<b>Histamine II Receptor Blockers</b>	Famotidine Tablet (Generic)	Cimetidine Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Famotidine Piggyback (Generic)
		Famotidine Tablet (Pepcid®)
		Famotidine Vial (Generic)
		Nizatidine Capsule (Generic)
		Nizatidine Solution (Generic)



**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (19)</b>	Pancrelipase (Creon®)	Pancrelipase (Pancreaze®)
<b>Pancreatic Enzymes</b>	Pancrelipase (Zenpep®)	Pancrelipase (Pertzye®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Pancrelipase (Viokace®)
<b>DIGESTIVE DISORDERS (19)</b>	Lansoprazole Capsule (Generic)	Dexlansoprazole (Dexilant®)
<b>Proton Pump Inhibitors</b>	Omeprazole Rx (Generic)	Esomeprazole Capsule (AG; Generic; Nexium®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pantoprazole (Generic)	Esomeprazole Kit
	Pantoprazole Suspension (Protonix®)	Esomeprazole Suspension (Generic; Nexium®)
		Esomeprazole Strontium (Generic)
		Lansoprazole Capsule (Prevacid®)
		Lansoprazole Disintegrating Tablet (Generic; Prevacid® SoluTab®)
		Omeprazole Granules for Suspension (Prilosec®)
		Omeprazole/Sodium Bicarbonate Rx (Generic; Zegerid®)
		Pantoprazole (Protonix®)
		Rabeprazole Capsule Sprinkle (AcipHex® Sprinkle™)
		Rabeprazole Tablet (Generic; AcipHex®)
<b>DIGESTIVE DISORDERS (19)</b>	Balsalazide (Generic)	Balsalazide Capsule (Colazal®)
<b>Ulcerative Colitis Agents</b>	Mesalamine ER (Apriso®)	Budesonide DR Tablet; Rectal Foam (Uceris®)
<a href="#">*Request Form</a>	Mesalamine Rectal (Generic)	Budesonide DR Tablet (AG; Generic)
<a href="#">*Criteria</a>	Sulfasalazine (Generic)	Mesalamine DR (Generic; Asacol HD®)
<a href="#">*POS Edits</a>		Mesalamine DR Capsule (AG; Generic; Delzicol®)
		Mesalamine Enema (Rowasa®)
		Mesalamine Kit (Generic)
		Mesalamine DR Tablet MMX® (AG; Generic; Lialda®)
		Mesalamine ER Capsule (AG for Apriso®; Generic for Apriso®)
		Mesalamine ER Capsule (Pentasa®)
		Mesalamine Suppositories (AG; Generic; Canasa®)
		Olsalazine Capsule (Dipentum®)
		Sulfasalazine DR Tablet (Azulfidine EN-Tabs®)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>DIGESTIVE DISORDERS (19)</b>	(preferred agents listed on page 24)	Sulfasalazine Tablet (Azulfidine®)
Ulcerative Colitis Agents Continued		
<b>ENZYME REPLACEMENTS (20)</b>	Miglustat (Zavesca®)	Eliglustat (Cerdelga®)
*Request Form		Imiglucerase 400 units Injection (Cerezyme®)
*Criteria		Miglustat (AG; Generic)
*POS Edits		Taliglucerase alfa Injection (Elelyso®)
		Velaglucerase alfa 400 units Injection (Vpriv®)
<b>EPINEPHRINE, SELF-INJECTED (21)</b>	Epinephrine 0.3 mg (AG and Generic for EpiPen®)	Epinephrine 0.3 mg (EpiPen®)
*Request Form	Epinephrine 0.15 mg (AG and Generic for EpiPen Jr®)	Epinephrine 0.15 mg (EpiPen Jr®)
*Criteria		Epinephrine 0.15 mg (AG for Adrenaclick®)
*POS Edits		Epinephrine 0.3 mg (AG for Adrenaclick®)
		Epinephrine Injection (Symjepi®)
<b>GI MOTILITY, CHRONIC (22)</b>	Linaclotide Capsule (Linzess®)	Alosetron Tablet (AG; Generic; Lotronex®)
*Request Form	Lubiprostone Capsule (Amitiza®)	Eluxadoline Tablet (Viberzi®)
*Criteria	Naloxegol Tablet (Movantik®)	Methylnaltrexone Syringe (Relistor®)
*POS Edits		Methylnaltrexone Tablet (Relistor®)
		Methylnaltrexone Vial (Relistor®)
		Naldemedine (Symproic®)
		Plecanatide (Trulance®)
		Prucalopride (Motegrity®)
<b>GLUCOCORTICOIDS, ORAL (23)</b>	Budesonide EC Capsules (Generic)	Budesonide Delayed Release Capsules (Entocort EC®)
*Request Form	Dexamethasone Tablet	Budesonide ER Capsule (Ortikos™)
*Criteria	Hydrocortisone Tablet	Cortisone Acetate Tablet
*POS Edits	Methylprednisolone Tablet Dose Pack	Deflazacort Suspension (Emflaza®)
	Prednisolone Sodium Phosphate Oral Solution (Generic)	Deflazacort Tablet (Emflaza®)
	Prednisolone Solution	Dexamethasone (Taperdex®)
	Prednisone Tablet	Dexamethasone Elixir

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>GLUCOCORTICOIDS, ORAL (23) Continued</b>	(preferred agents listed on page 25)	Dexamethasone Intensol Concentrate
		Dexamethasone Solution
		Dexamethasone Tablet Dose Pack
		Hydrocortisone Tablet (Cortef®)
		Methylprednisolone Tablet (Medrol®)
		Methylprednisolone Dose Pack (Medrol®)
		Methylprednisolone 4 mg Tablet
		Methylprednisolone 8 mg Tablet
		Methylprednisolone 16 mg Tablet
		Methylprednisolone 32 mg Tablet
		Prednisone Delayed Release Tablet (Rayos®)
		Prednisone Intensol Concentrate
		Prednisone Solution
		Prednisone Tablet Dose Pack
		Prednisolone Tablet (Millipred®)
		Prednisolone Tablet Dose Pack (Millipred®)
		Prednisolone Sodium Phosphate 10 mg/5 mL (Generic Millipred®)
		Prednisolone Sodium Phosphate 20 mg/5 mL (Generic Veripred®)
		Prednisolone Sodium Phosphate ODT (AG; Generic)
<b>GOUT AGENTS (24)</b>		
<b>Antihyperuricemics</b>	Allopurinol Tablet (Generic)	<b>Allopurinol (Zyloprim®)</b>
	<b>Colchicine Tablet (AG; Generic)</b>	Colchicine Capsule (AG; Mitigare®)
<a href="#">*Request Form</a>	Probenecid Tablet (Generic)	Colchicine Oral Solution (Gloperba®)
<a href="#">*Criteria</a>	Probenecid/Colchicine Tablet (Generic)	Colchicine Tablet (Colcrys®)
<a href="#">*POS Edits</a>		Febuxostat Tablet (Generic; Uloric®)
		Pegloticase Intravenous (Krystexxa®)
<b>GROWTH DEFICIENCY (25)</b>		
<b>Growth Hormones</b>	Somatropin Cartridge (Genotropin®)	Somatropin Cartridge (Humatrope®)
	Somatropin Syringe (Genotropin®)	Somatropin Vial (Humatrope®)
<a href="#">*Request Form</a>	Somatropin Pen (Norditropin® FlexPro®)	Somatropin Pen (Nutropin AQ® NuSpin®)
<a href="#">*Criteria</a>		Somatropin Cartridge (Omnitrope®)
<a href="#">*POS Edits</a>		Somatropin Vial (Omnitrope®)
		Somatropin Cartridge (Saizen®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>GROWTH DEFICIENCY (25)</b>	(preferred agents listed on page 26)	Somatropin Vial (Saizen®)
<b>Growth Hormones Continued</b>		Somatropin Vial (Serostim®)
		Somatropin Vial (Zomacton®)
		Somatropin Vial (Zorbtive®)
<b>H. PYLORI TREATMENT (26)</b>	<b>NONE</b>	Bismuth Subcitate Potassium/Metronidazole/Tetracycline (Pylera®)
* <a href="#">Request Form</a>		Lansoprazole/Amoxicillin/Clarithromycin (Generic Prevpac®)
* <a href="#">Criteria</a>		Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
* <a href="#">POS Edits</a>		
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Apixaban Dose Pack (Eliquis®)	Betrixaban Capsule (Bevyxxa®)
<b>Anticoagulants</b>	Apixaban Tablet (Eliquis®)	Dalteparin Syringe (Fragmin®)
* <a href="#">Request Form</a>	Dabigatran (Pradaxa®)	Dalteparin Vial (Fragmin®)
* <a href="#">Criteria</a>	Enoxaparin Syringe (AG; Generic)	Edoxaban Tablet (Savaysa®)
* <a href="#">POS Edits</a>	Enoxaparin Vial (AG; Generic)	Enoxaparin Vial (Lovenox®)
	Rivaroxaban (Xarelto®)	Enoxaparin Syringe (Lovenox®)
	Rivaroxaban (Xarelto® Starter Pack)	Fondaparinux (Generic; Arixtra®)
	Warfarin (Generic)	Warfarin (Coumadin®)
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Clopidogrel (Generic)	Aspirin/Dipyridamole ER Capsule (AG; Generic; Aggrenox®)
<b>Anticoagulants</b>	Dipyridamole (Generic)	Aspirin/Omeprazole DR Tablet (Yosprala®)
<b>Platelet Aggregation Inhibitors</b>	Prasugrel (Generic)	Clopidogrel (Plavix®)
* <a href="#">Request Form</a>	Ticagrelor (Brilinta®)	Prasugrel (Effient®)
* <a href="#">Criteria</a>		Vorapaxar Tablet (Zontivity®)
* <a href="#">POS Edits</a>		
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Benazepril (Generic)	Aliskiren (AG; Generic; Tekturna®)
<b>Hypertension</b>	Enalapril (Generic)	Aliskiren/HCTZ (Tekturna HCT®)
<b>ACE Inhibitors &amp; Direct Renin Inhibitors</b>	Enalapril/HCTZ (Generic)	Azilsartan Medoxomil (Edarbi®)
* <a href="#">Request Form</a>	Fosinopril/HCTZ (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)
* <a href="#">Criteria</a>	Irbesartan (Generic)	Benazepril/HCTZ (Generic)
* <a href="#">POS Edits</a>	Irbesartan/HCTZ (Generic)	Candesartan (AG; Generic; Atacand®)
	Lisinopril (Generic)	Candesartan/HCTZ (AG; Generic; Atacand HCT®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Lisinopril/HCTZ (Generic)	Captopril (Generic)
<b>Hypertension</b>	Losartan (Generic)	Captopril/HCTZ (Generic)
<b>ACE Inhibitors &amp; Direct Renin Inhibitors Continued</b>	Losartan/HCTZ (Generic)	Enalapril for Solution (Epaned®)
	Olmesartan (AG; Generic)	Enalapril (Vasotec®)
	Quinapril (Generic)	Enalapril/HCTZ (Vaseretic®)
	Ramipril (Generic)	Eprosartan (Generic)
	Sacubitril/Valsartan (Entresto®)	Fosinopril (Generic)
	Valsartan (Generic)	Irbesartan (Avapro®)
	Valsartan/HCTZ (Generic)	Irbesartan/HCTZ (Avalide®)
		Lisinopril Solution (Qbrelis®)
		Lisinopril (Prinivil®)
		Lisinopril (Zestril®)
		Lisinopril/HCTZ (Zestoretic®)
		Losartan (Cozaar®)
		Losartan/HCTZ (Hyzaar®)
		Moexipril (Generic)
		Olmesartan (Benicar®)
		Olmesartan/HCTZ (AG; Generic; Benicar HCT®)
		Perindopril (Generic)
		Quinapril (Accupril®)
		Quinapril/HCTZ (Generic)
		Ramipril (Altace®)
		Telmisartan (AG; Generic; Micardis®)
		Telmisartan/HCTZ (AG; Generic; Micardis HCT®)
		Trandolapril (Generic)
		Valsartan (Diovan®)
		Valsartan/HCTZ (Diovan HCT®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)
<b>Hypertension</b>	Amlodipine/Valsartan (AG; Generic)	Amlodipine/Olmesartan (AG; Generic; Azor®)
<b>Angiotensin Modulators/Calcium Channel Blockers Combinations</b>	Amlodipine/Valsartan/HCTZ (Generic)	Amlodipine/Olmesartan/HCTZ (AG; Generic; Tribenzor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Amlodipine/Telmisartan (Generic Twynsta®) Amlodipine/Valsartan (Exforge®) Amlodipine/Valsartan/HCTZ (Exforge HCT®) Trandolapril/Verapamil (AG; Tarka®)
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Acebutolol (Generic)	Atenolol (Tenormin®)
<b>Hypertension</b>	Atenolol (Generic)	Atenolol/Chlorthalidone (Tenoretic®)
<b>Beta Blocker Agents</b>	Atenolol/Chlorthalidone (Generic)	Bisoprolol/HCTZ (Ziac®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Betaxolol (Generic) Bisoprolol (Generic) Bisoprolol/HCTZ (Generic) Carvedilol (Generic) Labetalol (Generic) Metoprolol Succinate ER (AG; Generic) Metoprolol Tartrate (Generic) Propranolol ER (AG; Generic) Propranolol Solution (Generic) Propranolol Tablet (Generic) Sotalol (Generic)	Carvedilol (Coreg®) Carvedilol ER (Generic; Coreg CR®) Metoprolol/HCTZ (Generic) Metoprolol Succinate (Kaspargo®) Metoprolol Tartrate ER (Toprol XL®) Metoprolol Tartrate (Lopressor®) Nadolol (Generic; Corgard®) Nadolol/Bendroflumethiazide (Generic) Nebivolol (Bystolic®) Pindolol (Generic) Propranolol (Hemangeol®) Propranolol ER Capsule (Inderal XL) Propranolol ER Capsule (Innopran XL®) Propranolol LA (Inderal LA®) Propranolol/HCTZ (Generic) Sotalol (Betapace® AF) Sotalol Solution (Sotylize®) Timolol Maleate (Generic)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Amlodipine Tablet (Generic)	Amlodipine (Norvasc®)
<b>Hypertension</b>	Diltiazem ER Capsule (Generic)	Amlodipine Suspension (Katerzia™)
<b>Calcium Channel Blockers</b>	Diltiazem IR Tablet (Generic)	Diltiazem HCl (Cardizem®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Felodipine ER (Generic)	Diltiazem CD (Cardizem CD®)
	Nifedipine ER Tablet (Generic)	Diltiazem CD (Cardizem CD® 360mg)
	Nifedipine IR Capsule (Generic)	Diltiazem LA Tablet (AG; Cardizem LA®; Matzim LA®)
	Verapamil ER Tablet (Generic)	Diltiazem Capsule (Tiazac®)
	Verapamil IR Tablet (Generic)	Diltiazem (Tiazac® 420mg)
		Isradipine (Generic)
		Nicardipine (Generic)
		Nifedipine ER (Adalat CC®)
		Nifedipine ER (Procardia XL®)
		Nifedipine IR Capsule (Procardia®)
		Nimodipine Capsule (Generic)
		<b>Nimodipine Solution (Nymalize®)</b>
		Nisoldipine (Generic)
		Verapamil 360mg Capsule (Generic)
		Verapamil Capsule (Verelan®)
	Verapamil ER PM (Generic; Verelan PM®)	
	Verapamil ER Capsule (Generic)	
	Verapamil ER Tablet (Calan® SR)	
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Cholestyramine/Sucrose (Generic Questran®)	Alirocumab Subcutaneous Pen (Praluent®)
<b>Lipotropics, Other</b>	Colestipol Granules (Generic)	<b>Bempedoic Acid Tablet (Nexletol™)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Colestipol Tablet (Generic)	<b>Bempedoic Acid and Ezetimibe Tablet (Nexlizet™)</b>
	Ezetimibe (Generic)	Cholestyramine (Questran®)
	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 48 mg)	Cholestyramine/Aspartame (Generic)
	Fenofibrate Nanocrystallized Tablet (AG; Generic Tricor® 145 mg)	Colesevelam Powder Pack (AG; Generic; Welchol®)
	Gemfibrozil (Generic)	Colesevelam Powder Tablet (AG; Generic; Welchol®)
	Niacin ER (Generic)	Colestipol Granules (Colestid®)
		Evolocumab Auto-Injector (Repatha® SureClick®)
		Evolocumab Cartridge (Repatha® Pushtronex®)
		Evolocumab Prefilled Syringe (Repatha®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	(preferred agents listed on page 30)	Ezetimibe (Zetia®)
<b>Lipotropics, Other Continued</b>		Fenofibrate Capsule Micronized (AG; Generic; Antara®) Fenofibrate Capsule (Generic; Lipofen®) Fenofibrate Tablet (AG; Generic; Fenoglide®) Fenofibrate Capsule [Micronized] (Generic Lofibra®) Fenofibrate Tablet (Generic Lofibra®) Fenofibrate Tablet Nanocrystallized Tablet (Tricor®) Fenofibrate Tablet Nanocrystallized Tablet (Triglide®) Fenofibric Acid Tablet (Generic Fibricor®) Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®) Gemfibrozil (Lopid®) Icosapent Ethyl (Vascepa®) Lomitapide (Juxtapid®) Niacin ER (Niaspan®) Omega-3-acid Ethyl Esters (Generic; Lovaza®)
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Ambrisentan Tablet (Generic)	Ambrisentan Tablet (Letairis®)
<b>Pulmonary Arterial Hypertension (PAH)</b>	Bosentan Tablet (AG; Generic; Tracleer®)	Bosentan Suspension (Tracleer®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sildenafil Tablet (Generic for Revatio®) Sildenafil Oral Suspension (Revatio®) Tadalafil Tablet (Generic; Alyq™)	Iloprost Inhalation Solution (Ventavis®) Macitentan Tablet (Opsumit®) Riociguat Tablet (Adempas®) Selexipag Tablet; Dose Pack (Upravi®) Sildenafil Oral Suspension (AG; Generic) Sildenafil Tablet (Revatio®) Tadalafil Tablet (Adcirca®) Treprostinil Inhalation Solution (Tyvaso®) Treprostinil ER Tablet (Orenitram ER®)



**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEART DISEASE HYPERLIPIDEMIA (27)</b>	Atorvastatin (Generic)	Amlodipine/Atorvastatin (Generic; Caduet®)
<b>Statins &amp; Statin Combination Agents</b>	Lovastatin (Generic)	Atorvastatin (Lipitor®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pravastatin (Generic)	Ezetimibe/Simvastatin (Generic; Vytorin®)
	Rosuvastatin (Generic)	Fluvastatin (Generic)
	Simvastatin (Generic)	Fluvastatin ER (AG; Generic; Lescol XL®)
		Lovastatin ER (Altoprev®)
		Pitavastatin (Livalo®)
		Pitavastatin (Zypitamag®)
		Pravastatin (Pravachol®)
		Rosuvastatin (Crestor®)
	Rosuvastatin Capsule (Ezallor™ Sprinkle)	
	Simvastatin (Zocor®)	
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Clonidine Patch (Catapres-TTS®)	Clonidine Patch (Generic)
<b>Sympatholytics</b>	Clonidine Tablet (Generic)	Clonidine Tablet (Catapres®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Guanfacine Tablet (Generic)	Methyldopa/Hydrochlorothiazide Tablet (Generic)
	Methyldopa Tablet (Generic)	Methyldopate HCl (Intravenous)
<b>HEART DISEASE, HYPERLIPIDEMIA (27)</b>	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (Isordil®)
<b>Vasodilators, Coronary</b>	Isosorbide Mononitrate Tablet (Generic)	Isosorbide Dinitrate ER Capsule (Dilatrate-SR®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Isosorbide Mononitrate SR Tablet (Generic)	Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)
	Nitroglycerin Sublingual Tablet (AG; Generic)	Nitroglycerin ER Capsule (Generic)
	Nitroglycerin Transdermal Ointment (Nitro-Bid®)	Nitroglycerin Spray (Generic; Nitrolingual®)
	Nitroglycerin Transdermal Patch (Generic)	Nitroglycerin Transdermal Patch (Nitro-Dur®)
		Nitroglycerin Sublingual Tablet (Nitrostat®)
		Nitroglycerin Sublingual Packet (GoNitro®)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS (28)</b>	Epoetin alfa-epbx (Retacrit®)	Darbepoetin Syringe (Aranesp®)
<b>Erythropoietins</b>		Darbepoetin Vial (Aranesp®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a> * <a href="#">POS Edits</a>		Epoetin alfa (Epogen®) <b>Epoetin alfa (Procrit®)</b> Luspatercept-aamt (Reblozyl®) Methoxy Polyethylene Glycol-Epoetin Beta (Mircera®)
<b>HEMODIALYSIS (29)</b>	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)
<b>Phosphate Binders</b>	Sevelamer Carbonate Tablet (AG; Generic)	Calcium Acetate Solution (Phoslyra®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a> * <a href="#">POS Edits</a>		Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®) Ferric Citrate Tablet (Auryxia®) Lanthanum Carbonate Chew Tablet (Generic; Fosrenol®) Lanthanum Carbonate Powder Pack (Fosrenol®) Sevelamer Carbonate Tablet (Renvela®) Sevelamer Carbonate Powder Pack (Generic; Renvela®) Sevelamer HCl Tablet (AG; Generic; RenaGel®) Sucroferric Oxyhydroxide (Velphoro®)
<b>HEMOPHILIA TREATMENT (30)</b>	<b>Emicizumab-kxwh (Hemlibra®)</b>	Anti-Inhibitor Coagulant Complex (Feiba NF®)
* <a href="#">Request Form</a> * <a href="#">Criteria</a> * <a href="#">POS Edits</a>	Factor IX Human Recombinant (BeneFIX® Kit) Factor VIIa, Recombinant (NovoSeven® RT) Factor VIII, B-Domain-Deleted (Xyntha® Kit) Factor VIII, B-Domain-Deleted (Xyntha® Solofuse® Syringe Kit) Factor VIII, B-Domain-Truncated (Novoeight®) Factor VIII, HEK B-Domain-Deleted (Nuwiq®) Factor VIII/VWF (Alphanate®) Factor VIII/VWF (Humate-P® Kit) Factor VIII/VWF (Wilate®) Factor X (Coagadex®) Factor XIII Concentrate, Human (Corifact® Kit)	<b>Factor IX (Mononine® Kit)</b> <b>Factor IX Complex (PCC) 3-Factor (Profilnine® SD)</b> Factor IX Human (AlphaNine SD®) Factor IX Human Recomb, GlycoPEGylated (Rebinyng®) Factor IX Human Recombinant (Ixinity®) Factor IX Recombinant (Rixubis®) Factor IX Recombinant, Albumin Fusion (Idelvion®) Factor IX Recombinant, Fc Fusion Protein (Alprolix®) <b>Factor VIII, Full-Length (Advate®)</b> Factor VIII (Kogenate FS®) Factor VIII (Kovaltry®) Factor VIII, Full-Length PEGylated (Adynovate®) Factor VIII, Human (Hemofil-M®)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>HEMOPHILIA TREATMENT (30) Continued</b>	(preferred agents listed on page 33)	Factor VIII, Human Kit (Koate DVI®)
		Factor VIII, Human Vial (Koate DVI®)
		Factor VIII, Recombinant Glycopegylated-exei (Esperoct®)
		Factor VIII, Recombinant Porcine (Obizur®)
		<b>Factor VIII, Recombinant (Recombinate®)</b>
		Factor VIII, Recombinant, Fc Fusion (Eloctate®)
		Factor VIII, Recombinant, PEGylated-aucl (Jivi®)
		Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)
		Factor XIII A-Subunit, Recombinant (Tretten®)
		Von Willebrand Factor, Recombinant (Vonvendi®)
<b>IDIOPATHIC PULMONARY FIBROSIS (31)</b>	<b>Nintedanib (Ofev®)</b>	<b>Pirfenidone (Esbriet®)</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>IMMUNE GLOBULINS (32)</b>	<b>Cytomegalovirus Immune Globulin Intravenous [(Human) Cytogam®]</b>	<b>NONE</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	<b>Hepatitis B Immune Globulin Syringe [(Human) HyperHEP B® S/D]</b>	
	<b>Hepatitis B Immune Globulin Vial [(Human) HyperHEP B® S/D]</b>	
	<b>Hepatitis B Immune Globulin Intravenous [(Human) HepaGam B®]</b>	
	<b>Immune Globulin Infusion [(Human) Hyqvia]</b>	
	<b>Immune Globulin Injection [(Human) Gammaked™]</b>	
	<b>Immune Globulin Injection [(Human) Gamunex®-C]</b>	
	<b>Immune Globulin Intravenous [(Human) Bivigam®]</b>	
	<b>Immune Globulin Intravenous [(Human) Flebogamma® DIF]</b>	
	<b>Immune Globulin Intravenous [(Human) Gammagard Liquid]</b>	
	<b>Immune Globulin Intravenous [(Human) Gammagard S/D]</b>	
	<b>Immune Globulin Intravenous [(Human) Gammaplex®]</b>	
	<b>Immune Globulin Intravenous [(Human) Octagam®]</b>	
	<b>Immune Globulin Intravenous [(Human) Privigen®]</b>	
	<b>Immune Globulin Intravenous [(Human) Cuvitru®]</b>	
	<b>Immune Globulin Intravenous [(Human-slra) Asceniv™]</b>	
	<b>Immune Globulin Intravenous [(Human-ifas) Panzyga®]</b>	

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
IMMUNE GLOBULINS (32) Continued	Immune Globulin Subcutaneous [(Human-hipp) Cutaquig®]	(non-preferred agents listed on page 34)
	Immune Globulin Subcutaneous [(Human-klhw) Xembify®]	
	Immune Globulin Subcutaneous Syringe [(Human) Hizentra®]	
	Immune Globulin Subcutaneous Vial [(Human) Hizentra®]	
	Immune Globulin Vial [(Human) GamaSTAN®]	
	Immune Globulin Vial [(Human) GamaSTAN® S/D]	
	Rabies Immune Globulin Vial [(Human) HyperRAB®]	
	Rabies Immune Globulin [(Human) HyperRAB® S/D]	
	Rabies Immune Globulin [(Human) Kedrab™]	
	Varicella Zoster Immune Globulin [(Human) Varizig®]	
IMMUNOSUPPRESSIVES, ORAL (33)	Azathioprine Tablet (Generic)	Azathioprine (Azasan®)
* <a href="#">Request Form</a>	Cyclosporine Capsule - MODIFIED (Generic)	Azathioprine (Imuran®)
* <a href="#">Criteria</a>	Mycophenolate Mofetil Capsule (Generic)	Cyclosporine Capsule (Generic; Sandimmune®)
* <a href="#">POS Edits</a>	Mycophenolate Mofetil Tablet (Generic)	Cyclosporine Softgel - MODIFIED (Generic; Neoral®)
	Tacrolimus Capsule (Generic)	Cyclosporine Solution - MODIFIED (Generic; Neoral®)
		Cyclosporine Solution (Sandimmune®)
		Everolimus (Generic; Zortress®)
		Mycophenolate Mofetil Capsule (CellCept®)
		Mycophenolate Mofetil Suspension (CellCept®)
		Mycophenolate Mofetil Tablet (CellCept®)
		Mycophenolate Mofetil Suspension (Generic)
		Mycophenolate Sodium as Mycophenolic Acid (Generic; Myfortic®)
		Sirolimus Solution (Generic; Rapamune®)
		Sirolimus Tablet (AG; Generic; Rapamune®)
		Tacrolimus Capsule (Prograf®)
		Tacrolimus Granule Packet (Prograf®)
		Tacrolimus ER Capsule (Astagraf® XL)
		Tacrolimus ER Tablet (Envarsus® XR)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (34)</b>	Amoxicillin/Clavulanate Suspension (Generic)	Amoxicillin/Clavulanate ER (Generic)
<b>Antibiotics</b>	Amoxicillin/Clavulanate Tablet (AG; Generic)	Amoxicillin/Clavulanate Chewable Tablet (Generic)
<b>Cephalosporin and Related Antibiotics</b>	Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate Suspension (Augmentin® 125 mg)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cefdinir Capsule (Generic)	Amoxicillin/Clavulanate Suspension (Augmentin® 250 mg)
	Cefdinir Suspension (Generic)	Cefaclor Capsule (Generic)
	Cefprozil Suspension (Generic)	Cefaclor Suspension (Generic)
	Cefprozil Tablet (Generic)	Cefaclor ER Tablet (Generic)
	Cefuroxime Tablet (Generic)	Cefadroxil Suspension (Generic)
	Cephalexin Capsule (Generic)	Cefadroxil Tablet (Generic)
	Cephalexin Suspension (Generic)	Cefixime Capsule (AG; Generic; Suprax®)
		Cefixime Chewable Tablet (Suprax®)
		Cefixime Suspension (Generic; Suprax®)
		Cephalexin Capsule (Keflex®)
		Cephalexin Tablet (Generic)
		Cefpodoxime Proxetil Suspension (Generic)
		Cefpodoxime Proxetil Tablet (Generic)
<b>INFECTIOUS DISORDERS (34)</b>	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Generic; Cipro®)
<b>Antibiotics</b>	Levofloxacin Tablet (Generic)	Ciprofloxacin Tablet (Cipro®)
<b>Fluoroquinolones</b>		Delafloxacin (Baxdela®)
<a href="#">*Request Form</a>		Levofloxacin Solution (Generic)
<a href="#">*Criteria</a>		Levofloxacin Tablet (Levaquin®)
<a href="#">*POS Edits</a>		Moxifloxacin (AG; Generic)
		Ofloxacin (Generic)
<b>INFECTIOUS DISORDERS (34)</b>	Metronidazole Tablet (Generic)	Fidaxomicin (Difacid®)
<b>Antibiotics</b>	Neomycin Tablet (Generic)	Metronidazole Capsule (Generic; Flagyl®)
<b>Gastrointestinal Antibiotics</b>	Vancomycin HCl Capsule (AG; Generic)	Metronidazole Tablet (Flagyl®)
<a href="#">*Request Form</a>	Vancomycin Solution (Firvanq®)	Paromomycin (Generic)
<a href="#">*Criteria</a>		Rifaximin (Xifaxan®)
<a href="#">*POS Edits</a>		Secnidazole (SoloSec™)
		Tinidazole (Generic)
		Vancomycin HCl (Vancocin®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (34)</b>	Tobramycin Solution (Bethkis®)	Vancomycin Solution (Generic)
<b>Antibiotics</b>	Tobramycin Pak (AG for Kitabis Pak®)	Amikacin Inhalation Suspension (Arikayce®)
<b>Inhaled Antibiotics</b>		Aztreonam Solution (Cayston®)
* <a href="#">Request Form</a>		Tobramycin Solution (AG; Generic; Tobi®)
* <a href="#">Criteria</a>		Tobramycin (Tobi Podhaler®)
* <a href="#">POS Edits</a>		Tobramycin Inhalation Solution Pak (Kitabis Pak®)
<b>INFECTIOUS DISORDERS (34)</b>	Clindamycin Capsule (Generic)	Clindamycin Capsule (Cleocin®)
<b>Antibiotics</b>	Clindamycin Palmitate Solution (Generic)	Clindamycin Palmitate Solution (Cleocin®)
<b>Lincosamides</b>		Clindamycin Phosphate Piggyback Injection (Generic)
* <a href="#">Request Form</a>		Clindamycin Phosphate Injection Vial (Generic; Cleocin®)
* <a href="#">Criteria</a>		Clindamycin in 0.9% Sodium Chloride Piggyback Intravenous
* <a href="#">POS Edits</a>		Lincomycin HCl Injection (Generic; Lincocin®)
<b>INFECTIOUS DISORDERS (34)</b>	Azithromycin Packet (Generic)	Azithromycin Packet (Zithromax®)
<b>Antibiotics</b>	Azithromycin Suspension (Generic)	Azithromycin Suspension (Zithromax®)
<b>Macrolides - Ketolides</b>	Azithromycin Tablet (Generic)	Azithromycin Tablet (Zithromax®)
* <a href="#">Request Form</a>	Clarithromycin Tablet (Generic)	Clarithromycin ER (Generic)
* <a href="#">Criteria</a>	Erythromycin Base DR Capsule (Generic)	Clarithromycin Suspension (Generic)
* <a href="#">POS Edits</a>		Erythromycin Base Tablet (Generic)
		Erythromycin Ethyl Succinate Suspension (AG; E.E.S. ® 200; EryPed® 200)
		Erythromycin Ethyl Succinate Suspension (AG; Generic; EryPed® 400)
		Erythromycin Ethyl Succinate Tablet (E.E.S. ® 400)
		Erythromycin Stearate (Erythrocin®)
		Erythromycin Tablet (Ery-Tab®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (34)</b>	Nitrofurantoin Macrocrystals Capsule (Generic)	Nitrofurantoin Suspension (Generic; Furadantin®)
<b>Antibiotics</b>	Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Macrocrystals Capsule (Macrodantin®)
<b>Nitrofuran Derivatives</b>		Nitrofurantoin Monohydrate Macrocrystals Capsule (Macrobid®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>INFECTIOUS DISORDERS (34)</b>	Linezolid Tablet (AG; Generic)	Linezolid Injection (AG; Generic; Zyvox®)
<b>Antibiotics</b>		Linezolid Suspension (AG; Generic; Zyvox®)
<b>Oxazolidinones</b>		Linezolid Tablet (Zyvox®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Tedizolid IV (Sivextro®) Tedizolid Tablet (Sivextro®)
<b>INFECTIOUS DISORDERS (34)</b>	NONE	Quinupristin/Dalfopristin Vial (Synercid®)
<b>Antibiotics</b>		
<b>Streptogramins</b>		
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		
<b>INFECTIOUS DISORDERS (34)</b>	Doxycycline Hyclate Tablet (Generic)	Demeclocycline (Generic)
<b>Antibiotics</b>	Doxycycline Hyclate Capsule (AG; Generic)	Doxycycline Calcium Suspension (Vibramycin®)
<b>Tetracyclines</b>	Doxycycline Monohydrate 50 mg Capsule (Generic)	Doxycycline Calcium Syrup (Vibramycin®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Doxycycline Monohydrate 100 mg Capsule (Generic) Doxycycline Monohydrate Tablet (Generic) Minocycline Capsule (Generic)	Doxycycline Hyclate Capsule (Vibramycin®) Doxycycline Hyclate DR Tablet (Doryx® MPC) Doxycycline Hyclate DR Tablet (Generic; Doryx®) Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit) Doxycycline Monohydrate 40mg DR Capsule (AG; Oracea®) Doxycycline Monohydrate Capsule 75 mg (Generic) Doxycycline Monohydrate Capsule 150 mg (Generic)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (34)</b>	(preferred agents listed on page 38)	Doxycycline Monohydrate Suspension (Generic)
<b>Antibiotics</b>		Minocycline ER Capsule (AG; Solodyn™)
<b>Tetracyclines Continued</b>		Minocycline ER Capsule (Generic; Ximino®)
		Minocycline ER Tablet (Generic; MinoLira®)
		Minocycline Tablet (Generic)
		Omadacycline Tosylate (Nuzyra®)
		Tetracycline Capsule
		Vibramycin Capsule
<b>INFECTIOUS DISORDERS (34)</b>		
<b>Antibiotics</b>	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Cream (Generic; Cleocin®)
<b>Vaginal</b>	Metronidazole Vaginal Gel (Nuversa®)	Clindamycin Vaginal Ovules (Cleocin®)
	Metronidazole Vaginal Gel (Vandazole®)	Metronidazole Vaginal Gel (Generic; MetroGel-Vaginal®)
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<a href="#">*POS Edits</a>		
<b>INFECTIOUS DISORDERS (34)</b>		
<b>Antifungals</b>	Clotrimazole Troches (Generic)	Fluconazole Suspension (Diflucan®)
<b>Antifungals, Oral</b>	Fluconazole Suspension (Generic)	Fluconazole Tablet (Diflucan®)
	Fluconazole Tablet (Generic)	Flucytosine (Generic)
<a href="#">*Request Form</a>	Griseofulvin Suspension (Generic)	Griseofulvin Tablet (Generic)
<a href="#">*Criteria</a>	Nystatin Suspension (Generic)	Griseofulvin Ultramicrosize Tablet (Generic)
<a href="#">*POS Edits</a>	Nystatin Tablet (Generic)	Isavuconazonium (Cresemba®)
	Terbinafine Tablet (Generic)	Itraconazole Capsule (Generic; Sporanox®)
		Itraconazole Solution (Generic; Sporanox®)
		Itraconazole Tablet (Onmel®)
		Itraconazole Capsule (Tolsura®)
		Ketoconazole (Generic)
		Miconazole Buccal Tablet (Oravig®)
		Posaconazole Suspension (AG; Generic; Noxafil®)
		Posaconazole Tablet (AG; Generic; Noxafil®)
		Voriconazole Tablet (Generic)
		Voriconazole Suspension (Generic; Vfend®)



**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>INFECTIOUS DISORDERS (34)</b>	(preferred agents listed on page 39)	Voriconazole Tablet (Vfend®)
Antifungals		
Antifungals, Oral Continued		
<b>INFECTIOUS DISORDERS (34)</b>	Sofosbuvir/Velpatasvir (AG for Epclusa®)	Elbasvir/Grazoprevir (Zepatier®)
Hepatitis C Agents		Glecaprevir/Pibrentasvir (Mavyret®)
Direct Acting Antiviral Agents		Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®)
<a href="#">*Request Form</a>		<b>Ledipasvir/Sofosbuvir (Harvoni® Pellet Pack)</b>
<a href="#">*Hepatitis C DAA Criteria</a>		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)
<a href="#">*Hepatitis C DAA Worksheet</a>		Sofosbuvir (Sovaldi®)
<a href="#">*Patient Treatment Agreement</a>		<b>Sofosbuvir (Sovaldi® Pellet Pack)</b>
<a href="#">*POS Edits</a>		Sofosbuvir/Velpatasvir (Epclusa®)
		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)
<b>INFECTIOUS DISORDERS (34)</b>	Peginterferon alfa 2a Syringe (Pegasys®)	Peginterferon alfa 2b Kit (Peg-Intron®)
Hepatitis C Agents	Peginterferon alfa 2a Vial (Pegasys®)	Ribavirin Capsule (Generic)
Not Direct Acting Antiviral Agents	Ribavirin Tablet (Generic)	
<a href="#">*Request Form</a>		
<a href="#">*Criteria</a>		
<a href="#">*POS Edits</a>		
<b>METHOTREXATE (35)</b>	<b>Methotrexate PF Vial</b>	<b>Methotrexate Auto-Injector (Otrexup®)</b>
<a href="#">*Request Form</a>	<b>Methotrexate Tablet</b>	<b>Methotrexate Auto-Injector (Rasuvo®)</b>
<a href="#">*Criteria</a>	<b>Methotrexate Vial</b>	<b>Methotrexate Tablet (Trexall™)</b>
<a href="#">*POS Edits</a>		<b>Methotrexate Solution (Xatmep®)</b>
<b>MOVEMENT DISORDERS (36)</b>	<b>Deutetrabenazine (Austedo®)</b>	<b>Tetrabenazine (Xenazine®)</b>
<a href="#">*Request Form</a>	<b>Tetrabenazine (Generic)</b>	<b>Valbenazine (Ingrezza®)</b>
<a href="#">*Criteria</a>		<b>Valbenazine Initiation Pack (Ingrezza®)</b>
<a href="#">*POS Edits</a>		

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)	
<b>MULTIPLE SCLEROSIS (37)</b>	Fingolimod Capsule (Gilenya®)	Alemtuzumab Vial (Lemtrada®)	
<b>Multiple Sclerosis Agents</b>	Glatiramer Acetate 20 mg/ml (Copaxone®)	Cladribine Tablet (Mavenclad®)	
<b>Immunomodulatory Agents</b>	Interferon β-1a Pen (Avonex®)	Dalfampridine ER Tablet (AG; Generic; Ampyra®)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Interferon β-1a Syringe (Avonex®)	Dimethyl Fumarate Capsule (Tecfidera®)	
	Interferon β-1a Vial (Avonex®)	Diroximel Fumarate Capsule (Vumerity®)	
	Interferon β-1a Auto-Injector (Rebif® Titration Pack)	Glatiramer Acetate 20 mg/ml (Generic; Glatopa®)	
	Interferon β-1a Auto-Injector (Rebif® Rebidose®)	Glatiramer Acetate 40 mg/ml (Generic; Copaxone®; Glatopa®)	
	Interferon β-1a Auto-Injector (Rebif® Rebidose® Titration Pack)	Interferon β-1b Kit (Extavia®)	
	Interferon β-1a Syringe (Rebif®)	Interferon β-1b Vial (Extavia®)	
	Interferon β-1b Kit (Betaseron®)	Natalizumab Vial (Tysabri®)	
			Ocrelizumab Injection (Ocrevus®)
			Ofatumumab Injection (Kesimpta®)
			Ozanimod Capsule (Zeposia®)
			Ozanimod Starter Kit (Zeposia®)
			Ozanimod Starter Pack (Zeposia®)
			Peginterferon β -1a Pen (Plegridy®)
			Peginterferon β -1a Syringe (Plegridy®)
			Peginterferon β -1a Starter Pack (Plegridy®)
	Siponimod Tablet (Mayzent®)		
	Teriflunomide Tablet (Aubagio®)		
<b>ONCOLOGY (38)</b>	Anastrozole (Generic)	Abemaciclib (Verzenio®)	
<b>Oral – Breast</b>	Capecitabine (Generic)	Alpelisib (Piqray®)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cyclophosphamide (Generic)	Anastrozole (Arimidex®)	
	Exemestane (Generic)	Capecitabine (Xeloda®)	
	Letrozole (Generic)	Exemestane (Aromasin®)	
	Palbociclib Capsule (Ibrance®)	Fulvestrant (AG; Generic; Faslodex®)	
	Palbociclib Tablet (Ibrance®)	Lapatinib Ditosylate (Tykerb®)	
	Tamoxifen Citrate (Generic)	Letrozole (Femara®)	
			Neratinib Maleate (Nerlynx®)
			Ribociclib Succinate (Kisqali®)
			Ribociclib Succinate/Letrozole (Kisqali/Femara Kit®)
		Talazoparib (Talzenna®)	

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
ONCOLOGY (38)	(preferred agents listed on page 41)	Tamoxifen Citrate (Soltamox®)
Oral – Breast Continued		Toremifene Citrate (Generic; Fareston®)
		Tucatinib (Tukysa™)
ONCOLOGY (38)	Busulfan (Myleran®)	Acalabrutinib (Calquence®)
Oral – Hematologic	Chlorambucil (Leukeran®)	Bosutinib (Bosulif®)
*Request Form	Dasatinib (Sprycel®)	Decitabine/Cedazuridine (Inqovi®)
*Criteria	Ibrutinib Capsule (Imbruvica®)	Duvelisib (Copiktra®)
*POS Edits	Ibrutinib Tablet (Imbruvica®)	Enasidenib Mesylate (Idhifa®)
	Imatinib Mesylate (Generic)	Fedratinib (Inrebic®)
	Lenalidomide (Revlimid®)	Gilterinib (Xospata®)
	Melphalan (Generic)	Glasdegib (Daurismo®)
	Mercaptopurine (Generic)	Hydroxyurea (Hydrea®)
	Procarbazine HCl (Matulane®)	Idelalisib (Zydelig®)
	Ruxolitinib Phosphate (Jakafi®)	Imatinib Mesylate (Gleevec®)
	Tretinoin (Generic)	Ivosidenib (Tibsovo®)
	Venetoclax (Venclexta®)	Ixazomib Citrate (Ninlaro®)
	Venetoclax Starting Pack (Venclexta®)	Melphalan (Alkeran®)
		Mercaptopurine (Purixan®)
		Midostaurin (Rydapt®)
		Nilotinib HCl (Tasigna®)
		Panobinostat Lactate (Farydak®)
		Pomalidomide (Pomalyst®)
		Ponatinib HCl (Iclusig®)
		Selinexor (Xpovio®)
		Thalidomide (Thalomid®)
		Thioguanine (Tabloid®)
		Vorinostat (Zolinza®)
		Zanubrutinib (Brukinsa™)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (38)</b>	Afatinib Dimaleate (Gilotrif®)	Brigatinib (Alunbrig®)
<b>Oral – Lung</b>	Alectinib HCl (Alecensa®)	Capmatinib (Tabrecta™)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Crizotinib (Xalkori®)	Ceritinib (Zykadia®)
	Osimertinib Mesylate (Tagrisso®)	Dacomitinib (Vizimpro®)
	Topotecan HCl (Hycamtin®)	Entrectinib (Rozlytrek®)
		Erlotinib HCl (Generic; Tarceva®)
		Gefitinib (Iressa®)
		Lorlatinib (Lorbrena®)
		Selpercatinib (Retevmo™)
<b>ONCOLOGY (38)</b>	Niraparib Tosylate (Zejula®)	Avapritinib (Ayvakit™)
<b>Oral – Other</b>	Temozolomide (AG; Generic)	Cabozantinib S-Malate (Cometriq®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Erdafitinib (Balversa™)
		Larotrectinib Capsule (Vitrakvi®)
		Larotrectinib Solution (Vitrakvi®)
		Olaparib (Lynparza®)
		Pemigatinib (Pemazyre®)
		Pexidartinib (Turalio®)
		Regorafenib (Stivarga®)
		Ripretinib (Qinlock™)
		Rucaparib Camsylate (Rubraca®)
		Selumetinib (Koselugo™)
		Tazemetostat (Tazverik™)
		Temozolomide (Temodar®)
		Trifluridine/Tipiracil HCl (Lonsurf®)
		Vandetanib (Caprelsa®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>ONCOLOGY (38)</b>	Abiraterone Acetate (AG and Generic for Zytiga®)	Abiraterone Acetate (Zytiga®)
<b>Oral – Prostate</b>	Bicalutamide (Generic)	Abiraterone Acetate, Submicronized (Yonsa®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Enzalutamide (Xtandi®)	Apalutamide (Erleada®)
	Flutamide (Generic)	Darolutamide (Nubeqa®)
		Estramustine Phosphate Sodium (Emcyt®)
		Nilutamide (AG; Generic)
<b>ONCOLOGY (38)</b>	Axitinib (Inlyta®)	Cabozantinib S-Malate (Cabometyx®)
<b>Oral - Renal Cell</b>	Everolimus (Afinitor®)	Everolimus (Afinitor Disperz®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Lenvatinib Mesylate (Lenvima®)	Everolimus Tablet (Generic for Afinitor®)
	Pazopanib HCl (Votrient®)	
	Sorafenib Tosylate (Nexavar®)	
	Sunitinib Malate (Sutent®)	
<b>ONCOLOGY (38)</b>	Cobimetinib Fumarate (Cotellic®)	Binimetinib (Mektovi®)
<b>Oral – Skin</b>	Dabrafenib Mesylate (Tafinlar®)	Encorafenib (Braftovi®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sonidegib Phosphate (Odomzo®)	Vismodegib (Erivedge®)
	Trametinib Dimethyl Sulfoxide (Mekinist®)	
	Vemurafenib (Zelboraf®)	
<b>OPHTHALMIC DISORDERS (39)</b>	Cromolyn Sodium Solution (Generic)	Alcaftadine Solution (Lastacaft®)
<b>Allergic Conjunctivitis</b>	Loteprednol Suspension (Alrex®)	Azelastine HCl Solution (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Olopatadine HCl Solution (AG and Generic for Patanol®)	Bepotastine Solution (Bepreve®)
	Olopatadine HCl Solution (Pazeo®)	Cetirizine (Zerviate™)
		Epinastine Solution (Generic)
		Lodoxamide Tromethamine Solution (Alomide®)
		Nedocromil Sodium Solution (Alocril®)
		Olopatadine HCl Solution (AG; Generic; Pataday®)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (39)</b>	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)
<b>Antibiotics</b>	Ciprofloxacin Solution Ophthalmic (Generic)	Bacitracin Ointment (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Erythromycin Base Ointment (Generic)	Besifloxacin Suspension (Besivance®)
	Gentamicin Sulfate Ointment (Generic)	Ciprofloxacin Ointment (Ciloxan®)
	Gentamicin Sulfate Solution (Generic)	Gatifloxacin Solution (Generic; Zymaxid®)
	<b>Moxifloxacin (AG and Generic for Vigamox®)</b>	Levofloxacin Solution (Generic)
	Neomycin/Polymyxin B/Gramicidin Solution (Generic)	<b>Moxifloxacin Solution (Generic; Moxeza®)</b>
	Ofloxacin Solution Ophthalmic (Generic)	Moxifloxacin Solution (Vigamox®)
	Polymyxin B Sulfate/Trimethoprim (Generic)	Natamycin Suspension (Natacyn®)
	Sulfacetamide Sodium Solution (Generic)	Neomycin/Polymyxin B/Bacitracin Ointment (Generic)
	Tobramycin Solution (Generic)	Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)
		Sulfacetamide Sodium Ointment (Generic)
		Sulfacetamide Sodium Solution (Bleph-10®)
		Tobramycin Ointment (Tobrex®)
		Tobramycin Solution (Tobrex®)
<b>OPHTHALMIC DISORDERS (39)</b>	Neomycin/Polymyxin B/Dexamethasone Ointment	Gentamicin/Prednisolone Ointment (Pred-G®)
<b>Antibiotic-Steroid Combinations</b>	Neomycin/Polymyxin B/Dexamethasone Suspension	Gentamicin/Prednisolone Suspension (Pred-G®)
<a href="#">*Request Form</a>	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment
<a href="#">*Criteria</a>	Tobramycin/Dexamethasone Ointment (TobraDex®)	Neomycin/Polymyxin B/Dexamethasone Ointment (Maxitrol®)
<a href="#">*POS Edits</a>	Tobramycin/Dexamethasone Suspension (TobraDex®)	Neomycin/Polymyxin B/Dexamethasone Suspension (Maxitrol®)
		Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
		Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P.®)
		Sulfacetamide/Prednisolone Solution (Blephamide®)
		Tobramycin/Dexamethasone Suspension (AG; Generic)
		Tobramycin/Dexamethasone ST (TobraDex ST®)
		Tobramycin/Loteprednol Suspension (Zylet®)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (39)</b>	Dexamethasone Sodium Phosphate (Generic)	Bromfenac Sodium 0.07% Solution (Prolensa®)
<b>Anti-Inflammatories</b>	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (BromSite®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Difluprednate Emulsion (Durezol®) Fluorometholone 0.1% Suspension (Generic) Flurbiprofen Sodium Solution (Generic) Ketorolac Tromethamine LS Solution 0.4% Ketorolac Tromethamine Solution 0.5% Nepafenac 0.3% Suspension (Ilevro®) Prednisolone Acetate 1% Suspension (Generic)	Bromfenac Sodium 0.09% Solution (Generic) Dexamethasone (Dextenza®) Dexamethasone/PF (Dexycu™) Dexamethasone Suspension (Maxidex®) Dexamethasone Intravitreal Implant (Ozurdex®) Fluocinolone Acetonide Intraocular Implant (Iluvien®) Fluocinolone Acetonide Intraocular Implant (Retisert®) Fluocinolone Acetonide Intravitreal Implant (Yutiq®) Fluorometholone 0.1% Ointment (FML S.O.P.®) Fluorometholone 0.1% Suspension (FML®) Fluorometholone 0.25% Suspension (FML Forte®) Fluorometholone Acetate 0.1% Suspension (Flarex®) Ketorolac Tromethamine 0.5% Solution (Acular®) Ketorolac Tromethamine PF Solution 0.45% (Acuvail®) Loteprednol Etabonate 1% Ophthalmic Suspension (Inveltys®) Loteprednol Gel (Lotemax®) Loteprednol Ointment (Lotemax®) Loteprednol Suspension (AG; Generic; Lotemax®) Nepafenac 0.1% Suspension (Nevanac®) Prednisolone Acetate 0.12% Solution (Pred Mild®) Prednisolone Acetate 1% Suspension (Pred Forte®) Prednisolone Sodium Phosphate (Generic) Triamcinolone Acetonide Suspension (Triesence®)
<b>OPHTHALMIC DISORDERS (39)</b>	Cyclosporine (Restasis®)	Cyclosporine 0.09% Ophthalmic Solution (Cequa®)
<b>Anti-Inflammatory/Immunomodulators</b>	Cyclosporine (Restasis® Multidose™)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Lifitegrast (Xiidra®)	

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OPHTHALMIC DISORDERS (39)</b>	Brimonidine 0.15% Solution (Alphagan P® 0.15%)	Apraclonidine Solution (Generic; Iopidine®)
<b>Glaucoma Agents</b>	Brimonidine 0.2% Solution (Generic)	Betaxolol 0.25% Suspension (Betoptic S®)
<b>Intraocular Pressure (IOP) Reducers</b>	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Betaxolol 0.5% Solution (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Brimonidine/Timolol Solution (Combigan®)	Bimatoprost Solution <b>2.5 mL</b> (Generic; Lumigan®)
	Carteolol Solution (Generic)	Bimatoprost Solution <b>5 mL</b> (Generic; Lumigan®)
	Dorzolamide Solution (Generic)	Bimatoprost Solution <b>7.5 mL</b> (Generic; Lumigan®)
	Dorzolamide/Timolol Solution (Generic)	Brimonidine 0.1% Solution (Alphagan P® 0.1%)
	Latanoprost 2.5mL Solution (Generic)	Brimonidine P 0.15% Solution (Generic)
	Levobunolol Solution (Generic)	Brinzolamide Suspension (Azopt®)
	Netarsudil Mesylate (Rhopressa®)	Dorzolamide Solution (Trusopt®)
	<b>Netarsudil Mesylate/Latanoprost (Rocklatan®)</b>	Dorzolamide/Timolol Solution (Cosopt®)
	Timolol Maleate Solution	Dorzolamide/Timolol/PF Solution ( <b>AG</b> ; Generic; Cosopt PF®)
	Travoprost <b>2.5 mL</b> (Travatan Z®)	Echothiophate Iodide (Phospholine Iodide®)
	Travoprost <b>5 mL</b> (Travatan Z®)	Latanoprost Emulsion (Xelpros®)
		Latanoprost Solution 2.5 mL (Xalatan®)
		Latanoprostene Bunod Solution (Vyzulta®)
		<b>Pilocarpine HCl Solution (Generic)</b>
		Tafluprost Solution (Zioptan®)
		<b>Timolol Maleate Gel-Forming Solution (Timoptic-XE®)</b>
		Timolol Maleate LA Solution (AG; Generic; Istalol®)
		Timolol Maleate Solution (Timoptic® Ocudose®)
		<b>Travoprost 2.5mL (AG; Generic)</b>
<b>OPIATE DEPENDENCE AGENTS (40)</b>	Buprenorphine/Naloxone Sublingual Film (Suboxone®)	Buprenorphine Sublingual Tablet (Generic)
<a href="#">*Request Form</a>	Buprenorphine/Naloxone Sublingual Tablet (Generic)	Buprenorphine Injection (Sublocade®)
<a href="#">*Criteria</a>	Buprenorphine/Naloxone Sublingual Tablet (Zubsolv®)	Buprenorphine Implant (Probuphine®)
<a href="#">*POS Edits</a>	Naloxone Nasal Spray (Narcan®)	Buprenorphine/Naloxone Film Buccal Film (Bunavail®)
	Naloxone Syringe (Generic)	Buprenorphine/Naloxone Sublingual Film (AG; Generic)
	Naltrexone Tablet (Generic)	Lofexidine (Luceomyra®)
	Naloxone Vial (Generic)	Naltrexone Extended-Release Injectable Suspension (Vivitrol®)



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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>OSTEOPOROSIS (41)</b>	Alendronate Tablet (Generic)	Abaloparatide (Tymlos®)
<b>Bone Resorption Suppression Agents</b>	Calcitonin-Salmon Nasal (Generic)	Alendronate Effervescent Tablet (Binosto®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ibandronate Sodium Tablet (Generic)	Alendronate Tablet (Fosamax®) Alendronate Solution (Generic) Alendronate/Vitamin D (Fosamax Plus D®) Denosumab (Prolia®) Ibandronate Sodium Tablet (Boniva®) Raloxifene (Generic; Evista®) Risedronate (AG; Generic; Actonel®) Risedronate DR (AG; Generic; Atelvia®) Romosozumab-aqqg Subcutaneous (Evenity®) Teriparatide Subcutaneous (Forteo®) Teriparatide Subcutaneous Brand
<b>OTIC AGENTS (42)</b>	Ciprofloxacin/Dexamethasone (Ciprodex®)	Ciprofloxacin Otic (Generic)
<b>Antibiotics</b>	Neomycin/Polymyxin B/Hydrocortisone Solution/Suspension	Ciprofloxacin Otic (Otiprio®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Ofloxacin Otic (Generic)	Ciprofloxacin/Dexamethasone (AG; Generic) Ciprofloxacin/Fluocinolone Acetonide (AG; Otovel®) Ciprofloxacin/Hydrocortisone (Cipro HC Otic®) Colistin/Neomycin/Thonzonium/HC (Cortisporin® TC)
<b>OTIC AGENTS (42)</b>	Acetic Acid (Generic)	NONE
<b>Anti-Infectives and Anesthetics</b>	Acetic Acid/Hydrocortisone (Generic)	
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (43)</b>	Fremanezumab-vfrm Autoinjector Subcutaneous (Ajovy®)	Eptinezumab-ijmr Intravenous (Vyepi™)
<b>Antimigraine Agents</b>	Fremanezumab-vfrm Subcutaneous (Ajovy®)	Erenumab-aooe Subcutaneous (Aimovig®)
<b>CGRP Antagonists</b>	Galcanzumab-gnlm Pen (Emgality®)	Galcanzumab-gnlm 100 mg Syringe (Emgality®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Galcanzumab-gnlm 120 mg Syringe (Emgality®)	Ubrogapant Tablet (Ubrelyv™)
	Rimegepant (Nurtec™ ODT)	
<b>PAIN MANAGEMENT (43)</b>	<b>NONE</b>	Diclofenac Potassium Oral Packet (Cambia®)
<b>Antimigraine Agents</b>		Dihydroergotamine Mesylate Injection (Generic)
<b>Ergotamines</b>		Dihydroergotamine Mesylate Nasal (Generic; Migranal®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>		Ergotamine Tartrate Sublingual (Ergomar®)
		Ergotamine Tartrate/Caffeine Tablet (Cafergot®)
		Ergotamine Tartrate/Caffeine Rectal (Migergot®)
<b>PAIN MANAGEMENT (43)</b>	Rizatriptan ODT (Generic)	Almotriptan Tablet (Generic)
<b>Antimigraine Agents</b>	Rizatriptan Tablet (Generic)	Eletriptan Tablet (AG; Generic; Relpax®)
<b>Triptans</b>	Sumatriptan Nasal (Generic)	Frovatriptan (Generic; Frova®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Sumatriptan Vial (Generic)	Lasmiditan Tablet (Reyvow®)
	Sumatriptan Tablet (Generic)	Naratriptan (Generic; Amerge®)
	Sumatriptan Disp Syringe (Generic)	Rizatriptan Tablet (Maxalt®)
		Rizatriptan Tablet (Maxalt MLT®)
		Sumatriptan Auto-Injector (Zembrace® SymTouch®)
		Sumatriptan Kit (AG; Generic)
		Sumatriptan Nasal (Onzetra® Xsail®)
		Sumatriptan Nasal (Imitrex®)
		Sumatriptan Nasal (Tosymra™)
		Sumatriptan Kit (Imitrex®)
		Sumatriptan Tablet (Imitrex®)
		Sumatriptan Vial (Imitrex®)
		Sumatriptan/Naproxen (Generic; Treximet®)
	Sumatriptan/Menthol/Camphor (Migranow Kit®)	

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (43)</b>	(preferred agents listed on page 49)	Zolmitriptan Tablet (AG; Generic; Zomig®)
Antimigraine Agents		Zolmitriptan ODT (AG; Generic; Zomig ZMT®)
Triptans Continued		Zolmitriptan Nasal (Zomig®)
<b>PAIN MANAGEMENT (43)</b>	Adalimumab Pen Kit (Humira®)	Abatacept Injection Clickject (Orencia®)
Cytokine and CAM Antagonists	Adalimumab Syringe Kit (Humira®)	Abatacept Injection Syringe (Orencia®)
* <a href="#">Request Form</a>	<b>Apremilast Tablet (Otezla®)</b>	Abatacept Injection Vial (Orencia®)
* <a href="#">Criteria</a>	Etanercept Kit (Enbrel®)	Anakinra Syringe (Kineret®)
* <a href="#">POS Edits</a>	Etanercept Mini Cartridge (Enbrel®)	Baricitinib Tablet (Olumiant®)
	Etanercept Pen (Enbrel®)	Brodalumab Syringe (Siliq®)
	Etanercept Syringe (Enbrel®)	Canakinumab/PF Vial (Ilaris®)
	<b>Etanercept Injection Vial (Enbrel®)</b>	Certolizumab Pegol Kit (Cimzia®)
		Certolizumab Syringe Kit (Cimzia®)
		Golimumab Pen (Simponi®)
		Golimumab Syringe (Simponi®)
		Golimumab Vial (Simponi Aria®)
		<b>Guselkumab Autoinjector (Tremfya®)</b>
		Guselkumab Syringe (Tremfya®)
		<b>Inebilizumab-cton Injection (Uplizna™)</b>
		Infliximab Vial (Remicade®)
		Infliximab-abda Vial (Renflexis®)
		<b>Infliximab-axxq Injection (Axsoma™)</b>
		Infliximab-dyyb Vial (Inflectra®)
		Ixekizumab Autoinjector (Taltz®)
		Ixekizumab Syringe (Taltz®)
		Rilonacept (Arcalyst®)
		<b>Risankizumab-rzaa Injection (Skyrizi®)</b>
		Sarilumab Pen (Kevzara®)
		Sarilumab Syringe (Kevzara®)
		<b>Satralizumab-mwge Injection (Enspryng™)</b>
		<b>Secukinumab Pen (Cosentyx®)</b>
		Secukinumab Syringe (Cosentyx®)
		Tildrakizumab-asmn Syringe (Ilumya®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (43)</b>	(preferred agents listed on page 50)	<b>Tocilizumab Pen (Actemra®)</b>
<b>Cytokine and CAM Antagonists Continued</b>		Tocilizumab Syringe (Actemra®) Tocilizumab Vial (Actemra®) Tofacitinib Tablet (Xeljanz®) Tofacitinib ER Tablet (Xeljanz® XR) <b>Upadacitinib Extended Release Tablet (Rinvoq™)</b> Ustekinumab Syringe (Stelara®) Ustekinumab Vial (Stelara®) Vedolizumab (Entyvio®)
<b>PAIN MANAGEMENT (43)</b>	Acetaminophen w/Codeine Elixir (Generic)	Benzhydrocodone/Acetaminophen (AG; Apadaz®)
<b>Narcotic Analgesics - Short-Acting</b>	Acetaminophen w/Codeine Tablet (Generic)	Butalbital/Caffeine/APAP w/ Codeine (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Hydrocodone/Acetaminophen Tablet (Generic) Hydrocodone/Acetaminophen Solution (Generic) Hydromorphone Tablet (Generic) Morphine IR Tablet (Generic) Morphine Sulfate Oral Syringe Oxycodone Tablet (Generic) Oxycodone/Acetaminophen Tablet (Generic) Tramadol (Generic) Tramadol/Acetaminophen (Generic)	Butalbital Compound with Codeine (Generic) Butorphanol Tartrate Nasal (Generic) Carisoprodol Compound-Codeine (Generic) Codeine Tablet (Generic) Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic) Fentanyl Buccal (Generic; Fentora®) Fentanyl Sublingual (Abstral®) Hydrocodone/Acetaminophen Solution (Lortab®) Hydrocodone/Acetaminophen Tablet (Lortab®) Hydrocodone/Acetaminophen Tablet (Norco®) Hydrocodone/Ibuprofen (Generic) Hydromorphone Liquid (Dilaudid®) Hydromorphone Tablet (Dilaudid®) Hydromorphone Liquid (Generic) Hydromorphone Suppositories (Generic) Levorphanol Tablet (Generic) Meperidine Solution (Generic) Meperidine Tablet (Generic) Morphine Oral Solution Concentrate (Generic) Morphine Solution (Generic) Morphine Suppositories (Generic)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (43)</b>	(preferred agents listed on page 51)	Oxycodone Capsule (Generic)
<b>Narcotic Analgesics - Short-Acting Continued</b>		Oxycodone Tablet (RoxyBond®) Oxycodone HCl Tablet (Oxaydo® Abuse-Deterrent) Oxycodone Tablet (Roxicodone®) Oxycodone Oral Solution Concentrate (Generic) Oxycodone Oral Syringe (Generic) Oxycodone Solution (Generic) Oxycodone/Acetaminophen Tablet (Nalocet®) Oxycodone/Acetaminophen Tablet (Percocet®) Oxycodone/Acetaminophen Tablet (Primlev®) Oxycodone/Acetaminophen Tablet (Generic for Prolate™; Prolate™;) Oxycodone/Aspirin (Generic) Oxycodone/Ibuprofen (Generic) Oxymorphone IR Tablet (Generic) Pentazocine/Naloxone (Generic) Sufentanil Sublingual Tablet (Dsuvia®) Tapentadol (Nucynta®) Tramadol (Ultram®) Tramadol/Acetaminophen (Ultracet®)
<b>PAIN MANAGEMENT (43)</b>	Fentanyl Transdermal 12 mcg	Buprenorphine Buccal Film (Belbuca®)
<b>Narcotic Analgesics - Long-Acting</b>	Fentanyl Transdermal 25 mcg	Buprenorphine Transdermal (AG; Generic; Butrans®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Fentanyl Transdermal 50 mcg Fentanyl Transdermal 75 mcg Fentanyl Transdermal 100 mcg Morphine Sulfate ER Tablet (Generic)	Fentanyl Transdermal (Duragesic®) Fentanyl Transdermal 37.5 mcg (Generic) Fentanyl Transdermal 62.5 mcg (Generic) Fentanyl Transdermal 87.5 mcg (Generic) Hydrocodone Bitartrate ER Capsule (AG; Generic; Zohydro ER®) Hydrocodone Bitartrate ER Tablet (Hysingla ER®) Hydromorphone ER Tablet (AG; Generic) Morphine ER Capsule (Generic Avinza®) Morphine ER Capsule (Generic Kadian; Kadian®) Morphine ER Tablet (Arymo ER®) Morphine ER Tablet (MorphaBond ER®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (43)</b>	(preferred agents listed on page 52)	Morphine ER Tablet (MS Contin®)
<b>Narcotic Analgesics - Long-Acting Continued</b>		Oxycodone ER Tablet (AG; OxyContin®)
		Oxycodone Myristate (Xtampza® ER)
		Oxymorphone ER (Generic Opana ER®)
		Tapentadol Extended Release (Nucynta ER®)
		Tramadol ER Capsule (AG)
		Tramadol ER Tablet (Generic Ryzolt®)
		Tramadol ER Tablet (Generic Ultram ER®)
<b>PAIN MANAGEMENT (43)</b>	Duloxetine Capsule (Generic for Cymbalta®)	Capsaicin/Skin Cleanser (Qutenza Kit®)
<b>Neuropathic Pain</b>	Gabapentin Capsule (Generic)	Duloxetine Capsule (Cymbalta®)
* <a href="#">Request Form</a>	Gabapentin Solution (AG; Generic)	Duloxetine Capsule (Generic for Irenka®)
* <a href="#">Criteria</a>	Gabapentin Tablet (Generic)	Duloxetine DR Capsule (Drizalma Sprinkle™)
* <a href="#">POS Edits</a>	Lidocaine Patch (AG; Generic)	Gabapentin Capsule (Neurontin®)
	Lidocaine Topical System (Ztlido®)	Gabapentin Solution (Neurontin®)
	Milnacipran (Savella®)	Gabapentin Tablet (Neurontin®)
	Milnacipran (Savella Dose Pak®)	Gabapentin Enacarbil Tablet (Horizant®)
		Gabapentin ER Tablet (Gralise®)
		Lidocaine Patch (Lidoderm®)
		Pregabalin Capsule (AG; Generic; Lyrica®)
		Pregabalin Solution (AG; Generic; Lyrica®)
		Pregabalin ER Tablet (Lyrica CR®)
<b>PAIN MANAGEMENT (43)</b>	Diclofenac Sodium Tablet (Generic)	Celecoxib (AG; Generic; Celebrex®)
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	Diclofenac Sodium Transdermal Gel (Generic; Voltaren®)	Diclofenac Epolamine Patch (AG; Flector®)
* <a href="#">Request Form</a>	Ibuprofen Suspension Rx (Generic)	Diclofenac Epolamine Topical (Licart™)
* <a href="#">Criteria</a>	Ibuprofen Tablet Rx (Generic)	Diclofenac Potassium Capsule (Zipsor®)
* <a href="#">POS Edits</a>	Indomethacin Capsule (Generic)	Diclofenac Potassium Tablet (Generic)
	Ketorolac Tablet (Generic)	Diclofenac Sodium Topical Solution (Generic; Pennsaid® Pump)
	Meloxicam Tablet (Generic)	Diclofenac SR (Generic)
	Nabumetone Tablet (Generic)	Diclofenac Submicronized Capsule (Zorvolex®)
	Naproxen Suspension (Generic)	Diclofenac Sodium/Camphor/Menthol Kit (Diclotrex™ Kit)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
PAIN MANAGEMENT (43)	Naproxen Tablet (Generic)	Diclofenac Sodium/Capsaicin (Diclofex DC)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Continued	Sulindac Tablet (Generic)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)
		Diflunisal Tablet (Generic) Etodolac Capsule (Generic) Etodolac Tablet (Generic) Etodolac SR Tablet (Generic) Fenoprofen Capsule (AG; Nalfon®) Fenoprofen Tablet (Generic; Nalfon®) Flurbiprofen Tablet (Generic) Ibuprofen/Famotidine Tablet (Duexis®) Indomethacin ER Capsule (Generic) Indomethacin Suppository (Indocin®) Indomethacin Suspension (Indocin®) Ketoprofen Capsule (Generic) Ketoprofen ER Capsule (Generic) Ketorolac Nasal Spray (AG; Sprix®) Meclofenamate Sodium Capsule (Generic) Mefenamic Acid (Generic) Meloxicam, Submicronized (Vivlodex®) Meloxicam ODT (Qmiiz® ODT) Meloxicam Tablet (Mobic®) Nabumetone Tablet (Relafen DS™) Naproxen CR (AG; Generic) Naproxen EC (AG; Generic) Naproxen Sodium (Generic; Naprelan®) Naproxen/Esomeprazole Tablet (AG; Generic; Vimovo®) Oxaprozin Tablet (Generic; Daypro®) Piroxicam Capsule (Generic) Tolmetin Capsule (Generic) Tolmetin Tablet (Generic)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PAIN MANAGEMENT (43)</b>	Baclofen (Generic)	Carisoprodol Compound
<b>Skeletal Muscle Relaxants</b>	Chlorzoxazone (Generic)	Carisoprodol Tablet 250 mg & 350 mg (Generic; Soma®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Cyclobenzaprine (Generic)	Chlorzoxazone (Lorzone®)
	Methocarbamol (Generic)	Cyclobenzaprine ER (AG; Generic; Amrix®)
	Tizanidine Tablet (Generic)	Dantrolene Sodium (AG; Generic; Dantrium®)
		Metaxalone (Generic; Skelaxin®)
		Orphenadrine/Aspirin/Caffeine (Norgesic Forte®)
		Orphenadrine ER Tablet (Generic)
		Tizanidine Capsule (Generic; Zanaflex®)
	Tizanidine Tablet (Zanaflex®)	
<b>PARKINSON'S (44)</b>	Amantadine Capsule (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)
<b>Antiparkinson Agents</b>	Amantadine Syrup (Generic)	Amantadine Hydrochloride ER Tablet (Osmolex ER®)
<b>Anticholinergic and Other</b>	Benztropine Tablet (Generic)	Amantadine Tablet (Generic)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Carbidopa/Levodopa ER Tablet (Generic)	<b>Apomorphine Injection (Apokyn®)</b>
	Carbidopa/Levodopa Tablet (Generic)	<b>Apomorphine Sublingual (Kynmobi™)</b>
	Carbidopa/Levodopa/Entacapone Tablet (Generic)	Bromocriptine (Generic)
	Pramipexole Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)
	Ropinirole Tablet (Generic)	Carbidopa/Levodopa Enteral Suspension (Duopa®)
	Selegiline Capsule (Generic)	Carbidopa/Levodopa ER Capsule (Rytary®)
	Selegiline Tablet (Generic)	Carbidopa/Levodopa ODT (Generic)
	Trihexyphenidyl Elixir (Generic)	Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)
	Trihexyphenidyl Tablet (Generic)	Entacapone Tablet (Generic; <b>Comtan®</b> )
		Istradefylline Tablet (Nourianz™)
		<b>Levodopa (Inbrija®)</b>
		Pramipexole ER (Generic; Mirapex ER®)
		Rasagiline (Generic; Azilect®)
		Ropinirole ER (Generic; Requip XL®)
	Rotigotine Patch (Neupro®)	
	Safinamide Tablet (Xadago®)	
	Selegiline (Zelapar®)	
	Tolcapone Tablet (Generic)	



**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PEDIATRIC MULTIVITAMINS (45)</b>	Pediatric MVI A, C, D3 No. 21 With FL Drop (Generic for Tri-Vitamin with FL)	Pediatric MVI A, C, D3 No. 21 With FL Drop (Tri-Vitamin with FL)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Pediatric MVI No. 2 With FL Drop (Generic)	Pediatric MVI A, C, D3 No. 38 with FL Drop (Tri-Vi-Flor®)
	Pediatric MVI No. 16 With FL Chewable	Pediatric MVI No. 33 With FL & Fe Chewable (Poly-Vi-Flor® Fe)
	Pediatric MVI No. 17 With FL Chewable (Generic)	Pediatric MVI No. 33 With FL Chewable (Poly-Vi-Flor®)
	Pediatric MVI No. 45 With FL & Fe Drop (Generic)	Pediatric MVI No. 37 With FL & Fe Drop (Poly-Vi-Flor® Fe)
	Pediatric MVI No. 75 With FL & Fe Drop (Generic)	Pediatric MVI No. 37 With FL Drop (Poly-Vi-Flor®)
	Pediatric MVI No. 82 With FL Drop (Generic)	Pediatric MVI No. 63 With FL Chewable (Quflora™)
		Pediatric MVI No. 83 With FL 0.25 mg/ml Drop (Quflora™)
		Pediatric MVI No. 84 With FL 0.5 mg/ml Drop (Quflora™)
		Pediatric MVI No. 85 With FL Chewable (Floriva™)
		Pediatric MVI No. 142 With FL & Fe Chewable (Quflora™ FE)
	Pediatric MVI No. 151 With FL & Fe Drop (Quflora™ FE)	
<b>PITUITARY SUPPRESSIVE AGENTS (46)</b>	Goserelin Acetate (Zoladex®)	Histrelin Implant Kit (Supprelin LA®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Leuprolide Acetate Subcutaneous Kit (Generic)	Histrelin Kit (Vantas®)
	Leuprolide Acetate Subcutaneous Vial (Generic)	Leuprolide Acetate (Fensolvi®)
	Leuprolide Acetate (Lupron Depot®)	Leuprolide Acetate (Lupron Depot-Ped®)
	Leuprolide Acetate (Lupron Depot Kit®)	Leuprolide Acetate Subcutaneous Kit (Eligard®)
	Leuprolide Acetate (Lupron Depot-Ped Kit®)	Triptorelin Pamoate (Trelstar®)
	Leuprolide Acetate Suspension/Norethindrone Tablet (Lupaneta Pack®)	Triptorelin Pamoate (Trelstar LA®)
	Nafarelin Acetate Nasal Solution (Synarel®)	Triptorelin Pamoate (Triptodur®)
<b>PROGESTATIONAL AGENTS (47)</b>	Hydroxyprogesterone Caproate Auto Injector (Makena®)	Hydroxyprogesterone Caproate (Generic by ANI; Generic by Mylan) – <b>NOT indicated for pre-term labor</b>
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Hydroxyprogesterone Caproate SDV (AG; Generic; Makena®)	Hydroxyprogesterone Caproate MDV (Generic)
	Medroxyprogesterone Acetate Tablet (AG; Generic)	Medroxyprogesterone Acetate (Depo-Provera® 400 mg/mL)
	Norethindrone Acetate Tablet (Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
	Progesterone Capsule (Generic)	Norethindrone Acetate Tablet (Aygestin®)
		Progesterone Injection (Generic)
		Progesterone, Micronized, Oral (Prometrium®)
		Progesterone, Micronized, Vaginal (Crinone®)

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

Effective Date: January 1, 2021

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>PROSTATE (48)</b>	Alfuzosin (Generic)	Doxazosin (Cardura®)
<b>Benign Prostatic Hyperplasia Treatment (BPH)</b>	Doxazosin (Generic)	Doxazosin ER (Cardura XL®)
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Dutasteride (Generic)	Dutasteride (Avodart®)
	Finasteride (Generic)	Dutasteride/Tamsulosin (Generic; Jalyn®)
	Tamsulosin (Generic)	Finasteride (Proscar®)
	Terazosin (Generic)	Silodosin (Generic; Rapaflo®)
		Tadalafil (AG; Generic; Cialis®)
		Tamsulosin (Flomax®)
<b>SEDATIVE/HYPNOTICS (49)</b>	Temazepam Capsule (AG; Generic)	Doxepin Tablet (AG; Generic; Silenor®)
<a href="#">*Request Form</a>	Triazolam Tablet (Generic)	Eszolam Tablet (Generic)
<a href="#">*Criteria</a>	Zolpidem Tablet (Generic)	Eszopiclone Tablet (Generic; Lunesta®)
<a href="#">*POS Edits</a>		Flurazepam Capsule (Generic)
		Lemborexant (Dayvigo®)
		Ramelteon Tablet (Generic; Rozerem®)
		Suvorexant Tablet (Belsomra®)
		Tasimelteon Capsule (Hetlioz®)
		Temazepam Capsule (Restoril®)
		Temazepam 7.5 mg (Generic)
		Temazepam 22.5 mg (Generic)
		Triazolam Tablet (Halcion®)
		Zaleplon Capsule (Generic)
		Zolpidem Tartrate ER Tablet (Generic; Ambien CR®)
		Zolpidem Tartrate Sublingual (Generic; Edluar®)
		Zolpidem Tartrate Tablet (Ambien®)
<b>SICKLE CELL ANEMIA TREATMENTS (50)</b>	Hydroxyurea (Generic)	Crizanlizumab-tmca Infusion (Adakveo®)
<a href="#">*Request Form</a>		Hydroxyurea (Droxia®)
<a href="#">*Criteria</a>		Hydroxyurea (Siklos®)
<a href="#">*POS Edits</a>		L-glutamine (Endari™)
		Voxelotor (Oxbryta®)

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<p><b>SINUS NODE INHIBITORS (51)</b></p>	<p>NONE</p>	<p>Ivabradine Solution (Corlanor®)</p>
<p><a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a></p>		<p>Ivabradine Tablet (Corlanor®)</p>
<p><b>SMOKING CESSATION PRODUCTS (52)</b></p>	<p>Bupropion SR Tablet (Generic)</p>	<p>Nicotine Inhaler (Nicotrol Inhaler®)</p>
<p><a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a></p>	<p>Nicotine Buccal Gum OTC (Generic) Nicotine Buccal Lozenges OTC (Generic) Nicotine Patch OTC (Generic) Varenicline (Chantix®) Varenicline (Chantix Dose Pack®)</p>	<p>Nicotine Nasal Spray (Nicotrol Nasal Spray®)</p>
<p><b>THROMBOPOIESIS STIMULATING PROTEINS (53)</b></p>	<p>Eltrombopag Tablet (Promacta®)</p>	<p>Avatrombopag (Doptelet®)</p>
<p><a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a></p>		<p>Eltrombopag Suspension (Promacta®) Fostamatinib Disodium Hexahydrate (Tavalisse®) Lusutrombopag (Mulpleta®) Romiplostim (Nplate®)</p>
<p><b>UROLOGY INCONTINENCE (54)</b></p>	<p>Fesoterodine Fumarate ER (Toviaz®)</p>	<p>Darifenacin ER (AG; Generic; Enablex®)</p>
<p><b>Bladder Relaxant Preparations</b></p>	<p>Oxybutynin Syrup (Generic)</p>	<p>Flavoxate (Generic)</p>
<p><a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a></p>	<p>Oxybutynin Tablet (Generic) Oxybutynin ER (AG; Generic) Solifenacin (Generic)</p>	<p>Mirabegron ER Tablet (Myrbetriq®) Oxybutynin ER (Ditropan XL®) Oxybutynin Gel Pump (Gelnique®) Oxybutynin Transdermal (Gelnique®) Oxybutynin Transdermal (Oxytrol® Rx) Solifenacin (VESIcare®) Tolterodine (Generic; Detrol®) Tolterodine ER (AG; Generic; Detrol LA®) Trospium (Generic) Trospium ER (Generic)</p>

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
<b>UTERINE DISORDER TREATMENTS (55)</b>	Elagolix Tablet (Orilissa®)	NONE
<a href="#">*Request Form</a> <a href="#">*Criteria</a> <a href="#">*POS Edits</a>	Elagolix, Estradiol and Norethindrone Acetate Capsules; Elagolix Capsules (Oriahnn™)	

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

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	RX – Specific Prescription Requirement
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DS – Maximum Days’ Supply Allowed	PA – Prior Authorization	TD – Therapeutic Duplication
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	PU – Prior Use of other Medication is Required	X – Prescriber Must Have ‘X’ DEA Number
CU – Concurrent Use with Other Medications is Restricted	ER – Early Refill	QL – Quantity Limit	YQ – Yearly Quantity Limit
Acetaminophen	<a href="#">MD</a>	Givlaari® (Givosiran)	<a href="#">CL</a> Radicava® (Edaravone) <a href="#">DX</a>
Acthar® (Corticotropin)	<a href="#">CL</a>	Haegarda® (C1 Esterase Inhibitor [Human])	<a href="#">CL</a> Ranexa® (Ranolazine) <a href="#">CL</a>
Actimmune® (Interferon Gamma-1b)	<a href="#">DX</a>	HIV Agents	<a href="#">DX</a> Ravicti® (Glycerol Phenylbutyrate) <a href="#">CL</a>
Aldurazyme™ (Laronidase)	<a href="#">CL</a>	HyperTET SD (Tetanus Immune Globulin)	<a href="#">CL</a> Reclast® (Zoledronic acid) <a href="#">CL, QL</a>
Alferon N® (Interferon Alfa-N3)	<a href="#">DX</a>	Imipramine	<a href="#">BH, TD</a> Remodulin® (Treprostinil Sodium) INJECTION <a href="#">DX</a>
Amitriptyline	<a href="#">BH, TD</a>	Increlex® (Mecasermin)	<a href="#">CL</a> Rilutek® (Riluzole) <a href="#">DX</a>
Amitriptyline/Chlordiazepoxide	<a href="#">BH</a>	Intron-A® (Interferon Alfa-2B Recombinant)	<a href="#">DX</a> Ruconest® (C1 Esterase Inhibitor [Recombinant]) <a href="#">CL</a>
Amoxapine	<a href="#">BH, TD</a>	Isotretinoin	<a href="#">RX</a> Samsca® (Tolvaptan) <a href="#">CL, QL</a>
Aspirin	<a href="#">MD</a>	Jadenu® (Deferasirox)	<a href="#">DX</a> Santyl® (Collagenase) <a href="#">QL</a>
Beriner® (C1 Esterase Inhibitor [Human])	<a href="#">CL</a>	Jynarque® (Tolvaptan)	<a href="#">CL</a> Soliris® (Eculizumab) <a href="#">DX</a>
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	<a href="#">DX</a>	Kalbitor® (Ecallantide)	<a href="#">CL</a> Spinraza® (Nusinersen) <a href="#">REQUEST FORM</a> <a href="#">CL, DX</a>
Brineura™ (Cerliponase alfa)	<a href="#">DX</a>	Keveyis® (Dichlorphenamide)	<a href="#">CL, QL</a> <a href="#">Strensiq® (Asfotase alfa)</a> <a href="#">DX</a>
Buphenyl® (Sodium Phenylbutyrate)	<a href="#">CL</a>	Kuvan® (Sapropterin Dihydrochloride)	<a href="#">CL</a> Sylatron® (Peginterferon alfa-2b) <a href="#">DX</a>
Cablivi® (Caplacizumab-yhdp)	<a href="#">CL</a>	Lithium	<a href="#">BH</a> Synagis® (Palivizumab) <a href="#">REQUEST FORM</a> <a href="#">AL, CL, DT, QL</a>
Carafate® (Sucralfate)	<a href="#">DT</a>	Lokelma® (Sodium Zirconium Cyclosilicate)	<a href="#">CL</a> Takhzyro™ (Lanadelumab-flyo) <a href="#">CL</a>

**LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)**

**Effective Date: January 1, 2021**

Carbaglu® (Carglumic Acid)	<a href="#">CL</a>	Lorazepam Injectable	<a href="#">BY</a>	Tegsedi™ (Inotersen)	<a href="#">DX</a>
Chlordiazepoxide/Clidinium	<a href="#">BH</a>	Lumizyme® (Alglucosidase alfa)	<a href="#">DX</a>	Tiglutik™ (Riluzole)	<a href="#">DX</a>
Chlorpromazine Injectable	<a href="#">BH</a>	Maprotiline	<a href="#">BH</a>	Tikosyn® (Dofetilide)	<a href="#">CL</a>
Cinryze® (C1 Esterase Inhibitor [Human])	<a href="#">CL</a>	Mepsevii™ (Vestronidase alfa-vjbc)	<a href="#">CL</a>	Trikafta™ (Elexacaftor/Ivacaftor/Tezacaftor)	<a href="#">CL</a>
Clomipramine	<a href="#">BH, TD</a>	Methadone	<a href="#">CL, DX, QL</a>	Trimipramine	<a href="#">BH, TD</a>
Cuprimine® (Penicillamine)	<a href="#">CL, QL</a>	Mosquito Repellant to Decrease Zika Virus Exposure Risk <a href="#">FFS Notice</a> <a href="#">MCO Notice</a>	<a href="#">AL, DX, QL</a>	Ultomiris® (Ravulizumab-cwvz)	<a href="#">DX</a>
Daraprim® (Pyrimethamine)	<a href="#">CL</a>	Mytesi® (Crofelemer)	<a href="#">CL</a>	Velettri® (Epoprostenol)	<a href="#">DX</a>
Depen® (Penicillamine)	<a href="#">CL, QL</a>	<b>Nabi-HB (Hepatitis B Immune Globulin)</b>	<a href="#">CL</a>	Veltassa® (Patiromer)	<a href="#">CL</a>
Desipramine	<a href="#">BH, TD</a>	Naglazyme™ (Galsulfase)	<a href="#">CL</a>	<b>Viltespo® (Viltolarsen)</b>	<a href="#">CL</a>
Doral® (Quazepam)	<a href="#">MD</a>	Nexplanon® (Etonogestrel)	<a href="#">QL</a>	Vimizim™ (Elosulfase alfa)	<a href="#">CL</a>
Doxepin (10mg-150mg)	<a href="#">BH, TD</a>	<b>Nocdurma® (Desmopressin)</b>	<a href="#">QL</a>	Vyndamax™, Vyndaqel® (Tafamidis)	<a href="#">CL, QL</a>
Egrifta®, Egrifta SV™ (Tesamorelin)	<a href="#">CL</a>	Nortriptyline	<a href="#">BH, TD</a>	Vyondys 53® (Golodirsen)	<a href="#">CL</a>
Elaprase™ (Idursulfase)	<a href="#">CL</a>	Nuedexta® (Dextromethorphan/Quinidine)	<a href="#">CL, QL</a>	Xenical® (Orlistat)	<a href="#">DX, QL</a>
<b>Evrytsdi™ (Risdiplam)</b>	<a href="#">CL</a>	Onpattro® (Patisiran)	<a href="#">DX</a>	Xenleta™ (Lefamulin)	<a href="#">CL</a>
Exjade® (Deferasirox)	<a href="#">DX</a>	<b>Orfadin® (Nitisinone)</b>	<a href="#">CL</a>	Xyrem® (Sodium Oxybate)	<a href="#">CL, TD</a>
EXONDYS 51® (Eteplirsen)	<a href="#">CL, DX</a>	Palynziq® (Pegvaliase-pqpz)	<a href="#">CL</a>	<b>Xywav™ (Oxybate Salts)</b>	<a href="#">CL, TD</a>
Fabrazyme® (Agalsidase beta)	<a href="#">DX, TD</a>	Pamidronate Disodium	<a href="#">CL</a>	Zolgensma® (Onasemnogene Apeparvovec-xioi)	<a href="#">CL</a>
Fetroja® (Cefiderocol)	<a href="#">CL</a>	Proleukin® (Aldesleukin)	<a href="#">DX</a>	Zonalon® (Doxepin Topical)	<a href="#">AL, DX, TD, QL</a>
Firazyr® (Icatibant)	<a href="#">CL</a>	Protriptyline	<a href="#">BH, TD</a>		
Flolan® (Epoprostenol Sodium)	<a href="#">DX</a>	Prudoxin® (Doxepin Topical)	<a href="#">AL, DX, TD, QL</a>		
<b>Galafold® (Migalastat)</b>	<a href="#">DX, TD</a>	Pulmozyme® (Dornase Alfa)	<a href="#">DX</a>		
Gattex® (Teduglutide)	<a href="#">CL</a>	Qualaquin® (Quinine) 324mg	<a href="#">DS, DX, QL</a>		