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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Fee-for-Service‡ (FFS) Pharmacy General Prior Authorization Requirements:
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements.html

FFS† Pharmacy Prior Authorization Clinical Guidelines:
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/clinical-guidelines.html

FFS‡ Pharmacy Prior Authorization Fax Forms:
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/pharmacy-services-fax-forms.html

FFS‡ Pharmacy Quantity Limits/Daily Dose Limits:
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html

‡*This information is specific to FFS. Please refer to each managed care organization's (MCO) website for MCO prior authorization procedures, prior authorization fax request forms, and quantity limits.*

†*Prior authorization guidelines for drugs and products included in the Statewide PDL apply to FFS and the Pennsylvania Medical Assistance MCOs. Prior authorization guidelines for drugs and products not included in the Statewide PDL are specific to FFS. Please refer to each MCO's website for MCO-specific prior authorization requirements for drugs and products not included in the Statewide PDL.*

ACNE AGENTS, ORAL

Preferred Agents	Non-Preferred Agents
Amnesteem *(isotretinoin)* Capsule[PA]	Absorica *(isotretinoin)* Capsule
Claravis *(isotretinoin)* Capsule[PA]	Absorica LD *(isotretinoin, micronized)* Capsule
Isotretinoin 10 mg, 20 mg, 30 mg, 40 mg Capsule[PA]	Isotretinoin 25 mg, 35 mg Capsule
Zenatane *(isotretinoin)* Capsule[PA]	

ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents
Adapalene 0.1% Gel[AR]	Aczone *(dapsone)* 7.5% Gel Pump
Adapalene 0.3% Gel (Tube)[AR]	Adapalene 0.1% Cream[AR]
Adapalene-Benzoyl Peroxide 0.1%-2.5% Gel Pump *(generic EpiDuo)*[AR]	Adapalene 0.3% Gel Pump[AR]
Adapalene-Benzoyl Peroxide 0.3%-2.5% Gel Pump *(generic EpiDuo Forte)*[AR]	Aklief *(trifarotene)* Cream[AR]
Avita *(tretinoin)* Cream[AR]	Avita *(tretinoin)* Gel[AR]
Benzoyl Peroxide Gel 2.5%	Benzefoam *(benzoyl peroxide)* Foam
Benzoyl Peroxide Gel 5%	BP *(sodium sulfacetamide-sulfur)* 10-1 Wash
Benzoyl Peroxide Gel 10%	BP *(sodium sulfacetamide-sulfur-urea)* Cleansing Wash
Benzoyl Peroxide Lotion 5%	BPO *(benzoyl peroxide)* Foaming Cloths
Benzoyl Peroxide Lotion 10%	Cleocin T *(clindamycin)* Lotion
Benzoyl Peroxide Wash 5%	Clindacin ETZ *(clindamycin)* Kit
Benzoyl Peroxide Wash 10%	Clindacin ETZ *(clindamycin)* Pledget
Clindamycin 1% Gel	Clindacin *(clindamycin)* Foam
Clindamycin 1% Lotion	Clindacin P *(clindamycin)* Pledget
Clindamycin 1% Pledget/Swab	Clindacin Pac *(clindamycin)* Kit
Clindamycin 1% Solution	Clindamycin 1% Daily Gel *(generic Clindagel)*
Clindamycin-Benzoyl Peroxide 1%-5% Gel *(generic Benzaclin)*	Clindamycin Foam
Clindamycin-Benzoyl Peroxide 1.2%-5% Gel *(generic Duac, Neuac)*	Clindamycin-Benzoyl Peroxide 1%-5% Gel Pump *(generic Benzaclin Gel Pump)*
Differin *(adapalene)* 0.1% Cream[AR]	Clindamycin-Benzoyl Peroxide 1.2%-2.5% Gel Pump *(generic Acanya)*
Differin *(adapalene)* 0.1% Gel[AR]	Clindamycin-Benzoyl Peroxide 1.2%-3.75% Gel Pump *(generic Onexton)*

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

Ery *(erythromycin)* Pads	Clindamycin-Tretinoin Gel *(generic Veltin, Ziana)*[AR]
Erythromycin 2% Solution	Dapsone 5% Gel
Erythromycin-Benzoyl Peroxide Gel *(generic Benzamycin)*	Dapsone 7.5% Gel Pump
Sodium Sulfacetamide-Sulfur 8%-4% Suspension	Differin *(adapalene)* 0.1% Lotion[AR]
Sodium Sulfacetamide-Sulfur 9%-4.5% Wash	Differin *(adapalene)* 0.3% Gel Pump[AR]
Sodium Sulfacetamide-Sulfur 10%-5% Cleanser	Epiduo Forte *(adapalene-benzoyl peroxide)* Gel Pump[AR]
SSS *(sodium sulfacetamide-sulfur)* 10%-5% Cream	Erygel *(erythromycin)* Gel
	Erythromycin Gel
	Fabior *(tazarotene)* Foam[AR]
	Lintera *(benzoyl peroxide)* Wash
	Neuac *(clindamycin-benzoyl peroxide)* Gel
	Neuac *(clindamycin-benzoyl peroxide)* Kit
	Sodium Sulfacetamide 10% Cleansing Gel
	Sodium Sulfacetamide 10% Lotion
	Sodium Sulfacetamide 10% Wash
	Sodium Sulfacetamide-Sulfur 8%-4% Cleanser
	Sodium Sulfacetamide-Sulfur 9%-4% Cleanser
	Sodium Sulfacetamide-Sulfur 9%-4% Wash
	Sodium Sulfacetamide-Sulfur 9.8%-4.8% Cleanser
	Sodium Sulfacetamide-Sulfur 9.8%-4.8% Lotion
	Sodium Sulfacetamide-Sulfur 10%-2% Cleanser
	Sodium Sulfacetamide-Sulfur 10%-2% Cream
	Sodium Sulfacetamide-Sulfur 10%-4% Medicated Pad
	Sodium Sulfacetamide-Sulfur 10%-5% Cream
	Sodium Sulfacetamide-Sulfur-Urea 10%-5%-10% Cleanser
	SSS *(sodium sulfacetamide-sulfur)* 10%-5% Foam
	Sulfacetamide Sodium 10% Suspension
	Sumadan *(sodium sulfacetamide-sulfur)* Kit[QL]
	Sumadan *(sodium sulfacetamide-sulfur)* Wash
	Sumadan XLT *(sodium sulfacetamide-sulfur)* Kit
	Sumaxin *(sodium sulfacetamide-sulfur)* Cleansing Pad
	Sumaxin CP *(sodium sulfacetamide-sulfur)* Kit[QL]
	Tazarotene Cream[AR]
	Tazarotene Foam[AR]
	Tazarotene Gel[AR]
	Tretinoin Cream[AR]
	Tretinoin Gel[AR]
	Tretinoin Micro Gel[AR]
	Tretinoin Micro Gel Pump[AR]
	Twyneo Cream[AR]
	Winlevi *(clascoterone)* Cream
	ZMA Clear *(sodium sulfacetamide-sodium)* Suspension

ALCOHOL USE DISORDER AGENTS

Preferred Agents	Non-Preferred Agents
Acamprosate DR Tablet[QL]	
Disulfiram Tablet[QL]	
Naltrexone Tablet	
Vivitrol Vial[QL]	

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents
Donepezil ODT[QL]	Adlarity Patch[QL]
Donepezil 5 mg, 10 mg Tablet[QL]	Aricept Tablet[QL]
Galantamine Tablet[QL]	Donepezil 23 mg Tablet[QL]
Galantamine ER Capsule[QL]	Exelon Patch[QL]
Memantine Tablet[QL]	Galantamine Solution[QL]
Memantine ER Capsule[QL]	Memantine Solution[QL]
Rivastigmine Capsule[QL]	Namzaric Capsule[QL]
	Razadyne ER Capsule[QL]
	Rivastigmine Patch[QL]

ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS

Preferred Agents	Non-Preferred Agents
Butalbital-Acetaminophen-Caffeine 50-325-40 mg Tablet[PA, QL]	Butalbital-Acetaminophen 50-300 mg Capsule[QL]
Butalbital-Aspirin-Caffeine 50-325-40 mg Capsule[PA, QL]	Butalbital-Acetaminophen 50-300 mg Tablet[QL]
	Butalbital-Acetaminophen 50-325 mg Tablet[QL]
	Butalbital-Acetaminophen-Caffeine 50-300-40 mg Capsule[QL]
	Butalbital-Acetaminophen-Caffeine 50-325-40 mg Capsule[QL]
	Fioricet 50-300-40 mg Capsule[QL]

ANALGESICS, OPIOID LONG-ACTING

Preferred Agents	Non-Preferred Agents
Belbuca Film[PA, QL]	Fentanyl 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr Patch[QL]
Buprenorphine Patch[PA, QL]	Hydrocodone ER (12H) Capsule *(generic Zohydro ER)*[QL]
Butrans Patch[PA, QL]	Hydrocodone ER (24H) Tablet *(generic Hysingla ER)*[QL]
Fentanyl 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr Patch[PA, QL]	Hydromorphone ER (24H) Tablet *(generic Exalgo)*[QL]
	Hysingla ER Tablet[QL]
Morphine ER (CAP ER PEL) Capsule *(generic Kadian ER)*[PA, QL]	Methadone Solution[QL]
Morphine ER Tablet *(generic MS Contin)*[PA, QL]	Methadone Tablet[QL]
Oxycodone ER (12H) Tablet *(generic Oxycontin)*[PA, QL]	Morphine ER (CPMP 24HR) Capsule *(generic Avinza)*[QL]
Oxycontin Tablet[PA, QL]	MS Contin Tablet[QL]
Tramadol ER (24H) Tablet *(generic Ultram ER)*[AR, PA, QL]	Oxymorphone ER (12H) Tablet[QL]
	Tramadol ER (CPBP) Capsule *(generic Conzip)*[AR, QL]
	Tramadol ER (TBMB 24HR) Tablet *(generic Ryzolt)*[AR, QL]

ANALGESICS, OPIOID SHORT-ACTING

Preferred Agents	Non-Preferred Agents
Acetaminophen-Codeine Solution[AR, QL]	Acetaminophen-Caffeine-Dihydrocodeine Capsule[QL]
Acetaminophen-Codeine Tablet[AR, QL]	Aspirin-Butalbital-Caffeine-Codeine #3 Capsule[AR, QL]
Endocet Tablet[QL]	Ascomp With Codeine Capsule[AR, QL]
Hydrocodone-Acetaminophen 7.5-325 mg/15 ml Solution[QL]	Butalbital-Caffeine-Acetaminophen-Codeine 50-300-30 mg Capsule[AR, QL]
Hydrocodone-Acetaminophen Tablet[QL]	
Morphine Sulfate Concentrate[QL]	Butalbital-Caffeine-Acetaminophen-Codeine 50-325-30 mg Capsule[AR, QL]
Morphine Sulfate Cup[QL]	
Morphine Sulfate 10 mg/0.5 ml Oral Syringe[QL]	Butalbital Compound with Codeine #3 Capsule[AR, QL]
Morphine Sulfate Solution[QL]	Butorphanol Tartrate Nasal Spray[QL]
Morphine Sulfate Tablet[QL]	Carisoprodol-Aspirin-Codeine Tablet[AR, QL]
Oxycodone 5 mg/5 ml Solution[QL]	Codeine Tablet[AR, QL]
Oxycodone Tablet[QL]	Dilaudid Liquid[QL]

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

Oxycodone-Acetaminophen Solution[QL]	Dilaudid Tablet[QL]
Oxycodone-Acetaminophen Tablet *(generic Percocet)*[QL]	Fentanyl Citrate Buccal Tablet *(generic Fentora)*[QL]
Tramadol 50 mg, 100 mg Tablet[AR, QL]	Fentanyl Citrate OTFC Lozenge *(generic Actiq)*[QL]
Tramadol-Acetaminophen Tablet[AR, QL]	Fentora Buccal Tablet[QL]
	Fioricet with Codeine 50-300-30 mg Capsule[AR, QL]
	Hydrocodone-Ibuprofen Tablet[QL]
	Hydromorphone Rectal Suppository[QL]
	Hydromorphone Solution[QL]
	Hydromorphone Tablet[QL]
	Levorphanol Tablet[QL]
	Meperidine Solution[QL]
	Meperidine Tablet[QL]
	Morphine Sulfate 20 mg/ml Oral Syringe[QL]
	Morphine Sulfate Rectal Suppository[QL]
	Nalocet Tablet[QL]
	Oxycodone Capsule[QL]
	Oxycodone Concentrate Solution[QL]
	Oxymorphone Tablet[QL]
	Pentazocine-Naloxone Tablet[QL]
	Percocet Tablet[QL]
	Prolate Solution[QL]
	Prolate Tablet[QL]
	Roxicodone Tablet[QL]
	Roxybond Tablet[QL]
	Tramadol Solution[AR, QL]
	Tramadol 25 mg, 75 mg Tablet[AR, QL]

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred Agents
Depo-Testosterone Vial[PA, QL]	Aveed Vial[QL]
Testopel Implant Pellet[PA, QL]	Jatenzo Capsule[QL]
Testosterone 1.62% (20.25 mg/1.25 gm) Gel Pump *(generic Androgel 1.62%)*[PA, QL]	Methitest Tablet[QL]
	Methyltestosterone Capsule[QL]
Testosterone Cypionate Vial[PA, QL]	Natesto Nasal Spray[QL]
	Testim 1% Gel[QL]
	Testosterone 1% Gel Packet *(generic Androgel 1% Packet)*[QL]
	Testosterone 1% Gel Pump *(generic Androgel 1% Pump)*[QL]
	Testosterone 1% Gel Tube *(generic Testim 1%)*[QL]
	Testosterone 1.62% Gel Packet *(generic Androgel 1.62%)*[QL]
	Testosterone 10 mg (2%) Gel Pump *(generic Fortesta)*[QL]
	Testosterone 30 mg/1.5 mL Solution Pump *(generic Axiron)*[QL]
	Testosterone Enanthate Vial[QL]
	Xyosted Auto-Injector[QL]

ANGIOTENSIN MODULATOR COMBINATIONS

Preferred Agents	Non-Preferred Agents
Amlodipine-Benazepril Capsule[QL]	Azor Tablet[QL]
Amlodipine-Olmesartan Tablet[QL]	Exforge Tablet[QL]
Amlodipine-Valsartan Tablet[QL]	Exforge HCT Tablet[QL]
Amlodipine-Valsartan-HCTZ Tablet[QL]	Lotrel Capsule[QL]
Olmesartan-Amlodipine-HCTZ Tablet[QL]	Tribenzor Tablet[QL]

Telmisartan-Amlodipine Tablet[QL]	
Trandolapril-Verapamil ER Tablet[QL]	

ANGIOTENSIN MODULATORS

Preferred Agents	Non-Preferred Agents
Benazepril Tablet[QL]	Accupril Tablet[QL]
Benazepril-Hydrochlorothiazide Tablet[QL]	Accuretic Tablet[QL]
Captopril Tablet[QL]	Aliskiren Tablet[QL]
Enalapril Tablet[QL]	Altace Capsule[QL]
Enalapril-Hydrochlorothiazide Tablet[QL]	Atacand Tablet[QL]
Entresto Tablet[QL]	Atacand HCT Tablet[QL]
Fosinopril Tablet[QL]	Avalide Tablet[QL]
Fosinopril-Hydrochlorothiazide Tablet[QL]	Avapro Tablet[QL]
Irbesartan Tablet[QL]	Benicar Tablet[QL]
Irbesartan-Hydrochlorothiazide Tablet[QL]	Benicar HCT Tablet[QL]
Lisinopril Tablet[QL]	Candesartan Tablet[QL]
Lisinopril-Hydrochlorothiazide Tablet[QL]	Candesartan-Hydrochlorothiazide Tablet[QL]
Losartan Tablet[QL]	Captopril-Hydrochlorothiazide Tablet
Losartan-Hydrochlorothiazide Tablet[QL]	Cozaar Tablet[QL]
Olmesartan Tablet[QL]	Diovan Tablet[QL L]
Olmesartan-Hydrochlorothiazide Tablet[QL]	Diovan HCT Tablet[QL]
Quinapril Tablet[QL]	Edarbi Tablet[QL]
Quinapril-Hydrochlorothiazide Tablet[QL]	Edarbyclor Tablet[QL]
Ramipril Capsule[QL]	Enalapril Solution[AE<9, QL]
Sacubitril-Valsartan Tablet[QL]	Entresto Sprinkle Pellet[QL]
Telmisartan Tablet[QL]	Epaned Solution[AE<9, QL]
Trandolapril Tablet[QL]	Hyzaar Tablet[QL]
Valsartan Tablet[QL]	Lotensin Tablet[QL]
Valsartan-HydrochlorothiazideTablet[QL]	Lotensin HCT Tablet[QL]
	Micardis Tablet[QL]
	Micardis HCT Tablet[QL]
	Moexipril Tablet[QL]
	Perindopril Tablet[QL]
	Qbrelis Solution[AE<9, QL]
	Tekturna Tablet[QL]
	Tekturna HCT Tablet[QL]
	Telmisartan-Hydrochlorothiazide Tablet[QL]
	Valsartan Solution[QL]
	Zestoretic Tablet[QL]
	Zestril Tablet[QL]

ANTIANGINAL AGENTS

Preferred Agents	Non-Preferred Agents
Isosorbide Mononitrate Tablet	BiDil *(isosorbide dinitrate-hydralazine)* Tablet
Isosorbide Mononitrate ER Tablet	Isosorbide Dinitrate Tablet
Nitro-BID *(nitroglycerin)* Ointment	Isosorbide Dinitrate-Hydralazine Tablet
Nitroglycerin Patch	Nitro-DUR *(nitroglycerin)* Patch
Nitroglycerin SL Tablet	Nitroglycerin Spray
Ranolazine ER Tablet[QL]	Nitrolingual *(nitroglycerin)* Spray
	Nitrostat SL *(nitroglycerin)* Tablet

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

ANTIBIOTICS, GI AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents
Firvanq *(vancomycin)* Solution	Dificid *(fidaxomicin)* Suspension[QL]
Metronidazole 250 mg, 500 mg Tablet	Dificid *(fidaxomicin)* Tablet[QL]
Neomycin Sulfate Tablet	Likmez *(metronidazole)* Suspension[QL]
Tinidazole Tablet[QL]	Metronidazole Capsule
Vancomycin Capsule	Nitazoxanide Tablet[QL]
Vancomycin Solution	Solosec *(secnidazole)* Granule Packet
	Vancocin *(vancomycin)* Capsule

ANTIBIOTICS, INHALED

Preferred Agents	Non-Preferred Agents
Tobramycin 300 mg/5 mL Ampule *(generic Tobi)*[QL]	Arikayce *(amikacin liposomal)* Vial[QL]
	Bethkis *(tobramycin)* 300 mg/4 mL Ampule[QL]
	Cayston *(aztreonam)* Inhalation Solution[QL]
	Kitabis Pak *(tobramycin)* 300 mg/5 mL[QL]
	TOBI *(tobramycin)* Podhaler Inhalation Capsule[QL]
	TOBI *(tobramycin)* 300 mg/5 mL Solution[QL]
	Tobramycin 300 mg/4 mL Ampule *(generic Bethkis)*[QL]
	Tobramycin Pak 300 mg/5 mL *(generic Kitabis)*[QL]

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Antibiotic Plus *(neomycin-polymyxin B-pramoxine)* Cream	Mupirocin Cream
Bacitracin Ointment	Neo-Synalar *(neomycin-fluocinolone)* Cream
Bacitracin Ointment Packet	
Bacitracin Zinc Ointment	
Bacitracin Zinc Ointment Packet	
Double Antibiotic *(Bacitracin-Polymyxin)* Ointment	
Gentamicin Cream	
Gentamicin Ointment	
Mupirocin Ointment	
Poly Bacitracin *(Bacitracin-Polymyxin)* Ointment	
Triple Antibiotic *(Neomycin-Bacitracin-Polymyxin)* Ointment	
Triple Antibiotic *(Neomycin-Bacitracin-Polymyxin)* Ointment Packet	
Triple Antibiotic *(Neomycin-Bacitracin-Polymyxin-Pramoxine)* Plus Ointment	

ANTICOAGULANTS

Preferred Agents	Non-Preferred Agents
Dabigatran Capsule[QL]	Arixtra Syringe[QL]
Eliquis Tablet[QL]	Fondaparinux Syringe[QL]
Enoxaparin Syringe[QL]	Fragmin Syringe[QL]
Enoxaparin Vial[QL]	Fragmin Vial[QL]
Pradaxa Capsule[QL]	Lovenox Syringe[QL]
Warfarin Tablet	Lovenox Vial[QL]
Xarelto Tablet[QL]	Pradaxa Pellet Pack[QL]
	Savaysa Tablet[QL]
	Xarelto Suspension[QL]

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

ANTICONVULSANTS

Preferred Agents	Non-Preferred Agents
Briviact *(brivaracetam)* Tablet[QL]	Aptiom *(eslicarbazepine)* Tablet[QL]
Carbamazepine 100 mg Chewable Tablet *(generic Tegretol Chewable Tablet)*[QL]	Banzel *(rufinamide)* Suspension[QL]
Carbamazepine Suspension[QL]	Banzel *(rufinamide)* Tablet[QL]
Carbamazepine Tablet[QL]	Briviact *(brivaracetam)* Solution[QL]
Carbamazepine ER Capsule[QL]	Carbatrol ER *(carbamazepine ER)* Capsule[QL]
Carbamazepine ER Tablet[QL]	Celontin *(methsuximide)* Capsule[QL]
Clobazam Suspension[QL]	Depakote DR *(divalproex sodium DR)* Sprinkle Capsule
Clobazam Tablet[QL]	Depakote DR *(divalproex sodium DR)* Tablet
Clonazepam ODT[AR, QL]	Depakote ER *(divalproex sodium ER)* Tablet
Clonazepam Tablet[AR, QL]	Diacomit *(stiripentol)* Capsule
Diastat *(diazepam)* Acudial Rectal Gel Kit	Diacomit *(stiripentol)* Powder Packet
Diastat *(diazepam)* Pedi System Rectal Gel Kit	Dilantin Infatab *(phenytoin)* Chewable Tablet[QL]
Diazepam Rectal Gel System	Dilantin *(phenytoin)* Suspension[QL]
Dilantin *(phenytoin)* Capsule[QL]	Elepsia XR *(levetiracetam ER)* Tablet[QL]
Divalproex Sodium DR Sprinkle Capsule	Eprontia *(topiramate)* Solution[QL]
Divalproex Sodium DR Tablet	Felbamate Suspension
Divalproex Sodium ER Tablet	Felbamate Tablet
Epidiolex *(cannabidiol extract)* Solution[PA]	Felbatol *(felbamate)* Tablet
Epitol *(carbamazepine)* Tablet[QL]	Fintepla *(fenfluramine)* Solution[QL]
Equetro *(carbamazepine ER)* Capsule[QL]	Fycompa *(perampanel)* Suspension[QL]
Ethosuximide Capsule[QL]	Fycompa *(perampanel)* Tablet[QL]
Ethosuximide Solution[QL]	Gabitril *(tiagabine)* Tablet
Lacosamide Solution[QL]	Keppra *(levetiracetam)* Solution[QL]
Lacosamide Tablet[QL]	Keppra *(levetiracetam)* Tablet[QL]
Lamotrigine Tablet	Keppra XR *(levetiracetam ER)* Tablet[QL]
Levetiracetam Solution[QL]	Klonopin *(clonazepam)* Tablet[AR, QL]
Levetiracetam Tablet[QL]	Lamictal *(lamotrigine)* Dispersible Tablet
Levetiracetam ER Tablet[QL]	Lamictal *(lamotrigine)* ODT
Nayzilam *(midazolam)* Nasal Spray	Lamictal *(lamotrigine)* ODT Starter Kit
Oxcarbazepine Suspension[QL]	Lamictal *(lamotrigine)* Tablet
Oxcarbazepine Tablet[QL]	Lamictal *(lamotrigine)* Tablet Starter Kit
Phenobarbital Elixir/Solution	Lamictal XR *(lamotrigine ER)* Tablet
Phenobarbital Tablet	Lamictal XR *(lamotrigine ER)* Tablet Starter Kit
Phenytoin Chewable Tablet[QL]	Lamotrigine Dispersible Tablet
Phenytoin Suspension[QL]	Lamotrigine ODT
Phenytoin ER Capsule[QL]	Lamotrigine ODT Starter Kit
Primidone Tablet[QL]	Lamotrigine Tablet Starter Kit
Roweepra *(levetiracetam)* Tablet[QL]	Lamotrigine ER Tablet
Subvenite *(lamotrigine)* Tablet	Libervant *(diazepam)* Film[QL]
Topiramate Sprinkle Capsule *(generic Topamax)*[QL]	Methsuximide Capsule[QL]
Topiramate Tablet[QL]	Motpoly XR *(lacosamide)* Capsule[QL]
Topiramate ER Sprinkle Capsule *(generic Qudexy XR)*[QL]	Onfi *(clobazam)* Suspension[QL]
Valproic Acid Capsule[QL]	Onfi *(clobazam)* Tablet[QL]
Valproic Acid Solution[QL]	Oxtellar XR *(oxcarbazepine ER)* Tablet[QL]
Valtoco *(diazepam)* Nasal Spray	Phenytek *(phenytoin ER)* Capsule[QL]
Zonisamide Capsule[QL]	Qudexy XR *(topiramate ER)* Capsule[QL]
	Rufinamide Suspension[QL]
	Rufinamide Tablet[QL]
	Sabril *(vigabatrin)* Powder Packet[QL]
	Sabril *(vigabatrin)* Tablet[QL]

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

	Spritam *(levetiracetam)* Tablet for Suspension[QL]
	Subvenite *(lamotrigine)* Starter Kit
	Sympazan *(clobazam)* Film[QL]
	Tegretol *(carbamazepine)* Suspension[QL]
	Tegretol *(carbamazepine)* Tablet[QL]
	Tegretol XR *(carbamazepine ER)* Tablet[QL]
	Tiagabine Tablet
	Topamax *(topiramate)* Sprinkle Capsule[QL]
	Topamax *(topiramate)* Tablet[QL]
	Topiramate ER Capsule *(generic Trokendi XR)*[QL]
	Trileptal *(oxcarbazepine)* Suspension[QL]
	Trileptal *(oxcarbazepine)* Tablet[QL]
	Trokendi XR *(topiramate ER)* Capsule[QL]
	Vigabatrin Powder Packet[QL]
	Vigabatrin Tablet[QL]
	Vigadrone *(vigabatrin)* Powder Packet[QL]
	Vimpat *(lacosamide)* Solution[QL]
	Vimpat *(lacosamide)* Tablet[QL]
	Xcopri *(cenobamate)* Tablet[QL]
	Zarontin *(ethosuximide)* Capsule[QL]
	Zarontin *(ethosuximide)* Solution[QL]
	Zonisade *(zonisamide)* Suspension[QL]
	Ztalmy *(ganaxolone)* Suspension[QL]

ANTIDEPRESSANTS, OTHER

Preferred Agents	Non-Preferred Agents
Amitriptyline Tablet	Anafranil Capsule
Amoxapine Tablet	Auvelity ER Tablet[QL]
Bupropion Tablet[QL]	Cymbalta Capsule[QL]
Bupropion SR Tablet[QL]	Desipramine Tablet
Bupropion XL Tablet[QL]	Desvenlafaxine ER Tablet[QL]
Clomipramine Capsule	Drizalma Sprinkle DR Capsule[QL]
Desvenlafaxine Succinate ER Tablet *(generic Pristiq)*[QL]	Duloxetine DR 40 mg Capsule *(generic Irenka)*[QL]
Doxepin Capsule	Effexor XR Capsule[QL]
Doxepin Concentrate Solution	Emsam Patch[QL]
Duloxetine DR 20 mg, 30 mg, 60 mg Capsule *(generic Cymbalta)*[QL]	Fetzima ER Capsule[QL]
Imipramine HCl Tablet	Forfivo XL Tablet[QL]
Mirtazapine ODT[QL]	Imipramine Pamoate Capsule
Mirtazapine Tablet[QL]	Marplan Tablet
Nortriptyline Capsule	Nardil Tablet
Phenelzine Tablet	Nefazodone Tablet
Trazodone Tablet	Norpramin Tablet
Venlafaxine Tablet[QL]	Nortriptyline Solution
Venlafaxine HCl ER Capsule[QL]	Pamelor Capsule
Venlafaxine HCl ER Tablet[QL]	Pristiq ER Tablet[QL]
Vilazodone Tablet[QL]	Protriptyline Tablet
	Remeron Soltab[QL]
	Remeron Tablet[QL]
	Spravato (Nasal) Dose Pack[QL]
	Tranylcypromine Tablet
	Trimipramine Capsule
	Trintellix Tablet[QL]

	Venlafaxine Besylate ER Tablet[QL]
	Viibryd Tablet[QL]
	Wellbutrin SR Tablet[QL]
	Zurzuvae Capsule[QL]

ANTIDEPRESSANTS, SSRIs

Preferred Agents	Non-Preferred Agents
Citalopram 10 mg/5 ml Solution[QL]	Celexa Tablet[QL]
Citalopram Tablet[QL]	Citalopram Capsule[QL]
Escitalopram Tablet[QL]	Escitalopram Solution[QL]
Fluoxetine Capsule[QL]	Fluoxetine DR Capsule[QL]
Fluoxetine Solution[QL]	Fluvoxamine ER Capsule[QL]
Fluoxetine Tablet[QL]	Lexapro Tablet[QL]
Fluvoxamine Tablet[QL]	Paroxetine Suspension[QL]
Paroxetine Tablet[QL]	Paroxetine CR/ER Tablet[QL]
Sertraline Concentrate Solution[QL]	Paroxetine Mesylate Capsule[QL]
Sertraline Tablet[QL]	Paxil Suspension[QL]
	Paxil Tablet[QL]
	Paxil CR Tablet[QL]
	Prozac Capsule[QL]
	Sertraline Capsule[QL]
	Zoloft Concentrate Solution[QL]
	Zoloft Tablet[QL]

ANTIEMETICS-ANTIVERTIGO AGENTS

Preferred Agents	Non-Preferred Agents
Aprepitant Capsule[QL]	Akynzeo Capsule[QL]
Aprepitant Dose Pack[QL]	Akynzeo Vial[QL]
Compro Rectal Suppository	Antivert Chewable Tablet
Diclegis Tablet[QL]	Antivert Tablet
Dimenhydrinate Tablet	Anzemet Tablet[QL]
Doxylamine Succinate-Pyridoxine DR Tablet *(generic Diclegis)*[QL]	Bonjesta Tablet[QL]
Fosaprepitant Vial[QL]	Cinvanti Vial[QL]
Granisetron Vial	Dimenhydrinate Vial
Meclizine Chewable Tablet	Dronabinol Capsule[QL]
Meclizine Tablet	Emend Capsule[QL]
Metoclopramide Solution	Emend Powder Packet[QL]
Metoclopramide Tablet	Emend Tripack[QL]
Metoclopramide Vial	Emend Vial[QL]
Ondansetron ODT 4 mg, 8 mg[QL]	Focinvez Vial[QL]
Ondansetron Solution[QL]	Gimoti Nasal Spray[QL]
Ondansetron Syringe	Granisetron Tablet[QL]
Ondansetron Tablet[QL]	Marinol Capsule[QL]
Ondansetron Vial[QL]	Metoclopramide ODT
Palonosetron Syringe	Phenergan Ampule[AR]
Palonosetron Vial[QL]	Phenergan Vial[AR]
Phosphorated Carbohydrate Nausea Relief Solution	Reglan Tablet
Prochlorperazine Rectal Suppository	Sancuso Patch[QL]
Prochlorperazine Tablet	Sustol Syringe[QL]
Prochlorperazine Vial	Tigan Vial[QL]
Promethazine Ampule[AR]	Transderm-Scop Patch[QL]

Promethazine Rectal Suppository[AR, QL]	
Promethazine Solution/Syrup[AR]	
Promethazine Tablet[AR, QL]	
Promethazine Vial[AR]	
Promethegan Rectal Suppository[AR, QL]	
Scopolamine Patch[QL]	
Trimethobenzamide Capsule[QL]	

ANTIFIBROTIC RESPIRATORY AGENTS

Preferred Agents	Non-Preferred Agents
Ofev *(nintedanib)* Capsule[PA, QL]	Esbriet *(pirfenidone)* Capsule[QL]
	Esbriet *(pirfenidone)* Tablet[QL]
	Pirfenidone Capsule[QL]
	Pirfenidone Tablet[QL]

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents
Clotrimazole Troche[QL]	Brexafemme Tablet[QL]
Fluconazole Suspension[QL]	Cresemba Capsule[QL]
Fluconazole Tablet[QL]	Diflucan Suspension[QL]
Griseofulvin Suspension	Diflucan Tablet[QL]
Nystatin Suspension	Flucytosine Capsule
Nystatin Tablet	Griseofulvin Microsize Tablet
Posaconazole DR Tablet[QL]	Griseofulvin Ultramicrosize Tablet
Terbinafine Tablet[QL]	Itraconazole Capsule[QL]
Voriconazole Tablet	Itraconazole Solution[QL]
	Ketoconazole Tablet[QL]
	Noxafil Powdermix Suspension[QL]
	Noxafil Suspension[QL]
	Noxafil DR Tablet[QL]
	Posaconazole Suspension[QL]
	Sporanox Capsule[QL]
	Sporanox Solution[QL]
	Tolsura Capsule[QL]
	Vfend Suspension
	Vfend Tablet
	Vivjoa Capsule
	Voriconazole Suspension

ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents
Alevazol *(clotrimazole)* Ointment	Ciclodan *(ciclopirox)* Solution
Butenafine Cream	Ciclopirox Gel
Ciclopirox Cream	Ciclopirox Shampoo
Ciclopirox Solution	Ciclopirox Suspension
Clotrimazole Cream	Ciclopirox Treatment Kit
Clotrimazole-Betamethasone Cream	Clotrimazole Solution
Econazole Cream	Clotrimazole-Betamethasone Lotion
Ketoconazole Cream	Kerydin *(tavaborole)* Solution
Ketoconazole Shampoo	Ketoconazole Foam
Klayesta Powder	Ketodan *(ketoconazole)* Foam

Miconazole Cream	Ketodan *(ketoconazole + cleanser)* Foam Kit
Miconazole Powder	Micnonazole-Zinc-Petrolatum Ointment *(generic Vusion)*
Miconazole Solution	Miconi-AL *(miconazole)* Liquid
Nyamyc Powder	Micomitin *(tolnaftate)* Solution
Nystatin Cream	Micotrin AC *(clotrimazole)* Cream
Nystatin Ointment	Micotrin AL *(tolnaftate)* Solution
Nystatin Powder	Mycozyl AC 1% Cream
Nystatin-Triamcinolone Cream	Naftifine Cream
Nystatin-Triamcinolone Ointment	Naftifine Gel
Nystop Powder	Naftin *(naftifine)* Gel
Terbinafine Cream	Oxiconazole Cream
Tolnaftate Cream	Oxistat *(oxiconazole)* Lotion
Tolnaftate Liquid/Solution	Tavaborole Solution
Tolnaftate Liquid Spray	Tripenicol C *(undecylenic acid)* Cream
Tolnaftate Powder	Tritolnacide S *(tolnaftate)* Solution
Tolnaftate Powder Spray	Vusion *(miconazole nitrate 0.25%-zinc oxide 15% in white petrolatum)* Ointment

ANTIHEMOPHILIA AGENTS

Preferred Agents	Non-Preferred Agents
Advate[PA]	Esperoct
Adynovate[PA]	Idelvion
Afstyla[PA]	Obizur
Alphanate[PA]	Vonvendi
Alphanine SD[PA]	
Alprolix[PA]	
Altuviiio[PA]	
Benefix[PA]	
Eloctate[PA]	
Feiba NF[PA]	
Hemlibra[PA]	
Hemofil M[PA]	
Humate-P[PA]	
Ixinity[PA]	
Jivi[PA]	
Koate[PA]	
Kogenate FS[PA]	
Kovaltry[PA]	
Novoeight[PA]	
Novoseven RT[PA]	
Nuwiq[PA]	
Profilnine[PA]	
Rebinyn[PA]	
Recombinate[PA]	
Rixubis[PA]	
Sevenfact[PA]	
Wilate[PA]	
Xyntha[PA]	
Xyntha Solofuse[PA]	

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

ANTIHISTAMINES, MINIMALLY SEDATING

Preferred Agents	Non-Preferred Agents
Cetirizine Capsule[QL]	Cetirizine Chewable Tablet[QL]
Cetirizine Solution[QL]	Clarinex *(desloratadine)* Tablet[QL]
Cetirizine Tablet[QL]	Clarinex-D *(desloratadine-pseudoephedrine)* Tablet[QL]
Cetirizine-Pseudoephedrine Tablet[QL]	Desloratadine ODT[QL]
Desloratadine Tablet[QL]	
Fexofenadine Suspension[QL]	
Fexofenadine Tablet[QL]	
Fexofenadine-Pseudoephedrine Tablet[QL]	
Levocetirizine Solution[QL]	
Levocetirizine Tablet[QL]	
Loratadine Chewable Tablet[QL]	
Loratadine ODT[QL]	
Loratadine Solution[QL]	
Loratadine Tablet[QL]	
Loratadine-Pseudoephedrine Tablet[QL]	

ANTIHYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents	Non-Preferred Agents
Clonidine Patch[QL]	Clonidine ER 0.17 mg Tablet[QL]
Clonidine Tablet	Nexiclon XR Tablet[QL]
Guanfacine Tablet[QL]	
Methyldopa Tablet	
Prazosin Capsule	

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred Agents
Allopurinol 100 mg, 300 mg Tablet	Allopurinol 200 mg Tablet
Colchicine 0.6 mg Tablet[QL]	Colchicine Capsule[QL]
Febuxostat Tablet[QL]	Krystexxa *(pegloticase)* Vial[QL]
Probenecid Tablet	Mitigare *(colchicine)* Capsule[QL]
Probenecid-Colchicine Tablet	Uloric *(febuxostat)* Tablet[QL]

ANTIMALARIALS

Preferred Agents	Non-Preferred Agents
Atovaquone-Proguanil Tablet[QL]	Malarone *(atovaquone-proguanil)* Tablet[QL]
Chloroquine Tablet	Qualaquin *(quinine sulfate)* Capsule
Coartem *(artemether-lumefantrine)* Tablet	Quinine Sulfate Capsule
Hydroxychloroquine Tablet	Sovuna *(hydroxychloroquine)* Tablet
Krintafel *(tafenoquine)* Tablet	
Mefloquine Tablet	
Primaquine Tablet	

ANTIPARASITICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Natroba *(spinosad)* Topical Suspension	Elimite Cream
Permethrin 1% Creme Rinse *(Lice Killing 1% Crème Rinse, Lice Treatment 1% Creme Rinse)*	Lindane Shampoo
	Malathion Lotion
Permethrin 5% Cream	Ovide *(malathion)* Lotion

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

Piperonyl Butoxide-Pyrethrins 4%-0.33% Shampoo *(Lice Killing Shampoo, Lice Treatment Shampoo)*	Sklice *(ivermectin)* Lotion
Piperonyl Butoxide-Pyrethrins 4%-0.33% Shampoo + Permethrin 0.5% Spray Kit *(Complete Lice Treatment Kit)*	Spinosad Topical Suspension
	Vanalice *(piperonyl butoxide-pyrethrins 3.5%-0.3%)* Gel

ANTIPARKINSON'S AGENTS

Preferred Agents	Non-Preferred Agents
Amantadine Capsule	Azilect Tablet[QL]
Amantadine Solution	Carbidopa Tablet[QL]
Amantadine Tablet	Carbidopa-Levodopa ODT[QL]
Benztropine Tablet[QL]	Carbidopa-Levodopa-Entacapone Tablet[QL]
Bromocriptine Capsule[QL]	Comtan Tablet[QL]
Bromocriptine Tablet[QL]	Dhivy Tablet[QL]
Carbidopa-Levodopa Tablet[QL]	Duopa Enteral Suspension[QL]
Carbidopa-Levodopa ER Tablet[QL]	Gocovri ER Capsule[QL]
Entacapone Tablet[QL]	Inbrija Inhalation Capsule[QL]
Parlodel Capsule[QL]	Neupro Patch[QL]
Parlodel Tablet[QL]	Nourianz Tablet[QL]
Pramipexole Tablet[QL]	Ongentys Capsule[QL]
Ropinirole Tablet[QL]	Osmolex ER Tablet[QL]
Selegilene Capsule[QL]	Pramipexole ER Tablet[QL]
Selegilene Tablet[QL]	Rasagiline Tablet[QL]
Trihexyphenidyl Elixir[QL]	Ropinirole ER Tablet[QL]
Trihexyphenidyl Tablet[QL]	Rytary ER Capsule[QL]
	Sinemet Tablet[QL]
	Stalevo Tablet[QL]
	Tolcapone Tablet[QL]
	Xadago Tablet[QL]

ANTIPSORIATICS, ORAL

Preferred Agents	Non-Preferred Agents
Acitretin Capsule[QL]	

ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Calcipotriene Cream	Calcipotriene Foam
Calcipotriene Ointment	Calcitriol Ointment
Calcipotriene Solution	Enstilar Foam
Calcipotriene-Betamethasone Ointment	Sorilux Foam
Calcipotriene-Betamethasone Suspension	Tazarotene Cream[AR]
Taclonex Suspension	Tazarotene Gel[AR]
	Vectical Ointment
	Vtama Cream
	Zoryve 0.3% Cream

ANTIPSYCHOTICS

Preferred Agents	Non-Preferred Agents
Injectable	**Injectable**
Abilify Asimtufii *(aripiprazole)*[AR, QL]	Chlorpromazine Ampule[AR]

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Abilify Maintena *(aripiprazole)*[AR, QL]	Chlorpromazine Vial[AR]
Aristada ER *(aripiprazole lauroxil)*[AR, QL]	Fluphenazine HCl Vial[AR]
Aristada Initio *(aripiprazole lauroxil)*[AR, QL]	Geodon *(ziprasidone)* Vial[AR, QL]
Fluphenazine Decanoate Vial[AR]	Haldol Decanoate *(haloperidol)* Ampule[AR]
Haloperidol Decanoate Ampule[AR]	Olanzapine Vial[AR, QL]
Haloperidol Decanoate Vial[AR]	Ziprasidone Vial[AR, QL]
Haloperidol Lactate Syringe[AR]	Zyprexa Relprevv *(olanzapine)*[AR, QL]
Haloperidol Lactate Vial[AR]	Zyprexa *(olanzapine)* Vial[AR, QL]
Invega Hafyera *(paliperidone)*[AR, QL]	
Invega Sustenna *(paliperidone)*[AR, QL]	
Invega Trinza *(paliperidone)*[AR, QL]	
Perseris ER *(risperidone)*[AR, QL]	
Risperdal Consta *(risperidone)*[AR, QL]	
Risperidone ER Vial[AR, QL]	
Uzedy ER *(risperidone)*[AR, QL]	

Non-Injectable	**Non-Injectable**
Aripiprazole Tablet[AR, QL]	Abilify *(aripiprazole)* Tablet[AR, QL]
Clozapine Tablet[AR, QL]	Abilify Mycite *(aripiprazole tablet + sensor)*[AR]
Equetro *(carbamazepine)* Capsule[QL]	Adasuve *(loxapine)* Inhalation Powder[AR, QL]
Fluphenazine Oral Concentrate Solution[AR]	Aripiprazole ODT[AR, QL]
Fluphenazine Tablet[AR]	Aripiprazole Solution[AR, QL]
Haloperidol Tablet[AR]	Asenapine SL Tablet[AR, QL]
Haloperidol Lactate Oral Concentrate Solution[AR]	Caplyta *(lumateperone)* Capsule[AR, QL]
Loxapine Capsule[AR]	Chlorpromazine Concentrate Solution[AR]
Lurasidone Tablet[AR, QL]	Chlorpromazine Tablet[AR]
Olanzapine Tablet[AR, QL]	Clozapine ODT[AR, QL]
Paliperidone ER Tablet[AR, QL]	Clozaril *(clozapine)* Tablet[AR, QL]
Perphenazine Tablet[AR]	Fanapt *(iloperidone)* Tablet[AR, QL]
Quetiapine Tablet[AR, QL]	Fluphenazine Elixir[AR]
Quetiapine ER Tablet[AR, QL]	Geodon *(ziprasidone)* Capsule[AR, QL]
Risperidone Solution[AR, QL]	Invega ER *(paliperidone)* Tablet[AR, QL]
Risperidone Tablet[AR, QL]	Latuda *(lurasidone)* Tablet[AR, QL]
Trifluoperazine Tablet[AR]	Lybalvi *(olanzapine/samidorphan)* Tablet[AR, QL]
Ziprasidone Capsule[AR, QL]	Molindone Tablet[AR, QL]
	Nuplazid *(pimavanserin)* Capsule[AR, QL]
	Nuplazid *(pimavanserin)* Tablet[AR, QL]
	Olanzapine ODT[AR, QL]
	Olanzapine-Fluoxetine Capsule[AR, QL]
	Perphenazine-Amitriptyline Tablet[AR]
	Pimozide Tablet[AR]
	Rexulti *(brexpiprazole)* Tablet[AR, QL]
	Risperdal *(risperidone)* Solution[AR, QL]
	Risperdal *(risperidone)* Tablet[AR, QL]
	Risperidone ODT[AR, QL]
	Saphris SL *(asenapine)* Tablet[AR, QL]
	Secuado *(asenapine)* Patch[AR, QL]
	Seroquel *(quetiapine)* Tablet[AR, QL]
	Seroquel XR *(quetiapine)* Tablet[AR, QL]
	Symbyax *(olanzapine-fluoxetine)* Capsule[AR, QL]
	Thioridazine Tablet[AR]
	Thiothixene Capsule[AR]
	Versacloz *(clozapine)* Suspension[AR]

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

	Vraylar *(cariprazine)* Capsule[AR, QL]
	Zyprexa *(olanzapine)* Tablet[AR, QL]
	Zyprexa *(olanzapine)* Zydis[AR, QL]

ANTIVIRALS, CMV

Preferred Agents	Non-Preferred Agents
Prevymis *(letermovir)* Tablet[PA, QL]	Livtencity *(maribavir)* Tablet[QL]
Valganciclovir Solution	Valcyte *(valganciclovir)* Solution
Valganciclovir Tablet	Valcyte *(valganciclovir)* Tablet

ANTIVIRALS, HERPES

Preferred Agents	Non-Preferred Agents
Acyclovir Capsule[QL]	Acyclovir Cream[QL]
Acyclovir Ointment[QL]	Denavir Cream[QL]
Acyclovir Suspension [QL]	Penciclovir Cream[QL]
Acyclovir Tablet[QL]	Sitavig Buccal Tablet[QL]
Docosanol Cream[QL]	Valtrex Tablet[QL]
Famciclovir Tablet[QL]	
Valacyclovir Tablet[QL]	

ANTIVIRALS, INFLUENZA

Preferred Agents	Non-Preferred Agents
Oseltamivir Capsule[QL]	Rapivab Vial
Oseltamivir Suspension[QL]	Relenza Inhalation[QL]
	Rimantadine Tablet
	Tamiflu Capsule[QL]
	Tamiflu Suspension[QL]
	Xofluza Tablet[QL]

ANXIOLYTICS

Preferred Agents	Non-Preferred Agents
Alprazolam Tablet[AR, QL]	Alprazolam ER/XR Tablet[AR, QL]
Buspirone Tablet[QL]	Alprazolam Intensol/Oral Concentrate Solution[AR, QL]
Chlordiazepoxide Capsule[AR, QL]	Alprazolam ODT[AR, QL]
Clonazepam ODT[AR, QL]	Ativan Vial[AR]
Clonazepam Tablet[AR, QL]	Clorazepate Tablet[AR, QL]
Diazepam Solution[AR, QL]	Diazepam Cartridge[AR]
Diazepam Tablet[AR, QL]	Diazepam Concentrate Solution[AR, QL]
Diazepam Vial[AR]	Diazepam Syringe[AR]
Hydroxyzine HCl 10 mg/5 ml Solution/Syrup	Klonopin Tablet[AR, QL]
Hydroxyzine HCl Tablet	Lorazepam Intensol/Concentrate Solution[AR, QL]
Hydroxyzine Pamoate Capsule	Loreev XR Capsule[AR, QL]
Lorazepam Cartridge[AR]	Meprobamate Tablet[QL]
Lorazepam Tablet[AR, QL]	Oxazepam Capsule[AR, QL]
Lorazepam Vial[AR]	Vistaril Capsule
	Xanax Tablet[AR, QL]
	Xanax XR Tablet[AR, QL]

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

BETA BLOCKERS

Preferred Agents	Non-Preferred Agents
Acebutolol Capsule	Betapace Tablet
Atenolol Tablet	Betapace AF Tablet
Atenolol-Chlorthalidone Tablet	Bystolic Tablet[QL]
Betaxolol Tablet	Carvedilol ER Capsule[QL]
Bisoprolol 5 mg, 10 mg Tablet	Inderal LA Capsule
Bisoprolol-Hydrochlorothiazide Tablet	Inderal XL Capsule[QL]
Carvedilol Tablet[QL]	Innopran XL Capsule[QL]
Hemangeol Solution[PA]	Kapspargo Sprinkle Capsule[QL]
Labetalol 100 mg, 200 mg, 300 mg Tablet	Lopressor Tablet
Metoprolol Succinate ER Tablet	Metoprolol-Hydrolchlorothiazide Tablet
Metoprolol Tartrate Tablet	Sotylize Solution
Nadolol Tablet	Tenoretic Tablet
Nebivolol Tablet[QL]	Tenormin Tablet
Pindolol Tablet	Timolol Tablet
Propranolol Solution	Toprol XL Tablet
Propranolol Tablet	Ziac Tablet
Propranolol ER Capsule	
Sorine Tablet	
Sotalol Tablet	
Sotalol AF Tablet	

BLADDER RELAXANT PREPARATIONS

Preferred Agents	Non-Preferred Agents
Myrbetriq ER Tablet[QL]	Darifenacin ER Tablet[QL]
Oxybutynin Syrup[QL]	Ditropan XL Tablet[QL]
Oxybutynin 5 mg Tablet[QL]	Fesoteridine ER Tablet[QL]
Oxybutynin ER Tablet[QL]	Flavoxate Tablet
Oxytrol for Women Patch (OTC)[QL]	Gemtesa Tablet[QL]
Solifenacin Tablet[QL]	Mirabegron ER Tablet[QL]
Tolterodine Tablet[QL]	Myrbetriq ER Suspension[QL]
Tolterodine ER Capsule[QL]	Oxybutynin 2.5 mg Tablet[QL]
Trospium Tablet[QL]	Oxytrol Patch[QL]
	Toviaz ER Tablet[QL]
	Trospium ER Capsule[QL]
	Vesicare Tablet[QL]
	Vesicare LS Suspension[QL]

BLOOD GLUCOSE METERS AND TEST STRIPS

Preferred Products	Non-Preferred Manufacturers
Accu-Chek Glucometers • Accu-Chek Guide[QL] • Accu-Chek Guide Me[QL] **Accu-Chek Test Strips** • Accu-Chek Guide[QL] **Trividia Glucometers** • True Metrix[QL] • True Metrix Air[QL]	All Other Blood Glucose Meters and Test Strips[QL]

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

• Relion True Metrix Air[QL] **Trividia Test Strips** • True Metrix[QL] • Relion True Metrix[QL]	

BONE DENSITY REGULATORS

Preferred Agents	Non-Preferred Agents
Alendronate Tablet[QL]	Actonel Tablet[QL]
Ibandronate Tablet[QL]	Alendronate Solution[QL]
Pamidronate Vial	Atelvia DR Tablet[QL]
Zoledronic Acid[QL]	Binosto Effervescent Tablet[QL]
	Calcitonin Salmon Nasal Spray/Pump[QL]
	Calcitonin Salmon Vial[QL]
	Evenity Syringe[QL]
	Evista Tablet[QL]
	Forteo Pen[QL]
	Fosamax Tablet[QL]
	Fosamax Plus D Tablet[QL]
	Ibandronate Syringe[QL]
	Ibandronate Vial[QL]
	Miacalcin Vial[QL]
	Prolia Syringe[QL]
	Raloxifene Tablet[QL]
	Reclast Solution[QL]
	Risedronate Tablet[QL]
	Risedronate DR Tablet[QL]
	Teriparatide Pen[QL]
	Tymlos Pen[QL]
	Xgeva Vial[QL]

BOTULINUM TOXINS

Preferred Agents	Non-Preferred Agents
Botox[PA, QL]	Myobloc[QL]
Dysport[PA, QL]	Xeomin[QL]

BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENTS

Preferred Agents	Non-Preferred Agents
Alfuzosin ER Tablet[QL]	Avodart Capsule[QL]
Doxazosin Tablet[QL]	Cardura Tablet[QL]
Dutasteride Capsule[QL]	Cardura XL Tablet[QL]
Finasteride Tablet[QL]	Cialis Tablet[QL]
Tamsulosin Capsule[QL]	Dutasteride-Tamsulosin Capsule[QL]
Terazosin Capsule[QL]	Entadfi Capsule[QL]
	Flomax Capsule[QL]
	Jalyn Capsule[QL]
	Proscar Tablet[QL]
	Rapaflo Capsule[QL]
	Silodosin Capsule[QL]
	Tadalafil Tablet *(generic Cialis)*[QL]

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

BRONCHODILATORS, BETA AGONISTS

Preferred Agents	Non-Preferred Agents
Albuterol HFA[QL]	Albuterol Tablet
Albuterol Nebulizer Concentrate Solution	Arformoterol Nebulizer Vial[QL]
Albuterol Nebulizer Vial	Brovana Nebulizer Vial[QL]
Albuterol Syrup	Formoterol Nebulizer Vial[QL]
Levalbuterol HFA[QL]	Levalbuterol Nebulizer Concentrate Solution[QL]
Levalbuterol Nebulizer Vial[QL]	Perforomist Nebulizer Vial[QL]
Proair Respiclick[QL]	Terbutaline Tablet
Serevent Diskus[QL]	
Striverdi Respimat[QL]	
Ventolin HFA[QL]	
Xopenex HFA[QL]	

CALCIUM CHANNEL BLOCKERS

Preferred Agents	Non-Preferred Agents
Amlodipine Tablet[QL]	Amlodipine-Atorvastatin Tablet[QL]
Cartia XT Capsule[QL]	Caduet Tablet[QL]
Diltiazem Tablet[QL]	Calan SR Tablet[QL]
Diltiazem 24HR ER (CD) Capsule *(generic Cardizem CD Capsule)*[QL]	Diltiazem 12HR ER Capsule *(generic Cardizem SR Capsule)*[QL]
Diltiazem 24HR ER Capsule *(generic Tiazac ER Capsule)*[QL]	Diltiazem 24HR ER (LA) Tablet *(generic Cardizem LA Tablet)*[QL]
Ditliazem 24HR ER (XR) Capsule *(generic Dilacor XR Capsule)*[QL]	Isradipine Capsule[QL]
Dilt-XR Capsule[QL]	Katerzia Suspension[QL]
Felodipine ER Tablet[QL]	Levamlodipine Tablet[QL]
Nifedipine Capsule[QL]	Matzim LA Tablet[QL]
Nifedipine ER Tablet[QL]	Nicardipine Capsule[QL]
Nimodipine Capsule	Nisoldipine ER Tablet[QL]
Taztia XT Capsule[QL]	Norliqva Solution[QL]
Tiadylt ER Capsule[QL]	Norvasc Tablet[QL]
Verapamil Tablet	Nymalize Oral Syringe[QL]
Verapamil ER/SR Capsule *(generic Verelan Capsule)*[QL]	Nymalize Solution[QL]
Verapamil ER PM Capsule *(generic Verelan PM Capsule)*[QL]	Procardia XL Tablet[QL]
Verapamil ER Tablet *(generic Calan SR/Isoptin SR Tablet)*[QL]	Sular ER Tablet[QL]
	Verelan Capsule[QL]
	Verelan PM Capsule[QL]

CEPHALOSPORINS

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

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents
Fulphila *(pegfilgrastim-jmdb)* Syringe[PA, QL]	Fylnetra *(pegfilgrastim-pbbk)* Syringe[QL]
Granix *(tbo-filgrastim)* Syringe[PA]	Leukine *(sargramostim)* Vial
Granix *(tbo-filgrastim)* Vial[PA]	Neulasta *(pegfilgrastim)* Onpro[QL]
Neupogen *(filgrastim)* Syringe[PA]	Neulasta *(pegfilgrastim)* Syringe[QL]
Neupogen *(filgrastim)* Vial[PA]	Nivestym *(filgrastim-aafi)* Syringe
Releuko *(filgrastim-ayow)* Syringe[PA]	Nivestym *(filgrastim-aafi)* Vial
Releuko *(filgrastim-ayow)* Vial[PA]	Nyvepria *(pegfilgrastim-apgf)* Syringe[QL]
	Rolvedon *(eflapegrastim-xnst)* Syringe[QL]
	Stimufend *(pegfilgrastim-fpgk)* Syringe[QL]
	Udenyca *(pegfilgrastim-cbvq)* Autoinjector[QL]
	Udenyca *(pegfilgrastim-cbvq)* Onbody[QL]
	Udenyca *(pegfilgrastim-cbvq)* Syringe[QL]
	Zarxio *(filgrastim-sndz)* Syringe
	Ziextenzo *(pegfilgrastim-bmez)* Syringe[QL]

CONTINUOUS GLUCOSE MONITORING PRODUCTS

Preferred Products	Non-Preferred Products
Dexcom G6 Receiver[PA, QL]	Eversense E3 Sensor-Holder[QL]
Dexcom G6 Sensor[PA, QL]	Eversense E3 Smart Transmitter[QL]
Dexcom G6 Transmitter[PA, QL]	Guardian 4 Glucose Sensor[QL]
Dexcom G7 Receiver[PA, QL]	Guardian 4 Transmitter[QL]
Dexcom G7 Sensor[PA, QL]	Guardian Connect Transmitter[QL]
Freestyle Libre 2 Plus Sensor[PA, QL]	Guardian Link 3 Transmitter[QL]
Freestyle Libre 2 Reader[PA, QL]	Guardian Sensor 3[QL]
Freestyle Libre 2 Sensor Kit[PA, QL]	
Freestyle Libre 3 Plus Sensor[PA, QL]	
Freestyle Libre 3 Reader[PA, QL]	
Freestyle Libre 3 Sensor[PA, QL]	
Freestyle Libre 14-Day Reader[PA, QL]	
Freestyle Libre 14-Day Sensor Kit[PA, QL]	

CONTRACEPTIVES, ORAL

Preferred Agents	Non-Preferred Agents
Monophasic	**Monophasic**
Afirmelle	Balcoltra
Altavera	Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.03-0.451 mg *(generic Safyral)*
Alyacen-28 1-35	Joyeaux
Apri	Levonorgestrel-Ethinyl Estradiol-Ferrous Bisglycinate 0.1-0.02-36 *(generic Balcoltra)*
Aubra	Loestrin-21
Aubra EQ	Loestrin Fe-28
Aurovela-21	Safyral
Aurovela Fe-28	Tydemy
Aviane	
Ayuna	
Balziva	
Blisovi Fe-28	
Briellyn	
Chateal	

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

Chateal EQ
Cryselle
Cyred
Cyred EQ
Dasetta-28 1-35
Drospirenone-Ethinyl Estradiol 3-0.03 mg *(generic Yasmin)*
Elinest
Enskyce
Estarylla
Ethynodiol-Ethinyl Estradiol
Falmina
Feirza-28
Hailey-21
Hailey Fe-28
Isibloom
Juleber
Junel-21
Junel Fe-28
Kalliga
Kelnor-28 1-35
Kelnor-28 1-50
Kurvelo
Larin-21
Larin Fe-28
Lessina
Levonorgestrel-Ethinyl Estradiol-28 0.1 mg-20 mcg *(generic Alesse, Levlite)*
Levonorgestrel-Ethinyl Estradiol-28 0.15 mg-30 mcg *(generic Nordette, Levlen)*
Levora
Low-Ogestrel
Lutera
Marlissa
Microgestin-21
Microgestin Fe-28
Mili
Mono-Linyah
Necon-28
Norethindrone-Ethinyl Estradiol-21 *(generic Loestrin-21)*
Norethindrone-Ethinyl Estradiol Fe-28 *(generic Loestrin Fe-28)*
Norethindrone-Ethinyl Estradiol Fe 0.4-0.035 (21)-75 Chewable *(generic Femcon Fe, Ovcon Fe)*
Norgestimate-Ethinyl Estradiol-28 0.25-0.35 mg *(generic Ortho-Cyclen)*
Nortrel-21 1-35
Nortrel-28 0.5-35
Nortrel-28 1-35
Nylia-28 1-35
Nymyo
Ocella
Philith
Pirmella-28 1-35
Portia

Reclipsen Sprintec Sronyx Syeda Tarina Fe Tarina Fe EQ Turqoz Tyblume Chewable Valtya Vienva Vyfemla Vylibra Wera Wymzya Fe Chewable Xelria Fe Chewable Yasmin Zovia 1-35 Zumandimine	
Biphasic	**Biphasic**
Azurette Desogestrel-Ethinyl Estradiol 21-2-5 *(generic Mircette)* Kariva Pimtrea Simliya Viorele Volnea	Mircette
Triphasic	**Triphasic**
Alyacen 7-7-7 Aranelle Dasetta 7-7-7 Enpresse Leena Levonest Levonorgestrel-Ethinyl Estradiol Triphasic *(generic TriPhasil, Tri-Levlen)* Norgestimate-Ethinyl Estradiol Triphasic *(generic Ortho Tri-Cyclen)* Nortrel 7-7-7 Nylia 7-7-7 Pirmella 7-7-7 Tri-Estarylla Tri-Linyah Tri-Lo-Estarylla Tri-Lo-Marzia Tri-Lo-Mili Tri-Lo-Sprintec Tri-Mili Tri-Nymyo Tri-Sprintec Trivora Tri-Vylibra	Norethindrone-Ethinyl Estradiol-Fe 1 mg/20-30-35 mcg (5-7-9-5) Tilia Fe Tri-Legest Fe

Tri-Vylibra Lo Velivet	
Four-Phasic	**Four-Phasic**
	Natazia
28-Day Extended Cycle	**28-Day Extended Cycle**
Aurovela 24 Fe Blisovi 24 Fe Charlotte 24 Fe Chewable Drospirenone-Ethinyl Estradiol 3-0.02 mg *(generic Yaz)* Finzala Chewable Hailey 24 Fe Jasmiel Junel Fe 24 Larin 24 Fe Lo Loestrin Fe Loryna Lo-Zumandimine Mibelas 24 Fe Chewable Microgestin 24 Fe Nikki Noethindrone-Ethinyl Estradiol-Fe 1-0.02(24)-75 Chewable *(generic Minastrin 24 Fe)* Tarina 24 Fe Vestura	Beyaz Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.02-0.451 mg *(generic Beyaz)* Gemmily Capsule Kaitlib Fe Chewable Layolis Fe Chewable Merzee Capsule Nextstellis Noethindrone-Ethinyl Estradiol-Fe 0.8-0.025(24) Chewable *(generic Generess Fe Chewable)* Noethindrone-Ethinyl Estradiol-Fe 1-0.02(24)-75 Capsule *(generic Taytulla Capsule)* Taysofy Capsule Taytulla Capsule Yaz
28-Day Continuous Cycle	**28-Day Continuous Cycle**
Amethyst Dolishale Levonorgestrel-Ethinyl Estradiol-28 0.09-0.02 mg	
3-Month Extended Cycle	**3-Month Extended Cycle**
Amethia (3-month) Ashlyna (3-month) Camrese (3-month) Camrese Lo (3-month) Daysee (3-month) Iclevia (3-month) Introvale (3-month) Jaimiess (3-month) Jolessa (3-month) Levonorgestrel-Ethinyl Estradiol 0.15-0.03 mg (3-month) *(generic Seasonale-91)* Levonorgestrel-Ethinyl Estradiol + EE 0.10-0.02 mg + 0.01 mg (3-month) *(generic LoSeasonique-91)* Levonorgestrel-Ethinyl Estradiol + EE 0.15-0.03 mg + 0.01 mg (3-month) *(generic Seasonique-91)* Lojaimiess (3-month) Setlakin (3-month) Simpesse (3-month)	Levonorgestrel 0.15 mg-Ethinyl Estradiol + EE 20-25-30 mcg + 10 mcg (3-month) *(generic Quartette-91)* Loseasonique (3-month) Quartette (3-month) Rivelsa (3-month) Seasonique (3-month)

Progestin Only	Progestin Only
Camila	Slynd
Deblitane	
Emzahh	
Errin	
Heather	
Incassia	
Jencycla	
Lyleq	
Lyza	
Meleya	
Nora-Be	
Norethindrone-28 0.35 mg	
Opill	
Sharobel	
Tulana	

CONTRACEPTIVES, OTHER

Preferred Agents	Non-Preferred Agents
Depo-Provera 150 mg/ml Vial[QL]	Annovera Vaginal Ring[QL]
Depo-SubQ Provera 104 Syringe[QL]	Depo-Provera 150 mg/ml Syringe[QL]
Eluryng Vaginal Ring[QL]	Norelgestromin-Ethinyl Estradiol Patch[QL]
Enilloring Vaginal Ring[QL]	Twirla Patch[QL]
Etonogestrel-Ethinyl Estradiol Vaginal Ring[QL]	Zafemy Patch[QL]
Haloette Vaginal Ring[QL]	
Kyleena System[QL]	
Liletta System[QL]	
Medroxyprogesterone Acetate Syringe[QL]	
Medroxyprogesterone Acetate Vial[QL]	
Mirena System[QL]	
Nexplanon Implant[QL]	
Paragard T 380-A IUD[QL]	
Skyla System[QL]	
Xulane Patch[QL]	

COPD AGENTS

Preferred Agents	Non-Preferred Agents
Anoro Ellipta[QL]	Breztri Aerosphere[QL]
Atrovent HFA[QL]	Daliresp Tablet[QL]
Bevespi Aerosphere[QL]	Duaklir Pressair[QL]
Combivent Respimat[QL]	Roflumilast Tablet[QL]
Incruse Ellipta[QL]	Tiotropium Capsule-Inhaler[QL]
Ipratropium Nebulizer Vial	Tudorza Pressair[QL]
Ipratropium-Albuterol Nebulizer Vial[QL]	Yupelri Nebulizer Vial[QL]
Spiriva Handihaler[QL]	
Spiriva Respimat[QL]	
Stiolto Respimat[QL]	
Trelegy Ellipta[QL]	

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents
Adalimumab-aacf(CF) 50 mg/ml Pen[PA, QL]	Abrilada(CF) *(adalimumab-afzb)* 50 mg/ml Pen[QL]
Adalimumab-aacf(CF) 50 mg/ml Syringe[PA, QL]	Abrilada(CF) *(adalimumab-afzb)* 50 mg/ml Syringe[QL]
Adalimumab-adaz(CF) 100 mg/ml Pen[PA, QL]	Actemra *(tocilizumab)* Actpen[QL]
Adalimumab-adaz(CF) 100 mg/ml Syringe[PA, QL]	Actemra *(tocilizumab)* Syringe[QL]
Adalimumab-adbm(CF) 50 mg/ml Pen (Boehringer Ingelheim [00597] labeler only)[PA, QL]	Actemra *(tocilizumab)* Vial[QL]
	Adalimumab-aaty(CF) 100 mg/ml Autoinjector[QL]
Adalimumab-adbm(CF) 50 mg/ml Syringe (Boehringer Ingelheim [00597] labeler only)[PA, QL]	Adalimumab-aaty(CF) 100 mg/ml Syringe[QL]
	Adalimumab-adbm(CF) 50 mg/ml Pen (all labelers except Boehringer Ingelheim [00597])[QL]
Adalimumab-adbm(CF) 100 mg/ml Pen (Boehringer Ingelheim [00597] labeler only)[PA, QL]	Adalimumab-adbm(CF) 50 mg/ml Syringe (all labelers except Boehringer Ingelheim [00597])[QL]
Adalimumab-adbm(CF) 100 mg/ml Syringe (Boehringer Ingelheim [00597] labeler only)[PA, QL]	Adalimumab-adbm(CF) 100 mg/ml Pen (all labelers except Boehringer Ingelheim [00597])[QL]
Adalimumab-fkjp(CF) 50 mg/ml Pen[PA, QL]	Adalimumab-adbm(CF) 100 mg/ml Syringe (all labelers except Boehringer Ingelheim [00597])[QL]
Adalimumab-fkjp(CF) 50 mg/ml Syringe[PA, QL]	
Amjevita(CF) *(adalimumab-atto)* 100 mg/ml Autoinjector[PA, QL]	Adalimumab-ryvk(CF) 100 mg/ml Autoinjector[QL]
Amjevita(CF) *(adalimumab-atto)* 100 mg/ml Syringe[PA, QL]	Adalimumab-ryvk(CF) 100 mg/ml Syringe
Avsola *(infliximab-axxq)* Vial[PA]	Amjevita(CF) *(adalimumab-atto)* 50 mg/ml Autoinjector[QL]
Enbrel *(etanercept)* Mini Cartridge[PA, QL]	Amjevita(CF) *(adalimumab-atto)* 50 mg/ml Syringe[QL]
Enbrel *(etanercept)* Sureclick Pen[PA, QL]	Arcalyst *(rilonacept)* Vial[QL]
Enbrel *(etanercept)* Syringe[PA, QL]	Bimzelx *(bimekizumab-bkzx)* Autoinjector[QL]
Enbrel *(etanercept)* Vial[PA, QL]	Bimzelx *(bimekizumab-bkzx)* Syringe[QL]
Hadlima *(adalimumab-bwwd)* 50 mg/ml Pushtouch[PA, QL]	Cimzia *(certolizumab pegol)* Syringe[QL]
Hadlima *(adalimumab-bwwd)* 50 mg/ml Syringe[PA, QL]	Cosentyx *(secukinumab)* Sensoready Pen[QL]
Hadlima(CF) *(adalimumab-bwwd)* 100 mg/ml Pushtouch[PA, QL]	Cosentyx *(secukinumab)* Syringe[QL]
Hadlima(CF) *(adalimumab-bwwd)* 100 mg/ml Syringe[PA, QL]	Cosentyx *(secukinumab)* Unoready Pen[QL]
Humira *(adalimumab)* 50 mg/ml Pen[PA, QL]	Cosentyx *(secukinumab)* Vial
Humira *(adalimumab)* 50 mg/ml Syringe[PA, QL]	Cyltezo(CF) *(adalimumab-adbm)* 50 mg/ml Pen[QL]
Humira(CF) *(adalimumab)* 100 mg/ml Pen[PA, QL]	Cyltezo(CF) *(adalimumab-adbm)* 50 mg/ml Syringe[QL]
Humira(CF) *(adalimumab)* 100 mg/ml Syringe[PA, QL]	Cyltezo(CF) *(adalimumab-adbm)* 100 mg/ml Pen[QL]
Infliximab Vial *(Janssen's unbranded infliximab)*[PA]	Cyltezo(CF) *(adalimumab-adbm)* 100 mg/ml Syringe[QL]
Kineret *(anakinra)* Syringe[PA]	Entyvio *(vedolizumab)* Pen[QL]
Orencia *(abatacept)* Clickjet[PA, QL]	Entyvio *(vedolizumab)* Vial[QL]
Orencia *(abatacept)* Vial[PA, QL]	Hulio(CF) *(adalimumab-fkjp)* 50 mg/ml Pen[QL]
Otezla *(apremilast)* Tablet[PA, QL]	Hulio(CF) *(adalimumab-fkjp)* 50 mg/ml Syringe[QL]
Otulfi *(ustekinumab-aauz)* Syringe[PA]	Hyrimoz(CF) *(adalimumab-adaz)* 100 mg/ml Pen[QL]
Otulfi *(ustekinumab-aauz)* Vial[PA]	Hyrimoz(CF) *(adalimumab-adaz)* 100 mg/ml Syringe[QL]
Pyzchiva *(ustekinumab-ttwe)* Syringe[PA]	Idacio(CF) *(adalimumab-aacf)* 50 mg/ml Pen[QL]
Pyzchiva *(ustekinumab-ttwe)* Vial[PA]	Idacio(CF) *(adalimumab-aacf)* 50 mg/ml Syringe[QL]
Selarsdi *(ustekinumab-aekn)* Syringe[PA]	Ilaris *(canakinumab)* Vial[QL]
Selarsdi *(ustekinumab-aekn)* Vial[PA]	Ilumya *(tildrakizumab)* Syringe[QL]
Simlandi(CF) *(adalimumab-ryvk)* 100 mg/ml Autoinjector[PA, QL]	Inflectra *(infliximab-dyyb)* Vial
Simlandi(CF) *(adalimumab-ryvk)* 100 mg/ml Syringe[PA, QL]	Kevzara *(sarilumab)* Pen[QL]
Simponi *(golimumab)* Pen[PA, QL]	Kevzara *(sarilumab)* Syringe[QL]
Simponi *(golimumab)* Syringe[PA, QL]	Litfulo *(ritlecitinib)* Capsule[QL]
Skyrizi *(risankizumab-rzaa)* On-Body Injector[PA, QL]	Olumiant *(baricitinib)* Tablet[QL]
Skyrizi *(risankizumab-rzaa)* Pen[PA, QL]	Omvoh *(mirikizumab-mrkz)* Pen[QL]
Skyrizi *(risankizumab-rzaa)* Syringe[PA, QL]	Omvoh *(mirikizumab-mrkz)* Syringe[QL]
Skyrizi *(risankizumab-rzaa)* Vial[PA, QL]	Omvoh *(mirikizumab-mrkz)* Vial[QL]
Steqeyma *(ustekinumab-stba)* Syringe[PA]	Orencia *(abatacept)* Syringe[QL]
Steqeyma *(ustekinumab-stba)* Vial[PA]	

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

Taltz *(ixekizumab)* Autoinjector[PA, QL]	Remicade *(infliximab)* Vial
Taltz *(ixekizumab)* Syringe[PA, QL]	Renflexis *(infliximab-abda)* Vial
Tyenne *(tocilizumab-aazg)* Autoinjector[PA, QL]	Rinvoq ER *(upadacitinib)* Tablet[QL]
Tyenne *(tocilizumab-aazg)* Syringe[PA, QL]	Rinvoq LQ *(upadacitinib)* Solution[QL]
Tyenne *(tocilizumab-aazg)* Vial[PA, QL]	Simponi Aria *(golimumab)* Vial
Xeljanz *(tofacitinib)* Solution[PA, QL]	Sotyktu *(deucravacitinib)* Tablet[QL]
Xeljanz *(tofacitinib)* Tablet[PA, QL]	Spevigo *(spesolimab-sbzo)* Syringe[QL]
Xeljanz XR *(tofacitinib)* Tablet[PA, QL]	Spevigo *(spesolimab-sbzo)* Vial[QL]
Yesintek *(ustekinumab-kfce)* Syringe[PA]	Stelara *(ustekinumab)* Syringe[QL]
Yesintek *(ustekinumab-kfce)* Vial[PA]	Stelara *(ustekinumab)* Vial[QL]
Yusimry(CF) *(adalimumab-aqvh)* 50 mg/ml Pen[PA, QL]	Tofidence *(tocilizumab-bavi)* Vial[QL]
	Tremfya *(guselkumab)* Autoinjector[QL]
	Tremfya *(guselkumab)* Syringe[QL]
	Ustekinumab Syringe *(Janssen's unbranded ustekinumab)*
	Ustekinumab Vial *(Janssen's unbranded ustekinumab)*
	Ustekinumab-aekn Syringe
	Ustekinumab-aekn Vial
	Ustekinumab-ttwe Syringe
	Ustekinumab-ttwe Vial
	Yuflyma(CF) *(adalimumab-aaty)* 100 mg/ml Autoinjector[QL]
	Yuflyma(CF) *(adalimumab-aaty)* 100 mg/ml Syringe[QL]
	Zymfentra *(infliximab-dyyb)* Pen
	Zymfentra *(infliximab-dyyb)* Syringe

DRY EYE TREATMENTS (formerly OPHTHALMICS, IMMUNOMODULATORS)

Preferred Agents	Non-Preferred Agents
Eysuvis Drops	Cequa Droperette[QL]
Restasis Droperette[QL]	Cyclosporine Emulsion Droperette[QL]
Xiidra Droperette[QL]	Lacrisert Insert
	Miebo Drops
	Restasis Multidose Drops[QL]
	Tyrvaya Nasal Spray[QL]
	Vevye Drops

ENZYME REPLACEMENTS, GAUCHER DISEASE

Preferred Agents	Non-Preferred Agents
Cerdelga Capsule[PA, QL]	
Cerezyme Vial[PA]	
Elelyso Vial[PA]	
Miglustat Capsule[PA, QL]	
Vpriv Vial[PA]	
Yargesa Capsule[PA, QL]	
Zavesca Capsule[PA, QL]	

EPINEPHRINE, SELF-ADMINISTERED

Preferred Agents	Non-Preferred Agents
Epinephrine Autoinjector (Mylan [49502] labeler only)	Auvi-Q Autoinjector
	Epinephrine Auto-Injector (all labelers except Mylan [49502])
	EpiPen Autoinjector
	EpiPen Jr. Autoinjector

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

ERYTHROPOIESIS STIMULATING AGENTS

Preferred Agents	Non-Preferred Agents
Epogen Vial[PA]	Aranesp Syringe
Retacrit Vial[PA]	Aranesp Vial
	Mircera Syringe
	Procrit Vial

ESTROGENS

Preferred Agents	Non-Preferred Agents
Angeliq Tablet[QL]	Activella Tablet[QL]
Climara Pro Patch[QL]	Bijuva Capsule[QL]
Combipatch[QL]	Climara Patch[QL]
Delestrogen Vial	Divigel Packet[QL]
Depo-Estradiol Vial	Dotti Patch
Elestrin Gel	Duavee Tablet[QL]
Estradiol Patch (Once-Weekly)[QL]	Estrace Vaginal Cream
Estradiol Patch (Twice-Weekly)[QL]	Estradiol Gel Packet[QL]
Estradiol Tablet	Estradiol Gel Pump
Estradiol Vaginal Cream	Estradiol-Norethindrone Tablet *(generic Activella Tablet)*[QL]
Estradiol Vaginal Tablet	Estrogen-Methyltestosterone Tablet
Estradiol Valerate Vial	Evamist Spray[QL]
Estring Vaginal Ring	Lyllana Patch[QL]
Femring Vaginal Ring	Menest Tablet
Fyavolv Tablet[QL]	Menostar Patch[QL]
Jinteli Tablet[QL]	Mimvey Tablet[QL]
Norethindrone-Ethinyl Estradiol Tablet *(generic Femhrt Tablet)*[QL]	Minivelle Patch[QL]
Premarin Tablet	Prefest Tablet[QL]
Premarin Vaginal Cream	Premarin Vial
Premphase Tablet[QL]	Vivelle-Dot Patch[QL]
Prempro Tablet[QL]	
Vagifem Vaginal Tablet	
Yuvafem Vaginal Insert	

FLUOROQUINOLONES, ORAL

Preferred Agents	Non-Preferred Agents
Cipro Suspension	Baxdela Tablet
Ciprofloxacin Tablet	Cipro Tablet
Levofloxacin Tablet	Levofloxacin Solution[AE<12]
Moxifloxacin Tablet	Ofloxacin Tablet

GI MOTILITY, CHRONIC AGENTS

Preferred Agents	Non-Preferred Agents
Linzess Capsule[PA, QL]	Alosetron Tablet[QL]
Lubiprostone Capsule[PA, QL]	Amitiza Capsule[QL]
Movantik Tablet[PA, QL]	Ibsrela Tablet[QL]
	Lotronex Tablet[QL]
	Motegrity Tablet[QL]
	Symproic Tablet[QL]
	Viberzi Tablet[QL]

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

GLUCOCORTICOIDS, INHALED

Preferred Agents	Non-Preferred Agents
Single-Ingredient ICS	**Single-Ingredient ICS**
Arnuity Ellipta[QL]	Alvesco HFA[QL]
Asmanex HFA[QL]	Budesonide 1 mg/ml Respule[QL]
Asmanex Twisthaler[QL]	Fluticasone Propionate Diskus[QL]
Budesonide 0.25 mg/2 ml, 0.5 mg/2 ml Respule[QL]	Fluticasone Propionate HFA[AE<19, QL]
Pulmicort Flexhaler[QL]	Pulmicort Respule[QL]
Qvar Redihaler[QL]	
ICS + LABA Combinations	**ICS + LABA Combinations**
Advair Diskus[QL]	Airduo Respiclick[QL]
Advair HFA[QL]	Breo Ellipta[QL]
Dulera[QL]	Breyna HFA[QL]
Fluticasone-Salmeterol Aerosol Powder *(generic Airduo Respiclick)*[QL]	Budesonide-Formoterol Fumarate HFA *(generic Symbicort)*[QL]
Fluticasone-Salmeterol Blister w/ Device *(generic Advair Diskus)*[QL]	Fluticasone-Salmeterol HFA *(generic Advair HFA)*[QL]
Symbicort[QL]	Fluticasone-Vilanterol *(generic Breo Ellipta)*[QL]
	Wixela Inhub[QL]
ICS + SABA Combinations	**ICS + SABA Combinations**
	Airsupra HFA[QL]
ICS + LABA + LAMA Combinations	**ICS + LABA + LAMA Combinations**
Trelegy Ellipta[QL]	Breztri Aerosphere[QL]

GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred Agents
Budesonide DR/EC Capsule[QL]	Agamree Suspension[QL]
Budesonide ER Tablet[QL]	Alkindi Sprinkle Capsule
Dexamethasone Elixir	Cortef Tablet
Dexamethasone Intensol Drops	Cortisone Tablet
Dexamethasone Solution	Deflazacort Suspension[QL]
Dexamethasone Tablet	Deflazacort Tablet[QL]
Fludrocortisone Tablet	Dexamethasone Dose Pack
Hydrocortisone Tablet	Emflaza Suspension[QL]
Methylprednisolone Dose Pack	Emflaza Tablet[QL]
Methylprednisolone Tablet	Eohilia Suspension Packet[QL]
Prednisolone Solution	Hemady Tablet
Prednisolone Sodium Phosphate Solution	Medrol Dose Pack
Prednisone Dose Pack	Medrol Tablet
Prednisone Intensol/Concentrate Solution	Millipred Tablet
Prednisone Solution	Ortikos ER Capsule[QL]
Prednisone Tablet	Prednisolone Tablet
	Prednisolone Sodium Phosphate ODT
	Rayos DR Tablet
	Taperdex Dose Pack
	Tarpeyo DR Capsule[QL]

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

GROWTH HORMONES

Preferred Agents	Non-Preferred Agents
Genotropin Cartridge[PA]	Humatrope Cartridge
Genotropin Miniquick Syringe[PA]	Ngenla Pen[QL]
Norditropin Flexpro[PA]	Nutropin AQ Nuspin Pen
Skytrofa Cartridge[PA]	Omnitrope Cartridge
	Omnitrope Vial
	Saizen Vial
	Saizen Saizenprep Cartridge
	Serostim Vial[QL]
	Sogroya Pen[QL]
	Zomacton Vial
	Zorbtive Vial

H. PYLORI TREATMENTS

Preferred Agents	Non-Preferred Agents
	Bismuth-Metronidazole-Tetracycline Capsule
	Lansoprazole-Amoxicillin-Clarthromycin Combo Pack[QL]
	Omeclamox-Pak Combo Pack
	Pylera Capsule
	Talicia IR-DR Capsule
	Voquezna Dual Pak[QL]
	Voquezna Triple Pak[QL]

HEMATOPOIETIC MIXTURES

Preferred Agents	Non-Preferred Agents
Ferrex 150 Forte Capsule	Active Fe Tablet
Folivane-F Capsule	Bentivite Bx Tablet
Iferex 150 Forte Capsule	Centratex Capsule
Iron Folate-F Capsule	Chromagen Capsule
Trigels-F Forte Capsule	Corvita 150 Tablet
	Corvite 150 Tablet
	Corvite FE Tablet
	Dermacinrx Foliflex Tablet
	Dermacinrx Folitin-Z Tablet
	Dermacinrx Ribotin-E Tablet
	Dermacinrx Venexa Fe Tablet
	Dermacinrx Vitranol Fe Tablet
	Dermacinrx Vitrexate Fe Tablet
	Dermacinrx Zinetrexyl-C Tablet
	Feriva 21-7 Tablet
	Feriva FA Capsule
	Iron Folate Plus Capsule
	Irospan Tablet
	Nephron FA Tablet
	Niferex Tablet
	Nufera Tablet
	Purevit Dualfe Plus Capsule
	SE-Tan Plus Capsule
	Taron Forte Capsule
	Tulivite Tablet

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

HEPATIC AND BILIARY AGENTS (formerly BILE SALTS)

Preferred Agents	Non-Preferred Agents
Cholbam *(cholic acid)* Capsule[PA]	Chenodal *(chenodiol)* Tablet[QL]
Ursodiol 300 mg Capsule[QL]	Iqirvo *(elafibranor)* Tablet[QL]
Ursodiol Tablet[QL]	Livdelzi *(seladelpar)* Capsule[QL]
	Ocaliva *(obeticholic acid)* Tablet[QL]
	Reltone *(ursodiol)* Capsule
	Urso Forte *(ursodiol)* Tablet[QL]

HEPATITIS B AGENTS

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

HEPATITIS C AGENTS

Preferred Agents	Non-Preferred Agents
Mavyret Pelet Pack[QL]	Epclusa Pelet Pack[QL]
Mavyret Tablet[QL]	Epclusa Tablet[QL]
Ribavirin Capsule	Harvoni Pelet Pack[QL]
Ribavirin Tablet	Harvoni Tablet[QL]
Sofosbuvir-Velpatasvir Tablet[QL]	Ledipasvir-Sofosbuvir Tablet [QL]
	Pegasys Syringe[QL]
	Pegasys Vial[QL]
	Sovaldi Pelet Pack[QL]
	Sovaldi Tablet[QL]
	Vosevi Tablet[QL]
	Zepatier Tablet[QL]

HEREDITARY ANGIOEDEMA (HAE) AGENTS

Preferred Agents	Non-Preferred Agents
Berinert *(C1 esterase inhibitor)* Kit[PA]	Firazyr *(icatibant)* Syringe[QL]
Cinryze *(C1 esterase inhibitor)* Vial[PA, QL]	
Haegarda *(C1 esterase inhibitor)* Vial[PA, QL]	
Icatibant Syringe[PA, QL]	
Kalbitor *(ecallantide)* Vial[PA, QL]	
Orladeyo *(berotralstat)* Capsule[PA, QL]	
Ruconest *(C1 esterase inhibitor, recombinant)* Vial[PA, QL]	
Sajazir *(icatibant)* Syringe[PA, QL]	
Takhzyro *(lanadelumab-flyo)* Syringe[PA, QL]	
Takhzyro *(lanadelumab-flyo)* Vial[PA, QL]	

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

HISTAMINE 2 RECEPTOR BLOCKERS

Preferred Agents	Non-Preferred Agents
Acid Reducer Complete *(famotidine-calcium carbonate-magnesium hydroxide chewable)* Tablet Chew	Cimetidine Solution
Cimetidine Tablet	
Famotidine Piggyback	
Famotidine Suspension	
Famotidine Tablet[QL]	
Famotidine Vial	
Nizatidine Capsule	

HIV/AIDS ANTIRETROVIRALS

Preferred Agents	Non-Preferred Agents
INSTIs	**INSTIs**
Apretude ER *(cabotegravir ER)* Vial[QL]	Isentress HD *(raltegravir)* Tablet[QL]
Isentress *(raltegravir)* Chewable Tablet[QL]	
Isentress *(raltegravir)* Powder Pack[QL]	
Isentress *(raltegravir)* Tablet[QL]	
Tivicay *(dolutegravir)* Tablet[QL]	
Tivicay PD *(dolutegravir)* Tablet for Suspension[QL]	
Miscellaneous	**Miscellaneous**
	Fuzeon *(enfuvirtide)* Vial[QL]
	Maraviroc Tablet[QL]
	Rukobia ER *(fostemsavir ER)* Tablet[QL]
	Selzentry *(maraviroc)* Solution[QL]
	Selzentry *(maraviroc)* Tablet[QL]
	Sunlenca *(lenacapavir)* Tablet[QL]
	Sunlenca *(lenacapavir)* Vial[QL]
	Trogarzo *(ibalizumab-uiyk)* Vial[QL]
	Tybost *(cobicistat)* Tablet[QL]
NNRTIs	**NNRTIs**
Edurant *(rilpivirine)* Tablet[QL]	Etravirine Tablet[QL]
Efavirenz Capsule[QL]	Intelence *(etravirine)* Tablet[QL]
Efavirenz Tablet[QL]	Nevirapine Suspension[QL]
Nevirapine Tablet[QL]	Nevirapine ER Tablet[QL]
	Pifeltro *(doravirine)* Tablet[QL]
NRTIs	**NRTIs**
Abacavir Solution[QL]	Emtriva *(emtricitabine)* Capsule[QL]
Abacavir Tablet[QL]	Epivir *(lamivudine)* Solution[QL]
Abacavir-Lamivudine Tablet[QL]	Epivir *(lamivudine)* Tablet[QL]
Cimduo *(lamivudine-tenofovir DF)* Tablet[QL]	Retrovir *(zidovudine)* Capsule[QL]
Descovy *(emtricitabine-tenofovir alafenamide)* Tablet[QL]	Retrovir *(zidovudine)* Syrup[QL]
Emtricitabine Capsule[QL]	Truvada *(emtricitabine-tenofovir DF)* Tablet[QL]
Emtricitabine-Tenofovir Disoproxil Fumarate Tablet[QL]	Viread *(tenofovir DF)* 300 mg Tablet[QL]
Emtriva *(emtricitabine)* Solution[QL]	Ziagen *(abacavir)* Solution[QL]
Lamivudine Solution[QL]	
Lamivudine Tablet[QL]	
Lamivudine-Zidovudine Tablet[QL]	

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

Tenofovir Disoproxil Fumarate 300 mg Tablet[QL] Viread *(tenofovir DF)* Powder[QL] Viread *(tenofovir DF)* Tablet (all strengths except 300 mg)[QL] Zidovudine Capsule[QL] Zidovudine Syrup[QL] Zidovudine Tablet[QL]	
PIs	**PIs**
Atazanavir Capsule[QL] Darunavir Tablet[QL] Evotaz *(atazanavir-cobicistat)* Tablet[QL] Kaletra *(lopinavir-ritonavir)* Solution[QL] Lopinavir-Ritonavir Tablet[QL] Norvir *(ritonavir)* Powder Packet[QL] Prezcobix *(darunavir-cobicistat)* Tablet[QL] Prezista *(darunavir)* Suspension[QL] Reyataz *(atazanavir)* Powder Packet[QL] Ritonavir Tablet[QL]	Aptivus *(tipranavir)* Capsule[QL] Fosamprenavir Tablet[QL] Kaletra *(lopinavir-ritonavir)* Tablet[QL] Norvir *(ritonavir)* Tablet[QL] Prezista *(darunavir)* Tablet[QL] Reyataz *(atazanavir)* Capsule[QL] Viracept *(nelfinavir)* Tablet[QL]
Single Product Regimens	**Single Product Regimens**
Biktarvy *(bictegravir-emtricitabine-tenofovir alafenamide)* Tablet[QL] Cabenuva *(cabotegravir-rilpivirine)* Vial[QL] Complera *(emtricitabine-rilpivirine-tenofovir DF)* Tablet[QL] Delstrigo *(doravirine-lamivudine-tenofovir DF)* Tablet[QL] Dovato *(dolutegravir-lamivudine)* Tablet[QL] Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate Tablet[QL] Genvoya *(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)* Tablet[QL] Juluca *(dolutegravir-rilpivirine)* Tablet[QL] Odefsey *(emtricitabine-rilpivirine-tenofovir alafenamide)* Tablet[QL] Symfi *(efavirenz-lamivudine-tenofovir DF)* Tablet[QL] Symfi Lo *(efavirenz-lamivudine-tenofovir DF)* Tablet[QL] Triumeq *(abacavir-dolutegravir-lamivudine)* Tablet[QL]	Atripla *(efavirenz-emtricitabine-tenofovir DF)* Tablet[QL] Efavirenz-Lamivudine-Tenofovir Disoproxil Fumarate Tablet[QL] Stribild *(elvitegravir-cobicistat-emtricitabine-tenofovir DF)* Tablet[QL] Symtuza *(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)* Tablet[QL] Triumeq PD *(abacavir-dolutegravir-lamivudine)* Tablet for Suspension[QL]

HYPOGLYCEMIA TREATMENTS

Preferred Agents	Non-Preferred Agents
Baqsimi Spray Glucagon Emergency Kit Gvoke Hypopen Gvoke PFS Syringe Gvoke Vial Zegalogue Autoinjector Zegalogue Syringe	

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred Agents
Acarbose Tablet[QL]	Miglitol Tablet[QL]

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

Preferred Agents	Non-Preferred Agents
Amylin Analogs	**Amylin Analogs**
	Symlin Pen[QL]
DPP-4 Inhibitors	**DPP-4 Inhibitors**
Janumet Tablet[QL]	Alogliptin Tablet[QL]
Janumet XR Tablet[QL]	Alogliptin-Metformin Tablet[QL]
Januvia Tablet[QL]	Alogliptin-Pioglitazone Tablet[QL]
Jentadueto Tablet[QL]	Glyxambi Tablet[QL]
Jentadueto XR Tablet[QL]	Qtern Tablet[QL]
Tradjenta Tablet[QL]	Saxagliptin Tablet[QL]
	Saxagliptin-Metformin ER Tablet[QL]
	Sitagliptin Tablet[QL]
	Sitagliptin-Metformin Tablet
	Steglujan Tablet[QL]
	Trijardy XR Tablet[QL]
	Zituvio Tablet[QL]
Drugs Containing a GLP-1 Receptor Agonist	**Drugs Containing a GLP-1 Receptor Agonist**
Ozempic *(semaglutide)* Pen[PA, QL]	Bydureon BCise *(exenatide microspheres)* Autoinjector[QL]
Trulicity *(dulaglutide)* Pen[PA, QL]	Liraglutide Pen[QL]
Victoza *(liraglutide)* Pen[PA, QL]	Mounjaro *(tirzepatide)* Pen[QL]
	Rybelsus *(semaglutide)* Tablet[QL]

HYPOGLYCEMICS, INSULIN AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents
Alternate Formulations	**Alternate Formulations**
	Afrezza Cartridge
	Soliqua *(insulin glargine-lixisenatide)* Pen[QL]
	Xultophy *(insulin degludec-liraglutide)* Pen[QL]
Intermediate-Acting	**Intermediate-Acting**
Humulin N Kwikpen	
Humulin N Vial	
Novolin N Flexpen	
Novolin N Vial	
Long-Acting	**Long-Acting**
Insulin Glargine 300 units/ml Solostar	Basaglar *(insulin glargine)* 100 units/ml Kwikpen
Insulin Glargine Max 300 units/ml Solostar	Basaglar *(insulin glargine)* 100 units/ml Tempo Pen
Lantus *(insulin glargine)* 100 units/ml Solostar	Insulin Degludec 100 units/ml Pen
Lantus *(insulin glargine)* 100 units/ml Vial	Insulin Degludec 100 units/ml Vial
Toujeo *(insulin glargine)* 300 units/ml Solostar	Insulin Degludec 200 units/ml Pen
Toujeo Max *(insulin glargine)* 300 units/ml Solostar	Insulin Glargine-yfgn 100 units/ml Pen
	Insulin Glargine-yfgn 100 units/ml Vial
	Rezvoglar *(insulin glargine-aqlr)* 100 units/ml Kwikpen
	Semglee (yfgn) *(insulin glargine-yfgn)* 100 units/ml Pen
	Semglee (yfgn) *(insulin glargine-yfgn)* 100 units/ml Vial

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

	Tresiba *(insulin degludec)* 100 units/ml Flextouch
	Tresiba *(insulin degludec)* 100 units/ml Vial
	Tresiba *(insulin degludec)* 200 units/ml Flextouch
Mixed Insulins	**Mixed Insulins**
Humalog Mix *(insulin lispro protamine-insulin lispro)* 50-50 Kwikpen	Humalog Mix *(insulin lispro protamine-insulin lispro)* 75-25 Kwikpen
Humalog Mix *(insulin lispro protamine-insulin lispro)* 75-25 Vial	Humulin 70-30 Kwikpen
Humulin 70-30 Vial	Novolin 70-30 Flexpen
Insulin Aspart Protamine-Insulin Aspart 70-30 Pen	Novolin 70-30 Vial
Insulin Aspart Protamine-Insulin Aspart 70-30 Vial	NovoLog Mix *(insulin aspart protamine-insulin aspart)* 70-30 Flexpen
Insulin Lispro Protamine Mix 75-25 Pen	NovoLog Mix *(insulin aspart protamine-insulin aspart)* 70-30 Vial
Rapid-Acting	**Rapid-Acting**
Apidra *(insulin glulisine)* Solostar	Admelog *(insulin lispro)* Solostar
Apidra *(insulin glulisine)* Vial	Admelog *(insulin lispro)* Vial
Insulin Aspart Penfill Cartridge	Fiasp *(insulin aspart)* Flextouch
Insulin Aspart Pen	Fiasp *(insulin aspart)* Penfill Cartridge
Insulin Aspart Vial	Fiasp *(insulin aspart)* Pumpcart Cartridge
Insulin Lispro 100 units/ml Kwikpen	Fiasp *(insulin aspart)* Vial
Insulin Lispro 100 units/ml Vial	Humalog *(insulin lispro)* 100 units/ml Cartridge
Insulin Lispro Jr Kwikpen	Humalog *(insulin lispro)* 100 units/ml Kwikpen
	Humalog *(insulin lispro)* 100 units/ml Vial
	Humalog *(insulin lispro)* 200 units/ml Kwikpen
	Humalog *(insulin lispro)* 100 units/ml Tempo Pen
	Humalog Jr *(insulin lispro)* Kwikpen
	Lyumjev *(insulin lispro)* 100 units/ml Kwikpen
	Lyumjev *(insulin lispro)* 200 units/ml Kwikpen
	Lyumjev *(insulin lispro)* 100 units/ml Tempo Pen
	Lyumjev *(insulin lispro)* 100 units/ml Vial
	Novolog *(insulin aspart)* Flexpen
	Novolog *(insulin aspart)* Penfill Cartridge
	Novolog *(insulin aspart)* Vial
Short-Acting	**Short-Acting**
Humulin R 100 units/ml Vial	
Humulin R 500 units/ml Kwikpen	
Humulin R 500 units/ml Vial	
Novolin R Flexpen	
Novolin R Vial	

HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents	Non-Preferred Agents
Nateglinide Tablet[QL]	
Repaglinide Tablet[QL]	

HYPOGLYCEMICS, METFORMINS

Preferred Agents	Non-Preferred Agents
Glipizide-Metformin Tablet[QL]	Metformin Solution[QL]
Glyburide-Metformin Tablet[QL]	Metformin 625 mg Tablet[QL]

Metformin 500 mg, 850 mg, 1000 mg Tablet[QL]	Metformin ER (Gastric) Tablet (*generic Glumetza ER*)[QL]
Metformin ER 500 mg, 750 mg Tablet (*generic Glucophage XR Tablet*)[QL]	Metformin ER (Osmotic) Tablet (*generic Fortamet ER)*[QL]
	Riomet Solution[QL]

HYPOGLYCEMICS, SGLT2 INHIBITORS

Preferred Agents	Non-Preferred Agents
Farxiga Tablet[QL]	Dapagliflozin Tablet[QL]
Invokamet Tablet[QL]	Dapagliflozin-Metformin ER Tablet[QL]
Invokana Tablet[QL]	Glyxambi Tablet[QL]
Jardiance Tablet[QL]	Inpefa Tablet[QL]
Synjardy Tablet[QL]	Invokamet XR Tablet[QL]
Xigduo XR Tablet[QL]	Qtern Tablet[QL]
	Segluromet Tablet[QL]
	Steglatro Tablet[QL]
	Steglujan Tablet[QL]
	Synjardy XR Tablet[QL]
	Trijardy XR Tablet[QL]

HYPOGLYCEMICS, SULFONYLUREAS

Preferred Agents	Non-Preferred Agents
Glimepiride 1 mg, 2 mg, 4 mg Tablet[QL]	Glipizide 2.5 mg Tablet[QL]
Glipizide 5 mg, 10 mg Tablet[QL]	Glucotrol XL Tablet[QL]
Glipizide ER/XL Tablet[QL]	Glynase Prestab[QL]
Glyburide Tablet[QL]	
Glyburide Micronized Tablet[QL]	

HYPOGLYCEMICS, TZDs

Preferred Agents	Non-Preferred Agents
Pioglitazone Tablet[QL]	Actoplus Met Tablet[QL]
	Actos Tablet[QL]
	Alogliptin-Pioglitazone Tablet[QL]
	Duetact Tablet[QL]
	Oseni Tablet[QL]
	Pioglitazone-Glimepiride Tablet[QL]
	Pioglitazone-Metformin Tablet[QL]

IMMUNOMODULATORS, DERMATOLOGICS

Preferred Agents	Non-Preferred Agents
Adbry *(tralokinumab-ldrm)* Autoinjector[PA, QL]	Eucrisa *(crisaborole)* Ointment
Adbry *(tralokinumab-ldrm)* Syringe[PA, QL]	Opzelura *(ruxolitinib)* Cream[QL]
Cibinqo *(abrocitinib)* Tablet[PA, QL]	Pimecrolimus Cream
Dupixent *(dupilumab)* Pen[PA, QL]	Rinvoq ER *(upadacitinib)* Tablet[QL]
Dupixent *(dupilumab)* Syringe[PA, QL]	Vtama Cream
Ebglyss *(lebrikizumab-lbkz)* Pen[PA, QL]	
Ebglyss *(lebrikizumab-lbkz)* Syringe[PA, QL]	
Tacrolimus Ointment	

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

IMMUNOMODULATORS, TOPICAL

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

IMMUNOSUPPRESSIVES, ORAL

Preferred Agents	Non-Preferred Agents
Azathioprine 50 mg Tablet *(generic Imuran)*	Astagraf XL *(tacrolimus extended-release)* Capsule
Cyclosporine Capsule	Azathioprine 75 mg, 100 mg Tablet *(generic Azasan)*
Cyclosporine (Modified) Capsule/Softgel	Cellcept *(mycophenolate mofetil)* Capsule
Cyclosporine (Modified) Solution	Cellcept *(mycophenolate mofetil)* Suspension
Mycophenolate Mofetil Capsule	Cellcept *(mycophenolate mofetil)* Tablet
Mycophenolate Mofetil Suspension	Envarsus XR *(tacrolimus extended-release)* Tablet
Mycophenolate Mofetil Tablet	Everolimus Tablet
Mycophenolic Acid DR Tablet	Gengraf *(cyclosporine, modified)* Capsule
Sandimmune *(cyclosporine)* Solution	Gengraf *(cyclosporine, modified)* Solution
Sirolimus Solution	Imuran *(azathioprine)* Tablet
Sirolimus Tablet	Lupkynis *(voclosporin)* Capsule[QL]
Tacrolimus Capsule	Myfortic DR *(mycophenolic acid delayed-release)* Tablet
	Myhibbin *(mycophenolate mofetil)* Suspension
	Neoral *(cyclosporine, modified)* Capsule
	Neoral *(cyclosporine, modified)* Solution
	Prograf *(tacrolimus)* Capsule
	Prograf *(tacrolimus)* Granule Packet
	Rezurock *(belumosudil)* Tablet[QL]
	Sandimmune *(cyclosporine)* Capsule
	Zortress *(everolimus)* Tablet

INTRA-ARTICULAR HYALURONATES

Preferred Agents	Non-Preferred Agents
Durolane Syringe[PA, QL]	Gel-One Syringe[QL]
Euflexxa Syringe[PA, QL]	Genvisc 850 Syringe[QL]
Gelsyn-3 Syringe[PA, QL]	Hymovis Syringe[QL]
Hyalgan Syringe[PA, QL]	Monovisc Syringe[QL]
Hyalgan Vial[PA, QL]	Orthovisc Syringe[QL]
Visco-3 Syringe[PA, QL]	Supartz FX Syringe[QL]
	Synojoynt Syringe[QL]
	Synvisc Syringe[QL]
	Synvisc-One Syringe[QL]
	Triluron Syringe[QL]
	Trivisc Syringe[QL]

INTRANASAL RHINITIS AGENTS

Preferred Agents	Non-Preferred Agents
Azelastine 0.1% (137 mcg) Nasal Spray *(generic Astelin)*[QL]	Azelastine 0.15% (205.5 mcg) Nasal Spray *(generic Astepro)*[QL]
Fluticasone Propionate Nasal Spray (Rx)[QL]	Azelastine-Fluticasone Nasal Spray[QL]
Ipratropium Nasal Spray[QL]	Budesonide Nasal Spray[QL]
	Dymista Nasal Spray[QL]
	Flunisolide Nasal Spray[QL]
	Fluticasone Propionate Nasal Spray (OTC)[QL]

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

	Mometasone Furoate Nasal Spray[QL]
	Nasonex Nasal Spray
	Olopatadine Nasal Spray[QL]
	Omnaris Nasal Spray[QL]
	Patanase Nasal Spray[QL]
	Qnasl Nasal Spray[QL]
	Qnasl Children Nasal Spray[QL]
	Ryaltris Nasal Spray[QL]
	Sinuva Implant
	Triamcinolone Acetonide Nasal Spray[AE<4, QL]
	Xhance Nasal Spray[QL]
	Zetonna Nasal Spray[QL]

IRON CHELATING AGENTS

Preferred Agents	Non-Preferred Agents
Deferasirox Granule Packet[PA]	Deferiprone Tablet
Deferasirox Tablet[PA]	Exjade *(deferasirox)* Tablet for Oral Suspension
Deferasirox Tablet for Oral Suspension[PA]	Ferriprox *(deferiprone)* Solution
	Ferriprox *(deferiprone)* Tablet
	Jadenu *(deferasirox)* Sprinkle Granule Packet
	Jadenu *(deferasirox)* Tablet

IRON, PARENTERAL

Preferred Agents	Non-Preferred Agents
Ferrlecit *(sodium ferric gluconate complex)* Vial	Feraheme *(ferumoxytol)* Vial[QL]
Infed *(iron dextran, LMW)* Vial	Ferumoxytol Vial[QL]
Sodium Ferric Gluconate Complex in Sucrose Vial	Injectafer *(ferric carboxymaltose)* Vial
Venofer *(iron sucrose)* Vial[QL]	Monoferric *(ferric derisomaltose)* Vial[QL]

LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents
Montelukast Chewable Tablet[QL]	Accolate *(zafirlukast)* Tablet[QL]
Montelukast Tablet[QL]	Montelukast Granule Packet[AE<2, QL]
	Singulair *(montelukast)* Chewable Tablet[QL]
	Singulair *(montelukast)* Granule Packet[QL]
	Singulair *(montelukast)* Tablet[QL]
	Zafirlukast Tablet[QL]
	Zileuton ER Tablet[QL]
	Zyflo *(zileuton)* Tablet[QL]

LIPOTROPICS, OTHER

Preferred Agents	Non-Preferred Agents
Cholestyramine Powder	Antara Capsule[QL]
Cholestyramine Powder Packet	Colesevelam Powder Packet[QL]
Cholestyramine Light Powder	Colesevelam Tablet[QL]
Cholestyramine Light Powder Packet	Colestid Granule
Colestipol Tablet[QL]	Colestid Tablet[QL]
Ezetimibe Tablet[QL]	Colestipol Granule
Fenofibrate 54 mg, 160 mg Tablet *(generic Lofibra Tablet)*[QL]	Colestipol Granule Packet
Fenofibrate Micronized 43 mg, 130 mg Capsule *(generic Antara)*[QL]	Evkeeza Vial

Fenofibrate Micronized 67 mg, 134 mg, 200 mg Capsule *(generic Lofibra Capsule)*[QL]	Fenofibrate 50 mg, 150 mg Capsule *(generic Lipofen)*[QL]
Fenofibrate Nanocrystalized 48 mg, 145 mg Tablet *(generic Tricor)*[QL]	Fenofibrate 40 mg, 120 mg Tablet *(generic Fenoglide)*[QL]
Fenofibric Acid (Choline) DR 45 mg, 135 mg Capsule *(generic Trilipix)*[QL]	Fenofibrate (Micronized) 90 mg Capsule *(generic Antara)*[QL]
Gemfibrozil Tablet[QL]	Fenofibric Acid 35 mg, 105 mg Tablet *(generic Fibricor)*[QL]
Nexletol Tablet[PA, QL]	Fenoglide Tablet[QL]
Nexlizet Tablet[PA, QL]	Fibricor Tablet[QL]
Omega-3 Ethyl Esters Capsule[QL]	Icosapent Ethyl Capsule[QL]
Praluent Pen[PA, QL]	Juxtapid Capsule[QL]
Prevalite Powder	Leqvio Syringe[QL]
Prevalite Powder Packet	Lipofen Capsule[QL]
Repatha Pushtronex[PA, QL]	Lopid Tablet[QL]
Repatha Sureclick[PA, QL]	Niacin ER Tablet *(generic Niaspan)*
Repatha Syringe[PA, QL]	Questran Powder
	Questran Powder Packet
	Questran Light Powder
	Tricor Tablet[QL]
	Welchol Powder Packet[QL]
	Welchol Tablet[QL]
	Zetia Tablet[QL]

LIPOTROPICS, STATINS

Preferred Agents	Non-Preferred Agents
Atorvastatin Tablet[QL]	Altoprev ER Tablet[QL]
Lovastatin Tablet[QL]	Amlodipine-Atorvastatin Tablet[QL]
Pravastatin Tablet[QL]	Atorvaliq Suspension[QL]
Rosuvastatin Tablet[QL]	Caduet Tablet[QL]
Simvastatin Tablet[QL]	Crestor Tablet[QL]
	Ezallor Sprinkle Capsule[QL]
	Ezetimibe-Simvastatin Tablet[QL]
	Fluvastatin Capsule[QL]
	Fluvastatin ER Tablet[QL]
	Lescol XL Tablet[QL]
	Lipitor Tablet[QL]
	Livalo Tablet[QL]
	Pitavastatin Tablet[QL]
	Vytorin Tablet[QL]
	Zocor Tablet[QL]
	Zypitamag Tablet[QL]

LOCAL ANESTHETICS, TOPICAL

Preferred Agents	Non-Preferred Agents
Glydo Jelly (mucous membrane) Syringe[AR]	Dermacinrx Lidocan Patch[QL]
Lidocaine Cream	Dermacinrx Lidogel Gel
Lidocaine Jelly[AR]	Dermacinrx Lidorex Gel
Lidocaine Ointment	Lidaflex Patch[QL]
Lidocaine 4% Patch[QL]	Lidocaine + Dressing Kit
Lidocaine 5% Patch *(generic Lidoderm Patch)*[QL]	Lidocaine-Prilocaine Kit
Lidocaine (mucous membrane) Solution[AR]	Lidocan Patch[QL]
Lidocaine (topical) Solution	Lidoderm Patch[QL]
Lidocaine Viscous Solution[AR]	Lidotral Cream
Lidocaine-Prilocaine Cream	Tetri-AG Ointment

	Tridacaine Patch[QL]
	Ztlido Patch[QL]

MACROLIDES

Preferred Agents	Non-Preferred Agents
Azithromycin Packet	Clarithromycin ER Tablet
Azithromycin Suspension	E.E.S. 400 Filmtab
Azithromycin Tablet	E.E.S. 200 Suspension
Clarithromycin Suspension	EryPed Suspension
Clarithromycin Tablet	Ery-Tab DR Tablet
	Erythrocin (Stearate) Filmtab
	Erythromycin Base DR Capsule
	Erythromycin Base DR Tablet
	Erythromycin Base Filmtab
	Erythromycin Ethylsuccinate Suspension
	Erythromycin Ethylsuccinate Tablet
	Zithromax Packet
	Zithromax Suspension
	Zithromax Tablet
	Zithromax Tri-Pak

MACULAR DEGENERATION AGENTS

Preferred Agents	Non-Preferred Agents
Cimerli *(ranibizumab-eqrn)* Vial[PA, QL]	Beovu *(brolucizumab-dbll)* Syringe[QL]
Eylea *(aflibercept)* Syringe[PA, QL]	Byooviz *(ranibizumab-nuna)* Vial[QL]
Eylea *(aflibercept)* Vial[PA, QL]	Eylea HD *(aflibercept)* Vial[QL]
Lucentis *(ranibizumab)* Syringe[PA, QL]	Izervay *(avacincaptad pegol sodium)* Vial[QL]
Lucentis *(ranibizumab)* Vial[PA, QL]	Susvimo *(ranibizumab)* Vial
Syfovre *(pegcetacoplan)* Vial[PA, QL]	
Vabysmo *(faricimab-svoa)* Syringe[PA]	
Vabysmo *(faricimab-svoa)* Vial[PA, QL]	

METHOTREXATE

Preferred Agents	Non-Preferred Agents
Methotrexate Tablet	Jylamvo Solution
Methotrexate Vial	Otrexup Autoinjector[QL]
Methotrexate Preservative-Free Vial	Rasuvo Autoinjector[QL]
	Trexall Tablet
	Xatmep Solution

MIGRAINE ACUTE TREATMENT AGENTS

Preferred Agents	Non-Preferred Agents
Eletriptan Tablet[QL]	Almotriptan Tablet[QL]
Naratriptan Tablet[QL]	Diclofenac Potassium Powder Packet[QL]
Nurtec *(rimegepant)* ODT[PA, QL]	Dihydroergotamine Mesylate Ampule
Rizatriptan ODT[QL]	Dihydroergotamine Mesylate Nasal Spray[QL]
Rizatriptan Tablet[QL]	Elyxyb Solution[QL]
Sumatriptan Cartridge[QL]	Ergomar SL Tablet
Sumatriptan Nasal Spray[QL]	Frova Tablet[QL]

Sumatriptan Pen Injector[QL]	Frovatriptan Tablet[QL]
Sumatriptan Tablet[QL]	Imitrex Cartridge[QL]
Sumatriptan Vial[QL]	Imitrex Pen Injector[QL]
Ubrelvy Tablet[PA, QL]	Imitrex Tablet[QL]
Zolmitriptan ODT[QL]	Maxalt Tablet[QL]
Zolmitriptan Tablet[QL]	Maxalt MLT[QL]
	Relpax Tablet[QL]
	Reyvow Tablet[QL]
	Sumatriptan-Naproxen Tablet[QL]
	Tosymra Nasal Spray[QL]
	Trudhesa Nasal Spray[QL]
	Zavzpret Nasal Spray[QL]
	Zembrace Symtouch[QL]
	Zolmitriptan Nasal Spray[QL]
	Zomig Nasal Spray[QL]
	Zomig Tablet[QL]

MIGRAINE PREVENTION AGENTS (PREVIOUSLY ANTIMIGRAINE AGENTS, OTHER)

Preferred Agents	Non-Preferred Agents
Aimovig *(erenumab-aooe)* Autoinjector[PA, QL]	Qulipta *(atogepant)* Tablet[QL]
Ajovy *(fremanezumab-vfrm)* Autoinjector[PA, QL]	Vyepti *(eptinezumab-jjmr)* Vial[QL]
Ajovy *(fremanezumab-vfrm)* Syringe[PA, QL]	
Emgality *(galcanezumab-gnlm)* Pen[PA, QL]	
Emgality *(galcanezumab-gnlm)* Syringe[PA, QL]	
Nurtec *(rimegepant)* ODT[PA, QL]	

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

Preferred Agents	Non-Preferred Agents
Dupixent *(dupilumab)* Pen[PA, QL]	Cinqair *(reslizumab)* Vial
Dupixent *(dupilumab)* Syringe[PA, QL]	
Fasenra *(benralizumab)* Pen[PA, QL]	
Fasenra *(benralizumab)* Syringe[PA, QL]	
Nucala *(mepolizumab)* Autoinjector[PA, QL]	
Nucala *(mepolizumab)* Syringe[PA, QL]	
Nucala *(mepolizumab)* Vial[PA, QL]	
Tezspire *(tezepelumab)* Pen[PA, QL]	
Tezspire *(tezepelumab)* Syringe[PA, QL]	
Xolair *(omalizumab)* Autoinjector[PA, QL]	
Xolair *(omalizumab)* Syringe[PA, QL]	
Xolair *(omalizumab)* Vial[PA, QL]	

MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred Agents
Avonex *(interferon beta-1a)* Pen Kit[QL]	Ampyra ER *(dalfampridine ER)* Tablet[QL]
Avonex *(interferon beta-1a)* Syringe Kit[QL]	Aubagio *(teriflunomide)* Tablet[QL]
Betaseron *(interferon beta-1b)* Kit[QL]	Bafiertam DR *(monomethyl fumarate DR)* Capsule[QL]
Briumvi *(ublituximab-xiiy)* Vial[PA, QL]	Copaxone *(glatiramer)* Syringe[QL]
Dalfampridine ER Tablet[PA, QL]	Gilenya *(fingolimod HCl)* Capsule[QL]
Dimethyl Fumarate DR Capsule[PA, QL]	Lemtrada *(alemtuzumab)* Vial[QL]
Fingolimod Capsule[PA, QL]	Mavenclad *(cladribine)* Tablet[QL]
Glatiramer Syringe[QL]	Mayzent *(siponimod)* Tablet[QL]

Glatopa *(glatiramer)* Syringe[QL]	Plegridy *(peginterferon beta-1a)* Pen[QL]
Kesimpta *(ofatumumab)* Pen[PA, QL]	Plegridy *(peginterferon beta-1a)* Syringe[QL]
Ocrevus *(ocrelizumab)* Vial[PA, QL]	Ponvory *(ponesimod)* Tablet[QL]
Rebif *(interferon beta-1a)* Rebidose Autoinjector[QL]	Tascenso *(fingolimod lauryl sulfate)* ODT[QL]
Rebif *(interferon beta-1a)* Syringe[QL]	Tecfidera DR *(dimethyl fumarate DR)* Capsule[QL]
Teriflunomide Tablet[PA, QL]	Vumerity DR *(diroximel fumarate DR)* Capsule[QL]
Tysabri *(natalizumab)* Vial[PA, QL]	Zeposia *(ozanimod)* Capsule[QL]

NEUROPATHIC PAIN AGENTS

Preferred Agents	Non-Preferred Agents
Capsaicin Cream	Cymbalta Capsule[QL]
Duloxetine DR 20 mg, 30 mg, 60 mg Capsule *(generic Cymbalta)*[QL]	Drizalma Sprinkle Capsule[QL]
Gabapentin Capsule[QL]	Duloxetine DR 40 mg Capsule *(generic Irenka)*[QL]
Gabapentin Solution[QL]	Gabapentin ER Tablet *(generic Gralise ER)*[QL]
Gabapentin Tablet[QL]	Gralise ER Tablet[QL]
Lidocaine 4% Patch	Horizant ER Tablet[QL]
Lidocaine 5% Patch *(generic Lidoderm Patch)*[QL]	Lidaflex Patch[QL]
Pregabalin Capsule[QL]	Lidoderm Patch[QL]
Pregabalin Solution[QL]	Lyrica Capsule[QL]
	Lyrica Solution[QL]
	Lyrica CR Tablet[QL]
	Neurontin Capsule[QL]
	Neurontin Solution[QL]
	Neurontin Tablet[QL]
	Pregabalin ER Tablet[QL]
	Qutenza Patch[QL]
	Savella Tablet[QL]
	Ztlido Patch[QL]

NSAIDs

Preferred Agents	Non-Preferred Agents
Celecoxib Capsule[QL]	Arthrotec Tablet[QL]
Diclofenac Sodium 1% Gel[QL]	Celebrex Capsule[QL]
Diclofenac Sodium 1.5% Topical Solution Drops[QL]	Daypro Tablet[QL]
Diclofenac Sodium DR/EC 25 mg, 50 mg, 75 mg Tablet *(generic Voltaren EC Tablet)*[QL]	Diclofenac Epolamine Patch[QL]
	Diclofenac Potassium Capsule[QL]
Diclofenac Sodium-Misoprostol Tablet[QL]	Diclofenac Potassium Powder Packet[QL]
EC-Naproxen 375 mg, 500 mg Tablet *(generic Naprosyn EC Tablet)*[QL]	Diclofenac Potassium Tablet[QL]
	Diclofenac Sodium 2% Topical Solution Pump[QL]
Flurbiprofen Tablet[QL]	Diclofenac Sodium ER 24HR 100 mg Tablet *(generic Voltaren-XR Tablet)*[QL]
Ibuprofen Capsule[QL]	
Ibuprofen Chewable Tablet[QL]	Diflunisal Tablet[QL]
Ibuprofen Suspension[QL]	Dolobid Tablet[QL]
Ibuprofen Suspension Drops[QL]	Duexis Tablet[QL]
Ibuprofen 200 mg, 400 mg, 600 mg, 800 mg Tablet[QL]	Elyxyb Solution[QL]
Indomethacin Capsule[QL]	Etodolac Capsule[QL]
Indomethacin ER Capsule[QL]	Etodolac Tablet[QL]
Ketorolac Tablet[QL]	Etodolac ER Tablet[QL]
Meloxicam Tablet[QL]	Fenoprofen Capsule[QL]
Nabumetone Tablet[QL]	Fenoprofen Tablet[QL]
Naproxen Suspension[QL]	Fenopron Capsule

Naproxen 250 mg, 375 mg, 500 mg Tablet *(generic Naprosyn Tablet)*[QL]	Ibuprofen-Famotidine Tablet[QL]
Naproxen DR 375 mg, 500 mg Tablet *(generic Naprosyn EC Tablet)*[QL]	Indomethacin Rectal Suppository[QL]
Naproxen Sodium 220 mg Capsule *(generic Aleve Liquid Gel Cap)*[QL]	Indomethacin Suspension[QL]
Naproxen Sodium 220 mg Tablet *(generic Aleve Caplet/Tablet)*[QL]	Ketoprofen ER Capsule[QL]
Naproxen Sodium 275 mg Tablet *(generic Anaprox Tablet)*[QL]	Kiprofen Capsule[QL]
Naproxen Sodium DS 550 mg Tablet *(generic Anaprox DS Tablet)*[QL]	Lofena Tablet[QL]
Piroxicam Capsule[QL]	Meclofenamate Capsule[QL]
Sulindac Tablet[QL]	Mefenamic Acid Capsule[QL]
	Meloxicam Capsule[QL]
	Nalfon Capsule[QL]
	Nalfon Tablet[QL]
	Naprelan CR Tablet[QL]
	Naprosyn Suspension[QL]
	Naproxen-Esomeprazole DR Tablet[QL]
	Naproxen Sodium CR/ER Tablet *(generic Naprelan CR Tablet)*[QL]
	Oxaprozin Tablet[QL]
	Pennsaid Pump[QL]
	Relafen DS Tablet[QL]
	Tolectin Tablet[QL]
	Tolmetin Sodium Capsule[QL]
	Tolmetin Sodium Tablet[QL]
	Vimovo DR Tablet[QL]

OBESITY TREATMENT AGENTS

Preferred Agents	Non-Preferred Agents
Drugs Containing a GLP-1 Receptor Agonist	**Drugs Containing a GLP-1 Receptor Agonist**
Saxenda *(liraglutide)* Pen[PA, QL]	
Wegovy *(semaglutide)* Pen[PA, QL]	
Zepbound *(tirzepatide)* Pen[PA, QL]	
Miscellaneous	**Miscellaneous**
Phentermine Capsule[PA, QL]	Adipex-P *(phentermine)* Capsule[QL]
Phentermine Tablet[PA, QL]	Adipex-P *(phentermine)* Tablet[QL]
	Amphetamine Tablet[QL]
	Benzphetamine Tablet[QL]
	Diethylpropion Tablet[QL]
	Diethylpropion ER Tablet[QL]
	Evekeo *(amphetamine)* Tablet[QL]
	Lomaira *(phentermine)* Tablet[QL]
	Orlistat Capsule[QL]
	Phendimetrazine Tablet[QL]
	Phendimetrazine ER Capsule[QL]
	Xenical *(orlistat)* Capsule[QL]

ONCOLOGY AGENTS, BREAST CANCER

Preferred Agents	Non-Preferred Agents
Anastrozole Tablet[QL]	Arimidex Tablet[QL]
Exemestane Tablet[QL]	Aromasin Tablet[QL]
Letrozole Tablet[PA, QL]	Fareston Tablet[QL]
Tamoxifen Tablet[QL]	Femara Tablet[QL]

	Orserdu Tablet[QL]
	Soltamox Solution[QL]
	Toremifene Tablet[QL]

ONCOLOGY AGENTS, ORAL

Preferred Agents	Non-Preferred Agents
Abiraterone Acetate 250 mg Tablet[PA, QL]	Abiraterone Acetate 500 mg Tablet[QL]
Abirtega Tablet[PA, QL]	Afinitor Tablet[QL]
Afinitor Disperz Tablet[PA, QL]	Casodex Tablet[QL]
Akeega Tablet[PA, QL]	Everolimus Tablet for Suspension[QL]
Alecensa Capsule[PA, QL]	Gefitinib Tablet[QL]
Alunbrig Tablet[PA, QL]	Gleevec Tablet[QL]
Augtyro Capsule[PA, QL]	Iclusig 30 mg Tablet[QL]
Ayvakit Tablet[PA, QL]	Imbruvica Suspension[QL]
Balversa Tablet[PA, QL]	Imbruvica Tablet[QL]
Bicalutamide Tablet[PA, QL]	Lapatinib Tablet[QL]
Bosulif Capsule[PA, QL]	Pazopanib Tablet[QL]
Bosulif Tablet[PA, QL]	Qinlock Tablet[QL]
Braftovi Capsule[PA, QL]	Sorafenib Tablet[QL]
Brukinsa Capsule[PA, QL]	Sunitinib Capsule[QL]
Brukinsa Tablet[PA]	Tafinlar Tablet for Suspension[QL]
Cabometyx Tablet[PA, QL]	Tarceva Tablet[QL]
Calquence Tablet[PA, QL]	Xeloda Tablet
Capecitabine Tablet[PA]	Yonsa Tablet[QL]
Caprelsa Tablet[PA, QL]	Zytiga Tablet[QL]
Cometriq Capsule[PA, QL]	
Copiktra Capsule[PA, QL]	
Cotellic Tablet[PA, QL]	
Daurismo Tablet[PA, QL]	
Erivedge Capsule[PA, QL]	
Erleada Tablet[PA, QL]	
Erlotinib Tablet[PA, QL]	
Everolimus Tablet[PA, QL]	
Fotivda Capsule[PA, QL]	
Fruzaqla Capsule[PA, QL]	
Gavreto Capsule[PA, QL]	
Gilotrif Tablet[PA, QL]	
Ibrance Capsule[PA, QL]	
Ibrance Tablet[PA, QL]	
Iclusig 10 mg, 15 mg, 45 mg Tablet[PA, QL]	
Idhifa Tablet[PA, QL]	
Imatinib Tablet[PA, QL]	
Imbruvica Capsule[PA, QL]	
Inlyta Tablet[PA, QL]	
Inrebic Capsule[PA, QL]	
Iressa Tablet[PA, QL]	
Iwilfin Tablet[PA, QL]	
Jakafi Tablet[PA, QL]	
Jaypirca Tablet[PA, QL]	
Kisqali Tablet[PA, QL]	
Kisqali Femara Co-Pack[PA, QL]	
Koselugo Capsule[PA, QL]	

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Krazati Tablet[PA, QL]
Lenvima Capsule[PA, QL]
Lonsurf Tablet[PA, QL]
Lorbrena Tablet[PA, QL]
Lumakras Tablet[PA, QL]
Lynparza Tablet[PA, QL]
Lytgobi Tablet[PA, QL]
Mekinist Solution[PA, QL]
Mekinist Tablet[PA, QL]
Mektovi Tablet[PA, QL]
Nerlynx Tablet[PA, QL]
Nexavar Tablet[PA, QL]
Ninlaro Capsule[PA, QL]
Nubeqa Tablet[PA, QL]
Odomzo Tablet[PA, QL]
Ogsiveo Tablet[PA, QL]
Ojemda Suspension[PA, QL]
Ojemda Tablet[PA, QL]
Ojjaara Tablet[PA, QL]
Pemazyre Tablet[PA, QL]
Piqray Tablet[PA, QL]
Retevmo Capsule[PA, QL]
Retevmo Tablet[PA, QL]
Rezlidhia Capsule[PA, QL]
Rozlytrek Capsule[PA, QL]
Rozlytrek Pellet Packet[PA, QL]
Rubraca Tablet[PA, QL]
Rydapt Capsule[PA, QL]
Scemblix Tablet[PA, QL]
Sprycel Tablet[PA, QL]
Stivarga Tablet[PA, QL]
Sutent Capsule[PA, QL]
Tabrecta Tablet[PA, QL]
Tafinlar Capsule[PA, QL]
Tagrisso Tablet[PA, QL]
Talzenna Capsule[PA, QL]
Tasigna Capsule[PA, QL]
Tazverik Tablet[PA, QL]
Temozolomide Capsule[PA]
Tepmetko Tablet[PA, QL]
Tibsovo Tablet[PA, QL]
Torpenz Tablet[PA]
Truqap Tablet[PA, QL]
Tukysa Tablet[PA, QL]
Turalio Capsule[PA, QL]
Tykerb Tablet[PA, QL]
Vanflyta Tablet[PA, QL]
Venclexta Tablet[PA, QL]
Verzenio Tablet[PA, QL]
Vitrakvi Capsule[PA, QL]
Vitrakvi Solution[PA, QL]
Vizimpro Tablet[PA, QL]
Vonjo Tablet[PA, QL]

Votrient Tablet[PA, QL]	
Welireg Tablet[PA, QL]	
Xalkori Capsule[PA, QL]	
Xalkori Pellet[PA, QL]	
Xospata Tablet[PA, QL]	
Xpovio Tablet[PA, QL]	
Xtandi Capsule[PA, QL]	
Xtandi Tablet[PA, QL]	
Zejula Tablet[PA, QL]	
Zelboraf Tablet[PA, QL]	
Zolinza Capsule[PA, QL]	
Zydelig Tablet[PA, QL]	
Zykadia Tablet[PA, QL]	

OPHTHALMICS, ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred Agents
Alaway Drops	Alocril Drops
Azelastine Drops	Alomide Drops
Cromolyn Sodium Drops	Alrex Drops
Ketotifen Drops	Bepotastine Drops
Naphcon-A Drops	Bepreve Drops
Olopatadine Drops	Epinastine Drops
Zaditor Drops	Lastacaft Drops
	Loteprednol 0.2% Drops *(generic Alrex)*
	Pataday Eye Drops
	Zerviate Droperette

OPHTHALMICS, ANTIBIOTICS

Preferred Agents	Non-Preferred Agents
Bacitracin-Polymyxin Ointment	Azasite *(azithromycin)* Drops
Ciprofloxacin Drops	Bacitracin Ointment
Erythromycin Ointment	Besivance *(besifloxacin)* Drops
Gatifloxacin Drops	Ciloxan *(ciprofloxacin)* Ointment
Gentamicin Drops	Levofloxacin 0.5% Drops
Moxifloxacin Drops	Moxifloxacin Viscous Drops
Ofloxacin Drops	Neomycin-Bacitracin-Polymyxin Ointment
Polycin *(bacitracin-polymyxin B)* Ointment	Neomycin-Polymyxin-Gramicidin Drops
Polymyxin B-Trimethoprim Drops	Neo-Polycin *(neomycin-bacitracin-polymyxin B)* Ointment
Tobramycin Drops	Ocuflox *(ofloxacin)* Drops
	Polytrim *(polymycin B-trimethroprim)* Drops
	Sulfacetamide Sodium Drops
	Sulfacetamide Sodium Ointment
	Tobrex *(tobramycin)* Ointment
	Vigamox *(moxifloxacin)* Drops

OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred Agents
Neomycin-Bacitracin-Polymyxin-HC Ointment	Maxitrol *(neomycin-polymyxin B-dexamethasone)* Drops
Neomycin-Polymyxin-Dexamethasone Drops	Maxitrol *(neomycin-polymyxin B-dexamethasone)* Ointment
Neomycin-Polymyxin-Dexamethasone Ointment	Neomycin-Polymyxin-HC Drops
	Tobradex ST *(tobramycin-dexamethasone)* Drops

Neo-Polycin HC *(neomycin-bacitracin-polymyxin B-hydrocortisone)* Ointment	Tobramycin-Dexamethasone Drops
Sulfacetamide-Prednisolone Drops	Zylet *(tobramycin-loteprednol)* Drops
Tobradex *(tobramycin-dexamethasone)* Ointment	

OPHTHALMICS, ANTI-INFLAMMATORIES

Preferred Agents	Non-Preferred Agents
Dexamethasone Sodium Phosphate Drops	Acular Drops
Difluprednate Drops	Acular LS Drops
Durezol Drops	Acuvail Droperette
Flarex Drops	Alrex Drops
Fluorometholone Drops	Bromfenac 0.07% Drops *(generic Prolensa)*
Flurbiprofen Drops	Bromfenac 0.075% Drops *(generic Bromsite)*
FML Forte Drops	Bromfenac 0.09% Drops *(generic Bromday)*
Ilevro Drops	Bromsite Drops
Ketorolac Drops	Dextenza Insert
Lotemax Ointment	Dexycu Vial
Maxidex Drops	Diclofenac Drops
Nevanac Drops	FML Liquifilm Drops
Pred Mild Drops	Iluvien Implant
Prednisolone Acetate Drops	Inveltys Drops
Prednisolone Sodium Phosphate Drops	Lotemax Drops
	Lotemax Gel Drops
	Lotemax SM Gel Drops
	Loteprednol 0.2% Drops *(generic Alrex)*
	Loteprednol 0.5% Drops *(generic Lotemax)*
	Loteprednol Gel Drops
	Ozurdex Implant
	Prolensa Drops
	Retisert Implant
	Triesence Vial[QL]
	Xipere Vial

OPHTHALMICS, GLAUCOMA

Preferred Agents	Non-Preferred Agents
Alphagan P 0.1% Drops	Apraclonidine Drops
Alphagan P 0.15% Drops	Azopt Drops
Brimonidine 0.2% Drops	Betaxolol Drops
Carteolol Drops	Betimol Drops
Combigan Drops	Betoptic S 0.25% Drops
Dorzolamide Drops	Bimatoprost 0.03% Drops
Dorzolamide-Timolol Drops *(generic Cosopt)*	Brimonidine 0.1% Drops
Latanoprost 0.005% Drops	Brimonidine 0.15% Drops
Levobunolol Drops	Brimonidine-Timolol Drops
Simbrinza Drops	Brinzolamide Drops
Timolol Maleate Drops *(generic Timoptic)*	Cosopt Drops
	Cosopt PF Droperette
	Dorzolamide-Timolol Droperette *(generic Cosopt PF)*
	Durysta Implant
	Idose TR Implant
	Iopidine Droperette

	Istalol (Daily) Drops
	Iyuzeh Droperette
	Lumigan 0.01% Drops
	Phospholine Iodide Drops
	Pilocarpine Drops
	Rhopressa Drops
	Rocklatan Drops
	Tafluprost Droperette
	Timolol Maleate Droperette *(generic Timolol Ocudose)*
	Timolol Maleate (Daily) Drops *(generic Istalol)*
	Timolol Gel-Solution
	Timoptic Drops
	Timoptic Ocudose Droperette
	Timoptic-XE GFS
	Travatan Z Drops
	Travoprost Drops
	Vyzulta Drops
	Xalatan Drops
	Xelpros Drops
	Zioptan Droperette

OPIOID OVERDOSE AGENTS

Preferred Agents	Non-Preferred Agents
Kloxxado Nasal Spray	
Naloxone Cartridge	
Naloxone Nasal Spray	
Naloxone Syringe	
Naloxone Vial	
Narcan Nasal Spray	
Opvee Nasal Spray	
Rextovy Nasal Spray	
Zimhi Syringe	

OPIOID USE DISORDER TREATMENTS

Preferred Agents	Non-Preferred Agents
Brixadi Monthly Syringe[QL]	Lucemyra Tablet[QL]
Brixadi Weekly Syringe[QL]	Suboxone SL Film[QL]
Buprenorphine SL Tablet[QL]	Zubsolv SL Tablet[QL]
Buprenorphine-Naloxone SL Film[QL]	
Buprenorphine-Naloxone SL Tablet[QL]	
Clonidine Tablet	
Naltrexone Tablet	
Sublocade Syringe[QL]	
Vivitrol Vial[QL]	

OTIC ANTIBIOTIC PREPARATIONS

Preferred Agents	Non-Preferred Agents
Cipro HC Otic Suspension	Ciprofloxacin Otic Solution Droperette
Neomycin-Polymyxin-Hydrocortisone Ear Solution	Ciprofloxacin-Dexamethasone Drops
Neomycin-Polymyxin-Hydrocortisone Ear Suspension	Ciprofloxacin-Fluocinolone Vial
Ofloxacin Ear Drops	Cortisporin-TC Ear Suspension

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred Agents
Creon DR Capsule	Pertzye DR Capsule
Zenpep DR Capsule	Viokace Tablet

PENICILLINS

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

PHOSPHATE LOWERING AGENTS (formerly PHOSPHATE BINDERS)

Preferred Agents	Non-Preferred Agents
Calcium Acetate Capsule[QL]	Auryxia *(ferric citrate)* Tablet[QL]
Calcium Acetate Tablet[QL]	Fosrenol *(lanthanum carbonate)* Chewable Tablet[QL]
Calphron *(calcium acetate)* Tablet[QL]	Fosrenol *(lanthanum carbonate)* Powder Packet[QL]
Sevelamer Carbonate Tablet[QL]	Lanthanum Carbonate Chewable Tablet[QL]
	Renagel *(sevelamer hydrochloride)* Tablet[QL]
	Renvela *(sevelamer carbonate)* Powder Packet[QL]
	Renvela *(sevelamer carbonate)* Tablet[QL]
	Sevelamer Carbonate Powder Packet[QL]
	Sevelamer HCl Tablet[QL]
	Velphoro *(sucroferrix oxyhydroxide)* Chewable Tablet[QL]
	Xphozah *(tenapanor)* Tablet[QL]

PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred Agents
Eligard *(leuprolide acetate)* Kit[PA, QL]	Camcevi *(leuprolide mesylate)* Syringe[QL]
Fensolvi *(leuprolide acetate)* Kit[PA, QL]	Orgovyx *(relugolix)* Tablet[QL]
Firmagon *(degarelix acetate)* Kit[PA, QL]	Oriahnn *(elagolix-estradiol-norethindrone + elagolix)* Capsule[QL]
Leuprolide Acetate Kit[PA]	Supprelin LA *(histrelin)* Kit[QL]
Leuprolide Acetate Vial[PA]	Synarel *(nafarelin acetate)* Nasal Spray[QL]
Leuprolide Depot Vial[PA, QL]	Trelstar *(triptorelin pamoate)* Vial[QL]
Lupron Depot *(leuprolide acetate)* Kit[PA, QL]	
Lupron Depot-Ped *(leuprolide acetate)* Kit[PA, QL]	
Lutrate Depot *(leuprolide acetate)* Vial[PA, QL]	
Myfembree *(relugolix-estradiol-norethindrone)* Tablet[PA, QL]	
Orilissa *(elagolix)* Tablet[PA, QL]	
Triptodur *(triptorelin pamoate)* Kit[PA, QL]	

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred Agents
Aspirin-Dipyridamole ER Capsule[QL]	Effient *(prasugrel)* Tablet[QL]
Brilinta *(ticagrelor)* Tablet[QL]	Plavix *(clopidogrel)* Tablet[QL]
Clopidogrel Tablet[QL]	
Dipyridamole Tablet[QL]	
Prasugrel Tablet[QL]	

POTASSIUM REMOVING AGENTS

Preferred Agents	Non-Preferred Agents
Lokelma *(sodium zirconium cyclosilicate)* Powder Packet[PA, QL]	
Veltassa *(patiromer)* Powder Packet[PA, QL]	

PRENATAL VITAMINS

Preferred Agents	Non-Preferred Agents
Complete Natal DHA Combo Pack	Citranatal B-Calm Combo Pack
M-Natal Plus Tablet	C-Nate DHA Capsule
Niva-Plus Tablet	Completenate Chewable Tablet
Prenatal Plus Vitamin-Mineral Tablet	Dermacinrx Prenatrix Tablet
Prenatal Vitamin Plus Low Iron Tablet	Dermacinrx Prenatryl Tablet
Se-Natal 19 Chewable Tablet	Dermacinrx Pretrate Tablet
Se-Natal 19 Tablet	Elite-OB Tablet
Thrivite Rx Tablet	Enbrace HR Capsule
Trinatal RX 1 Tablet	Folivane-OB Capsule
Wesnatal DHA Complete Combo Pack	Natal PNV Tablet
Westab Plus Tablet	Nestabs Tablet
	Nestabs DHA Combo Pack
	Nestabs One Capsule
	OB Complete Tablet
	OB Complete One Capsule
	OB Complete Petite Capsule
	OB Complete Premier Tablet
	OB Complete with DHA Capsule
	PNV-DHA Capsule
	PNV-Omega Capsule
	PNV-Select Tablet
	Prenate AM Tablet
	Prenate Chewable Tablet
	Prenate DHA Capsule
	Prenate Elite Tablet
	Prenate Enhance Capsule
	Prenate Essential Capsule
	Prenate Mini Capsule
	Prenate Pixie Capsule
	Prenate Restore Capsule
	Primacare Capsule
	Select-OB Chewable Tablet
	Select-OB + DHA Combo Pack
	Taron-C DHA Capsule
	Tricare Tablet
	Tristart DHA Capsule

	Virt-Nate DHA Capsule
	Virt-PN DHA Capsule
	Vitafol Fe Plus Capsule
	Vitafol Gummies
	Vitafol Nano Tablet
	Vitafol Ultra Capsule
	Vitafol-OB Tablet
	Vitafol-OB+DHA Combo Pack
	Vitafol-One Capsule
	Vitamedmd One Rx Capsule
	Vitapearl Capsule
	Wescap-C DHA Capsule
	Wescap-PN DHA Capsule
	Wesnate DHA Capsule
	Westgel DHA Capsule
	Zatean-PN DHA Capsule
	Zatean-PN Plus Capsule

PROGESTATIONAL AGENTS

Preferred Agents	Non-Preferred Agents
Gallifrey Tablet[QL]	Crinone Gel
Medroxyprogesterone Tablet[QL]	Provera Tablet[QL]
Norethindrone Tablet[QL]	
Progesterone Capsule[QL]	
Progesterone Vial	

PROTON PUMP INHIBITORS

Preferred Agents	Non-Preferred Agents
Esomeprazole Magnesium DR Capsule[AR, QL]	Aciphex DR Tablet[AR, QL]
Esomeprazole (Suspension) Packet[AR, QL]	Dexilant DR Capsule[AR, QL]
Lansoprazole DR Capsule[AR, QL]	Dexlansoprazole DR Capsule[AR, QL]
Lansoprazole ODT[AR, QL]	Konvomep Suspension[AR, QL]
Nexium DR (Suspension) Packet[AR, QL]	Nexium DR Capsule[AR, QL]
Omeprazole DR Capsule (Rx)[AR, QL]	Omeprazole DR ODT[AR, QL]
Pantoprazole DR Tablet[AR, QL]	Omeprazole DR Tablet[AR, QL]
Rabeprazole DR Tablet[AR, QL]	Omeprazole Magnesium DR Capsule[AR, QL]
	Omeprazole Magnesium DR Tablet[AR, QL]
	Omeprazole-Sodium Bicarbonate Capsule[AR, QL]
	Omeprazole-Sodium Bicarbonate Packet[AR, QL]
	Pantoprazole Suspension Packet[AR, QL]
	Prevacid 24HR DR Capsule[AR, QL]
	Prevacid DR Capsule[AR, QL]
	Prevacid Solutab[AR, QL]
	Prilosec DR Suspension (Packet)[AR, QL]
	Protonix DR Tablet[AR, QL]
	Protonix Suspension (Packet)[AR, QL]
	Voquezna Tablet[QL]

PULMONARY HYPERTENSION AGENTS, ORAL AND INHALED

Preferred Agents	Non-Preferred Agents
Ambrisentan Tablet[PA, QL]	Adcirca *(tadalafil)* Tablet[QL]

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

Bosentan Tablet[PA, QL]	Adempas *(riociguat)* Tablet[QL]
Revatio *(sildenafil)* Suspension[PA, QL]	Alyq *(tadalafil)* Tablet[QL]
Sildenafil Suspension *(generic Revatio)*[PA, QL]	Letairis *(ambrisentan)* Tablet[QL]
Sildenafil Tablet *(generic Revatio)*[PA, QL]	Liqrev *(sildenafil)* Suspension[QL]
Tadalafil Tablet *(generic Adcirca)*[PA, QL]	Opsumit *(macitentan)* Tablet[QL]
Tyvaso *(treprostinil)* Inhalation Solution[PA, QL]	Opsynvi *(macitentan/tadalafil)* Tablet[QL]
Tyvaso *(treprostinil)* Refill Kit[PA]	Orenitram ER *(treprostinil)* Tablet
Tyvaso *(treprostinil)* Starter Kit[PA]	Revatio *(sildenafil)* Tablet[QL]
Ventavis *(iloprost)* Inhalation Solution[PA, QL]	Tadliq *(tadalafil)* Suspension[QL]
	Tracleer *(bosentan)* Tablet[QL]
	Tracleer *(bosentan)* Tablet for Suspension[QL]
	Tyvaso *(treprostinil)* DPI Cartridge
	Tyvaso *(treprostinil)* DPI Titration Kit
	Uptravi *(selexipag)* Tablet[QL]

SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents
Doxepin Capsule	Ambien Tablet[QL]
Doxepin Concentrate Solution	Ambien CR Tablet[QL]
Eszopiclone Tablet[QL]	Belsomra Tablet[QL]
Temazepam 15 mg, 30 mg Capsule[AR, QL]	Dayvigo Tablet[QL]
Zaleplon Capsule[QL]	Doxepin Tablet[QL]
Zolpidem 5 mg, 10 mg Tablet[QL]	Edluar SL Tablet[QL]
	Estazolam Tablet[AR, QL]
	Flurazepam Capsule[AR, QL]
	Halcion Tablet[AR, QL]
	Hetlioz Capsule[QL]
	Hetlioz LQ Suspension[QL]
	Igalmi Film[QL]
	Lunesta Tablet[QL]
	Midazolam Syrup[AR]
	Quviviq Tablet[QL]
	Ramelteon Tablet[QL]
	Restoril Capsule[AR, QL]
	Rozerem Tablet[QL]
	Tasimelteon Capsule[QL]
	Temazepam 7.5 mg, 22.5 mg Capsule[AR, QL]
	Triazolam Tablet[AR, QL]
	Zolpidem Capsule[QL]
	Zolpidem ER Tablet[QL]
	Zolpidem SL Tablet[QL]
	Zolpimist Spray[QL]

SICKLE CELL ANEMIA AGENTS

Preferred Agents	Non-Preferred Agents
Droxia Capsule	Adakveo Vial
Hydroxyurea Capsule	Endari Powder Packet[QL]
	Hydrea Capsule
	Siklos Tablet

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred Agents
Baclofen 5 mg, 10 mg, 20 mg Tablet[QL]	Amrix ER Capsule[QL]
Cyclobenzaprine Tablet[QL]	Baclofen Solution[QL]
Dantrolene Capsule[QL]	Baclofen Suspension[QL]
Methocarbamol Tablet[QL]	Baclofen 15 mg Tablet[QL]
Tanlor Tablet	Carisoprodol Tablet[QL]
Tizanidine Tablet[QL]	Chlorzoxazone Tablet[QL]
	Cyclobenzaprine ER Capsule[QL]
	Dantrium Capsule[QL]
	Fexmid Tablet[QL]
	Fleqsuvy Suspension[QL]
	Lorzone Tablet[QL]
	Lyvispah Granule Packet[QL]
	Metaxalone Tablet[QL]
	Norgesic Tablet[QL]
	Norgesic Forte Tablet[QL]
	Orphenadrine-Aspirin-Caffeine Tablet
	Orphenadrine ER Tablet[QL]
	Orphengesic Forte Tablet[QL]
	Soma Tablet[QL]
	Tizanidine Capsule[QL]
	Zanaflex Capsule[QL]
	Zanaflex Tablet[QL]

SMOKING CESSATION

Preferred Agents	Non-Preferred Agents
Bupropion SR Tablet[QL]	Nicotine Transdermal System (Steps 1, 2, 3)[QL]
Nicotine Gum[QL]	Nicotrol NS Spray[QL]
Nicotine Lozenge[QL]	
Nicotine Mini Lozenge[QL]	
Nicotine Patch[QL]	
Varenicline Tablet[QL]	

STEROIDS, TOPICAL

Preferred Agents	Non-Preferred Agents
Low Potency	**Low Potency**
Fluocinolone Oil	Alclometasone Cream
Hydrocortisone Cream	Alclometasone Ointment
Hydrocortisone Lotion	Capex *(fluocinolone)* Shampoo
Hydrocortisone Ointment	Derma-Smoothe-FS *(fluocinolone)* Oil
Hydrocortisone-Aloe Cream	Desonide Cream
	Desonide Lotion
	Desonide Ointment
	Hydrocortisone Lotion Complete Kit *(hydrocortisone/cleanser)*
	Hydroxym *(hydrocortisone)* Gel
	Texacort *(hydrocortisone)* Solution
Medium Potency	**Medium Potency**
Fluticasone Cream	Betamethasone Valerate Foam

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

Fluticasone Ointment	Clocortolone Cream
Mometasone Cream	Fluocinolone Cream
Mometasone Ointment	Fluocinolone Ointment
Mometasone Solution	Fluocinolone Solution
	Flurandrenolide Cream
	Flurandrenolide Lotion
	Fluticasone Lotion
	Hydrocortisone Butyrate Cream
	Hydrocortisone Butyrate Lotion
	Hydrocortisone Butyrate Ointment
	Hydrocortisone Butyrate Solution
	Hydrocortisone Valerate Cream
	Hydrocortisone Valerate Ointment
	Locoid *(hydrocortisone butyrate)* Lotion
	Locoid *(hydrocortisone butyrate/emollient)* Lipocream
	Luxiq *(betamethasone valerate)* Foam
	Pandel *(hydrocortisone probutate)* Cream
	Prednicarbate Cream
	Prednicarbate Ointment
	Synalar *(fluocinolone)* Cream
	Synalar *(fluocinolone/emollient)* Cream Kit
	Synalar *(fluocinolone)* Ointment
	Synalar *(fluocinolone/emollient)* Ointment Kit
	Synalar *(fluocinolone)* Solution
	Synalar *(fluocinolone/cleanser)* TS Kit
High Potency	**High Potency**
Betamethasone Dipropionate Cream	Amcinonide Cream
Betamethasone Dipropionate Lotion	Betamethasone Dipropionate Ointment
Betamethasone Dipropionate Augmented Cream	Betamethasone Dipropionate Augmented Gel
Betamethasone Valerate Cream	Betamethasone Dipropionate Augmented Lotion
Betamethasone Valerate Lotion	Betamethasone Dipropionate Augmented Ointment
Betamethasone Valerate Ointment	Desoximetasone Cream
Fluocinonide Cream	Desoximetasone Gel
Fluocinonide Gel	Desoximetasone Ointment
Fluocinonide Ointment	Desoximetasone Spray
Fluocinonide Solution	Diflorasone Cream
Triamcinolone Acetonide Cream	Diflorasone Ointment
Triamcinolone Acetonide Lotion	Diprolene *(betamethasone dipropionate augmented)* Ointment
Triamcinolone Acetonide Ointment	Fluocinonide-E Cream
	Kenalog *(triamcinolone)* Spray
	Topicort *(desoximetasone)* Cream
	Topicort *(desoximetasone)* Gel
	Topicort *(desoximetasone)* Ointment
	Topicort *(desoximetasone)* Spray
	Triamcinolone Spray
Very High Potency	**Very High Potency**
Clobetasol 0.05% Cream *(generic Temovate)*	Apexicon E *(diflorasone/emollient)* Cream
Clobetasol 0.05% Ointment *(generic Temovate)*	Clobetasol Foam
Clobetasol Solution	Clobetasol Gel
Clodan *(clobetasol)* Shampoo	Clobetasol Lotion

	Clobetasol Shampoo
	Clobetasol Spray
	Clobetasol Emollient Cream
	Clobetasol Emollient Foam
	Clobetasol Emulsion Foam
	Clobex *(clobetasol)* Shampoo
	Clobex *(clobetasol)* Spray
	Clodan *(clobetasol/cleanser)* Kit
	Halcinonide Cream
	Halobetasol Cream
	Halobetasol Foam
	Halobetasol Ointment
	Halog *(halcinonide)* Cream
	Halog *(halcinonide)* Ointment
	Halog *(halcinonide)* Solution
	Impeklo *(clobetasol)* Lotion
	Lexette *(halobetasol)* Foam
	Olux *(clobetasol)* Foam
	Olux-E *(clobetasol/emollient)* Foam
	Tovet *(clobetasol/emollient)* Emollient Foam
	Tovet *(clobetasol/emollient)* Foam Kit
	Ultravate *(halobetasol)* Lotion

STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents
Armodafinil Tablet[PA, QL]	Adderall *(dextroamphetamine-amphetamine)* Tablet[AR, QL]
Atomoxetine Capsule[AR, QL]	Adderall XR *(dextroamphetamine-amphetamine ER 24HR)* Capsule[AR, QL]
Clonidine ER 0.1 mg Tablet *(generic Kapvay ER)*[AR, QL]	Adzenys XR-ODT *(amphetamine RAP BP tablet)*[AR, QL]
Concerta *(methylphenidate ER 24HR)* Tablet[AR, QL]	Amphetamine Tablet *(generic Evekeo)*[AR, QL]
Dexmethylphenidate Tablet[AR, QL]	Aptensio XR *(methylphenidate CSBP 40-60)* Capsule[AR, QL]
Dexmethyphenidate ER (CPBP 50-50) Capsule *(generic Focalin XR)*[AR, QL]	Azstarys *(serdexmethylphenidate-dexmethylphen)* Capsule[AR, QL]
Dextroamphetamine Tablet[AR, QL]	Cotempla XR-ODT *(methylphenidate RAP BP tablet)*[AR, QL]
Dextroamphetamine ER Capsule[AR, QL]	Daytrana *(methylphenidate)* Patch[AR, QL]
Dextroamphetamine-Amphetamine Tablet *(generic Adderall)*[AR, QL]	Dexedrine ER *(dextroamphetamine ER)* Capsule[AR, QL]
Dextroamphetamine-Amphetamine ER (24HR) Capsule *(generic Adderall XR)*[AR, QL]	Dextroamphetamine Solution[AR, QL]
Dyanavel XR *(amphetamine SUS BP 24HR)* Suspension[AR, QL]	Dextroamphetamine-Amphetamine ER (CPTP 24HR) Capsule *(generic Mydayis ER)*[AR, QL]
Guanfacine ER Tablet[AR, QL]	Dyanavel XR *(amphetamine TB BP 24HR)* Tablet[AR, QL]
Lisdexamfetamine Capsule[AR, QL]	Evekeo *(amphetamine)* Tablet[AR, QL]
Methylphenidate Solution[AR, QL]	Focalin *(dexmethylphenidate)* Tablet[AR, QL]
Methylphenidate Tablet[AR, QL]	Focalin XR *(dexmethylphenidate CPBP 50-50)* Capsule[AR, QL]
Methylphenidate ER/CD (CPBP 30-70) Capsule *(generic Metadate CD)*[AR, QL]	Intuniv ER *(guanfacine ER 24HR)* Tablet[AR, QL]
Methylphenidate ER Tablet *(generic Ritalin SR)*[AR, QL]	Jornay PM *(methylphenidate CPDR ER SP)* Capsule[AR, QL]
Methylphenidate ER (24HR) 18 mg, 27 mg, 36 mg, 54 mg Tablet *(generic Concerta ER)*[AR, QL]	Lisdexamfetamine Chewable Tablet[AR, QL]
Methylphenidate ER/LA (CPBP 50-50) Capsule *(generic Ritalin LA)*[AR, QL]	Methamphetamine Tablet[AR, QL]
Modafinil Tablet[PA, QL]	Methylin *(methylphenidate)* Solution[AR, QL]
Procentra *(dextroamphetamine)* Solution[AR, QL]	Methylphenidate Chewable Tablet[AR, QL]
Qelbree ER *(viloxazine)* Capsule[AR, QL]	Methylphenidate Patch[AR, QL]
	Methylphenidate ER (CSBP 40-60) Capsule *(generic Aptensio XR)*[AR, QL]

Quillichew ER *(methylphenidate TAB CBP24H)* Chewable Tablet[AR, QL]	Methylphenidate ER (24HR) Tablet (all strengths except 18 mg, 27 mg, 36 mg, 54 mg) *(generic Relexxii ER [24HR])*[AR, QL]
Quillivant XR *(methylphenidate SU ER RC24)* Suspension[AR, QL]	Mydayis ER *(dextroamphetamine-amphetamine CPTP 24HR)* Capsule[AR, QL]
	Nuvigil *(armodafinil)* Tablet[QL]
	Provigil *(modafinil)* Tablet[QL]
	Relexxii ER *(methylphenidate ER 24HR)* Tablet[AR, QL]
	Ritalin *(methylphenidate)* Tablet[AR, QL]
	Ritalin LA *(methylphenidate CPBP 50-50)* Capsule[AR, QL]
	Strattera *(atomoxetine)* Capsule[AR, QL]
	Sunosi *(solriamfetol)* Tablet[QL]
	Vyvanse *(lisdexamfetamine)* Capsule[AR, QL]
	Vyvanse *(lisdexamfetamine)* Chewable Tablet[AR, QL]
	Wakix *(pitolisant)* Tablet[QL]
	Xelstrym *(dextroamphetamine)* Patch[AR, QL]
	Zenzedi *(dextroamphetamine)* Tablet[AR, QL]

TETRACYCLINES

Preferred Agents	Non-Preferred Agents
Doxycycline Hyclate 50 mg, 100 mg Capsule *(generic Vibramycin Capsule)*	Demeclocycline Tablet
Doxycycline Hyclate 20 mg Tablet *(generic Periostat Tablet)*	Doryx DR Tablet[QL]
Doxycycline Hyclate 100 mg Tablet *(generic Vibra-Tabs Tablet)*	Doryx MPC DR Tablet[QL]
Doxycycline Monohydrate 50 mg, 100 mg Capsule *(generic Monodox Capsule)*	Doxycycline Hyclate 50 mg Tablet *(generic Targadox)*
Doxycycline Monohydrate Suspension *(generic Vibramycin Suspension)*	Doxycycline Hyclate 75 mg, 150 mg Tablet *(generic Acticlate Tablet)*
Doxycycline Monohydrate 50 mg, 75 mg, 100 mg Tablet *(generic Adoxa Tablet)*	Doxycycline Hyclate DR Tablet *(generic Doryx DR Tablet)*[QL]
Minocycline Capsule	Doxycycline IR-DR 40 mg Capsule *(generic Oracea Capsule)*[QL]
	Doxycycline Monohydrate 75 mg Capsule *(generic Monodox Capsule)*
	Doxycycline Monohydrate 150 mg Capsule *(generic Adoxa Capsule)*
	Doxycycline Monohydrate 150 mg Tablet *(generic Adoxa Pak Tablet)*
	Minocycline Tablet *(generic Dynacin Tablet)*
	Minocycline ER Tablet *(generic Solodyn ER Tablet)*[QL]
	Nuzyra Tablet[QL]
	Oracea Capsule[QL]
	Solodyn ER Tablet[QL]
	Targadox Tablet
	Tetracycline Capsule
	Tetracycline Tablet
	Ximino ER Capsule[QL]

THALIDOMIDE AND DERIVATIVES

Preferred Agents	Non-Preferred Agents
Revlimid *(lenalidomide)* Capsule[PA, QL]	Lenalidomide Capsule[QL]
Thalomid *(thalidomide)* Capsule[PA, QL]	Pomalyst *(pomalidomide)* Capsule[QL]

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

THROMBOPOIETICS

Preferred Agents	Non-Preferred Agents
Nplate *(romiplostim)* Vial[PA]	Alvaiz *(eltrombopag choline)* Tablet[QL]
Promacta *(eltrombopag olamine)* Suspension Packet[PA, QL]	Doptelet *(avatrombopag)* Tablet[QL]
Promacta *(eltrombopag olamine)* Tablet[PA, QL]	Mulpleta *(lusutrombopag)* Tablet[QL]
	Tavalisse *(fostmatinib)* Tablet[QL]

THYROID HORMONES

Preferred Agents	Non-Preferred Agents
Armour Thyroid *(thyroid, pork)* Tablet	Adthyza *(thyroid, pork)* Tablet
Cytomel *(liothyronine)* Tablet[QL]	Levothyroxine Vial
Ermeza *(levothyroxine)* Solution	Liothyronine Vial
Levo-T *(levothyroxine)* Tablet	Synthroid *(levothyroxine)* Tablet
Levothyroxine Tablet	Thyquidity *(levothyroxine)* Solution
Levoxyl *(levothyroxine)* Tablet	Unithroid *(levothyroxine)* Tablet
Liothyronine Tablet[QL]	
Niva Thyroid *(thyroid, pork)* Tablet	
NP Thyroid *(thyroid, pork)* Tablet	
Renthyroid *(thyroid, pork)* Tablet	

TUBELESS INSULIN DELIVERY DEVICES

Preferred Products	Non-Preferred Products
Cequr Simplicity Inserter[QL]	
Cequr Simplicity Patch[QL]	
Omnipod 5 (G6/Libre 2 Plus) Intro Kit[QL]	
Omnipod 5 (G6/Libre 2 Plus) Pods[QL]	
Omnipod 5 Dex G6-G7 Intro Kit[QL]	
Omnipod 5 Dex G6-G7 Pods[QL]	
Omnipod Classic Pods[QL]	
Omnipod Dash Intro Kit[QL]	
Omnipod Dash PDM Kit[QL]	
Omnipod Dash Pods[QL]	
Omnipod Go Pods[QL]	
V-Go Disposable Insulin Device[QL]	

ULCERATIVE COLITIS AGENTS

Preferred Agents	Non-Preferred Agents
Balsalazide Capsule[QL]	Asacol HD DR *(mesalamine)* Tablet[QL]
Mesalamine DR 400 mg Capsule *(generic Delzicol)*[QL]	Azulfidine *(sulfasalazine)* Tablet[QL]
Mesalamine DR 1.2 g Tablet *(generic Lialda)*[QL]	Azulfidine *(sulfasalazine)* EN-Tab[QL]
Mesalamine Enema[QL]	Budesonide Rectal Foam[QL]
Mesalamine ER 0.375 g Capsule *(generic Apriso ER)*[QL]	Canasa *(mesalamine)* Rectal Suppository[QL]
Mesalamine Rectal Suppository[QL]	Dipentum *(olsalazine)* Capsule[QL]
Pentasa *(mesalamine)* Capsule[QL]	Lialda DR *(mesalamine)* Tablet[QL]
Sulfasalazine Tablet[QL]	Mesalamine DR 800 mg Tablet *(generic Asacol HD)*[QL]
Sulfasalazine DR Tablet[QL]	Mesalamine Enema Kit
	Mesalamine ER Capusle *(generic Pentasa)*[QL]
	Rowasa *(mesalamine)* Enema Kit
	sfRowasa *(mesalamine)* Enema[QL]
	Velsipity *(etrasimod)* Tablet[QL]

AR = age restriction, clinical prior authorization required
AE = age exemption for specified ages (years)
Non-preferred agents require prior authorization
Effective July 7, 2025, v4

PA = clinical prior authorization required
QL = quantity limit applies to FFS claims

	Zeposia *(ozanimod)* Capsule[QL]

UREA CYCLE DISORDER AGENTS

Preferred Agents	Non-Preferred Agents
Buphenyl *(sodium phenylbutyrate)* Powder	Olpruva *(sodium phenylbutyrate)* Kit
Buphenyl *(sodium phenylbutyrate)* Tablet	Pheburane *(sodium phenylbutyrate)* Pellet[QL]
Sodium Phenylbutyrate Powder	Ravicti *(glycerol phenylbutyrate)* Liquid[QL]
Sodium Phenylbutyrate Tablet	

URINARY ANTI-INFECTIVES

Preferred Agents	Non-Preferred Agents
Methenamine Hippurate Tablet[QL]	Fosfomycin Sachet[QL]
Nitrofurantoin Capsule *(generic Macrodantin)*[QL]	Hiprex *(methenamine Hippurate)* Tablet[QL]
Nitrofurantoin Monohydrate-Macro Capsule *(generic Macrobid)*[QL]	Macrobid *(nitrofurantoin monohydrate-macrocrystals)* Capsule[QL]
	Macrodantin *(nitrofurantoin macrocrystals)* Capsule[QL]
	ME-NaPhos-MB-Hyo 1 *(methenamine-monobasic sodium phosphate-methylene blue-hyoscyamine)* Tablet
	Methenamine Mandelate Tablet
	Monurol *(fosfomycin)* Sachet[QL]
	Nitrofurantoin Suspension[AE<9, QL]
	Urelle *(hyoscyamine-methenamine-methylene blue-phenyl salicylate-sodium phosphate monobasic)* Tablet[QL]
	Uribel *(methenamine-methylene blue-phenyl salicylate-hyoscyamine)* Tablet
	Urimar-T *(methenamine-methylene blue-sodium phosphate monobasic-phenyl salicylate-hyoscyamine)* Capsule[QL]
	Urogesic-Blue *(methenamine-monobasic sodium phosphate-methylene blue-hyoscyamine)* Tablet[QL]
	Uro-MP *(methenamine-methylene blue-sodium phosphate-phenyl salicylate-hyoscyamine)* Capsule

VAGINAL ANTI-INFECTIVES

Preferred Agents	Non-Preferred Agents
Cleocin *(clindamycin)* Ovules	Cleocin *(clindamycin)* Vaginal Cream
Clindamycin 2% Vaginal Cream	Gynazole 1 *(butoconazole)* Vaginal Cream
Clindesse *(clindamycin 2%)* Vaginal Cream	Metronidazole 1.3% Vaginal Gel *(generic Nuvessa)*
Clotrimazole 3 *(2%)* Vaginal Cream	Miconazole 3 *(200 mg)* Vaginal Suppository
Clotrimazole 7 *(1%)* Vaginal Cream	Nuvessa *(metronidazole 1.3%)* Vaginal Gel
Metronidazole 250 mg, 500 mg Tablet	Solosec *(secnidazole)* Granule Packet
Metronidazole 0.75% Vaginal Gel *(generic MetroGel)*	Terconazole Vaginal Cream
Miconazole 1 *(1200 mg-2%)* Combination Pack	Terconazole Vaginal Suppository
Miconazole 3 *(200 mg-2%)* Combination Pack	Vandazole *(metronidazole 0.75%)* Vaginal Gel
Miconazole 3 *(4%-2%)* Combination Pack	Xaciato *(clindamycin)* Vaginal Gel
Miconazole 3 *(4%)* Vaginal Cream	
Miconazole 7 *(2%)* Vaginal Cream	
Miconazole 7 *(100 mg)* Vaginal Suppository	
Tinidazole Tablet[QL]	
Tioconazole-1 *(6.5%)* Vaginal Ointment	

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

**The Statewide PDL is not an all-inclusive list of drugs covered by Medical Assistance. Drugs in Statewide PDL classes that are new to market will be non-preferred until reviewed by the DHS Pharmacy and Therapeutics Committee.*

VITAMIN D ANALOGS

Preferred Agents	Non-Preferred Agents
Calcitriol Capsule	Calcitriol Solution
Calcitriol Vial	Doxercalciferol Capsule
Doxercalciferol Vial	Paricalcitol Capsule
Hectorol *(doxercalciferol)* Vial	Rayaldee *(calcifediol)* ER Capsule[QL]
Paricalcitol Vial	Rocaltrol *(calcitriol)* Capsule
	Rocaltrol *(calcitriol)* Solution
	Zemplar *(paricalcitol)* Capsule
	Zemplar *(paricalcitol)* Vial

VMAT2 INHIBITORS

Preferred Agents	Non-Preferred Agents
Austedo *(deutetrabenazine)* Tablet[PA, QL]	Xenazine *(tetrabenazine)* Tablet[QL]
Austedo XR *(deutetrabenazine)* Tablet[PA, QL]	
Ingrezza *(valbenazine)* Capsule[PA, QL]	
Ingrezza *(valbenazine)* Sprinkle Capsule[PA, QL]	
Tetrabenazine Tablet[PA, QL]	