

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

- The PDL applies to **all** individuals enrolled in Louisiana Medicaid, including those covered by one of the managed care organizations (MCOs) and those in the Fee-for-Service (FFS) program.
- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. With the exception of excluded drug classes listed in the provider manual, medications that are not included in this PDL are almost always covered without the requirement of prior authorization. **Examples: digoxin, hydrochlorothiazide, amoxicillin suspension**
- To locate any medication on this list when searching electronically, you may use the keyboard shortcut **CTRL + F** to search.
- There is a mandatory generic substitution unless the brand is preferred, or when both the brand and generic are preferred.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, “Brand medically necessary” or “Brand necessary” must be written on the prescription in the prescriber’s handwriting or noted via an electronic prescription and the pharmacist enters “1” in the DAW field 408-D8. For more information, please refer to the [Provider Manual](#).
- Medications listed as non-preferred are available through the prior authorization (PA) process. See chart below for PA contact information. All MCOs and FFS use the same [PA Request Form](#).
- Some medications require a diagnosis code at the pharmacy to indicate the condition treated or to override a limit, such as quantity, patient age, or duration limit. These medications are found on the [Diagnosis Code List](#).
- New medications in classes reviewed by P&T will be added as non-preferred and require prior authorization until the next P&T committee meeting. Please refer to the following criteria: [New Drugs Introduced into the Market / Non-Preferred](#)
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.
- Requests for overrides to use a medication outside of established limits, such as diagnosis or quantity limits, can be made according to the: [Medically Necessary Policy](#)
- Any statement highlighted and underlined in blue is a hyperlink to more information.

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| DIABETIC SUPPLY LIST Effective 10/01/2024 | Pharmacy Prior Authorization Information Phone Numbers for MCOs and FFS |
| Click this Link for Diabetic Supplies Preferred Drug List | <p><i>MCOs: Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Humana, LA Healthcare Connections, United Healthcare: contact</i> Prime Therapeutics State Government Solutions 1-800-424-1664</p> <p>Fee-for-Service (FFS) Louisiana Legacy Medicaid 1-866-730-4357</p> |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--------------------------------|---|---|
| ACNE AGENTS, TOPICAL | Clindamycin/Benzoyl Peroxide Gel (Generic for Benzaclin®) | Adapalene Cream (AG; Generic; Differin®) |
| * Request Form | Clindamycin/Benzoyl Peroxide Gel (Generic for Duac®) | Adapalene Gel, Gel Pump (Generic) |
| * Criteria | Clindamycin Phosphate Gel (Generic) | Adapalene Gel Pump, Lotion (Differin®) |
| * POS Edits | Clindamycin Phosphate Lotion (Generic) | Adapalene/Benzoyl Peroxide Gel (Generic Epiduo®; Generic Epiduo Forte®) |
| | Clindamycin Phosphate Medicated Swab (Generic) | Adapalene/Benzoyl Peroxide Gel with Pump (AG; Generic, Epiduo Forte®) |
| | Clindamycin Phosphate Solution (Generic) | Adapalene/Benzoyl Peroxide/Clindamycin Gel (Cabtree™) |
| | Erythromycin Gel (AG; Generic) | Clascoterone Cream (Winlevi®) |
| | Erythromycin Solution (Generic) | Clindamycin/Benzoyl Peroxide Gel with Pump (Generic; Acanya®) |
| | Tretinoin Cream (Generic) | Clindamycin/Benzoyl Peroxide Gel with Pump (Generic for Benzaclin®) |
| | | Clindamycin/Benzoyl Peroxide Gel with Pump (AG; Generic; Onexton®) |
| | | Clindamycin/Benzoyl Peroxide Gel, Gel/Emollient Combo 94 (Neuac®; Neuac® Kit) |
| | | Clindamycin Phosphate Foam (Generic) |
| | | Clindamycin Phosphate Gel (AG; Generic; Clindagel®) |
| | | Clindamycin Phosphate Lotion (Cleocin-T®) |
| | | Clindamycin Phosphate/Skin Cleanser 19 (Clindacin® Pac Kit) |
| | | Clindamycin/Tretinoin Gel (AG; Generic; Ziana®) |
| | | Dapsone Gel, Gel with Pump (AG; Generic for Aczone®) |
| | | Erythromycin Medicated Swab (Generic) |
| | | Erythromycin/Benzoyl Peroxide Gel (Generic; Benzamycin®) |
| | | Sulfacetamide Sodium Cleanser ER, Cream ER, Lotion (Ovace® Plus) |
| | | Sulfacetamide Sodium Cleanser, Cleanser ER (Generic) |
| | | Sulfacetamide Sodium Shampoo (Generic; Ovace® Plus) |
| | | Sulfacetamide Sodium Suspension (Generic) |
| | | Sulfacetamide Sodium Wash (Ovace® Plus) |
| | | Sulfacetamide Sodium/Sulfur Cream (Avar-e®; Avar-e Green®) |
| | Sulfacetamide Sodium/Sulfur (Generic) | |
| | Sulfacetamide Sodium/Sulfur Cleanser (Avar® LS) | |

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|---|---|---|
| <p>ACNE AGENTS, TOPICAL <i>Continued</i></p> | <p>(Preferred agents listed on page 1)</p> | <p>Sulfacetamide Sodium/Sulfur Cleanser (Avar®, ZMA Clear®)</p> <p>Sulfacetamide Sodium/Sulfur Cleanser, Cream, Lotion, Medicated Pads, Susp (Gen)</p> <p>Sulfacetamide Sodium/Sulfur Cream, Foam (SSS 10-5®)</p> <p>Sulfacetamide Sodium/Sulfur Wash (BP 10-1®)</p> <p>Sulfacetamide Sodium/Sulfur/Cleanser 23 Kit (Sumaxin® CP Kit)</p> <p>Sulfacetamide Sodium/Sulfur/Urea Cleanser (Generic)</p> <p>Tazarotene Cream (AG; Generic for Tazorac®)</p> <p>Tazarotene Foam (AG; Fabior®)</p> <p>Tazarotene Gel (Generic for Tazorac®)</p> <p>Tazarotene Lotion (Arazlo™)</p> <p>Tretinoin Cream (Retin-A®)</p> <p>Tretinoin 0.04% & 0.1% Gel (AG; Retin-A® Micro)</p> <p>Tretinoin 0.04% & 0.1% Gel with Pump (AG; Generic; Retin-A® Micro)</p> <p>Tretinoin 0.06% Pump (Retin-A® Micro)</p> <p>Tretinoin 0.08% Pump (Generic; Retin-A® Micro)</p> <p>Tretinoin Gel (AG for Avita®/Retin-A®; Generic for Avita®/Retin-A®; Retin-A®)</p> <p>Tretinoin Gel (Generic; Atralin®)</p> <p>Tretinoin Lotion (Altreno®)</p> <p>Tretinoin/Benzoyl Peroxide (Twynéo®)</p> <p>Trifarotene Cream (Aklief®)</p> |
| <p>ADD/ADHD</p> | <p>Amphetamine Salt Combo ER Capsule (Generic)</p> | <p>Amphetamine ODT (Adzenys XR ODT®)</p> |
| <p>Stimulants and Related Agents</p> | <p>Amphetamine Salt Combo Tablet (Generic; Adderall®)</p> | <p>Amphetamine Salt Combo ER Capsule (Adderall XR®)</p> |
| <p>*Request Form</p> | <p>Atomoxetine Capsule (Generic)</p> | <p>Amphetamine Sulfate ODT (Evekeo® ODT)</p> |
| <p>*Criteria</p> | <p>Dexamethylphenidate ER Capsule (Generic)</p> | <p>Amphetamine Sulfate Tablet (Generic; Evekeo®)</p> |
| <p>*POS Edits</p> | <p>Dexamethylphenidate Tablet (Generic)</p> | <p>Amphetamine Suspension, Tablet (Dyanavel XR®)</p> |
| | <p>Dextroamphetamine Tablet (Generic)</p> | <p>Amphetamine/Dextroamphetamine XR Capsule (Generic; Mydayis®)</p> |

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| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|--|
| ADD/ADHD | Guanfacine ER Tablet (Generic) | Armodafinil Tablet (AG; Generic; Nuvigil®) |
| Stimulants and Related Agents Continued | Lisdexamfetamine Capsule (Generic; Vyvanse®) | Atomoxetine Capsule (Strattera®) |
| | Lisdexamfetamine Chewable Tablet (Generic) | Clonidine ER Tablet (Generic) |
| | Methylphenidate CD Capsule (AG; Generic for Metadate CD®) | Clonidine XR Suspension (Onyda XR®) |
| | Methylphenidate ER Capsule (Generic for Ritalin LA®) | Dexmethylphenidate ER Capsule, Tablet (Focalin XR®; Focalin®) |
| | Methylphenidate ER Tablet (AG; Generic for Concerta®) | Dextroamphetamine IR Tablet (Zenedi®) |
| | Methylphenidate IR Tablet (Generic) | Dextroamphetamine Solution (Generic; ProCentra®) |
| | Methylphenidate Solution (Generic) | Dextroamphetamine Sulfate ER Capsule (Generic; Dexedrine® Spansule®) |
| | Modafinil Tablet (Generic) | Dextroamphetamine Transdermal (Xelstrym®) |
| | | Guanfacine ER Tablet (Intuniv®) |
| | | Lisdexamfetamine Chewable Tablet (Vyvanse®) |
| | | Methamphetamine Tablet (Generic for Desoxyn®) |
| | | Methylphenidate ER Capsule (AG; Generic; Aptensio XR®) |
| | | Methylphenidate ER Capsule (Jornay PM®, Ritalin LA®) |
| | | Methylphenidate ER Chewable, ER Suspension (QuilliChew ER®; Quillivant XR®) |
| | | Methylphenidate ER Tablet (Concerta®) |
| | | Methylphenidate ER Tablet (Generic for Metadate ER) |
| | | Methylphenidate ER Tablet 72 mg (AG; Generic; Relexxii™) |
| | | Methylphenidate IR Chewable Tablet (Generic) |
| | | Methylphenidate IR Tablet (Ritalin®) |
| | | Methylphenidate Solution (Methylin®) |
| | | Methylphenidate Transdermal Patch (AG; Generic; Daytrana®) |
| | | Methylphenidate XR ODT (Cotempla XR ODT®) |
| | | Modafinil Tablet (Provigil®) |
| | | Pitolisant HCl Tablet (Wakix®) |
| | | Serdexmethylphenidate/Dexmethylphenidate Capsule (Azstarys™) |
| | | Solriamfetol HCl Tablet (Sunosi™) |
| | | Viloxazine ER Capsule (Qelbree™) |
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|--|---|--|
| ALLERGY | Carbinoxamine Tablet 4mg, 6mg (Generic) | Carbinoxamine Liquid |
| Antihistamines – First Generation | Chlorpheniramine Syrup OTC (ED Chlorped Jr) | Carbinoxamine ER Suspension (Karbinal® ER) |
| *Request Form *Criteria *POS Edits | Chlorpheniramine Tablet OTC (Generic) | Carbinoxamine Tablet (Ryvent™) |
| | Clemastine Tablet (Generic) | Clemastine Syrup (Generic) |
| | Cyproheptadine Syrup, Tablet (Generic) | Dexbrompheniramine Liquid OTC (PediaVent™) |
| | Diphenhydramine OTC – Capsule/Chew Tablet/Liquid/Tablet (Generic) | Dexchlorpheniramine Solution (Ryclora™) |
| | Hydroxyzine Pamoate Capsule (AG; Generic) | Diphenhydramine Unit Dose Elixir (Generic) |
| | Hydroxyzine HCl Solution, Tablet (Generic) | Hydroxyzine Pamoate Capsule (Vistaril®) |
| | Pyrilamine Liquid OTC (Pediaclear™-8) | Triprolidine OTC – Chew Tablet, Drops, Liquid (Histex™, Histex™ PDX) |
| | Triprolidine Drops OTC (Generic; Histex™ PD; Pediaclear™ PD) | |
| | | |
| ALLERGY | Cetirizine 1 mg/mL Solution OTC, Tablet OTC (Generic) | Cetirizine Capsule OTC, Chewable Tablet OTC, 5 mg/5mL Solution OTC (Generic) |
| Antihistamines – Minimally Sedating | Cetirizine Solution RX (1 mg/mL) (Generic) | Desloratadine ODT (Generic) |
| *Request Form *Criteria *POS Edits | Cetirizine-D Tablet OTC (Generic) | Desloratadine Tablet (Generic; Clarinex®) |
| | Levocetirizine Tablet (Generic) | Desloratadine/Pseudoephedrine ER Tablet (Clarinex-D 12-Hour®) |
| | Levocetirizine Tablet OTC (Generic) | Fexofenadine 60 mg Tablet OTC, 180 mg Tablet OTC, Suspension OTC (Generic) |
| | Loratadine ODT OTC, Solution OTC, Tablet OTC (Generic) | Fexofenadine-D 12-hour Tablet OTC, 24-hour Tablet OTC (Generic) |
| | Loratadine-D Tablet OTC (Generic) | Levocetirizine Solution (Generic) |
| | | Loratadine Chewable Tablet OTC (Generic) |
| | | |
| ALLERGY | Azelastine Nasal Spray (Generic for Astelin®) | Azelastine Nasal Spray (AG; Generic for Astepro®) |
| Rhinitis Agents, Nasal | Fluticasone Propionate Nasal Spray (Generic) | Azelastine/Fluticasone Nasal Spray (AG; Generic; Dymista®) |
| *Request Form *Criteria *POS Edits | Ipratropium Bromide Nasal Spray (Generic) | Beclomethasone Nasal Spray (Beconase AQ®; Qnasl 40®; Qnasl 80®) |
| | | Ciclesonide Nasal Spray (Omnaris®; Zetonna®) |
| | | Flunisolide Nasal Spray (Generic) |
| | | Fluticasone Propionate Nasal Spray (Xhance®) |
| | | Mometasone Furoate Implant (Sinuva™) |
| | | Mometasone Nasal Spray (Generic) |
| | | Olopatadine Nasal Spray (Generic; Patanase®) |
| | | Olopatadine/Mometasone Nasal Spray (Ryaltris®) |
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|--|---|--|
| ALZHEIMER'S AGENTS | Donepezil ODT, Tablet (Generic) | Aducanumab-avwa IV Solution (Aduhelm™) |
| Cholinesterase Inhibitors | Memantine Tablet (AG; Generic) | Donepezil 23 mg Tablet (Generic, Aricept®) |
| *Request Form *Criteria *POS Edits *Aduhelm™ REQUEST FORM *Leqembi™ REQUEST FORM | Rivastigmine Capsule (Generic) | Donepezil Tablet (Aricept®) |
| | Rivastigmine Transdermal Patch (AG; Generic) | Donepezil Transdermal Patch (Adlarity®) |
| | | Galantamine ER Capsule, Solution, Tablet (Generic) |
| | | Lecanemab-irmb (Leqembi™) |
| | | Memantine ER Capsule (AG; Generic; Namenda XR®) |
| | | Memantine ER Capsule Dose Pack (Namenda XR® Titration Pack) |
| | | Memantine Solution (Generic) |
| | | Memantine Tablet Dose Pack (AG; Namenda® Titration Pack) |
| | | Memantine/Donepezil ER Capsule (Namzaric®, Namzaric® Titration Pack) |
| | Rivastigmine Transdermal Patch (Exelon®) | |
| | | |
| ANDROGENIC AGENTS | Testosterone Gel Packet (AG for Vogelxo®) | Testosterone Gel (Testim®) |
| *Request Form *Criteria *POS Edits | Testosterone Gel Pump (Generic for Androgel®) | Testosterone Gel, Gel Pump (AG; Generic for Vogelxo®) |
| | | Testosterone Gel Packet (Generic for Androgel®) |
| | | Testosterone Gel Pump (Generic for Axiron®; Generic for Fortesta®) |
| | | Testosterone Gel Pump (Androgel®; Vogelxo®) |
| | | Testosterone Nasal (Natesto®) |
| | | |
| ANTHELMINTICS | Albendazole Tablet (Generic) | Ivermectin Tablet (Stromectol®) |
| *Request Form *Criteria *POS Edits | Ivermectin Tablet (Generic) | Praiquantel Tablet (Biltricide®) |
| | Mebendazole Chewable Tablet (Emverm®) | |
| | Praiquantel Tablet (Generic) | |
| | | |
| ANTI-ALLERGENS, ORAL | NONE | Grass Pollen Allergen Extract [Timothy Grass] Sublingual Tablet (Grastek®) |
| *Request Form *Criteria *POS Edits | | House Dust Mite Allergen Extract Sublingual Tablet (Odactra®) |
| | | Mixed Grass Allergen Extracts Sublingual Tablet (Oralair®) |
| | | Peanut Allergen Maintenance Sachet (Palforzia®) |
| | | Peanut Allergen Titration Capsule (Palforzia®) |
| | | Ragweed Pollen Allergen Extract Sublingual Tablet (Ragwitek®) |
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|--------------------------------|--|--|
| ANTICONVULSANTS | Brivaracetam Solution, Tablet (Briviact®) | Carbamazepine ER Capsule (Carbatrol® , Equetro®) |
| * Request Form | Cannabidiol Solution (Epidiolex®) | Carbamazepine Suspension (Generic; Tegretol®) |
| * Criteria | Carbamazepine Chewable Tablet (Generic) | Carbamazepine ER Tablet , Tablet (Tegretol® XR , Tegretol®) |
| * POS Edits | Carbamazepine ER Capsule (Generic for Carbatrol®) | Clobazam Film (Sympazan®) |
| | Carbamazepine ER Tablet (AG; Generic for Tegretol® XR) | Clobazam Suspension, Tablet (Onfi®) |
| | Carbamazepine Tablet (Generic; Epitol) | Clonazepam Tablet (Klonopin®) |
| | Cenobamate Daily Dose Pack, Tablet, Titration Pack (Xcopri®) | Diazepam Buccal Film (Libervant™) |
| | Clobazam Suspension, Tablet (Generic) | Divalproex Sodium DR Sprinkle (Depakote® Sprinkle) |
| | Clonazepam ODT, Tablet (Generic) | Divalproex Sodium DR Tablet, ER Tablet (Depakote®; Depakote® ER) |
| | Diazepam Nasal Spray (Valtoco®) | Ethosuximide Capsule, Syrup (Zarontin®) |
| | Diazepam Rectal, Rectal Device (AG for Diastat®) | Fenfluramine Solution (Fintepla®) |
| | Divalproex DR Tablet, ER Tablet, DR Sprinkle (Generic) | Ganaxolone Suspension (Ztalmy®) |
| | Eslicarbazepine Acetate Tablet (Aptiom®) | Lacosamide ER Capsule, Tablet (Motpoly XR™; Vimpat®) |
| | Ethosuximide Capsule (AG; Generic) | Lacosamide Solution Unit Dose (Generic; Vimpat®) |
| | Ethosuximide Syrup (Generic) | Lamotrigine Dispersible Tablet, Tablet (Lamictal®) |
| | Felbamate Suspension (Generic) | Lamotrigine ODT (Generic ; Lamictal®) |
| | Felbamate Tablet (Generic; Felbatol®) | Lamotrigine ODT Titration Kit, Tablet Starter Kit (Generic; Lamictal®) |
| | Lacosamide Solution, Tablet (Generic) | Lamotrigine ER Tablet, Titration Kit (Lamictal® XR) |
| | Lamotrigine Dispersible Tablet, ER Tablet, Tablet (Generic) | Levetiracetam ER Tablet (Keppra XR®) |
| | Levetiracetam ER Tablet, Solution, Tablet (Generic) | Levetiracetam Tablet for Oral Suspension (Spritam®) |
| | Methsuximide Capsule (Celontin®) | Levetiracetam Solution, Tablet (Keppra®) |
| | Midazolam Nasal Spray (Nayzilam®) | Levetiracetam ER Tablet (Elepsia™ XR) |
| | Oxcarbazepine Suspension, Tablet (Generic) | Methsuximide (Generic) |
| | Oxcarbazepine XR Tablet (Oxtellar XR®) | Oxcarbazepine Suspension , Tablet (Trileptal®) |
| | Perampanel Suspension, Tablet (Fycompa®) | Phenytoin 100mg Capsule (Dilantin®) |
| | Phenobarbital Elixir, Tablet (Generic) | Phenytoin Chewable Tablet (Dilantin® Infatabs®) |
| | Phenobartibal Sodium IV (Sezaby™) | Phenytoin Sodium Capsule (Phenytek®) |
| | Phenytoin Chewable Tablet, 100mg Capsule (Generic) | Phenytoin Suspension (Dilantin®) |
| | Phenytoin 30 mg Capsule (Dilantin®) | Primidone Tablet (Mysoline®) |
| | Phenytoin Sodium Capsule (Generic for Phenytek®) | Rufinamide Suspension, Tablet (Banzel®) |
| | Phenytoin Suspension (AG; Generic) | Tiagabine Tablet (Generic for Gabitril®) |
| | Primidone Tablet (Generic) | Topiramate ER Capsule (AG ; Generic; Qudexy® XR) |
| | Rufinamide Suspension, Tablet (Generic) | Topiramate ER Capsule (Trokendi XR®) |

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|--|---|--|
| ANTICONVULSANTS Continued | Stiripentol Capsule, Powder Pack (Diacomit®) | Topiramate Solution (Eprontia™) |
| | Topiramate ER Capsule (Generic for Trokendi®) | Topiramate Sprinkle, Tablet (Topamax®) |
| | Topiramate Sprinkle (Generic) | Vigabatrin Powder Pack, Tablet (Sabril®) |
| | Topiramate Tablet (Generic; Topiragen®) | Vigabatrin Solution (Vigafyde™) |
| | Valproic Acid Capsule, Solution (Generic) | Zonisamide Suspension (Zonisade™) |
| | Vigabatrin Powder Pack (Generic; Vigadrone®, Vigpoder™) | |
| | Vigabatrin Tablet (Generic; Vigadrone®) | |
| | Zonisamide Capsule (Generic) | |
| | | |
| ANTIPSYCHOTIC AGENTS | ORAL AGENTS | ORAL AGENTS |
| Antipsychotic Oral/Transdermal Agents | Aripiprazole Tablet (Generic) | Aripiprazole Film (OPIPZA®) |
| * Request Form | Cariprazine Capsule (Vraylar®) | Aripiprazole ODT, Solution (Generic) |
| * Criteria | Chlorpromazine Oral Concentrate, Tablet (Generic) | Aripiprazole Tablet, Tablet with Sensor (Abilify®; Abilify® Mycite®) |
| * POS Edits | Clozapine Tablet (Generic) | Asenapine Sublingual Tablet (AG; Generic; Saphris®) |
| | Fluphenazine Tablet (Generic) | Asenapine Transdermal Patch (Secuado®) |
| | Haloperidol Lactate Oral Concentrate (Generic) | Brexipiprazole Tablet (Rexulti®) |
| | Haloperidol Tablet (Generic) | Clozapine ODT (Generic) |
| | Loxapine Capsule (Generic) | Clozapine Suspension (Versacloz®) |
| | Lurasidone Tablet (Generic) | Clozapine Tablet (Clozaril®) |
| | Olanzapine ODT, Tablet (Generic) | Fluphenazine Elixir/Solution (Generic) |
| | Paliperidone ER Tablet (AG; Generic) | Iloperidone Tablet, Titration Pack (Fanapt®) |
| | Perphenazine Tablet (Generic) | Loxapine Inhalation (Adasuve®) |
| | Perphenazine/Amitriptyline Tablet (Generic) | Lumateperone Capsule (Caplyta™) |
| | Pimozide Tablet (Generic) | Lurasidone Tablet (Latuda®) |
| | Quetiapine ER Tablet (Generic) | Molindone Tablet (Generic) |
| | Quetiapine Tablet (Generic) | Olanzapine Tablet, ODT (Zyprexa®; Zyprexa Zydis®) |
| | Risperidone Solution, Tablet (Generic) | Olanzapine/Fluoxetine Capsule (Generic; Symbyax®) |
| | Thioridazine Tablet (Generic) | Olanzapine/Samidorphan Tablet (Lybalvi™) |
| | Thiothixene Capsule (Generic) | Paliperidone ER Tablet (Invega®) |
| | Trifluoperazine Tablet (Generic) | Pimavanserin Capsule, Tablet (Nuplazid®) |
| | Ziprasidone Capsule (AG; Generic) | Quetiapine ER Tablet, Tablet (Seroquel XR®; Seroquel®) |
| | | Risperidone ODT (Generic) |
| | | Risperidone Solution, Tablet (Risperdal®) |
| | | Xanomeline and Trospium Chloride Capsule, Starter Pack (Cobenfy™) |
| | | Ziprasidone Capsule (Geodon®) |

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|--|--|--|
| ANTIPSYCHOTIC AGENTS | INJECTABLE AGENTS | INJECTABLE AGENTS |
| Antipsychotic Injectable Agents | Aripiprazole Lauroxil (Aristada®; Aristada® Initio®) | Chlorpromazine Ampule (Generic) |
| *Request Form *Criteria *POS Edits | Aripiprazole Suspension ER (Abilify Asimtufii®/Maintena®) | Fluphenazine Vial (Generic) |
| | Fluphenazine Decanoate (Generic) | Haloperidol Decanoate Ampule (Haldol®) |
| | Haloperidol Decanoate, Lactate (Generic) | Olanzapine Solution Vial IM (Generic; Zyprexa®) |
| | Paliperidone Palmitate (Invega® Hafyera™/Sustenna®/Trinza®) | Olanzapine Suspension (Zyprexa® Relprevv®) |
| | Risperidone ER Suspension (IM) (Generic; Risperdal® Consta®) | Paliperidone Palmitate (Erzofri®) |
| | Risperidone ER Suspension (SQ) (Perseris®; Uzedly®) | Risperidone ER Suspension (Intramuscular) (Rykindo®) |
| | Ziprasidone Vial (Generic) | Ziprasidone Vial (Geodon®) |
| | | |
| ANTIVIRALS, ORAL | Acyclovir Capsule, Suspension, Tablet (Generic) | Baloxavir Marboxil Tablet (Xofluza®) |
| *Request Form *Criteria *POS Edits | Famciclovir Tablet (Generic) | Oseltamivir Capsule, Suspension (Tamiflu®) |
| | Oseltamivir Capsule, Suspension (Generic) | Rimantadine Tablet (Generic) |
| | Valacyclovir Tablet (Generic) | Valacyclovir Caplet (Valtrex®) |
| | | Zanamivir Inhalation Powder (Relenza® Diskhaler®) |
| | | |
| ANXIOLYTICS | Alprazolam Tablet (Generic) | Alprazolam ER Tablet (Generic; Xanax XR®) |
| *Request Form *Criteria *POS Edits | Bupirone Tablet (Generic) | Alprazolam Intensol Concentrate, ODT (Generic) |
| | Lorazepam Tablet (Generic) | Alprazolam Tablet (Xanax®) |
| | | Chlordiazepoxide Capsule (Generic) |
| | | Clorazepate Dipotassium Tablet (Generic) |
| | | Diazepam Intensol Concentrate, Solution, Syringe, Tablet, Vial (Generic) |
| | | Lorazepam ER Capsule (Loreev XR™) |
| | | Lorazepam Intensol Concentrate (Generic) |
| | | Lorazepam Tablet (Ativan®) |
| | | Meprobamate Tablet (Generic) |
| | Oxazepam Capsule (Generic) | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| ASTHMA/COPD | INHALATION | INHALATION |
| Bronchodilator, Anticholinergics (COPD) Inhalation | Ipratropium Inhalation Aerosol MDI (Atrovent HFA®) | Acclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®) |
| | Ipratropium Nebulizer Solution (Generic) | Acclidinium Bromide Inhalation Powder (Tudorza® Pressair®) |
| *Request Form *Criteria *POS Edits | Ipratropium/Albuterol Sulfate (Combivent® Respimat®) | Ensifentrine Nebulizer Solution (Ohtuvayre™) |
| | Ipratropium/Albuterol Sulfate Nebulizer Solution (Generic) | Glycopyrrolate/Formoterol Fumarate (Bevespi Aerosphere®) |
| | Tiotropium Inhalation Powder (Generic for Spiriva® HandiHaler®) | Revefenacin Inhalation Solution (Yupelri®) |
| | Tiotropium/Olodaterol (Stiolto® Respimat®) | Tiotropium Bromide Inhalation Powder, Spray (Spiriva® HandiHaler® /Respimat®) |
| | Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®) | Umeclidinium Inhalation Powder (Incruse® Ellipta®) |
| ASTHMA/COPD | ORAL | ORAL |
| Bronchodilator, Anticholinergics (COPD) Oral | Roflumilast Tablet (Generic) | Roflumilast Tablet (Daliresp®) |
| | | |
| *Request Form *Criteria *POS Edits | | |
| ASTHMA/COPD | INHALATION | INHALATION |
| Bronchodilator, Beta-Adrenergic Inhalation/Oral Agents | Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL (AG; Generic) | Albuterol Sulfate ER Tablet, Syrup, Tablet (Generic) |
| | Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL (AG; Generic) | Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™) |
| *Request Form *Criteria *POS Edits | Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL (Generic) | Albuterol Sulfate Inhalation Powder (ProAir® RespiClick®) |
| | Albuterol Sulfate Nebulizer Solution 100 mg/20 mL (Generic) | Albuterol Sulfate MDI (Ventolin HFA®) |
| | Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL (Generic) | Arformoterol Inhalation Solution (Generic; Brovana®) |
| | Albuterol Sulfate MDI (AG; Generic for ProAir® HFA) | Formoterol Inhalation Solution (AG; Generic; Perforomist®) |
| | Albuterol Sulfate MDI (AG; Generic for Proventil® HFA) | Levalbuterol Nebulizer Solution (Generic) |
| | Albuterol Sulfate MDI (AG for Ventolin HFA®) | Levalbuterol Nebulizer Solution Concentrate (Generic) |
| | Salmeterol Xinafoate (Serevent® Diskus®) | Levalbuterol MDI (AG; Xopenex HFA®) |
| | | Olodaterol (Striverdi® Respimat®) |
| | Terbutaline Sulfate Tablet (AG; Generic) | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| ASTHMA/COPD | Beclomethasone Breath-Actuated HFA (QVAR® RediHaler®) | Albuterol/Budesonide (AirSupra HFA®) |
| Glucocorticoids, Inhalation | Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Generic) | Budesonide DPI (Pulmicort® Flexhaler®) |
| *Request Form *Criteria *POS Edits | Budesonide/Formoterol MDI (AG; Generic) | Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Pulmicort® Respules®) |
| | Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®) | Budesonide/Formoterol MDI (Symbicort®) |
| | Fluticasone MDI (AG; Flovent® HFA) | Budesonide/Glycopyrrolate/Formoterol Inhalation (Breztri Aerosphere™) |
| | Fluticasone/Salmeterol DPI (AG; Generic for Advair® Diskus®) | Ciclesonide MDI (Alvesco®) |
| | Fluticasone/Salmeterol DPI (Wixela Inhub®) | Fluticasone Propionate Inhalation Powder (Armonair® Digihaler™) |
| | Fluticasone/Salmeterol MDI (AG for Advair HFA®) | Fluticasone Propionate Inhalation Powder (AG; Flovent® Diskus®) |
| | Fluticasone/Umeclidinium/Vilanterol (Trelegy Ellipta®) | Fluticasone/Salmeterol DPI, MDI (Advair® Diskus®; Advair HFA®) |
| | Mometasone Inhalation Powder (Asmanex® Twisthaler®) | Fluticasone/Salmeterol Inhalation Powder (AG; AirDuo® RespiClick®) |
| | Mometasone Furoate MDI (Asmanex HFA®) | Fluticasone/Salmeterol Inhalation Powder (AirDuo® Digihaler™) |
| | Mometasone/Formoterol MDI (Dulera®) | Fluticasone/Vilanterol Inhalation Powder (AG; Breo Ellipta®) |
| | | |
| ASTHMA/COPD | Benralizumab Pen (Fasenra®) | Mepolizumab Auto-Injector (Nucala®) |
| Immunomodulators | Benralizumab Syringe (Fasenra®) | Mepolizumab Syringe (Nucala®) |
| *Request Form *Criteria *POS Edits | Omalizumab Autoinjector (Xolair®) | Mepolizumab Vial (Nucala®) |
| | Omalizumab Syringe (Xolair®) | Reslizumab Vial (Cinqair®) |
| | Omalizumab Vial (Xolair®) | Tezepelumab-ekko Syringe, Pen (Tezspire™) |
| | | |
| ASTHMA/COPD | Montelukast Chewable Tablet (Generic) | Montelukast Chewable Tablet, Tablet (Singulair®) |
| Leukotriene Modifiers | Montelukast Tablet (Generic) | Montelukast Granules (Generic; Singulair®) |
| *Request Form *Criteria *POS Edits | | Zafirlukast Tablet (AG; Generic; Accolate®) |
| | | Zileuton ER Tablet (Generic) |
| | | Zileuton Tablet (Zyflo®) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| BOTULINUM TOXINS | AbobotulinumtoxinA (Dysport®) | IncobotulinumtoxinA (Xeomin®) |
| *Request Form *Criteria *POS Edits | OnabotulinumtoxinA (Botox®) | RimabotulinumtoxinB (Myobloc®) |
| | | |
| COLONY STIMULATING FACTORS | Filgrastim Syringe, Vial (Neupogen®) | Eflapegrastim-xnst Syringe (Rolvedon™) |
| *Request Form *Criteria *POS Edits | Pegfilgrastim-jmdb Syringe (Fulphila®) Pegfilgrastim-pbbk Syringe (Fylnetra®) | Filgrastim-aafi Syringe, Vial (Nivestym®) Filgrastim-ayow Syringe, Vial (Releuko®) Filgrastim-sndz Syringe (Zarxio®) Pegfilgrastim Kit, Syringe (Neulasta®) Pegfilgrastim-apgf Syringe (Nyvepria®) Pegfilgrastim-bmez Syringe (Ziextenzo®) Pegfilgrastim-cbqv Autoinjector, On-Body , Syringe (Udenyca®) Pegfilgrastim-fpgk Syringe (Stimufend®) Sargramostim Vial (Leukine®) Tbo-Filgrastim Injection Syringe, Vial (Granix®) |
| | | |
| CYSTIC FIBROSIS, ORAL | NONE | Elexacaftor/Tezacaftor/Ivacaftor Packet, Tablet (Trikafta®) |
| *Request Form *Criteria *POS Edits | | Ivacaftor Packet, Tablet (Kalydeco®) Lumacaftor/Ivacaftor Packet, Tablet (Orkambi®) Mannitol Inhalation Capsule (Bronchitol®) Tezacaftor/Ivacaftor Tablet (Symdeko®) Vanzacaftor, Tezacaftor, & Deutivacaftor Tablet (Alyftrek™) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| DEPRESSION | Bupropion HCl IR Tablet (Generic) | Brexanolone IV Solution (Zulresso™) |
| Antidepressants, Other | Bupropion HCl SR 12-Hour Tablet (Generic) | Bupropion HBr ER 24-Hour Tablet (Aplenzin®) |
| *Request Form *Criteria *POS Edits | Bupropion HCl XL 24-Hour Tablet (Generic) | Bupropion HCl SR 12-Hour (Wellbutrin SR®) |
| | Desvenlafaxine Succinate ER Tablet (AG; Generic) | Bupropion HCl XL (AG; Forfivo XL®) |
| | Mirtazapine ODT (Generic) | Bupropion HCl XL 24-Hour (Wellbutrin XL®) |
| | Mirtazapine Tablet (Generic) | Desvenlafaxine ER (No Brand) |
| | Trazodone Tablet (Generic) | Desvenlafaxine Succinate ER Tablet (Pristiq®) |
| | Venlafaxine ER Capsule (Generic) | Dextromethorphan/Bupropion Tablet (Auvelity™) |
| | Venlafaxine IR Tablet (Generic) | Esketamine Nasal Spray (Spravato®) |
| | | Isocarboxazid Tablet (Marplan®) |
| | | Levomilnacipran ER Capsule, Titration Pack (Fetzima®) |
| | | Mirtazapine ODT, Tablet (Remeron® ODT; Remeron®) |
| | | Nefazodone Tablet (Generic) |
| | | Phenelzine Tablet (Generic, Nardil®) |
| | | Selegiline Transdermal Patch (Emsam®) |
| | | Tranlycypromine Sulfate Tablet (Generic) |
| | | Venlafaxine Besylate ER Tablet (Generic) |
| | | Venlafaxine ER Capsule (Effexor XR®) |
| | | Venlafaxine ER Tablet (AG; Generic) |
| Vilazodone Tablet (AG; Generic; Viibryd®) | | |
| Vortioxetine Tablet (Trintellix®) | | |
| Zuranolone Capsule (Zurzuvae™) | | |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| DEPRESSION | Citalopram Solution, Tablet (Generic) | Citalopram Capsule (Generic) |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | Escitalopram Tablet (Generic) | Citalopram Tablet (Celexa®) |
| | Fluoxetine Capsule, Solution (Generic) | Escitalopram Solution (Generic) |
| *Request Form *Criteria *POS Edits | Fluvoxamine Maleate Tablet (Generic) | Escitalopram Tablet (Lexapro®) |
| | Paroxetine Tablet (Generic) | Fluoxetine Capsule (Prozac®) |
| | Sertraline Concentrate, Tablet (Generic) | Fluoxetine Delayed Release 90mg Capsule, Tablet, 60mg Tablet (Generic) |
| | | Fluvoxamine Maleate ER Capsule (Generic) |
| | | Paroxetine Suspension (Generic; Paxil®) |
| | | Paroxetine Tablet (Paxil®) |
| | | Paroxetine CR Tablet (AG; Generic; Paxil CR®) |
| | | Paroxetine Mesylate Capsule (AG; Generic for Brisdelle®) |
| | | Sertraline Capsule (Generic) |
| | | Sertraline Concentrate, Tablet (Zoloft®) |
| | | |
| DERMATOLOGY | Mupirocin Ointment (Generic) | Gentamicin Sulfate Cream, Ointment (Generic) |
| Antibiotics, Topical | | Mupirocin Cream (Generic) |
| | | Mupirocin Ointment (Centany® Kit) |
| | | Ozenoxacin Cream (Xepi®) |
| *Request Form *Criteria *POS Edits | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| DERMATOLOGY | Ciclopirox Cream, 8% Solution (Generic) | Ciclopirox Gel (Generic) |
| Antifungals, Topical | Clotrimazole Rx Cream (Generic) | Ciclopirox 0.77% Suspension (AG; Generic) |
| *Request Form *Criteria *POS Edits | Clotrimazole Rx Solution (Generic) | Ciclopirox Shampoo (Generic for Loprox®) |
| | Clotrimazole/Betamethasone Cream (Generic) | Ciclopirox 8% Solution Treatment Kit (Generic) |
| | Ketoconazole Cream (Generic) | Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit) |
| | Ketoconazole Shampoo Rx (Generic) | Clotrimazole/Betamethasone Lotion (Generic) |
| | Nystatin Cream, Ointment, Topical Powder (Generic) | Econazole Nitrate Cream (Generic) |
| | Nystatin/Triamcinolone Cream (Generic) | Efinaconazole Solution (Jublia®) |
| | Nystatin/Triamcinolone Ointment (Generic) | Ketoconazole Foam (AG; Generic; Ketodan®) |
| | | Ketoconazole Foam Kit (Ketodan®) |
| | | Luliconazole Cream (AG; Luzu®) |
| | | Miconazole/Zinc Oxide/White Petrolatum (AG; Vusion®) |
| | | Naftifine Cream (Generic) |
| | | Naftifine Gel (Generic; Naftin®) |
| | | Oxiconazole Lotion (Oxistat®) |
| | | Oxiconazole Cream (Generic for Oxistat®) |
| | Salicylic Acid Ointment (Generic for Bensal HP®) | |
| | Sertaconazole Cream (Ertaczo®) | |
| | Tavaborole Solution (Generic for Kerydin®) | |
| DERMATOLOGY | Permethrin Cream (Generic) | Crotamiton Cream, Lotion (Eurax®) |
| Antiparasitic Agents, Topical | Spinosad Suspension (AG for Natroba®) | Crotamiton Lotion (Crotan®) |
| *Request Form *Criteria *POS Edits | | Malathion Lotion (Generic; Ovide®) |
| | | Spinosad Suspension (Natroba®) |
| DERMATOLOGY | Acitretin Capsule (AG; Generic) | Methoxsalen Rapid Softgel (Generic) |
| Antipsoriatics, Oral | | |
| *Request Form *Criteria *POS Edits | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| DERMATOLOGY | Calcipotriene Cream (Generic) | Calcipotriene Ointment (Generic) |
| Antipsoriatics, Topical | Calcipotriene Solution (Generic) | Calcipotriene Foam (AG; Generic; Sorilux®) |
| *Request Form *Criteria *POS Edits | | Calcipotriene/Betamethasone Dipropionate Foam (Enstilar®) |
| | | Calcipotriene/Betamethasone Dipropionate Ointment (AG; Generic for Taclonex®) |
| | | Calcipotriene/Betamethasone Dipropionate Susp (Generic; Taclonex Scalp®) |
| | | Calcitriol Ointment (AG; Generic for Vectical®) |
| | | Halobetasol/Tazarotene Lotion (Duobrii®) |
| | | Roflumilast 0.3% Cream (Zoryve™) |
| | | Tapinarof Cream (Vtama®) |
| DERMATOLOGY | Acyclovir Ointment (Generic) | Acyclovir Cream (AG; Generic; Zovirax®) |
| Antiviral Agents, Topical | | Acyclovir Ointment (Zovirax®) |
| *Request Form *Criteria *POS Edits | | Acyclovir/Hydrocortisone Cream (Xerese®) |
| | | Penciclovir Cream (AG; Generic; Denavir®) |
| | | |
| DERMATOLOGY | Crisaborole Ointment (Eucrisa®) | Lebrikizumab-lbkz Pen, Syringe (Ebglyss™) |
| Atopic Dermatitis Immunomodulators | Dupilumab Pen (Dupixent®) | Nemolizumab-ilto Pen (Nemluvio®) |
| *Request Form *Criteria *POS Edits | Dupilumab Syringe (Dupixent®) | Pimecrolimus Cream (Elidel®) |
| | Pimecrolimus Cream (AG; Generic) | Roflumilast 0.15% Cream, 0.3% Foam (Zoryve®) |
| | Ruxolitinib Cream (Opzelura™) | |
| | Tacrolimus Ointment (AG; Generic) | |
| | Tralokinumab-ldrm Autoinjector, Syringe (Adbry™) | |
| DERMATOLOGY | Ammonium Lactate Cream, Lotion (Generic) | Emollient Combination No. 10 (Biafine®) |
| Emollients | | Dimethicone/Allantoin Cream (Scartrate™) |
| *Request Form *Criteria *POS Edits | | |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|----------------------------------|--|---|
| DERMATOLOGY | Imiquimod 5% Cream Packet (Generic for Aldara®) | Imiquimod (Generic; Zyclara®) |
| Immunomodulators, Topical | | Podofilox Gel (Generic; Condylox®) |
| *Request Form | | Podofilox Solution (Generic) |
| *Criteria | | Sinecatechins (Veregen®) |
| *POS Edits | | Sirolimus (Hyftor™) |
| | | |
| DERMATOLOGY | Hydrocortisone Rectal Cream, Topical Cream (Generic) | Alclometasone Dipropionate Cream, Ointment (Generic) |
| Steroids, Topical | Hydrocortisone Lotion (Generic) | Desonide Cream, Lotion, Ointment (Generic) |
| Low Potency | Hydrocortisone Ointment (Generic) | Fluocinolone Acetonide Body Oil, Scalp Oil (Generic; Derma-Smoothe/FS®) |
| *Request Form | | Hydrocortisone/Skin Cleanser Lotion Kit (Generic) |
| *Criteria | | Hydrocortisone Gel (Hydroxym®) |
| *POS Edits | | Hydrocortisone Solution (Texacort®) |
| | | |
| DERMATOLOGY | Fluticasone Propionate Cream (Generic) | Betamethasone Valerate Foam (Generic for Luxiq®) |
| Steroids, Topical | Fluticasone Propionate Ointment (Generic) | Clocortolone Pivalate Cream (Generic for Cloderm®) |
| Medium Potency | Mometasone Furoate Cream (Generic) | Fluocinolone Acetonide Cream (Generic) |
| *Request Form | Mometasone Furoate Ointment (Generic) | Fluocinolone Acetonide Ointment, Solution (Generic; Synalar®) |
| *Criteria | Mometasone Furoate Solution (Generic) | Fluocinolone Cream Kit, Ointment Kit, TS Kit (Synalar®; Synalar® TS) |
| *POS Edits | | Flurandrenolide Ointment (Generic) |
| | | Flurandrenolide Lotion (AG; Generic) |
| | | Fluticasone Propionate Lotion (Generic; Beser™) |
| | | Fluticasone Propionate Lotion Kit (Beser™) |
| | | Hydrocortisone Butyrate Lotion (AG; Generic; Locoid®) |
| | | Hydrocortisone Butyrate Cream, Ointment, Solution (Generic) |
| | | Hydrocortisone Butyrate/Emollient (AG; Generic) |
| | | Hydrocortisone Probutate Cream (Pandel®) |
| | | Hydrocortisone Valerate Cream, Ointment (Generic) |
| | | Prednicarbate Cream; Ointment (Generic) |
| | | Triamcinolone Acetonide Dental Paste (Generic; Oralone®) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

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

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|-------------------------------------|--|---|
| DIABETES | Acarbose (Generic) | Miglitol (Generic) |
| Alpha-Glucosidase Inhibitors | | |
| *Request Form | | |
| *Criteria | | |
| *POS Edits | | |
| DIABETES | Dasiglucagon Auto-Injector, Syringe (Zegalogue™) | Diazoxide Oral Suspension (Generic; Proglycem®) |
| Glucagon Agents | Glucagon Nasal (Baqsimi®) | Glucagon Subcutaneous Pen, Syringe, Vial (Gvoke®) |
| *Request Form | Glucagon, Human Recombinant Inj. Emergency Kit (Amphastar) | Glucagon Injection Emergency Kit (Fresenius Kabi) |
| *Criteria | | |
| *POS Edits | | |
| DIABETES | Dulaglutide Pen (Trulicity®) | Alogliptin Tablet (AG; Nesina®) |
| Hypoglycemics | Linagliptin Tablet (Tradjenta®) | Alogliptin/Metformin Tablet (AG; Kazano®) |
| Incretin Mimetics/Enhancers | Linagliptin/Metformin Tablet (Jentaduetto®) | Alogliptin/Pioglitazone Tablet (AG; Oseni®) |
| *Request Form | Semaglutide Pen (Ozempic®) | Empagliflozin/Linagliptin/Metformin Tablet (Trijardy™ XR) |
| *Criteria | Semaglutide Tablet (Rybelsus®) | Exenatide Microspheres ER Auto-Injector (Bydureon BCise®) |
| *POS Edits | Sitagliptin Phosphate Tablet (Januvia®) | Linagliptin/Empagliflozin (Glyxambi®) <i>(See SGLT2 Criteria)</i> |
| | Sitagliptin Phosphate/Metformin Tablet (Janumet®) | Linagliptin/Metformin Tablet ER (Jentaduetto XR®) |
| | Sitagliptin Phosphate/Metformin Tablet ER (Janumet XR®) | Liraglutide Pen (AG; Generic; Victoza®) |
| | | Liraglutide/Insulin Degludec (Xultophy®) <i>(See Insulins & Related Agents Criteria)</i> |
| | | Lixisenatide/ Insulin Glargine (Soliqua®) <i>(See Insulins & Related Agents Criteria)</i> |
| | | Pramlintide Pen (SymlinPen®) |
| | | Saxagliptin Tablet (Generic; Onglyza®) |
| | | Saxagliptin/Dapagliflozin Tablet (Qtern®) <i>(See SGLT2 Criteria)</i> |
| | | Saxagliptin/Metformin ER Tablet (Generic; Kombiglyze XR®) |
| | | Sitagliptin Tablet (AG ; Zituvio™) |
| | | Sitagliptin Phosphate/Ertugliflozin Tablet (Steglujan®) <i>(See SGLT2 Criteria)</i> |
| | | Sitagliptin/Metformin Tablet (AG; Zituvimet™) |
| | | Sitagliptin/Metformin ER Tablet (Zituvimet XR™) |
| | | Tirzepatide Pen (Mounjaro®) |

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

Effective Date: July 1, 2025 (updated 8/1/25)

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

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| DIABETES | Dapagliflozin Tablet (AG) | Canagliflozin Tablet (Invokana®) |
| Hypoglycemics | Dapagliflozin/Metformin ER Tablet (AG) | Canagliflozin/Metformin ER Tablet, Tablet (Invokamet® XR; Invokamet®) |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | Empagliflozin Tablet (Jardiance®) | Dapagliflozin Tablet (Farxiga®) |
| | Empagliflozin/Metformin Tablet (Synjardy®) | Dapagliflozin/Metformin ER Tablet (Xigduo® XR) |
| *Request Form *Criteria *POS Edits | | Empagliflozin/Metformin ER Tablet (Synjardy® XR) |
| | | Ertugliflozin Tablet (Steglatro®) |
| | | Ertugliflozin/Metformin Tablet (Segluromet®) |
| | | Sotagliflozin Tablet (Inpefa®) |
| DIABETES | Glimepiride Tablet 1mg, 2mg, 4mg (Generic) | Glimepiride 3mg Tablet (Generic) |
| Hypoglycemics | Glipizide Tablet (Generic) | Glipizide ER (Glucotrol® XL) |
| Sulfonylureas | Glipizide ER Tablet (Generic) | |
| *Request Form *Criteria *POS Edits | Glyburide Tablet (Generic) | |
| | Glyburide Micronized Tablet (Generic) | |
| | | |
| DIABETES | Pioglitazone Tablet (Generic) | Pioglitazone Tablet (Actos®) |
| Hypoglycemics | | Pioglitazone/Glimepiride Tablet (AG) |
| Thiazolidinediones (TZDs) | | Pioglitazone/Metformin Tablet (Generic; Actoplus Met®) |
| *Request Form *Criteria *POS Edits | | |
| | | |
| | | |
| DIABETES | Glipizide-Metformin Tablet (Generic) | Metformin ER Tablet (Generic for Fortamet™) |
| Metformins | Glyburide-Metformin Tablet (Generic) | Metformin ER Tablet (Generic; Glumetza™) |
| *Request Form *Criteria *POS Edits | Metformin Tablet 500mg, 850mg, 1000mg (Generic) | Metformin Solution (Generic; Riomet™) |
| | Metformin ER Tablet (Generic for Glucophage® XR) | Metformin Tablet 625mg (Generic) |
| | | Metformin Tablet 750mg (Generic) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|--|
| DIGESTIVE DISORDERS | Meclizine Tablet (AG; Generic) | Amisulpride Vial (Barhemsys®) |
| Antiemetic/Antivertigo Agents | Metoclopramide Solution (Generic) | Aprepitant Capsule, Pack (Generic; Emend®; Emend TriPack®) |
| *Request Form *Criteria *POS Edits | Metoclopramide Tablet (Generic) Metoclopramide Vial (Generic) Ondansetron ODT 4mg, 8mg (Generic) Ondansetron Solution (Generic) Ondansetron Tablet (Generic) Ondansetron Vial (Generic) Prochlorperazine Tablet (Generic) Promethazine Ampule (Generic) Promethazine Rectal 12.5 mg (Generic) Promethazine Rectal 25 mg (Generic) Promethazine Syrup (Generic) Promethazine Tablet (Generic) Promethazine Vial (Generic) Scopolamine Transdermal (Generic) | Aprepitant Powder for Oral Suspension Packet (Emend®) Aprepitant Vial (Aponvie®, Cinvanti®) Dimenhydrinate Vial (Generic) Doxylamine/Pyridoxine Tablet (AG; Generic; Diclegis®) Doxylamine/Pyridoxine Tablet (Bonjesta®) Dronabinol Oral (AG; Generic; Marinol®) Fosaprepitant Dimeglumine Vial (AG; Generic; Emend®) Fosaprepitant Dimeglumine Vial (Focinvez™) Fosnetupitant/Palonosetron Vial (Akynzeo®) Granisetron Tablet, Vial (Generic) Granisetron ER Syringe (Sustol®) Granisetron Transdermal Patch (Sancuso®) Meclizine Tablet (Antivert®) Metoclopramide Syringe (Generic) Metoclopramide Tablet (Reglan®) Metoclopramide Nasal (Gimoti®) Netupitant/Palonosetron HCl Capsule (Akynzeo®) Ondansetron ODT 16mg , Syringe (Generic) Palonosetron Vial (Generic for Aloxi®) Prochlorperazine Rectal (Generic; Compro®) Prochlorperazine Vial (Generic) Promethazine Ampule, Vial (Phenergan®) Promethazine Suppository 50mg (Generic) Scopolamine Transdermal (Transderm-Scop®) Trimethobenzamide Vial (Tigan®) Trimethobenzamide Capsule (Generic) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) | |
|--|--|--|--|
| DIGESTIVE DISORDERS | Ursodiol 300 mg Capsule (Generic) | Chenodiol Tablet (Chenodal®) | |
| Bile Acid Salts | Ursodiol Tablet (Generic) | Cholic Acid Capsule (Cholbam®) | |
| *Request Form *Criteria *POS Edits | | Elafibranor Tablet (Iqirvo®) | |
| | | Maralixibat Solution (Livmarli®) | |
| | | Obeticholic Acid Tablet (Ocaliva®) | |
| | | Odevixibat Capsule, Pellet (Bylvay®) | |
| | | Seladelpar Capsule (Livdelzi®) | |
| | | Ursodiol Capsule (Reltone®) | |
| | | Ursodiol Tablet (URSO 250®/URSO Forte®) | |
| DIGESTIVE DISORDERS | Famotidine Suspension (Generic) | Cimetidine Solution , Tablet (Generic) | |
| Histamine II Receptor Blockers | Famotidine Tablet (Generic) | Famotidine Piggyback (Generic) | |
| *Request Form *Criteria *POS Edits | | Famotidine Tablet (Pepcid®) | |
| | | Famotidine Vial (Generic) | |
| | | Nizatidine Capsule (Generic) | |
| DIGESTIVE DISORDERS | Pancrelipase (Creon®) | Pancrelipase (Pertzyc®) | |
| Pancreatic Enzymes | Pancrelipase (Zenpep®) | Pancrelipase (Viokace®) | |
| *Request Form *Criteria *POS Edits | | | |
| | | | |
| | | | |
| DIGESTIVE DISORDERS | Esomeprazole Suspension (Generic) | Dexlansoprazole Capsule (AG; Generic; Dexilant®) | |
| Proton Pump Inhibitors | Lansoprazole Capsule, ODT (Generic) | Esomeprazole Capsule (Generic; Nexium®) | |
| *Request Form *Criteria *POS Edits | Omeprazole Capsule Rx (Generic) | Esomeprazole Suspension (Nexium®) | |
| | Pantoprazole Tablet (Generic) | Lansoprazole Capsule (Prevacid®) | |
| | | | Lansoprazole ODT (Prevacid® SoluTab®) |
| | | | Omeprazole Granules for Suspension (Prilosec®) |
| | | | Omeprazole/Sodium Bicarbonate for Oral Suspension (Konvomep®) |
| | | | Omeprazole/Sodium Bicarbonate Rx Capsule, Packet (Generic; Zegerid®) |
| | | | Pantoprazole Tablet (Protonix®) |
| | | | Pantoprazole Suspension (Generic ; Protonix®) |
| | | | Rabeprazole Tablet (Generic for AcipHex®) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|--|
| DIGESTIVE DISORDERS | Balsalazide Capsule (Generic) | Balsalazide Capsule (Colazal®) |
| Ulcerative Colitis Agents | Mesalamine ER Capsule (AG; Generic for Apriso®) | Budesonide Rectal Foam (Generic; Uceris®) |
| *Request Form *Criteria *POS Edits | Mesalamine Suppositories (AG; Generic for Canasa®) | Budesonide DR Tablet (AG; Generic; Uceris®) |
| | Sulfasalazine Tablet (AG; Generic) | Mesalamine DR Tablet (Generic for Asacol HD®) |
| | Sulfasalazine DR Tablet (AG) | Mesalamine DR Capsule (AG; Generic; Delzicol®) |
| | | Mesalamine Enema (Rowasa®; sfRowasa®; Generic for sfRowasa®) |
| | | Mesalamine ER Capsule (Apriso®) |
| | | Mesalamine Kit (Generic; Rowasa®) |
| | | Mesalamine DR Tablet MMX® (AG; Generic; Lialda®) |
| | | Mesalamine ER Capsule (Generic; Pentasa®) |
| | | Mesalamine Suppositories (Canasa®) |
| | | Olsalazine Capsule (Dipentum®) |
| | | Sulfasalazine DR Tablet, Tablet (Azulfidine EN-Tabs®; Azulfidine®) |
| ENZYME REPLACEMENT | NONE | Eliglustat Capsule (Cerdelga®) |
| *Request Form *Criteria *POS Edits | | Imiglucerase 400-unit Vial (Cerezyme®) |
| | | Miglustat Capsule (AG; Generic; Zavesca®) |
| | | Taliglucerase alfa Vial (Elelyso®) |
| | | Velaglucerase alfa 400-unit Vial (Vpriv®) |
| EPINEPHRINE, SELF-ADMINISTERED | Epinephrine 0.1 mg, 0.15mg, 0.3mg Auto-Injector (Auvi-Q®) | Epinephrine 0.15 mg, 0.3 mg Auto-Injector (AG for Adrenaclick®) |
| *Request Form *Criteria *POS Edits | Epinephrine 0.15 mg Auto-Injector (AG; Generic; EpiPen Jr®) | Epinephrine Nasal Spray (Neffy®) |
| | Epinephrine 0.3 mg Auto-Injector (AG; Generic; EpiPen®) | Epinephrine Syringe (Symjepi®) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) | |
|--|--|--|---|
| GI MOTILITY, CHRONIC | Linaclotide Capsule (Linzess®) | Alosetron Tablet (AG; Generic; Lotronex®) | |
| *Request Form *Criteria *POS Edits | Lubiprostone Capsule (AG; Generic for Amitiza®) | Eluxadoline Tablet (Viberzi®) | |
| | Methylnaltrexone Syringe, Vial (Relistor®) | Lubiprostone Capsule (Amitiza®) | |
| | Plecanatide Tablet (Trulance®) | Methylnaltrexone Tablet (Relistor®) | |
| | | | Naldemedine Tablet (Symproic®) |
| | | | Naloxegol Tablet (Movantik®) |
| | | | Prucalopride Tablet (Generic ; Motegrity®) |
| | | | Tenapanor Tablet (Ibsrela®) |
| | | | |
| GLUCOCORTICOIDS, ORAL | Budesonide EC Capsules (Generic) | Budesonide DR Capsule (Tarpeyo™) | |
| *Request Form *Criteria *POS Edits | Dexamethasone Tablet (Generic) | Budesonide Suspension Packet (Eohilia™) | |
| | Hydrocortisone Tablet (Generic) | Cortisone Acetate (Generic) | |
| | Methylprednisolone Tablet Dose Pack (Generic) | Deflazacort Suspension, Tablet (Emflaza®) | |
| | Prednisolone Sodium Phosphate Solution (Generic) | Dexamethasone Tablet (Hemady®) | |
| | Prednisolone Solution (Generic) | Dexamethasone Tablet Therapy Pack (Taperdex®) | |
| | Prednisone Tablet (Generic) | Dexamethasone Elixir, Intensol Concentrate, Solution, Tablet Dose Pack (Generic) | |
| | | | Hydrocortisone Tablet (Cortef®) |
| | | | Hydrocortisone Capsule (Alkindi® Sprinkle) |
| | | | Methylprednisolone Tablet, Dose Pack (Medrol®) |
| | | | Methylprednisolone Tablet 4 mg, 8 mg, 16 mg, 32 mg (Generic) |
| | | | Prednisolone Tablet (Generic ; Millipred®) |
| | | | Prednisolone Tablet Dose Pack (Millipred®) |
| | | | Prednisolone Sodium Phosphate 10 mg/5 mL (Generic Millipred®) |
| | | | Prednisolone Sodium Phosphate 20 mg/5 mL (Generic Veripred®) |
| | | | Prednisolone Sodium Phosphate ODT (AG; Generic) |
| Prednisone Delayed Release Tablet (Rayos®) | | | |
| Prednisone Intensol Concentrate, Solution, Tablet Dose Pack (Generic) | | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|--|
| GOUT AGENTS | Allopurinol Tablet 100mg, 300mg (Generic) | Allopurinol Tablet 200mg (AG) |
| Antihyperuricemics | Colchicine Tablet (AG; Generic) | Colchicine Capsule (AG; Generic ; Mitigare®) |
| *Request Form *Criteria *POS Edits | Febuxostat Tablet (Generic) | Colchicine Solution (Gloperba®) |
| | Probenecid Tablet (Generic) | Colchicine Tablet (Colcrys®) |
| | Probenecid/Colchicine Tablet (Generic) | Febuxostat Tablet (Uloric®) |
| | | Pegloticase Intravenous (Krystexxa®) |
| | | |
| GROWTH DEFICIENCY | Somatropin Cartridge, Syringe (Genotropin®) | Lonapegsomatropin-tcgd Cartridge (Skytrofa®) |
| Growth Hormones | Somatropin Pen (Norditropin® FlexPro®) | Somapacitan-beco Pen (Sogroya®) |
| *Request Form *Criteria *POS Edits | | Somatrogon-ghla Pen (Ngenla®) |
| | | Somatropin Cartridge (Humatrope®) |
| | | Somatropin Pen (Nutropin AQ® NuSpin®) |
| | | Somatropin Cartridge, Vial (Omnitrope®) |
| | | Somatropin Vial (Serostim®) |
| | | Somatropin Vial (Zomacton®) |
| | | |
| GROWTH FACTORS | NONE | Mecasermin Subcutaneous (Increlex®) |
| *Request Form *Criteria *POS Edits | | Tesamorelin Acetate Subcutaneous (Egrifta SV®) |
| | | Vosoritide Vial (Voxzogo™) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|--|
| H. PYLORI TREATMENT | Bismuth Subcitrate /Metronidazole/Tetracycline (Generic) | Bismuth Subcitrate /Metronidazole/Tetracycline (Pylera®) |
| *Request Form *Criteria *POS Edits | Omeprazole/Amoxicillin/Rifabutin (Talcia®) | Lansoprazole/Amoxicillin/Clarithromycin (Generic for Prevpac®) Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®) Vonoprazan Tablet (Voquezna®) Vonoprazan/Amoxicillin (Voquezna DualPak®) Vonoprazan/Amoxicillin/Clarithromycin (Voquezna TriplePak®) |
| | | |
| HEART DISEASE, HYPERLIPIDEMIA | Apixaban Dose Pack, Tablet (Eliquis®) | Dabigatran Capsule, Pellet Pack (Pradaxa®) |
| Anticoagulants | Dabigatran Capsule (Generic) | Dalteparin Syringe, Vial (Fragmin®) |
| *Request Form *Criteria *POS Edits | Enoxaparin Syringe, Vial (AG; Generic) Rivaroxaban Tablet (Generic) Rivaroxaban Dose Pack (Xarelto® Starter Pack) Warfarin Tablet (Generic) | Edoxaban Tablet (Savaysa®) Enoxaparin Syringe, Vial (Lovenox®) Fondaparinux Syringe (Generic; Arixtra®) Rivaroxaban Suspension, Tablet (Xarelto®) |
| | | |
| HEART DISEASE, HYPERLIPIDEMIA | Aspirin/Dipyridamole ER Capsule (Generic) | Clopidogrel Tablet (Plavix®) |
| Anticoagulants | Clopidogrel Tablet (Generic) | Prasugrel Tablet (Effient®) |
| Platelet Aggregation Inhibitors | Dipyridamole Tablet (Generic) | |
| *Request Form | Prasugrel Tablet (Generic) | |
| *Criteria *POS Edits | Ticagrelor Tablet (Brilinta®) | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|--|
| HEART DISEASE, HYPERLIPIDEMIA | Benazepril (Generic) | Aliskiren (AG; Generic; Tekturna®) |
| Hypertension | Benazepril/HCTZ (Generic) | Azilsartan Medoxomil (Edarbi®) |
| ACE Inhibitors & Direct Renin Inhibitors | Enalapril Solution (AG; Generic) | Azilsartan/Chlorthalidone (Edarbyclor®) |
| *Request Form *Criteria *POS Edits | Enalapril Tablet (Generic) | Candesartan (AG; Generic; Atacand®) |
| | Enalapril/HCTZ (Generic) | Candesartan/HCTZ (AG; Generic; Atacand HCT®) |
| | Fosinopril (Generic) | Captopril (Generic) |
| | Fosinopril/HCTZ (Generic) | Captopril/HCTZ (Generic) |
| | Irbesartan (Generic) | Enalapril Solution, Tablet (Epaned®; Vasotec®) |
| | Irbesartan/HCTZ (Generic) | Enalapril/HCTZ (Vaseretic®) |
| | Lisinopril (Generic) | Eprosartan (Generic) |
| | Lisinopril/HCTZ (Generic) | Irbesartan (Avapro®) |
| | Losartan (Generic) | Irbesartan/HCTZ (Avalide®) |
| | Losartan/HCTZ (Generic) | Lisinopril Solution (Qbrelis®) |
| | Olmesartan (AG; Generic) | Lisinopril (Zestril®) |
| | Olmesartan/HCTZ (AG; Generic) | Lisinopril/HCTZ (Zestoretic®) |
| | Ramipril (Generic) | Losartan (Cozaar®) |
| | Sacubitril/Valsartan Tablet (Entresto®) | Losartan/HCTZ (Hyzaar®) |
| | Valsartan (Generic) | Moexipril (Generic) |
| | Valsartan/HCTZ (Generic) | Olmesartan (Benicar®) |
| | | Olmesartan/HCTZ (Benicar HCT®) |
| | | Perindopril (Generic) |
| | | Quinapril (Generic; Accupril®) |
| | | Quinapril/HCTZ (AG; Generic) |
| | Ramipril (Altace®) | |
| | Sacubitril/Valsartan Oral Pellet (Entresto® Sprinkle) | |
| | Telmisartan (Generic; Micardis®) | |
| | Telmisartan/HCTZ (Generic; Micardis HCT®) | |
| | Trandolapril (Generic) | |
| | Valsartan (Diovan®) | |
| | Valsartan Solution (Generic) | |
| | Valsartan/HCTZ (Diovan HCT®) | |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| HEART DISEASE, HYPERLIPIDEMIA | Amlodipine/Benazepril (Generic) | Amlodipine/Benazepril (Lotrel®) |
| Hypertension | Amlodipine/Olmesartan (AG; Generic) | Amlodipine/Olmesartan (Azor®) |
| Angiotensin Modulators/Calcium Channel Blockers Combinations | Amlodipine/Valsartan (Generic) | Amlodipine/Olmesartan/HCTZ (AG; Generic; Tribenzor®) |
| | | Amlodipine/Valsartan (Exforge®) |
| | | Amlodipine/Valsartan/HCTZ (Generic; Exforge HCT®) |
| | | Telmisartan/Amlodipine (Generic) |
| | | Trandolapril/Verapamil (Generic) |
| | | |
| | | |
| HEART DISEASE, HYPERLIPIDEMIA | Acebutolol Capsule (Generic) | Atenolol Tablet (Tenormin®) |
| Hypertension | Atenolol Tablet (Generic) | Betaxolol Tablet (Generic) |
| Beta Blocker Agents | Atenolol/Chlorthalidone Tablet (Generic) | Carvedilol ER Capsule (AG; Generic for Coreg CR®) |
| *Request Form *Criteria *POS Edits | Bisoprolol Tablet (Generic) | Metoprolol Succinate Capsule (Kapsargo Sprinkle®) |
| | Bisoprolol/HCTZ Tablet (Generic) | Metoprolol Succinate ER Tablet (Toprol XL®) |
| | Carvedilol Tablet (Generic) | Metoprolol Tartrate Tablet (Lopressor®) |
| | Labetalol Tablet (Generic) | Metoprolol/HCTZ Tablet (Generic) |
| | Metoprolol Succinate ER Tablet (AG; Generic) | Nebivolol Tablet (Bystolic®) |
| | Metoprolol Tartrate Tablet (Generic) | Pindolol Tablet (Generic) |
| | Nadolol Tablet (Generic) | Propranolol ER Capsule (Inderal XL®) |
| | Nebivolol Tablet (Generic) | Propranolol ER Capsule (Innopran XL®) |
| | Propranolol Oral Solution (Hemangeol®) | Propranolol LA Capsule (Inderal LA®) |
| | Propranolol ER Capsule (AG; Generic) | Propranolol/HCTZ Tablet (Generic) |
| | Propranolol Solution (Generic) | Sotalol Solution (Sotylize®) |
| | Propranolol Tablet (Generic) | Timolol Maleate Tablet (Generic) |
| | Sotalol Tablet (Generic) | |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| HEART DISEASE, HYPERLIPIDEMIA | Amlodipine Tablet (Generic) | Amlodipine Solution (Norliqva®) |
| Hypertension | Diltiazem ER Capsule (Generic) | Amlodipine Suspension (Katerzia™) |
| Calcium Channel Blockers | Diltiazem IR Tablet (Generic) | Amlodipine Tablet (Norvasc®) |
| *Request Form *Criteria *POS Edits | Felodipine ER Tablet (Generic) | Diltiazem CD (Cardizem CD®; Cardizem CD® 360 mg; Tiazac®) |
| | Nifedipine ER Tablet (Generic) | Diltiazem LA Tablet (AG; Generic; Cardizem LA®; Matzim LA®) |
| | Nifedipine IR Capsule (Generic) | Isradipine Capsule (Generic) |
| | Verapamil ER Tablet (Generic) | Levamlodipine Tablet (AG) |
| | Verapamil IR Tablet (Generic) | Nicardipine Capsule (Generic) |
| | | Nifedipine ER Tablet (Procardia XL®) |
| | | Nimodipine Capsule, Solution (Generic) |
| | | Nimodipine Oral Syringe, Solution (Nymalize®) |
| | | Nisoldipine ER Tablet (Generic; Sular®) |
| | | Verapamil 360 mg Capsule (Generic) |
| | | Verapamil ER PM Capsule (AG; Generic for Verelan PM®) |
| | | Verapamil ER Capsule (Generic for Verelan®) |
| | | Verapamil SR Capsule (AG) |
| | | |
| HEART DISEASE, HYPERLIPIDEMIA | Cholestyramine/Aspartame Powder (Generic) | Alirocumab Subcutaneous Pen (Praluent®) |
| Lipotropics, Other | Cholestyramine/Sucrose Powder (Generic for Questran®) | Bempedoic Acid Tablet (Nexletol™) |
| *Request Form *Criteria *POS Edits | Colesevelam Tablet (AG; Generic for Welchol®) | Bempedoic Acid and Ezetimibe Tablet (Nexlizet™) |
| | Colestipol Granules, Tablet (Generic) | Cholestyramine/Sucrose Packet, Powder (Questran®) |
| | Evolocumab Auto-Injector (Repatha® SureClick®) | Colesevelam Powder Pack (AG; Generic; Welchol®) |
| | Evolocumab Cartridge (Repatha® Pushtronex®) | Colesevelam Tablet (Welchol®) |
| | Evolocumab Prefilled Syringe (Repatha®) | Colestipol Granules, Tablet (Colestid®) |
| | Ezetimibe Tablet (Generic) | Evinacumab-dgnb Vial (Evkeeza®) |

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

Effective Date: July 1, 2025 (updated 8/1/25)

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| HEART DISEASE, HYPERLIPIDEMIA | Fenofibrate Nanocrystallized Tablet 48mg, 145mg (Generic Tricor®) | Ezetimibe Tablet (Zetia®) |
| Lipotropics, Other Continued | Fenofibrate Capsule, Tablet (Generic for Lofibra®) | Fenofibrate Capsule Micronized (AG; Generic for Antara®) |
| | Gemfibrozil Tablet (Generic) | Fenofibrate Capsule (Generic; Lipofen®) |
| | Icosapent Ethyl Capsule (Generic) | Fenofibrate Tablet (AG; Generic for Fenoglide®) |
| | Niacin ER Tablet (Generic) | Fenofibrate Tablet Nanocrystallized Tablet 48mg, 145mg (Tricor®) |
| | Omega-3-acid Ethyl Esters Capsule (Generic) | Fenofibric Acid Tablet (Generic for Fibracor®) |
| | | Fenofibric Acid Choline Capsule (AG; Generic; Trilipix®) |
| | | Gemfibrozil Tablet (Lopid®) |
| | | Inclisiran Syringe (Leqvio®) |
| | | Lomitapide Capsule (Juxtapid®) |
| | | Olezarsen Auto-Injector (Tryngolza) |
| | | |
| HEART DISEASE, HYPERLIPIDEMIA | Ambrisentan Tablet (Generic) | Ambrisentan Tablet (Letairis®) |
| Pulmonary Arterial Hypertension (PAH) | Bosentan Tablet (Generic) | Bosentan Suspension, Tablet (Tracleer®) |
| *Request Form *Criteria *POS Edits | Sildenafil Oral Suspension, Tablet (Generic for Revatio®) | Iloprost Inhalation Solution (Ventavis®) |
| | Tadalafil Tablet (Generic for Adcirca®) | Macitentan Tablet (Opsumit®) |
| | | Macitentan and Tadalafil Tablet (Opsynvi®) |
| | | Riociguat Tablet (Adempas®) |
| | | Selexipag Tablet, Dose Pack (Uptravi®) |
| | | Sildenafil Suspension, Tablet (Revatio®) |
| | | Tadalafil Suspension (Tadliq®) |
| | | Tadalafil Tablet (Adcirca®) |
| | | Trepstinil ER Tablet, Titration Kit (Orenitram ER®; Orenitram® Month 1/2/3) |
| | | Trepstinil Inhalation Powder, Inhalation Solution (Tyvaso DPI™; Tyvaso®) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| HEART DISEASE, HYPERLIPIDEMIA | Atorvastatin Tablet (Generic) | Amlodipine/Atorvastatin Tablet (AG; Generic; Caduet®) |
| Statins & Statin Combination Agents | Ezetimibe/Simvastatin Tablet (Generic) | Atorvastatin Calcium (Atorvaliq®) |
| *Request Form *Criteria *POS Edits | Lovastatin Tablet (Generic) | Atorvastatin Tablet (Lipitor®) |
| | Pravastatin Tablet (Generic) | Ezetimibe/Simvastatin Tablet (Vytorin®) |
| | Rosuvastatin Tablet (Generic) | Fluvastatin Capsule (Generic) |
| | Simvastatin Tablet (Generic) | Fluvastatin ER Tablet (AG; Generic; Lescol XL®) |
| | | Lovastatin ER Tablet (Altoprev®) |
| | | Pitavastatin Tablet (Generic; Livalo®) |
| | | Pitavastatin Tablet (Zypitamag®) |
| | | Rosuvastatin Tablet (Crestor®) |
| | | Rosuvastatin Capsule (Ezallor™ Sprinkle) |
| | | Simvastatin Tablet (Flolipid®; Zocor®) |
| | | |
| HEART DISEASE, HYPERLIPIDEMIA | Clonidine Patch (AG; Generic) | Clonidine ER Suspension (AG for Nexiclon®) |
| Sympatholytics | Clonidine Tablet (Generic) | Methyldopate HCl (Intravenous) |
| *Request Form | Guanfacine Tablet (Generic) | Methyldopa/HCTZ Tablet (Generic) |
| *Criteria | Methyldopa Tablet (AG; Generic) | |
| *POS Edits | | |
| | | |
| HEART DISEASE, HYPERLIPIDEMIA | Isosorbide Dinitrate Tablet (AG; Generic) | Isosorbide Dinitrate Tablet (Isordil®) |
| Vasodilators, Coronary | Isosorbide Dinitrate/Hydralazine Tablet (AG; Generic) | Isosorbide Dinitrate/Hydralazine Tablet (BiDil®) |
| *Request Form | Isosorbide Mononitrate Tablet (Generic) | Nitroglycerin Translingual Spray (AG; Generic; Nitrolingual®) |
| *Criteria | Isosorbide Mononitrate SR Tablet (Generic) | Nitroglycerin Transdermal Patch (Nitro-Dur®) |
| *POS Edits | Nitroglycerin Sublingual Tablet (AG; Generic) | Nitroglycerin Sublingual Tablet (Nitrostat®) |
| | Nitroglycerin Transdermal Ointment (Nitro-Bid®) | Vericiguat Tablet (Verquvo®) |
| | Nitroglycerin Transdermal Patch (AG; Generic) | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| HEMATOLOGIC AGENTS, HEMATOPOIETIC AGENTS | Darbepoetin Syringe (Aranesp®) | Epoetin alfa-epbx Vial (Retacrit®) [by Vifor] |
| | Darbepoetin Vial (Aranesp®) | Epoetin alfa Vial (Procrit®) |
| Erythropoietins | Epoetin alfa-epbx Vial (Retacrit®) [by Pfizer] | Luspatercept-aamt Vial (Reblozyl®) |
| *Request Form *Criteria *POS Edits | Epoetin alfa Vial (Epogen®) | Methoxy Polyethylene Glycol-Epoetin Beta Syringe (Mircera®) |
| | | Vadadustat Tablet (Vafseo®) |
| HEMODIALYSIS | Calcium Acetate Capsule (Generic) | Calcium Acetate Tablet (Generic; Calphron®) |
| Phosphate Binders | Sevelamer Carbonate Tablet (AG; Generic) | Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®) |
| *Request Form *Criteria *POS Edits | | Ferric Citrate Tablet (Auryxia®) |
| | | Lanthanum Carbonate Chewable Tablet (Generic; Fosrenol®) |
| | | Lanthanum Carbonate Powder Pack (Fosrenol®) |
| | | Sevelamer Carbonate Powder Pack (Generic; Renvela®) |
| | | Sevelamer Carbonate Tablet (Renvela®) |
| | | Sevelamer HCl Tablet (AG; Generic for RenaGel®) |
| | | Sucroferric Oxyhydroxide Chewable Tablet (Velphoro®) |
| | | Tenapanor Tablet (Xphozah™) |
| HEMOPHILIA TREATMENT | Emicizumab-kxwh (Hemlibra®) | Anti-Inhibitor Coagulant Complex (Feiba NF®) |
| *Request Form *Criteria *POS Edits | Factor IX Human Recombinant, GlycoPEGylated (Rebinyn®) | Concizumab-mtci (Alhemo®) |
| | Factor IX Human Recombinant (BeneFIX® Kit) | Etranacogene Dezaparvovec-drlb (Hemgenix®) |
| | Factor VIIa, Recombinant (NovoSeven® RT) | Factor IX Complex (PCC) 3-Factor (Profilnine® SD) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| HEMOPHILIA TREATMENT <i>Continued</i> | Factor VIII (Kovaltry®) | Factor IX Human (AlphaNine SD®) |
| | Factor VIII, B-Domain-Deleted (Xyntha® Kit) | Factor IX Human Recombinant (Ixinity®) |
| | Factor VIII, B-Domain-Deleted (Xyntha® Solofuse® Syringe Kit) | Factor IX Recombinant (Rixubis®) |
| | Factor VIII, B-Domain-Truncated (Novoeight®) | Factor IX Recombinant, Albumin Fusion (Idelvion®) |
| | Factor VIII, HEK B-Domain-Deleted (Nuwiq®) | Factor IX Recombinant, Fc Fusion Protein (Aprolix®) |
| | Factor VIII, Recombinant, PEGylated-aucl (Jivi®) | Factor VIIa, (Recombinant)-jncw (Sevenfact®) |
| | Factor VIII/VWF (Alphanate®) | Factor VIII, Full-Length (Advate®) |
| | Factor VIII/VWF (Humate-P® Kit) | Factor VIII (Kogenate FS®) |
| | Factor VIII/VWF (Wilate®) | Factor VIII, Full-Length PEGylated (Adynovate®) |
| | Factor X (Coagadex®) | Factor VIII, Human (Hemofil-M®) |
| | Factor XIII Concentrate, Human (Corifact® Kit) | Factor VIII, Human Kit (Koate DVI®) |
| | | Factor VIII, Human Vial (Koate DVI®) |
| | | Factor VIII, Recombinant Fc-VWF-XTEN Fusion Protein-ehl (Altuviiiio™) |
| | | Factor VIII, Recombinant Glycopegylated-exei (Esperoct®) |
| | | Factor VIII, Recombinant Porcine (Obizur®) |
| | | Factor VIII, Recombinant (Recombinate®) |
| | | Factor VIII, Recombinant, Fc Fusion (Eloctate®) |
| | | Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®) |
| | | Factor XIII A-Subunit, Recombinant (Tretten®) |
| | | Fidanacogene Elaparvec-dzkt (Beqvez™) |
| | | Prothrombin Complex Concentrate Human-lans (Balfaxar®) |
| | | Marstacimab-hncq (Hympavzi™) |
| | | Valoctocogene Roxaparvec-rvox (Roctavian™) |
| | Von Willebrand Factor, Recombinant (Vonvendi®) | |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| HEREDITARY ANGIOEDEMA | C1 Esterase Inhibitor Subcutaneous Vial (Haegarda®) | Berotralstat Hydrochloride Capsule (Orladeyo®) |
| *Request Form *Criteria *POS Edits | Icatibant Acetate Subcutaneous Syringe (Generic) | C1 Esterase Inhibitor Intravenous Kit, Vial (Berinert®) |
| | | C1 Esterase Inhibitor Intravenous Vial (Cinryze®) |
| | | C1 Esterase Inhibitor, Recombinant Intravenous Vial (Ruconest®) |
| | | Ecallantide Subcutaneous Vial (Kalbitor®) |
| | | Icatibant Acetate Subcutaneous Syringe (Firazyr®) |
| | | Lanadelumab-flyo Subcutaneous Syringe, Vial (Takhzyro®) |
| | | |
| HIV-AIDS | Abacavir Solution (Generic; Ziagen®) | NONE |
| *Request Form *Criteria *POS Edits | Abacavir Tablet (Generic for Ziagen®) | |
| | Abacavir/Dolutegravir/Lamivudine (Triumeq®; Triumeq PD®) | |
| | Abacavir/Lamivudine Tablet (Generic; Epzicom®) | |
| | Atazanavir Capsule (Generic) | |
| | Atazanavir Capsule, Powder Pack (Reyataz®) | |
| | Atazanavir Sulfate/Cobicistat Tablet (Evotaz®) | |
| | Bictegravir/Emtricitabine/Tenofovir AF Tablet (Biktary®) | |
| | Cabotegravir (Apretude™) | |
| | Cabotegravir/Rilpivirine IM (Cabenuva®) | |
| | Cobicistat Tablet (Tybost®) | |
| | Darunavir Ethanolate Tablet (Generic; Prezista®) | |
| | Darunavir Ethanolate Suspension (Prezista®) | |
| | Darunavir/Cobicistat/Emtricitabine/Tenofovir AF (Symtuza®) | |
| | Darunavir/Cobicistat Tablet (Prezcobix®) | |
| | Didanosine Capsule DR (Generic) | |
| | Dolutegravir Sodium Suspension, Tablet (Tivicay PD®; Tivicay®) | |
| | Dolutegravir Sodium/Lamivudine Tablet (Dovato®) | |
| | Dolutegravir/Rilpivirine Tablet (Juluca®) | |
| | Doravirine Tablet (Pifeltro®) | |
| | Doravirine/Lamivudine/Tenofovir DF Tablet (Delstrigo®) | |
| Efavirenz Capsule, Tablet (Generic for Sustiva®) | | |
| Efavirenz/Emtricitabine/Tenofovir DF (Generic for Atripla®) | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|-------------------------------|--|--|
| HIV-AIDS Continued | Efavirenz/Lamivudine/Tenofovir DF (Generic; Symfi Lo®) | NONE |
| | Efavirenz/Lamivudine/Tenofovir DF (Generic; Symfi®) | |
| | Elvitegravir/Cobicistat/Emtricitabine/Tenofovir AF (Genvoya®) | |
| | Elvitegravir/Cobicistat/Emtricitabine/Tenofovir DF (Stribild®) | |
| | Emtricitabine/Rilpivirine/Tenofovir DF Tablet (Complera®) | |
| | Emtricitabine/Rilpivirine/Tenofovir AF Tablet (Odefsey®) | |
| | Emtricitabine Capsule (Generic; Emtriva®) | |
| | Emtricitabine Solution (Emtriva®) | |
| | Emtricitabine/Tenofovir AF Tablet (Descovy®) | |
| | Emtricitabine/Tenofovir DF Tablet (Generic; Truvada®) | |
| | Enfuvirtide Vial (Fuzeon®) | |
| | Etravirine Tablet (Generic; Intelence®) | |
| | Fosamprenavir Tablet (Generic for Lexiva®) | |
| | Fostemsavir Tromethamine Tablet (Rukobia®) | |
| | Ibalizumab-uiyk Vial (Trogarzo®) | |
| | Lamivudine Solution, Tablet (Generic; Epivir®) | |
| | Lamivudine/Tenofovir DF Tablet (Cimduo®) | |
| | Lamivudine/Zidovudine Tablet (Generic for Combivir®) | |
| | Lenacapavir Subcutaneous, Tablet (Sunlenca®) | |
| | Lopinavir/Ritonavir Solution, Tablet (Generic; Kaletra®) | |
| | Maraviroc Solution (Selzentry®) | |
| | Maraviroc Tablet (Generic; Selzentry®) | |
| | Nelfinavir Mesylate Tablet (Viracept®) | |
| | Nevirapine ER Tablet, Suspension, Tablet (Generic) | |
| | Raltegravir Potassium Chewable, Powder Pack, Tablet (Isentress®) | |
| | Raltegravir Potassium Tablet (Isentress HD®) | |
| | Rilpivirine HCl Tablet (Edurant®) | |
| | Ritonavir Powder Pack (Norvir®) | |
| | Ritonavir Tablet (Generic; Norvir®) | |
| | Stavudine Capsule (Generic) | |
| | Tenofovir Disoproxil Fumarate Tablet (Generic) | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--------------------------------------|--|--|
| HIV-AIDS Continued | Tenofovir Disoproxil Fumarate Powder, Tablet (Viread®) | NONE |
| | Tipranavir Capsule (Aptivus®) | |
| | Zidovudine Syrup (Generic; Retrovir®) | |
| | Zidovudine Capsule, Tablet (Generic) | |
| | | |
| IDIOPATHIC PULMONARY FIBROSIS | Nintedanib Capsule (Ofev®) | Pirfenidone Capsule, Tablet (Esbriet®) |
| * Request Form | Pirfenidone Capsule (Generic) | |
| * Criteria | Pirfenidone Tablet (Generic) | |
| * POS Edits | | |
| | | |
| IMMUNE GLOBULINS (IG) | IG Injection [(Human) Gamunex®-C] | Cytomegalovirus IG IV [(Human) Cytogam®] |
| * Request Form | IG Intravenous [(Human) Gammagard Liquid] | Hepatitis B IG Intravenous [(Human) HepaGam B®] |
| * Criteria | IG Intravenous [(Human) Privigen®] | Hepatitis B IG Syringe [(Human) HyperHEP B® S/D] |
| * POS Edits | IG Subcutaneous Syringe [(Human) Hizentra®] | Hepatitis B IG Vial [(Human) HyperHEP B® S/D] |
| | | IG Infusion [(Human) Hyqvia®] |
| | | IG Injection [(Human) Gammaked™] |
| | | IG Intravenous [(Human) Flebogamma® DIF] |
| | | IG Intravenous [(Human) Gammagard S/D] |
| | | IG Intravenous [(Human) Gammaplex®] |
| | | IG Intravenous [(Human) Octagam®] |
| | | IG Intravenous [(Human-ifas) Panzyga®] |
| | | IG Intravenous [(Human-slra) Asceniv™] |
| | | IG Intravenous [(Human) Bivigam®] |
| | | IG Subcutaneous [(Human) Cuvitru®] |
| | | IG Subcutaneous [(Human-hipp) Cutaquig®] |
| | | IG Subcutaneous [(Human-klhw) Xembify®] |
| | | IG Vial [(Human) GamaSTAN®] |
| | | IG Vial [(Human-stwk) Alyglo™] |
| | | Rabies IG [(Human) Kedrab™] |
| | | Rabies IG Vial [(Human) HyperRAB®] |
| | | Varicella Zoster IG [(Human) Varizig®] |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|--|
| IMMUNOSUPPRESSIVES, ORAL | Azathioprine Tablet (Generic) | Avacopan Capsule (Tavneos™) |
| *Request Form *Criteria *POS Edits | Cyclosporine Capsule – MODIFIED 25 mg, 100 mg | Azathioprine Tablet (Azasan®; Imuran®) |
| | Cyclosporine Softgel – MODIFIED 50 mg (Generic) | Belumosudil Tablet (Rezurock™) |
| | Mycophenolate Mofetil Capsule (Generic) | Cyclosporine Capsule 25 mg, 100 mg (Generic; Sandimmune®) |
| | Mycophenolate Mofetil Tablet (Generic) | Cyclosporine Capsule – MODIFIED (Neoral®) |
| | Mycophenolic Acid as Mycophenolate Sodium (Generic) | Cyclosporine Solution – MODIFIED (Generic; Neoral®) |
| | Sirolimus Solution (Generic for Rapamune®) | Everolimus Tablet (Generic; Zortress®) |
| | Sirolimus Tablet (AG; Generic; Rapamune®) | Mycophenolate Mofetil Capsule, Tablet (CellCept®) |
| | Tacrolimus Capsule (Generic) | Mycophenolate Mofetil Suspension (Generic; CellCept®) |
| | | Mycophenolate Mofetil Suspension (Myhibbin™) |
| | | Mycophenolic Acid as Mycophenolate Sodium Tablet (Myfortic®) |
| | | Tacrolimus Capsule, Granule Packet (Prograf®) |
| | | Tacrolimus ER Capsule (Astagraf® XL) |
| | | Tacrolimus ER Tablet (Envarsus® XR) |
| INFECTIOUS DISORDERS | Amoxicillin/Clavulanate Suspension (AG; Generic) | Amoxicillin/Clavulanate ER Tablet, Chewable Tablet (Generic) |
| Antibiotics | Amoxicillin/Clavulanate Tablet (AG; Generic) | Amoxicillin/Clavulanate Suspension (Augmentin® 125mg/5ml) |
| Cephalosporin and Related Antibiotics | Cefadroxil Capsule (Generic) | Cefaclor Capsule, ER Tablet, Suspension (Generic) |
| *Request Form | Cefdinir Capsule, Suspension (Generic) | Cefadroxil Suspension, Tablet (Generic) |
| *Criteria | Cefprozil Suspension, Tablet (Generic) | Cefixime Capsule (AG; Generic for Suprax®) |
| *POS Edits | Cefuroxime Tablet (Generic) | Cefixime Suspension (Generic for Suprax®) |
| | Cephalexin Capsule, Suspension (Generic) | Cefpodoxime Proxetil Suspension, Tablet (Generic) |
| | | Cephalexin Tablet (Generic) |
| INFECTIOUS DISORDERS | Ciprofloxacin Tablet (Generic) | Ciprofloxacin Suspension (Generic; Cipro®) |
| Antibiotics | Levofloxacin Tablet (Generic) | Ciprofloxacin Tablet (Cipro®) |
| Fluoroquinolones | | Delafloxacin Tablet (Baxdela®) |
| *Request Form | | Levofloxacin Solution (Generic) |
| *Criteria | | Moxifloxacin Tablet (Generic) |
| *POS Edits | | Ofloxacin Tablet (Generic) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| INFECTIOUS DISORDERS | Metronidazole 250mg, 500mg Tablet (Generic) | Fecal Microbiota Spores, Live-brpk (Vowst™) |
| Antibiotics | Neomycin Tablet (Generic) | Fidaxomicin Suspension, Tablet (Dificid®) |
| Gastrointestinal Antibiotics | Tinidazole Tablet (Generic) | Metronidazole Capsule (Generic; Flagyl®) |
| *Request Form *Criteria *POS Edits | Vancomycin HCl Capsule (AG; Generic) | Metronidazole Suspension (Likmez™) Metronidazole 125mg Tablet (Generic) Nitazoxanide Tablet (Generic) Paromomycin Capsule (Generic) Rifamycin Tablet (Aemcolo®) Rifaximin Tablet (Xifaxan®) Secnidazole Oral Granules (Solosec™) Vancomycin HCl Capsule (Vancocin®) Vancomycin Solution (AG; Generic; Firvanq®) Vancomycin Solution 250mg/5ml (Generic) |
| INFECTIOUS DISORDERS | Tobramycin Capsule (Tobi Podhaler®) | Amikacin Inhalation Suspension (Arikayce®) |
| Antibiotics | Tobramycin Solution (Generic for Tobi®) | Aztreonam Solution (Cayston®) |
| Inhaled Antibiotics | | Tobramycin Solution (AG; Generic ; Bethkis®) |
| *Request Form | | Tobramycin Solution (Tobi®) |
| *Criteria | | Tobramycin Inhalation Solution Pak (AG; Kitabis Pak®) |
| *POS Edits | | |
| INFECTIOUS DISORDERS | Clindamycin Capsule (Generic) | Clindamycin Capsule (Cleocin®) |
| Antibiotics | Clindamycin Palmitate Solution (Generic) | Clindamycin Palmitate Solution (Cleocin®) |
| Lincosamides | | Clindamycin Phosphate in D5W Piggyback Injection (Generic) |
| *Request Form | | Clindamycin Phosphate Injection Vial (Generic; Cleocin®) |
| *Criteria | | Clindamycin in 0.9% Sodium Chloride Piggyback Intravenous (Generic) |
| *POS Edits | | Lincomycin HCl Vial (Generic; Lincocin®) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| INFECTIOUS DISORDERS | Azithromycin Packet (AG) | Azithromycin Packet, Suspension, Tablet (Zithromax®) |
| Antibiotics | Azithromycin Suspension, Tablet (Generic) | Clarithromycin ER Tablet, Suspension (Generic) |
| Macrolides - Ketolides | Clarithromycin Tablet (Generic) | Erythromycin Base DR Capsule, Tablet (Generic) |
| *Request Form *Criteria *POS Edits | Erythromycin Base DR Tablet (Generic) | Erythromycin Base DR Tablet (Ery-Tab®) Erythromycin Ethyl Succinate Suspension (AG; Generic; EryPed® 200; EryPed® 400) Erythromycin Ethyl Succinate Suspension (E.E.S.® 200) Erythromycin Ethyl Succinate Tablet (E.E.S.® 400) Erythromycin Stearate Filmtab (Erythrocin®) |
| | | |
| INFECTIOUS DISORDERS | Nitrofurantoin Macrocrystals Capsule (Generic) | Nitrofurantoin Monohydrate Macrocrystals Capsule 100 mg (Macrobid®) |
| Antibiotics | Nitrofurantoin Monohydrate Macrocrystals Capsule (AG; Generic) | Nitrofurantoin Suspension (AG; Generic for Furadantin®) |
| Nitrofurans Derivatives | | |
| *Request Form *Criteria *POS Edits | | |
| | | |
| INFECTIOUS DISORDERS | Linezolid Tablet (AG; Generic) | Linezolid in 0.9% Sodium Chloride IV (AG) |
| Antibiotics | | Linezolid in Dextrose 5% IV (Generic; Zyvox®) |
| Oxazolidinones | | Linezolid Suspension (AG; Generic; Zyvox®) |
| *Request Form *Criteria *POS Edits | | Linezolid Tablet (Zyvox®) Tedizolid IV, Tablet (Sivextro®) |
| | | |
| INFECTIOUS DISORDERS | NONE | Lefamulin Acetate Tablet, Vial (Xenleta®) |
| Antibiotics | | |
| Pleuromutilins | | |
| *Request Form *Criteria *POS Edits | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| INFECTIOUS DISORDERS | Doxycycline Hyclate Capsule (Generic) | Demeclocycline Tablet (Generic) |
| Antibiotics | Doxycycline Hyclate Tablet (Generic) | Doxycycline Hyclate DR Tablet (Doryx® MPC) |
| Tetracyclines | Doxycycline Monohydrate 50 mg, 100mg Capsule (AG; Generic) | Doxycycline Hyclate DR Tablet (AG; Generic; Doryx®) |
| *Request Form *Criteria *POS Edits | Doxycycline Monohydrate Tablet (Generic) | Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit) |
| | Minocycline Capsule (Generic) | Doxycycline Monohydrate 40 mg DR Capsule (AG; Oracea®) |
| | | Doxycycline Monohydrate Capsule 75 mg, 150 mg (AG; Generic) |
| | | Doxycycline Monohydrate Suspension (Generic) |
| | | Minocycline ER Tablet, Tablet (Generic) |
| | | Omadacycline Tosylate Tablet (Nuzyra®) |
| | | Tetracycline Capsule, Tablet (Generic) |
| INFECTIOUS DISORDERS | Clindamycin Vaginal Cream (Generic for Cleocin®) | Clindamycin Vaginal Cream (Cleocin®) |
| Antibiotics | Metronidazole Vaginal Gel (Nuversa®) | Clindamycin Vaginal Cream (Clindesse®) |
| Vaginal | Metronidazole Vaginal Gel (Generic for MetroGel-Vaginal®) | Clindamycin Vaginal Gel (Xaciato™) |
| *Request Form *Criteria *POS Edits | | Clindamycin Vaginal Ovules (Cleocin®) |
| | | Metronidazole Vaginal Gel (Vandazole®) |
| INFECTIOUS DISORDERS | Clotrimazole Troche (Generic) | Fluconazole Suspension, Tablet (Diflucan®) |
| Antifungals | Fluconazole Suspension (Generic) | Flucytosine Capsule (AG; Generic) |
| Antifungals, Oral | Fluconazole Tablet (Generic) | Griseofulvin Tablet, Ultramicrosize Tablet (Generic) |
| *Request Form *Criteria *POS Edits | Griseofulvin Suspension (Generic) | Ibexafungerp Citrate Tablet (Brexafemme™) |
| | Nystatin Suspension (Generic) | Isavuconazonium Capsule (Cresemba®) |
| | Nystatin Tablet (Generic) | Itraconazole Capsule, Solution (Generic; Sporanox®) |
| | Terbinafine Tablet (Generic) | Itraconazole Capsule (Tolsura®) |
| | | Ketoconazole Tablet (Generic) |
| Miconazole Buccal Tablet (Oravig®) | | |
| Oteseconazole Capsule (Vivjoa™) | | |
| Posaconazole Suspension Packet (Noxafil®) | | |
| Posaconazole Suspension, Tablet (AG; Generic; Noxafil®) | | |
| Voriconazole Suspension, Tablet (Generic; Vfend®) | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|---|---|---|
| INFECTIOUS DISORDERS | Adefovir Dipivoxil Tablet (Generic) | Entecavir Solution, Tablet (Baraclude®) |
| Hepatitis B Agents | Entecavir Tablet (Generic) | |
| * Request Form | Lamivudine HBV Tablet (Generic) | |
| * Criteria | Tenofovir Alafenamide Tablet (Vemlidy®) | |
| * POS Edits | | |
| | | |
| INFECTIOUS DISORDERS | Sofosbuvir/Velpatasvir Tablet (AG for Epclusa®) | Elbasvir/Grazoprevir Tablet (Zepatier®) |
| Hepatitis C Agents | | Glecaprevir/Pibrentasvir Pellet Pack, Tablet (Mavyret®) |
| Direct Acting Antiviral Agents | | Ledipasvir/Sofosbuvir Tablet (AG; Harvoni®) |
| * Request Form | | Ledipasvir/Sofosbuvir Pellet Pack (Harvoni®) |
| * Hepatitis C DAA Criteria | | Sofosbuvir Pellet Pack, Tablet (Sovaldi®) |
| * Hepatitis C DAA Worksheet | | Sofosbuvir/Velpatasvir Pellet Pack, Tablet (Epclusa®) |
| * Patient Treatment Agreement | | Sofosbuvir/Velpatasvir/Voxilaprevir Tablet (Vosevi®) |
| * POS Edits | | |
| | | |
| INFECTIOUS DISORDERS | Peginterferon alfa 2a Syringe (Pegasys®) | Ribavirin Capsule (Generic) |
| Hepatitis C Agents | Peginterferon alfa 2a Vial (Pegasys®) | |
| Not Direct Acting Antiviral Agents | Ribavirin Tablet (Generic) | |
| * Request Form | | |
| * Criteria | | |
| * POS Edits | | |
| | | |
| LUPUS IMMUNOMODULATORS | NONE | Anifrolumab-fnia Vial (Saphnelo®) |
| * Request Form | | Belimumab Auto-Injector, IV, Syringe, Vial (Benlysta®) |
| * Criteria | | Voclosporin Capsule (Lupkynis®) |
| * POS Edits | | |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| METHOTREXATE | Methotrexate PF Vial (AG; Generic) | Methotrexate Auto-Injector (Otrexup®) |
| *Request Form *Criteria *POS Edits | Methotrexate Tablet | Methotrexate Auto-Injector (Rasuvo®) |
| | Methotrexate Vial | Methotrexate Solution (Jylamvo™) |
| | | Methotrexate Solution (Xatmep®) |
| | | Methotrexate Tablet (Trexall™) |
| MOVEMENT DISORDER | Deutetrabenazine Tablet (Austedo®; Austedo XR®) | Tetrabenazine Tablet (Xenazine®) |
| *Request Form *Criteria *POS Edits | Tetrabenazine Tablet (Generic) | |
| | Valbenazine Capsule, Sprinkle (Ingrezza®) | |
| | Valbenazine Capsule Initiation Pack (Ingrezza®) | |
| MULTIPLE SCLEROSIS | Dalfampridine ER Tablet (Generic) | Alemtuzumab Vial (Lemtrada®) |
| Multiple Sclerosis Agents | Dimethyl Fumarate DR Capsule (Generic) | Cladribine Tablet (Mavenclad®) |
| Immunomodulatory Agents | Dimethyl Fumarate DR Starter Pack (Generic) | Dalfampridine ER Tablet (Ampyra®) |
| *Request Form *Criteria *POS Edits | Fingolimod Capsule (Generic for Gilenya®) | Dimethyl Fumarate Capsule, Starter Pack (Tecfidera®) |
| | Glatiramer Acetate Syringe 20mg, 40mg (Generic) | Diroximel Fumarate Capsule (Vumerity®) |
| | Interferon β-1a Pen Kit (Avonex® Pen) | Fingolimod Capsule (Gilenya®) |
| | Interferon β-1b Kit (Betaseron®) | Fingolimod Lauryl Sulfate Orally Disintegrating Tablet (Tascenso ODT™) |
| | Interferon β-1a Syringe, Syringe Kit (Avonex®) | Glatiramer Acetate Syringe 20mg, 40mg (Copaxone®) |
| | Interferon β-1a Vial Kit (Avonex®) | Interferon β-1a Auto-Injector, Titration Pack (Rebif® Rebidose®) |
| | Ofatumumab Pen (Kesimpta®) | Interferon β-1a Syringe, Titration Pack (Rebif®) |
| | Teriflunomide Tablet (Generic) | Monomethyl Fumarate Capsule DR (Bafiertam®) |
| | | Natalizumab Vial (Tysabri®) |
| | | Ocrelizumab Vial (Ocrevus®) |
| | | Ocrelizumab and Hyaluronidase-ocsq Vial (Ocrevus Zunovo™) |
| | | Ozanimod Capsule, Starter Kit, Starter Pack (Zeposia®) |
| | | Peginterferon β -1a IM, Subcutaneous (Plegridy®) |
| | | Ponesimod Starter Pack, Tablet (Ponvory®) |
| | Siponimod Dose Pack, Tablet (Mayzent®) | |
| | Teriflunomide Tablet (Aubagio®) | |
| | Ublituximab-xiiy Vial (Briumvi®) | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| MULTIVITAMINS | MVI/Minerals No.10/FA//D3/ALA/Lutein (Strovite® One) | FA/MVI Ther-Min/Lycopene/Lutein (Corvita®; Corvite®) |
| *Request Form *Criteria *POS Edits | MVI/Minerals No.20/Iron/FA (Bacmin®) Omega-3/DHA/EPA/B12/FA/B6/Phytosterols (BP Vit 3) | MVI Combo No.61/FA (Altrixa®) MVI/Iron/Minerals No.5/FA Caplet (Strovite® Forte) MVI/MineralsNo.9/FA/Saw Palmetto (Udamin® SP) MVI No.58/FA Chew Tab (DermacinRx Davimet™) MVI No.62/Iron/Levomefolate Chew Tab (DermacinRx Davimet with Iron™) MVI No.73/Iron/FA (DermacinRx Dexatran™) MVI No.86/FA (DermacinRx - Multitam™ / Venexa™ / Ventrixy℠ / Vitramyn™ / Vitrano℠ / Vitrexate™ / Vitrexy℠) MVI No.86/Iron/FA (DermacinRx – Venexa™ FE / Ventrixy℠ FE / Vitrano℠ FE / Vitrexate™ FE / Vitrexy℠ + Iron) MVI No.89/Iron/FA (DermacinRx – Folitin-Z™ / Ribotin-E™ / Zintrexy℠-C™) MVI No.105/Levomefolate/K1 (DermacinRx Diatrol™) MVI No.109/Iron/Levomefolate (DermacinRx Finazol™) |
| ONCOLOGY | Anastrozole Tablet (Generic) | Abemaciclib Tablet (Verzenio®) |
| Oral – Breast | Capecitabine Tablet (Generic) | Alpelisib Tablet (Piqray®) |
| *Request Form *Criteria *POS Edits | Cyclophosphamide Capsule, Tablet (Generic) Exemestane Tablet (Generic) Fulvestrant Syringe (AG; Generic) Letrozole Tablet (Generic) Ribociclib Succinate Tablet (Kisqali®) Tamoxifen Citrate Tablet (Generic) | Anastrozole Tablet (Arimidex®) Capecitabine Tablet (Xeloda®) Capivasertib Tablet (Truqap™) Elacestrant Tablet (Orserdu®) Exemestane Tablet (Aromasin®) Fulvestrant Syringe (Faslodex®) Inavolisib (Itovebi™) Lapatinib Ditosylate Tablet (Generic; Tykerb®) Letrozole Tablet (Femara®) Neratinib Maleate Tablet (Nerlynx®) Palbociclib Capsule, Tablet (Ibrance®) Ribociclib Succinate/Letrozole Tablet (Kisqali/Femara Kit®) Talazoparib Capsule (Talzenna®) Tamoxifen Citrate Solution (Soltamox®) Toremifene Citrate Tablet (Generic; Fareston®) Tucatinib Tablet (Tukysa™) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| ONCOLOGY | Dasatinib Tablet (Sprycel®) | Acalabrutinib Capsule, Tablet (Calquence®) |
| Oral – Hematologic | Hydroxyurea Capsule (Generic) | Asciminib Tablet (Scemblix®) |
| *Request Form *Criteria *POS Edits | Ibrutinib Capsule (Imbruvica®) Ibrutinib Tablet (Imbruvica®) Imatinib Mesylate Tablet (Generic) Lenalidomide Capsule (Generic; Revlimid®) Mercaptopurine Tablet (Generic) Procarbazine HCl Capsule (Matulane®) Ruxolitinib Phosphate Tablet (Jakafi®) Tretinoin Capsule (Generic) Venetoclax Tablet (Venclexta®) Venetoclax Starting Pack Tablet (Venclexta®) | Azacitidine Tablet (Onureg™) Bosutinib Capsule, Tablet (Bosulif®) Decitabine/Cedazuridine Tablet (Inqovi®) Duvelisib Capsule (Copiktra®) Enasidenib Mesylate Tablet (Idhifa®) Fedratinib Capsule (Inrebic®) Gilterinib Tablet (Xospata®) Glasdegib Tablet (Daurismo®) Hydroxyurea Capsule (Hydrea®) Ibrutinib Suspension (Imbruvica®) Idelalisib Tablet (Zydelig®) Imatinib Mesylate Tablet (Gleevec®) Imatinib Mesylate Solution (Imkeldi™) Ivosidenib Tablet (Tibsovo®) Ixazomib Citrate Capsule (Ninlaro®) Mercaptopurine Suspension (Purixan®) Midostaurin Capsule (Rydapt®) Momelotinib Tablet (Ojjaara™) Nilotinib HCl Capsule (Tasigna®) Nilotinib Tartrate Tablet (Danziten®) Olutasidenib Capsule (Rezlidhia®) Pacritinib Capsule (Vonjo®) Pomalidomide Capsule (Pomalyst®) Ponatinib HCl Tablet (Iclusig®) Quizartinib Dihydrochloride (Vanflyta®) Selinexor Tablet (Xpovio®) Thalidomide Capsule (Thalomid®) Thioguanine Tablet (Tabloid®) Vorinostat Capsule (Zolinza®) Zanubrutinib Capsule (Brukinsa™) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| ONCOLOGY | Afatinib Dimaleate Tablet (Gilotrif®) | Adagrasib Tablet (Krazati®) |
| Oral – Lung | Alectinib HCl Capsule (Alecensa®) | Brigatinib Tablet (Alunbrig®) |
| *Request Form *Criteria *POS Edits | Crizotinib Capsule (Xalkori®) | Capmatinib Tablet (Tabrecta™) |
| | Osimertinib Mesylate Tablet (Tagrisso®) | Ceritinib Tablet (Zykadia®) |
| | Topotecan HCl Capsule (Hycamtin®) | Crizotinib Pellet (Xalkori®) |
| | | Dacomitinib Tablet (Vizimpro®) |
| | | Entrectinib Capsule, Pellet Pack (Rozlytrek®) |
| | | Erlotinib HCl Tablet (Generic; Tarceva®) |
| | | Gefitinib Tablet (Generic; Iressa®) |
| | | Lazertinib Tablet (Lazcluze™) |
| | | Lorlatinib Tablet (Lorbrena®) |
| | | Pralsetinib Capsule (Gavreto™) |
| | | Repotrectinib Capsule (Augtyro™) |
| | | Selpercatinib Capsule (Retevmo™) |
| | | Sotorasib Tablet (Lumakras™) |
| | Tepotinib HCl Tablet (Tepmetko®) | |
| ONCOLOGY | | |
| Oral – Other | Selumetinib Capsule (Koselugo™) | Avapritinib Tablet (Ayvakit™) |
| Oral – Other | Temozolomide Capsule (Generic) | Cabozantinib S-Malate Capsule (Cometriq®) |
| *Request Form *Criteria *POS Edits | | Erdafitinib Tablet (Balversa™) |
| | | Eflornithine Tablet (Iwilfin™) |
| | | Futibatinib Tablet Therapy Pack (Lytgobi®) |
| | | Fruquintinib Capsule (Fruzaqla®) |
| | | Larotrectinib Capsule, Solution (Vitrakvi®) |
| | | Mirdametinib Capsule, Tablet for Suspension (Gomekli®) |
| | | Niraparib Tosylate Tablet (Zejula®) |
| | Nirogacestat Tablet (Ogsiveo™) | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|-------------------------------|--|--|
| ONCOLOGY | (Preferred agents listed on page 45) | Olaparib Capsule, Tablet (Lynparza®) |
| Oral – Other Continued | | Pemigatinib Tablet (Pemazyre®) |
| | | Pexidartinib Capsule (Turalio®) |
| | | Pirtobrutinib Tablet (Jaypirca®) |
| | | Regorafenib Tablet (Stivarga®) |
| | | Ripretinib Tablet (Qinlock™) |
| | | Rucaparib Camsylate Tablet (Rubraca®) |
| | | Tazemetostat Tablet (Tazverik™) |
| | | Trifluridine/Tipiracil HCl Tablet (Lonsurf®) |
| | | Vandetanib Tablet (Caprelsa®) |
| | | Vimseltinib Capsule (Romvimza®) |
| | | Vorasidenib Tablet (Vorango®) |
| | | |
| ONCOLOGY | Abiraterone Acetate Tablet (Generic for Zytiga®) | Abiraterone Acetate Tablet (Zytiga®) |
| Oral – Prostate | Bicalutamide Tablet (Generic) | Abiraterone Acetate Submicronized Tablet (Yonsa®) |
| *Request Form | Enzalutamide Capsule, Tablet (Xtandi®) | Apalutamide Tablet (Erleada®) |
| *Criteria | | Bicalutamide Tablet (Casodex®) |
| *POS Edits | | Darolutamide Tablet (Nubeqa®) |
| | | Nilutamide Tablet (AG; Generic) |
| | | Niraparib/Abiraterone Tablet (Akeega®) |
| | | Relugolix Tablet (Orgovyx®) |
| | | |
| ONCOLOGY | Axitinib Tablet (Inlyta®) | Belzutifan Tablet (Welireg™) |
| Oral - Renal Cell | Everolimus Tablet (Generic for Afinitor®) | Cabozantinib S-Malate Tablet (Cabometyx®) |
| *Request Form | Lenvatinib Mesylate Capsule (Lenvima®) | Everolimus Tablet (Afinitor®; Torpenz™) |
| *Criteria | Pazopanib HCl Tablet (Generic ; Votrient®) | Everolimus Tablet for Oral Suspension (Generic; Afinitor Disperz®) |
| *POS Edits | Sorafenib Tosylate Tablet (Generic; Nexavar®) | Sunitinib Malate Capsule (Sutent®) |
| | Sunitinib Malate Capsule (Generic) | Tivozanib HCl Capsule (Fotivda™) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| ONCOLOGY | Cobimetinib Fumarate Tablet (Cotellic®) | Binimetinib Tablet (Mektovi®) |
| Oral - Skin | Dabrafenib Mesylate Capsule (Tafinlar®) | Dabrafenib Mesylate Tablet for Oral Suspension (Tafinlar®) |
| *Request Form *Criteria *POS Edits | Sonidegib Phosphate Capsule (Odomzo®) | Encorafenib Capsule (Braftovi®) |
| | Trametinib Dimethyl Sulfoxide Tablet (Mekinist®) | Tovorafenib Suspension, Tablet (Ojemda™) |
| | Vemurafenib Tablet (Zelboraf®) | Trametinib Dimethyl Sulfoxide for Oral Solution (Mekinist®) |
| | | Vismodegib Capsule (Erivedge®) |
| | | |
| OPHTHALMIC DISORDERS | Azelastine HCl Solution (Generic) | Bepotastine Solution (AG; Generic; Bepreve®) |
| Allergic Conjunctivitis | Cromolyn Sodium Solution (Generic) | Cetirizine Solution (Zerviate™) |
| *Request Form *Criteria *POS Edits | Loteprednol Suspension (Generic ; Alrex®) | Epinastine Solution (Generic) |
| | Olopatadine HCl 0.1% Solution (Generic for Patanol®) | Lodoxamide Tromethamine Solution (Alomide®) |
| | | Nedocromil Sodium Solution (Alocril®) |
| | | Olopatadine HCl 0.2% Solution Rx (Generic for Pataday®) |
| | | |
| OPHTHALMIC DISORDERS | Bacitracin/Polymyxin B Sulfate Ointment (Generic) | Azithromycin Solution (AzaSite®) |
| Antibiotics | Ciprofloxacin Ophthalmic Solution (Generic) | Bacitracin Ointment (Generic) |
| *Request Form *Criteria *POS Edits | Erythromycin Base Ointment (Generic) | Besifloxacin Suspension (Besivance®) |
| | Gentamicin Sulfate Solution (Generic) | Ciprofloxacin Ointment (Ciloxan®) |
| | Moxifloxacin Solution (AG; Generic for Vigamox®) | Gatifloxacin Solution (Generic for Zymaxid®) |
| | Neomycin/Polymyxin B/Gramicidin Solution (Generic) | Moxifloxacin Solution (Generic for Moxeza®) |
| | Ofloxacin Ophthalmic Solution (Generic) | Moxifloxacin Solution (Vigamox®) |
| | Polymyxin B Sulfate/Trimethoprim Solution (Generic) | Natamycin Suspension (Natacyn®) |
| | Sulfacetamide Sodium Solution (Generic) | Neomycin/Bacitracin/Polymyxin B Ointment (AG; Generic) |
| | Tobramycin Solution (Generic) | Ofloxacin Solution (Ocuflox®) |
| | | Sulfacetamide Sodium Ointment (Generic) |
| | | Tobramycin Ointment (Tobrex®) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| OPHTHALMIC DISORDERS | Neomycin/Polymyxin B/Dexamethasone Ointment (Generic) | Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment (Generic) |
| Antibiotic-Steroid Combinations | Neomycin/Polymyxin B/Dexamethasone Suspension (Generic) | Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension (Maxitrol®) |
| *Request Form *Criteria *POS Edits | Sulfacetamide/Prednisolone Solution (Generic) | Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic) |
| | Tobramycin/Dexamethasone Ointment (TobraDex®) | Tobramycin/Dexamethasone ST (TobraDex ST®) |
| | Tobramycin/Dexamethasone Drops (AG; Generic for TobraDex®) | Tobramycin/Loteprednol Suspension (Zylet®) |
| | | |
| OPHTHALMIC DISORDERS | Dexamethasone Sodium Phosphate Solution (Generic) | Bromfenac Sodium 0.07% Solution (AG; Generic; Prolensa®) |
| Anti-Inflammatories | Diclofenac Sodium Solution (Generic) | Bromfenac Sodium 0.075% Solution (AG; Generic; BromSite®) |
| *Request Form *Criteria *POS Edits | Difluprednate Emulsion (AG; Generic; Durezol®) | Bromfenac Sodium 0.09% Solution (Generic) |
| | Fluorometholone 0.1% Suspension (Generic) | Dexamethasone Insert (Dextenza®) |
| | Flurbiprofen Sodium Solution (Generic) | Dexamethasone Suspension (Maxidex®) |
| | Ketorolac Tromethamine LS Solution 0.4% (Generic) | Dexamethasone Intravitreal Implant (Ozurdex®) |
| | Ketorolac Tromethamine Solution 0.5% (Generic) | Fluocinolone Acetonide Intravitreal Implant (Iluvien®; Retisert®) |
| | Prednisolone Acetate 1% Suspension (Generic) | Fluocinolone Acetonide Intravitreal Implant (Yutiq®) |
| | | Fluorometholone 0.1% Suspension (FML®) |
| | | Fluorometholone 0.25% Suspension (FML Forte®) |
| | | Fluorometholone Acetate 0.1% Suspension (Flarex®) |
| | | Ketorolac Tromethamine 0.4% 0.5% Solution (Acular LS; Acular®) |
| | | Ketorolac Tromethamine PF Solution 0.45% (Acuvail®) |
| | | Loteprednol Etabonate 1% Ophthalmic Suspension (Inveltys®) |
| | | Loteprednol Gel (AG; Generic; Lotemax®) |
| | | Loteprednol Ointment (Lotemax®) |
| | | Loteprednol Suspension (AG; Generic; Lotemax®) |
| | | Nepafenac 0.1% Suspension (Nevanac®) |
| | | Nepafenac 0.3% Suspension (Ilevro®) |
| | Prednisolone Acetate 0.12% Solution (Pred Mild®) | |
| | Prednisolone Acetate 1% Suspension (Pred Forte®) | |
| | Prednisolone Sodium Phosphate Solution (Generic) | |
| | Triamcinolone Acetonide Suspension (Triesence®) | |
| | Triamcinolone Acetonide/PF (Xipere®) | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) | |
|--|---|--|--|
| OPHTHALMIC DISORDERS | Cyclosporine 0.05% Emulsion (AG; Generic) | Cyclosporine 0.05% Emulsion (Restasis®, Restasis® Multidose™) | |
| Anti-Inflammatory/Immunomodulators | Lifitegrast Solution (Xiidra®) | Cyclosporine 0.09% Solution (Cequa®) | |
| *Request Form *Criteria *POS Edits | | Cyclosporine 0.1% Emulsion (Verkazia®) | |
| | | Cyclosporine 0.1% Solution (Vevye™) | |
| | | Loteprednol Etabonate Suspension (Eysuvis®) | |
| | | Perfluorohexyloctane/PF (Miebo®) | |
| | | Varenicline Nasal Spray (Tyrvaya®) | |
| OPHTHALMIC DISORDERS | NONE | Cysteamine HCl Solution (Cystadrops®) | |
| Cystinosis | | Cysteamine HCl Solution (Cystaran®) | |
| *Request Form *Criteria *POS Edits | | | |
| OPHTHALMIC DISORDERS | | Brimonidine 0.15% Solution (Generic) | Apraclonidine Solution 0.5% (Generic; Iopidine®) |
| Glaucoma Agents | Brimonidine 0.2% Solution (Generic) | Apraclonidine Solution 1% (Iopidine®) | |
| Intraocular Pressure (IOP) Reducers | Brimonidine/Brinzolamide Suspension (Simbrinza®) | Betaxolol 0.25% Suspension (Betoptic S®) | |
| *Request Form *Criteria *POS Edits | Brimonidine/Timolol Solution (AG; Generic) | Betaxolol 0.5% Solution (Generic) | |
| | Carteolol Solution (Generic) | Bimatoprost 0.01% Solution 2.5 mL, 5mL, 7.5mL (Lumigan®) | |
| | Dorzolamide Solution (Generic) | Bimatoprost 0.03% Solution 2.5 mL, 5mL, 7.5mL (Generic) | |
| | Dorzolamide/Timolol Solution (Generic) | Bimatoprost Implant (DURYSTA®) | |
| | Latanoprost 2.5mL Solution (Generic) | Brimonidine 0.1% Solution (Generic; Alphagan P®) | |
| | Levobunolol Solution (Generic) | Brimonidine 0.15% Solution (Alphagan P®) | |
| | Netarsudil Mesylate Solution (Rhopressa®) | Brimonidine/Timolol Solution (Combigan®) | |
| | Netarsudil Mesylate/Latanoprost Solution (Rocklatan®) | Brinzolamide Suspension (AG; Generic; Azopt®) | |
| | Timolol Maleate Solution (Generic) | Dorzolamide/Timolol Solution (Cosopt®) | |
| | Timolol Maleate Gel-Forming Solution (Generic Timoptic-XE®) | Dorzolamide/Timolol/PF Solution (Generic; Cosopt PF®) | |
| | Travoprost Solution 2.5 mL, 5 mL (AG; Generic; Travatan Z®) | Echothiophate Iodide Solution (Phospholine Iodide®) | |
| | | | Latanoprost Emulsion (Xelpros®) |
| | | | Latanoprost Solution 2.5 mL (Xalatan®) |
| | | | Latanoprost/PF Solution (Iyuzeh®) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| OPHTHALMIC DISORDERS | (Preferred agents listed on page 49) | Latanoprostene Bunod Solution (Vyzulta®) |
| Glaucoma Agents | | Pilocarpine HCl Solution (Generic for Isopto Carpine®) |
| Intraocular Pressure (IOP) Reducers Cont | | Pilocarpine HCl Solution (Vuity™) |
| | | Tafluprost Solution (AG; Generic; Zioptan®) |
| | | Timolol Solution (Betimol®) |
| | | Timolol Maleate LA Solution (AG; Generic; Istalol®) |
| | | Timolol Maleate 0.25% Solution (Generic; Timoptic® Ocudose®) |
| | | Timolol Maleate 0.5% Solution (AG; Generic; Timoptic® Ocudose®) |
| | | Travoprost Intracameral Implant (iDose® TR) |
| OPIATE DEPENDENCE AGENTS | Buprenorphine Sublingual Tablet (Generic) | Buprenorphine/Naloxone Sublingual Film (Suboxone®) |
| *Request Form *Criteria *POS Edits | Buprenorphine Syringe (Sublocade®; Brixadi®) | Lofexidine Tablet (Generic; Lucemyra®) |
| | Buprenorphine/Naloxone SL Film, SL Tablet (Generic) | Nalmefene Nasal Spray (Opvee®) |
| | Buprenorphine/Naloxone SL Tablet (Zubsolv®) | Naloxone Injection (Zimhi™) |
| | Naloxone Nasal Spray OTC (Generic; Narcan®) | Naloxone Nasal Spray Rx (Narcan® ; Rextovy™) |
| | Naloxone Nasal Spray Rx (AG; Generic) | |
| | Naloxone Nasal Spray (Kloxxado®) | |
| | Naloxone Syringe, Vial (Generic) | |
| | Naltrexone Extended-Release Suspension Vial (Vivitrol®) | |
| | Naltrexone Tablet (Generic) | |
| OSTEOPOROSIS | Alendronate Tablet (Generic) | Abaloparatide Pen (Tymlos®) |
| Bone Resorption Suppression Agents | Calcitonin-Salmon Nasal (Generic) | Alendronate Effervescent Tablet, Tablet (Binosto®; Fosamax®) |
| *Request Form *Criteria *POS Edits | Ibandronate Tablet (Generic) | Alendronate Solution (Generic) |
| | Raloxifene Tablet (Generic) | Alendronate/Vitamin D Tablet (Fosamax Plus D®) |
| | | Denosumab Syringe (Prolia®) |
| | | Raloxifene Tablet (Evista®) |
| | | Risedronate Tablet (AG; Generic; Actonel®) |
| | | Risedronate DR Tablet (AG; Generic; Atelvia®) |
| | | Romosozumab-aqqg Syringe (Evenity®) |
| | | Teriparatide Pen (Brand) |
| Teriparatide Pen (Generic; Forteo®) | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| OTIC AGENTS | Ciprofloxacin/Dexamethasone Susp (AG; Generic) | Ciprofloxacin Solution (Generic) |
| Antibiotics | Neomycin/Polymyxin B/Hydrocortisone Solution (AG; Generic) | Ciprofloxacin/Fluocinolone Acetonide Solution (AG; Otovel®) |
| *Request Form *Criteria *POS Edits | Neomycin/Polymyxin B/Hydrocortisone Suspension (AG; Generic) | Ciprofloxacin/Hydrocortisone Suspension (Cipro HC Otic®) |
| | Ofloxacin Solution (Generic) | Colistin/Neomycin/Thonzonium/HC Suspension (Cortisporin® TC) |
| | | |
| OTIC AGENTS | Acetic Acid Solution (Generic) | NONE |
| Anti-Infectives and Anesthetics | Acetic Acid/Hydrocortisone Solution (Generic) | |
| *Request Form *Criteria *POS Edits | | |
| | | |
| | | |
| PAIN MANAGEMENT | Atogepant Tablet (Qulipta™) | Eptinezumab-jjmr Vial (Vyepiti™) |
| Antimigraine Agents | Erenumab-aooe Autoinjector (Aimovig®) | Galcanezumab-gnlm 100 mg Syringe (Emgality®) |
| CGRP Antagonists | Fremanezumab-vfrm Autoinjector, 3-Pack, Syringe (Ajovy®) | Rimegepant Disintegrating Tablet (Nurtec™ ODT) |
| *Request Form *Criteria *POS Edits | Galcanezumab-gnlm Pen, 120 mg Syringe (Emgality®) | Zavegepant Nasal (Zavzpret®) |
| | Ubrogapant Tablet (Ubrovelvy™) | |
| | | |
| PAIN MANAGEMENT | NONE | Celecoxib Oral Solution (Elyxyb™) |
| Antimigraine Agents | | Diclofenac Potassium Oral Powder Packet (AG; Generic for Cambia®) |
| Ergotamines | | Dihydroergotamine Mesylate Injection (Generic) |
| *Request Form *Criteria *POS Edits | | Dihydroergotamine Mesylate Nasal (AG; Generic; Migranal®) |
| | | Ergotamine Tartrate Sublingual (Ergomar®) |
| | | Ergotamine Tartrate/Caffeine Rectal (Migergot®) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) | |
|--|--|--|---|
| PAIN MANAGEMENT | Rizatriptan ODT (Generic) | Almotriptan Tablet (Generic) | |
| Antimigraine Agents | Rizatriptan Tablet (Generic) | Eletriptan Tablet (Generic; Relpax®) | |
| Triptans | Sumatriptan Nasal (AG; Generic for Imitrex®) | Frovatriptan Tablet (Generic; Frova®) | |
| *Request Form *Criteria *POS Edits | Sumatriptan Tablet (Generic) | Lasmiditan Tablet (Reyvow®) | |
| | Sumatriptan Vial (Generic) | Naratriptan (Generic for Amerge®) | |
| | | | Rizatriptan Tablet (Maxalt®) |
| | | | Rizatriptan Tablet (Maxalt MLT®) |
| | | | Sumatriptan Auto-Injector (Zembrace® SymTouch®) |
| | | | Sumatriptan Kit (AG; Generic; Imitrex®) |
| | | | Sumatriptan Kit (SUN) |
| | | | Sumatriptan Nasal (Tosymra™) |
| | | | Sumatriptan Nasal , Tablet (Imitrex®) |
| | | | Sumatriptan/Naproxen (Generic for Treximet®) |
| | | | Zolmitriptan Tablet (Generic; Zomig®) |
| | | | Zolmitriptan ODT (Generic for Zomig ZMT®) |
| | | | Zolmitriptan Nasal (AG; Generic; Zomig®) |
| | | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|--|
| PAIN MANAGEMEN | Adalimumab Pen Kit, Syringe Kit (Humira®) | Abatacept Injection Clickject, Syringe, Vial (Orencia®) |
| Cytokine and CAM Antagonists | Adalimumab-aaty Kit, Pen Kit | Abrocitinib Tablet (Cibinqo™) |
| *Request Form *Criteria *POS Edits | Adalimumab-adaz Kit, Pen Kit Adalimumab-adbm Kit, Pen Kit Adalimumab-adbm Kit, Pen Kit (Cyltezo®) Adalimumab-aqvh Pen Kit (Yusimry®) Adalimumab-bwwd Kit, Pen Kit (Hadlima®) Apremilast Tablet (Otezla®) Etanercept Cartridge (Enbrel Mini®) Etanercept Pen (Enbrel SureClick®) Etanercept Syringe (Enbrel®) Etanercept Vial (Enbrel®) Infliximab Vial Tofacitinib Citrate Tablet (Xeljanz®) | Adalimumab-aacf Autoinjector Kit, Pen Kit Adalimumab-aacf Autoinjector Kit, Pen Kit (Idacio®) Adalimumab-aaty Kit, Pen Kit (Yuflyma®) Adalimumab-adaz Kit, Pen Kit (Hyrimoz®) Adalimumab-adbm Kit, Pen Kit [Quallent Pharmaceuticals] Adalimumab-afzb Kit, Pen Kit (Abrilada™) Adalimumab-atto Kit, Pen Kit (Amjevita®) Adalimumab-fkjp Kit, Pen Kit Adalimumab-fkjp Kit, Pen Kit (Hulio®) Adalimumab-ryvk Kit, Pen Kit Adalimumab-ryvk Kit (Simlandi®) Anakinra Syringe (Kineret®) Baricitinib Tablet (Olumiant®) Bimekizumab-bkzx Pen, Syringe (Bimzelx®) Brodalumab Syringe (Siliq®) Canakinumab/PF Vial (Ilaris®) Certolizumab Pegol Kit, Syringe Kit (Cimzia®) Deucravacitinib Tablet (Sotyktu®) Etrasimod Tablet (Velsipity™) Golimumab Pen, Syringe (Simponi®) Golimumab Vial (Simponi Aria®) Guselkumab Autoinjector, Pen , Syringe, Vial (Tremfya®) Inebilizumab-cdon Vial (Uplizna™) Infliximab Vial (Remicade®) Infliximab-abda Vial (Renflexis®) Infliximab-axxq Vial (Avsola™) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|---|--------------------------------------|--|
| PAIN MANAGEMENT | (Preferred agents listed on page 53) | Infliximab-dyyb Syringe, Pen, Vial (Zymfentra™; Inflectra®) |
| Cytokine and CAM Antagonists Continued | | Ixekizumab Autoinjector, Syringe (Taltz®) |
| | | Mirkizumab-mrkz Pen, Syringe, Vial (Omvo™) |
| | | Rilonacept Vial (Arcalyst®) |
| | | Risankizumab-rzaa On-Body Cartridge, Pen, Syringe, Vial (Skyrizi®) |
| | | Ritlecitinib Capsule (Litfulo™) |
| | | Sarilumab Pen, Syringe (Kevzara®) |
| | | Satralizumab-mwge Syringe (Enspryng™) |
| | | Secukinumab Pen, Syringe, Vial (Cosentyx®) |
| | | Spesolimab-sbzo Syringe, Vial (Spevigo®) |
| | | Tildrakizumab-asmn Syringe (Ilumya®) |
| | | Tocilizumab Pen, Syringe, Vial (Actemra®) |
| | | Tocilizumab-aazg Autoinjector, Syringe, Vial (Tyenne®) |
| | | Tocilizumab-bavi (Tofidence™) |
| | | Tofacitinib Citrate ER Tablet (Xeljanz® XR) |
| | | Tofacitinib Citrate Solution (Xeljanz®) |
| | | Upadacitinib ER Tablet, Solution (Rinvoq™, Rinvoq™ LQ) |
| | | Ustekinumab Syringe, Vial (Stelara®) |
| | | Ustekinumab-aaaz Syringe, Vial (Otulfi™) |
| | | Ustekinumab-aekn Syringe, Vial (Selarsdi™) |
| | | Ustekinumab-kfce Syringe, Vial (Yesintek™) |
| | | Ustekinumab-stba Syringe, Vial (Steqeyma™) |
| | | Ustekinumab-ttwe Syringe, Vial (Pyzchiva™) |
| | | Vedolizumab Pen, Vial (Entyvio®) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| PAIN MANAGEMENT | Acetaminophen with Codeine Elixir (Generic) | Benzhydrocodone/Acetaminophen (AG; Apadaz®) |
| Narcotic Analgesics - Short-Acting | Acetaminophen with Codeine Tablet (Generic) | Butalbital/Caffeine/APAP/Codeine Capsule (Generic; Fioricet® with Codeine) |
| *Request Form *Criteria *POS Edits | Hydrocodone/Acetaminophen Solution (Generic) Hydrocodone/Acetaminophen Tablet (Generic) Hydromorphone Tablet (Generic) Morphine Sulfate IR Tablet (Generic) Morphine Sulfate Oral Syringe (Generic) Oxycodone HCl Tablet (Generic) Oxycodone/Acetaminophen Tablet (Generic) Tramadol 50 mg Tablet (Generic) Tramadol/Acetaminophen Tablet (Generic) | Butalbital Compound with Codeine Capsule (Generic) Butorphanol Tartrate Nasal (Generic) Carisoprodol Compound with Codeine Tablet (Generic) Codeine Tablet (Generic) Dihydrocodeine Bitartrate/Acetaminophen/Caffeine Capsule, Tablet (Generic) Fentanyl Buccal Lozenge (Generic for Actiq®) Fentanyl Buccal Tablet (Generic; Fentora®) Hydrocodone/Ibuprofen Tablet (Generic) Hydromorphone Liquid, Tablet (Dilaudid®) Hydromorphone Liquid, Suppository (Generic) Levorphanol Tablet (Generic) Meperidine Solution, Tablet (Generic) Morphine Oral Concentrate, Suppository (Generic) Morphine Solution (AG, Generic) Oxycodone HCl Tablet (Roxicodone®, Roxybond®) Oxycodone Capsule, Oral Concentrate, Solution (Generic) Oxycodone/Acetaminophen Tablet (Nalocet®, Percocet®) Oxycodone/Acetaminophen Solution, Tablet (Generic for Prolate®) Oxycodone/Acetaminophen Solution (Generic) Oxymorphone IR Tablet (Generic) Pentazocine/Naloxone Tablet (Generic) Tramadol 25mg, 75mg , 100 mg Tablet (Generic) Tramadol Solution (AG) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| PAIN MANAGEMENT | Buprenorphine Transdermal (AG; Generic for Butrans®) | Buprenorphine Buccal Film (Belbuca®) |
| Narcotic Analgesics - Long-Acting | Fentanyl Transdermal 12 mcg (Generic) | Buprenorphine Transdermal (Butrans®) |
| *Request Form *Criteria *POS Edits | Fentanyl Transdermal 25 mcg (Generic) | Fentanyl Transdermal 37.5mcg, 62.5mcg, 87.5mcg (Generic) |
| | Fentanyl Transdermal 50 mcg (Generic) | Hydrocodone Bitartrate ER Capsule (Generic for Zohydro ER®) |
| | Fentanyl Transdermal 75 mcg (Generic) | Hydrocodone Bitartrate ER Tablet (Generic; Hysingla ER®) |
| | Fentanyl Transdermal 100 mcg (Generic) | Hydromorphone ER Tablet (Generic) |
| | Morphine Sulfate ER Tablet (Generic) | Morphine Sulfate ER Capsule (Generic for Avinza®) |
| | | Morphine Sulfate ER Capsule (Generic for Kadian®) |
| | | Morphine Sulfate ER Tablet (MS Contin®) |
| | | Oxycodone ER Tablet (AG; OxyContin®) |
| | | Oxymorphone ER Tablet (Generic) |
| | | Tramadol ER Capsule (AG; Conzip®) |
| | Tramadol ER Tablet (Generic Ryzolt®) | |
| | Tramadol ER Tablet (Generic Ultram ER®) | |
| | | |
| PAIN MANAGEMENT | Duloxetine Capsule (Generic for Cymbalta®) | Capsaicin/Skin Cleanser (Qutenza Kit®) |
| Neuropathic Pain | Gabapentin Capsule (Generic) | Duloxetine Capsule (Cymbalta®) |
| *Request Form *Criteria *POS Edits | Gabapentin Solution (AG; Generic) | Duloxetine Capsule (Generic for Irenka®) |
| | Gabapentin Tablet (Generic) | Duloxetine DR Capsule (Drizalma Sprinkle™) |
| | Lidocaine Patch (AG; Generic for Lidoderm®) | Gabapentin Capsule, Solution, Tablet (Neurontin®) |
| | Milnacipran Tablet (Savella®) | Gabapentin Tablet (Gabarone™) |
| | Milnacipran Tablet (Savella Dose Pak®) | Gabapentin Enacarbil Tablet (Horizant®) |
| | Pregabalin Capsule (AG; Generic) | Gabapentin ER Tablet (Generic; Gralise®) |
| | Pregabalin Solution (AG; Generic) | Lidocaine Topical Patch (DermacinRx Lidocan™; Lidoderm®; Ztlido®) |
| | Suzetrigine Tablet (Journavx™) | Lidocaine/Kinesiology Tape (XyliDerm®) |
| | | Pregabalin Capsule (Lyrica®) |
| | | Pregabalin Solution (Lyrica®) |
| | Pregabalin ER Tablet (Generic; Lyrica CR®) | |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| PAIN MANAGEMENT | Celecoxib (AG; Generic) | Celecoxib (Celebrex®) |
| Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | Diclofenac Sodium Tablet (Generic) | Diclofenac Epolamine Patch (AG for Flector®) |
| | Diclofenac Sodium Transdermal Gel (Generic) | Diclofenac Potassium Capsule (AG; Generic for Zipsor®) |
| *Request Form *Criteria *POS Edits | Ibuprofen Suspension Rx (Generic) Ibuprofen Tablet Rx (Generic) Indomethacin Capsule (Generic) Ketorolac Tablet (Generic) Meloxicam Tablet (Generic) Nabumetone Tablet (Generic) Naproxen Suspension (AG; Generic) Naproxen Tablet (Generic) Sulindac Tablet (Generic) | Diclofenac Potassium Tablet (Generic; Lofena®) Diclofenac Sodium 1.5% Topical Solution (Generic) Diclofenac Sodium 2% Topical Solution (AG; Generic; Pennsaid® Pump) Diclofenac SR Tablet (Generic) Diclofenac/Misoprostol Tablet (Generic; Arthrotec®) Diflunisal Tablet (Generic; Dolobid®) Etodolac Capsule, SR Tablet, Tablet (Generic) Fenopropfen Capsule (AG; Generic; Nalfon®) Fenopropfen Tablet (Generic; Nalfon®) Flurbiprofen Tablet (Generic) Ibuprofen/Famotidine Tablet (AG; Generic; Duexis®) Indomethacin ER Capsule, Suspension, Rectal (Generic) Ketoprofen Capsule, ER Capsule (Generic) Ketorolac Nasal Spray (AG for Sprix®) Meclofenamate Sodium Capsule (Generic) Mefenamic Acid Capsule (Generic) Meloxicam Submicronized Capsule (Generic) Nabumetone Tablet (Relafen DS™) Naproxen EC Tablet (AG; Generic) Naproxen Sodium CR Tablet (AG; Generic for Naprelan®) Naproxen Sodium Tablet (Generic) Naproxen/Esomeprazole Tablet (AG; Generic; Vimovo®) Oxaprozin Tablet (Generic) Piroxicam Capsule (Generic) Tolmetin Sodium Capsule, Tablet (Generic) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| PAIN MANAGEMEN | Baclofen Tablet (Generic) | Baclofen Granule Pack (Lyvispah™) |
| Skeletal Muscle Relaxant | Cyclobenzaprine Tablet (Generic) | Baclofen Solution (AG 5mg/5ml; Generic for Ozobax DS® 10mg/5ml) |
| *Request Form *Criteria *POS Edits | Methocarbamol Tablet (Generic) Tizanidine Tablet (Generic) | Baclofen Suspension (AG; Generic; Fleqsuvy®) Baclofen Intrathecal (Generic; Gablofen®, Lioresal®) Carisoprodol Compound Tablet (Generic) Carisoprodol Tablet 250 mg, 350 mg (Generic; Soma®) Chlorzoxazone Tablet (Generic; Lorzone®) Cyclobenzaprine ER Capsule (AG; Generic; Amrix®) Cyclobenzaprine Tablet (Fexmid®) Dantrolene Sodium Capsule (AG; Generic; Dantrium®) Dantrolene Sodium 20mg Vial (Generic) Dantrolene Sodium 250mg Vial (Ryanodex®) Metaxalone Tablet (Generic) Methocarbamol Injection (Generic) Methocarbamol Tablet (Tanlor®) Orphenadrine Citrate Injection (Generic) Orphenadrine ER Tablet (Generic) Orphenadrine/Aspirin/Caffeine (Generic for Norgesic®) Orphenadrine/Aspirin/Caffeine (Generic; Norgesic Forte®) Tizanidine Capsule (Generic; Zanaflex®) Tizanidine Tablet (Zanaflex®) |
| PARKINSON'S | Amantadine Capsule, Syrup (Generic) | Amantadine Hydrochloride ER Capsule (Gocovri®) |
| Antiparkinson Agents | Benztropine Tablet (Generic) | Amantadine Hydrochloride ER Tablet (Osmolex ER®) |
| Anticholinergic and Other | Carbidopa/Levodopa ER Tablet, Tablet (Generic) | Amantadine Tablet (Generic) |
| *Request Form *Criteria *POS Edits | Carbidopa/Levodopa/Entacapone Tablet (Generic) Pramipexole Tablet (Generic) Ropinirole Tablet (Generic) Selegiline Tablet (Generic) Trihexyphenidyl Elixir, Tablet (Generic) | Apomorphine Cartridge (Generic; Apokyn®) Apomorphine Cartridge (Onapgo®) Bromocriptine Capsule, Tablet (Generic) Carbidopa Tablet (Generic) Carbidopa/Levodopa Enteral Suspension (Duopa®) Carbidopa/Levodopa ER Capsule (Crexont®; Rytary®) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| PARKINSON'S | (Preferred agents listed on page 58) | Carbidopa/Levodopa ODT (Generic) |
| Antiparkinson Agents | | Carbidopa/Levodopa Tablet (Dhivy®, Sinemet®) |
| Anticholinergic and Other - Continued | | Carbidopa/Levodopa/Entacapone Tablet (Stalevo®) |
| | | Entacapone Tablet (Generic) |
| | | Foscarbidopa/Foslevodopa Vial (Vyalev™) |
| | | Istradefylline Tablet (Nourianz™) |
| | | Levodopa Capsule for Inhalation (Inbrija®) |
| | | Opicapone Capsule (Ongentys®) |
| | | Pramipexole ER Tablet (Generic for Mirapex ER®) |
| | | Rasagiline Tablet (Generic; Azilect®) |
| | | Ropinirole ER Tablet (Generic) |
| | | Rotigotine Patch (Neupro®) |
| | | Safinamide Tablet (Xadago®) |
| | | Selegiline Disintegrating Tablet (Zelapar®) |
| | | Selegiline Capsule (Generic) |
| Tolcapone Tablet (Generic) | | |
| | | |
| PEDIATRIC MULTIVITAMINS | Pediatric MVI A, C, D3 No. 21 / FL Drop (Generic) | Pediatric MVI A, C, D3 No. 21 / FL Drop (Tri-Vitamin with FL) |
| * Request Form | Pediatric MVI No. 2 / FL Drop (Generic) | Pediatric MVI No. 17 / FL 0.25mg Chewable (Flotrex®) |
| * Criteria | Pediatric MVI No. 17 / FL Chewable (Generic) | Pediatric MVI No. 63 / FL Chewable (Quflora™) |
| * POS Edits | Pediatric MVI No. 45 / FL & Fe Drop (Generic) | Pediatric MVI No. 83 / FL 0.25mg/ml Drop (Quflora™) |
| | | Pediatric MVI No. 84 / FL 0.5mg/ml Drop (Quflora™) |
| | | Pediatric MVI No. 142 / FL & Fe Chewable (Quflora™ FE) |
| | | Pediatric MVI No. 151 / FL & Fe Drop (Quflora™ FE) |
| | | Pediatric MVI No. 175 / FL Chewable (Poly-Vi-Flor®) |
| | | Pediatric MVI No. 175 / FL & Fe Chewable (Poly-Vi-Flor® Fe) |
| | | Pediatric MVI No. 220 / FL 0.25mg Drop (Poly-Vi-Flor®) |
| | | Pediatric MVI No. 220 / FL & Fe Drop (Poly-Vi-Flor® Fe) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|--|
| PITUITARY SUPPRESSIVE AGENTS | Leuprolide Acetate Syringe Kit (Fensolvi®) | Histrelin Implant Kit (Supprelin LA®) |
| *Request Form *Criteria *POS Edits | Leuprolide Acetate Subcutaneous Kit, Subcutaneous Vial (Generic) | Leuprolide Acetate Depot (AG) |
| | Leuprolide Acetate (Lupron Depot®) | Leuprolide Acetate Subcutaneous (Eligard®) |
| | Leuprolide Acetate (Lupron Depot Kit®) | Leuprolide Mesylate Syringe (Camcevi™) |
| | Nafarelin Acetate Nasal Solution (Synarel®) | Leuprolide Acetate (Lupron Depot-Ped Kit®; Lupron Depot-Ped®) |
| | | Triptorelin Pamoate Vial (Trelstar®) |
| | | Triptorelin Pamoate Kit (Triptodur®) |
| | | |
| POTASSIUM BINDERS | Sodium Polystyrene Sulfonate Powder (Generic) | Patiromer Sorbitex Calcium Powder Packet (Veltassa®) |
| *Request Form *Criteria *POS Edits | Sodium Zirconium Cyclosilicate Packet (Lokelma®) | Sodium Zirconium Cyclosilicate Unit-Dose (Lokelma®) |
| | | |
| | | |
| PRENATAL VITAMINS | MVI No.47/Iron/Folate 1/DHA (PNV-DHA / WesCap-PN DHA / Zatean-PN DHA) | MVI 38/Folate No.6/Ginger (Prenate AM®) |
| *Request Form *Criteria *POS Edits | MVI No.41/Iron/Folate/PS-DHA (EnBrace® HR™) | MVI No.40/Iron/Folate 1/DHA (Prenate Essential®) |
| | MVI/Minerals No.69/Iron/FA (Elite-OB™) | MVI No.42/Iron/Folate/DHA (Nestabs® ONE) |
| | MVI/Minerals No.74/Iron Fumarate/Iron/FA (Folivane™-OB) | MVI No.36/Folate No.6 Chew (Prenate Chewable®) |
| | MVI/Minerals No.75/Iron/Iron PS/Omega 3/DHA (Taron-C DHA) | MVI/Minerals No.69/Iron/FA (OB Complete®) |
| | PNV 102/Iron/Folate/DHA (Vitafofol® FE+) | MVI No.102/Iron/FA/DHA (CitraNatal Medley®) |
| | PNV 112/Iron/FA/Omega 3/DHA/EPA Chew Gummies (Vitafofol®) | MVI/Minerals No.71/Iron/FA No.1/DHA (PNV-Omega / Zatean™-PN Plus) |
| | PNV 119/Iron Fumarate/FA (Se-Natal 19) | MVI/Minerals No.75/Iron/Iron PS/Omega 3/DHA (WesCap-C DHA) |
| | PNV 67/Iron PS/Folate No.1/DHA (Vitafofol® Ultra) | PNV No.93/Iron/Folate 9/DHA (TriStart™ DHA; WestGel DHA) |
| | PNV Combo52/Iron/FA/Omega 3/DHA (Complete Natal DHA / WesNatal DHA Complete) | PNV 30/Iron Carb, AG/FA/Omega 3 (OB Complete® with DHA) |
| | PNV 118/Iron Fumarate/FA (Se-Natal 19 Chewable) | PNV 85/Iron/FA/DHA/Fish Oil (OB Complete® One) |
| | PNV/Calcium 72/Iron/FA (M-Natal Plus / Prenatal Vitamin Plus Low Iron / WesTab Plus) | PNV 83/Iron Carb, Asp/FA (OB Complete® Premier) |
| | PNV 26/Iron PS/FA/DHA (Vitafofol®-One) | PNV 114/Iron A-G/Folate 1 (Prenate Elite®) |
| | PNV 87/Iron Bis/FA/DHA (Nestabs® DHA) | PNV 118/Iron/Folate 6/DHA (PrimaCare™) |
| | PNV 10/Iron Fumarate/FA (Vitafofol®-OB) | PNV 25/Iron/Folate 6/DHA (VitaMedMD® One Rx) |
| | PNV 10/Iron/FA/DHA (Vitafofol®-OB + DHA) | PNV 48/Iron/FA/B6 (CitraNatal® B-Calm) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|---|--|---|
| PRENATAL VITAMINS Continued | PNV 14/Iron Fumarate/FA Chewable (CompleteNate) | PNV 78/Iron/Folate 1/DHA (Prenate DHA®) |
| | PNV 33/Iron/FA/DHA (Select-OB + DHA®) | PNV 86/Iron/FA/DHA/EPA (Nestabs® ABC) |
| | PNV/Calcium 76/Iron/FA (Thrivite Rx) | PNV 77/Iron Asp Gly/FA (Prenate Star®) |
| | PNV 103/Iron Fumarate/FA (TriCare Prenatal™) | PNV 13/Iron PS/Folate 1 Chew (Select-OB®) |
| | PNV 27/Calcium/Iron/FA (TriNatal Rx 1) | PNV 128/Iron/FA Chew (Select-OB®) |
| | | PNV 85/Iron/FA 1/DHA (Prenate Pixie®) |
| | | PNV 87/Iron/FA/DHA (Prenate Mini®) |
| | | PNV 68//Iron/FA 6/DHA (Prenate Enhance®) |
| | | PNV 69/Iron/Folate/DHA (Prenate Restore®) |
| | | PNV 86/Iron/FA (Nestabs®) |
| | | PNV/Calcium No.65/Iron/FA (Marnatal-F) |
| | | PNV/Calcium No.40/Iron/Folate 1 (PNV-Select) |
| | | PNV 56/Iron/FA/DHA (OB Complete® Petite) |
| | | PNV 11/Iron/FA/Omega 3 (C-Nate DHA) |
| | | PNV No.170/Iron/FA (DermacinRx – Prenatrix™ / Prenatryl™ / Pretrate™) |
| | | |
| PROGESTATIONAL AGENTS | Medroxyprogesterone Acetate Tablet (AG; Generic) | Medroxyprogesterone Acetate Tablet (Provera®) |
| * Request Form | Norethindrone Acetate Tablet (Generic) | Progesterone Vial (Generic) |
| * Criteria | Progesterone Capsule (Generic) | Progesterone, Micronized, Capsule (Prometrium®) |
| * POS Edits | | Progesterone, Micronized, Vaginal Gel (Crinone®) |
| | | |
| PROSTATE | Alfuzosin ER Tablet (Generic) | Doxazosin ER Tablet, Tablet (Cardura XL®; Cardura®) |
| Benign Prostatic Hyperplasia (BPH) | Doxazosin Tablet (AG; Generic) | Dutasteride/Tamsulosin Capsule (Generic for Jalyn®) |
| * Request Form | Dutasteride Capsule (Generic) | Finasteride Tablet (Proscar®) |
| * Criteria | Finasteride Tablet (Generic) | Silodosin Capsule (Generic; Rapaflo®) |
| * POS Edits | Tamsulosin Capsule (Generic) | Tadalafil 2.5mg Tablet (Generic for Cialis®) |
| | Terazosin Capsule (Generic) | Tadalafil 5mg Tablet (Generic; Cialis®) |
| | | Tamsulosin Capsule (Flomax®) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|--|
| SEDATIVE/HYPNOTICS | Eszopiclone Tablet (Generic) | Daridorexant Tablet (Quviviq™) |
| *Request Form *Criteria *POS Edits | Temazepam Capsule 15 mg, 30 mg (AG; Generic) | Dexmedetomidine Film (Igalmi™) |
| | Triazolam Tablet (Generic) | Doxepin Tablet (Generic for Silenor®) |
| | Zolpidem Tablet (Generic) | Estazolam Tablet (Generic) |
| | Zolpidem Tartrate ER Tablet (Generic) | Eszopiclone Tablet (Lunesta®) |
| | | Flurazepam Capsule (Generic) |
| | | Lemborexant Tablet (Dayvigo®) |
| | | Quazepam Tablet (AG) |
| | | Ramelteon Tablet (Generic; Rozerem®) |
| | | Suvorexant Tablet (Belsomra®) |
| | | Tasimelteon Capsule (Generic; Hetlioz®) |
| | | Tasimelteon /Suspension (Hetlioz LQ™) |
| | | Temazepam Capsule 7.5mg, 15mg, 30mg (Restoril®) |
| | | Temazepam 7.5 mg, 22.5 mg (Generic) |
| | | Triazolam Tablet (Halcion®) |
| | | Zaleplon Capsule (Generic) |
| | | Zolpidem Tartrate ER Tablet (Ambien CR®) |
| | | Zolpidem Tartrate Sublingual (Edluar®) |
| | | Zolpidem Tartrate Sublingual (Generic for Intermezzo®) |
| | | Zolpidem Tartrate Capsule (Generic) |
| | Zolpidem Tartrate Tablet (Ambien®) | |
| SICKLE CELL ANEMIA | Hydroxyurea Capsule (Generic; Droxia®) | Crizanlizumab-tmca Infusion (Adakveo®) |
| *Request Form *Criteria <i>(except Casgevy™ and Lyfgenia®-see below)</i> *POS Edits *Casgevy™ Criteria *Lyfgenia® Criteria | Hydroxyurea Tablet (Siklos®) | Exagamglogene autotemcel (Casgevy™) |
| | | Hydroxyurea Solution (Xromi®) |
| | | L-glutamine Powder Pack (Generic; Endari™) |
| | | Lovotibeglogene autotemcel (Lyfgenia®) |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|--|---|
| SINUS NODE INHIBITORS | Ivabradine Tablet (Generic) | Ivabradine Solution (Corlanor®) |
| *Request Form *Criteria *POS Edits | | Ivabradine Tablet (Corlanor®) |
| | | |
| SMOKING CESSATION PRODUCTS | Bupropion SR Tablet (Generic) | Nicotine Inhaler (Nicotrol Inhaler®) |
| *Request Form *Criteria *POS Edits | Nicotine Buccal Gum OTC, Buccal Lozenge OTC (Generic) | Nicotine Nasal Spray (Nicotrol Nasal Spray®) |
| | Nicotine Patch OTC (Generic) | |
| | Varenicline Tablet (Generic; Chantix®; Chantix Dose Pack®) | |
| | | |
| | | |
| SPINAL MUSCULAR ATROPHY | Onasemnogene Apeparovect-xioi (Zolgensma®) | Nusinersen (Spinraza®) |
| *Request Form *Criteria *POS Edits *SPINRAZA REQUEST FORM | | Risdiplam (Evrysdi™) |
| | | |
| THROMBOPOIESIS STIMULATING PROTEINS | Eltrombopag Olamine Tablet (Promacta®) | Avatrombopag Tablet (Doptelet®) |
| *Request Form *Criteria *POS Edits | | Eltrombopag Choline Tablet (Alvaiz™) |
| | | Eltrombopag Olamine Suspension Packet (Promacta®) |
| | | Fostamatinib Disodium Hexahydrate Tablet (Tavalisse®) |
| | | Lusutrombopag Tablet (Mupleta®) |
| | | Romiplostim Vial (Nplate®) |
| | | |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| Descriptive Therapeutic Class | Drugs on PDL | Drugs on NPDL which Require Prior Authorization (PA) |
|--|---|---|
| UREA CYCLE DISORDERS | Sodium Phenylbutyrate Pellet (Pheburane®) | Carglumic Acid (Generic; Carbaglu®) |
| *Request Form *Criteria *POS Edits | | Glycerol Phenylbutyrate (Ravicti®) Sodium Phenylbutyrate Powder, Tablet (Generic; Buphenyl®) Sodium Phenylbutyrate Pellet for Oral Suspension (Olpruva®) |
| | | |
| UROLOGY INCONTINENCE | Fesoterodine Fumarate ER Tablet (Generic) | Darifenacin ER Tablet (Generic) |
| Bladder Relaxant Preparations | Oxybutynin Syrup (Generic) | Fesoterodine Fumarate ER Tablet (Toviaz®) |
| *Request Form *Criteria *POS Edits | Oxybutynin 5mg Tablet (Generic) Oxybutynin ER Tablet (Generic) Solifenacin Tablet (Generic) | Flavoxate Tablet (Generic) Mirabegron ER Granules for Oral Suspension (Myrbetriq®) Mirabegron ER Tablet (Generic; Myrbetriq®) Oxybutynin 2.5mg Tablet (Generic) Oxybutynin Transdermal Patch Rx (Oxytrol®) Solifenacin Tablet, Suspension (VESicare®; VESicare® LS) Tolterodine Tablet (Generic; Detrol®) Tolterodine ER Capsule (AG; Generic; Detrol LA®) Trospium ER Capsule, Tablet (Generic) Vibegron Tablet (Gemtesa®) |
| | | |
| UTERINE DISORDER TREATMENTS | Elagolix Tablet (Orilissa®) | NONE |
| *Request Form *Criteria *POS Edits | Elagolix/Estradiol/Norethindrone Capsule (Oriahnn®) Relugolix/Estradiol/Norethindrone Acetate (Myfembree™) | |

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

| AL – Age Limit | DS – Maximum Days’ Supply Allowed | PA – Prior Authorization |
|--|---|---|
| BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age | DT – Duration of Therapy Limit | PU – Prior Use of other Medication is Required |
| BY – Diagnosis Codes Bypass Some Requirements | DX – Diagnosis Code Requirement | QL – Quantity Limit |
| CL – Additional Clinical Information is Required | ER – Early Refill | RX – Specific Prescription Requirement |
| CU – Concurrent Use with Other Medications is Restricted | MD – Maximum Dose Limit | TD – Therapeutic Duplication |
| DD – Drug-Drug Interaction | MME – Maximum Morphine Milligram Equivalent | YQ – Yearly Quantity Limit |
| Acthar® (Corticotropin) | CL HyperTET SD (Tetanus IG) | CL Pyrukynd® (Mitapivat) DX |
| Actimmune® (Interferon Gamma-1b) | DX Imipramine | BH, TD Qalsody® (Tofersen) DX |
| Adzyna (ADAMTS13, recombinant-krhn) | DX Inhaler Spacers / Holding Chambers | QL Quaalatin® (Quinine) 324 mg DS, DX, QL |
| Agamree® (Vamorolone) | CL Intron-A® (Interferon Alfa-2B Recombinant) | DX Radicava®, Radicava ORS® (Edaravone) DX |
| Aldurazyme™ (Laronidase) | CL Jadenu® (Deferasirox) | DX Ranexa® (Ranolazine) CL |
| Amitriptyline | BH, TD Javygtor™ (Sapropterin) | CL Reclast® (Zoledronic acid) CL, QL |
| Amitriptyline/Chlordiazepoxide | BH Joenja® (Leniolisib Phosphate) | DX Remodulin® (Treprostinil Sodium) Injection DX |
| Amondys 45® (Casimersen) | CL Jynarque® (Tolvaptan) | CL Rezdifra™ (Resmetirom) CL |
| Amoxapine | BH, TD Kerendia® (Finerenone) | CL Rilutek® (Riluzole) DX |
| Amvuttra™ (Vutrisiran) | DX Keveyis® (Dichlorphenamide) | CL, QL Rivfloza™ (Nedosiran) CL |
| Aqneursa™ (Levacetylleucine) | CL Kisunla™ (Donanemab-azbt) REQUEST FORM | CL Rystiggo® (Rozanolixizumab-noli) DX |
| Aspruzo Sprinkle™ (Ranolazine) | CL Korlym® (Mifepristone) | DX Samsca® (Tolvaptan) CL, QL |
| Attruby™ (Acoramidis) | CL, QL Kuvan® (Sapropterin Dihydrochloride) | CL Skyclarys™ (Omaveloxolone) CL, QL |
| Besremi® (Ropeginterferon alfa-2b-njft) | DX Lamzede® (Velmanase alfa-tycv) | DX Skysona® (Elivaldogene Autotemcel) CL |
| Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium) | DX Lenmeldy™ (Aatidarsagene autotemcel) | CL Sofdra™ (Sofpironium) CL, QL |
| Bkemy™ (Eculizumab) | DX Lidocaine Patch Kit (Brand Example-Prilo Patch II®) | CL Sohonos™ (Palovarotene) DX |
| Brineura™ (Cerliponase alfa) | DX Lidocaine 2.5% / Prilocaine 2.5% Cream | QL Soliris® (Eculizumab) DX |
| Butalbital-Containing Agents | QL Lidotral™ (Lidocaine 3.88% Cream) | CL Spironolactone DX |
| Cablivi® (Caplacizumab-yhdp) | CL Lithium | BH Strensiq® (Asfotase alfa) DX |
| Camzyos™ (Mavacamten) | CL, QL Lodoco® (Colchicine) | CL, QL Sylatron® (Peginterferon alfa-2b) DX |
| Chlordiazepoxide/Clidinium | BH Lorazepam Injectable | BH, BY, CU, TD Synagis® (Palivizumab) REQUEST FORM AL, ER, CL |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| | | | | | |
|---|------------------------|---|---|--|--------------------------------|
| Chlorpromazine Injectable | BH | Lumizyme® (Alglucosidase alfa) | DX | Tegsedi™ (Inotersen) | DX |
| Clomipramine | BH, TD | Maprotiline | BH | Testosterone (Oral, Injectable) | DX |
| Cortrophin™ (Repository corticotropin) | CL | Mepsevii™ (Vestronidase alfa-vjvk) | CL | Tiglutik™ (Riluzole) | DX |
| Crenessity™ (Crinecerfont) | CL | Methadone | CL, BY, CU, DX, MME, PU, QL, TD | Tikosyn® (Dofetilide) | CL |
| Cuprimine® (Penicillamine) | CL, QL | Miplyffa™ (Arimocloamol) | CL | Trimipramine | BH, TD |
| Cuvrior™ (Trientine Tetrahydrochloride) | CL, QL | Mosquito Repellant to Decrease Zika Virus Exposure Risk FFS Notice MCO Notice | AL, DX, QL | Tryvio™ (Aprocitentan) | CL, QL |
| Daraprim® (Pyrimethamine) | CL | Mytesi® (Crofelemer) | CL | Tzield® (Teplizumab-mzwv) | CL |
| Daxxify™ (DaxibotulinumtoxinA-lanm) | DX | Nabi-HB (Hepatitis B IG) | CL | Ultomiris® (Ravulizumab-cwvz) | DX |
| Daybue® (Trofinetide) | DX | Naglazyme™ (Galsulfase) | CL | Veletri® (Epoprostenol) | DX |
| Depen® (Penicillamine) | CL, QL | Nexplanon® (Etonogestrel) | QL | Veozah® (Fezolinetant) | CL, AL, QL |
| Desipramine | BH, TD | Nexviazyme® (Avalglucosidase-alfa) | DX | Vijoice® (Alpelisib) | CL |
| Doxepin (10 mg-150 mg) | BH, TD | Niktimvo™ (Axatilimab) | CL | Viltepso® (Viltolarsen) | CL |
| Duvyzat™ (Givinostat) | CL | Nityr® (Nitisinone) | CL | Vimizim™ (Elosulfase alfa) | CL |
| Elaprase™ (Idursulfase) | CL | Nocdurna® (Desmopressin) | QL | Voydeya™ (Danicopan) | CL, DX |
| Elevidys™ (Delandistrogene Moxeparvovec-rokl) | CL | Nortriptyline | BH, TD | Vyjuvek™ (Beremagene Geperpavec-svdt) | CL |
| Elfabrio® (Pegunigalsidase alfa-iwxj) | DX | Novarel® (Human Chorionic Gonadotropin) | DX | Vyndamax™, Vyndaqel® (Tafamidis) | CL, QL |
| Empaveli® (Pegcetacoplan) | DX | Nuedexta® (Dextromethorphan/Quinidine) | CL, QL | Vyondys 53® (Golodirsen) | CL |
| Estrogenic Agents & Combos | DX | Nulibry™ (Fosdenopterin) | CL | Vyvgart® (Efgartigimod alfa-fcab) | DX |
| Exjade® (Deferasirox) | DX | Onpattro® (Patisiran) | DX | Vyvgart® Hytrulo (Efgartigimod alfa and Hyaluronidase-qvfc) | DX |
| Exondys 51® (Eteplirsen) | CL | Orfadin® (Nitisinone) | CL | Wainua™ (Eplintersen) | DX |
| Exservan™ (Riluzole) | DX | Oxervate™ (Cenegermin-bkbj) | CL | Wegovy® (Semaglutide) PATIENT TREATMENT AGREEMENT | CL, QL, TD |
| Fabhalta® (Iptacopan) | DX | Oxlumo® (Lumasiran) | CL | Winrevair™ (Sotatercept) | DX, QL |
| Fabrazyme® (Agalsidase beta) | DX, TD | Palyngiq® (Pegvaliase-pqpz) | CL, PU | Xenical® (Orlistat) | AL, DX, RX, QL |
| Feriprox® (Deferiprone) | DX | Pamidronate Disodium | CL | Xenpozyme™ (Olipudase alfa-rpcp) | DX |
| Fetroja® (Cefiderocol) | CL | Piasky® (Crovalimab-akkz) | DX | Xolremdi™ (Mavorixafor) | CL |
| Filsuvez® (Birch triterpenes) | CL | Pombility™ (Cipaglusosidase alfa-atga) + Opfolda™ (Miglustat) | DX | Xyrem® (Sodium Oxybate) | CL, TD |
| Firdapse® (Amifampridine) | DX, MD | Pregnyl® (Human Chorionic Gonadotropin) | DX | Xywav™ (Oxybate Salts) | CL, TD |

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

Effective Date: July 1, 2025 *(updated 8/1/25)*

| | | | | | |
|-------------------------------|-------------------------------|------------------------------|---------------------------------------|---|---------------------------------------|
| Flolan® (Epoprostenol Sodium) | <u>DX</u> | Progestational Agents, Other | <u>DX</u> | Ycanth™ (Cantharidin) | <u>AL, DX</u> |
| Galafold® (Migalastat) | <u>DX, TD</u> | Proleukin® (Aldesleukin) | <u>DX</u> | Yorvipath® (Palopegteriparatide) | <u>CL, QL</u> |
| Gattex® (Teduglutide) | <u>CL</u> | Protriptyline | <u>BH, TD</u> | Zilbrysq® (Zilucoplan) | <u>DX</u> |
| Givlaari® (Givosiran) | <u>CL</u> | Prudoxin® (Doxepin Topical) | <u>AL, DX, TD, QL</u> | Zonalon® (Doxepin Topical) | <u>AL, DX, TD, QL</u> |
| | | Pulmozyme® (Dornase Alfa) | <u>DX</u> | Zynteglo® (Betibeglogene Autotemcel) | <u>CL</u> |