



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



Analgesics

Drug Class	Preferred	Preferred	Preferred	Requires Prior Authorization
Long-Acting Narcotics* * Clinical criteria apply to this entire therapeutic class	Butrans® fentanyl 12, 25, 50, 75, 100 mcg/hr (transdermal)	morphine ER tablet (gen MSContin/Oramorph SR) Xtampza® ER	Aryma® ER Belbuca® buprenorphine buccal film and patch Duragesic® fentanyl 37.5, 62.5, 87.5, mcg/hr (transdermal) hydrocodone ER hydromorphone ER Hysingla® ER	Kadian® MorphaBond® ER morphine ER cap (gen for Avinza & Kadian) MS Contin® Nucynta® ER oxycodone ER OxyContin® oxymorphone ER Zohydro® ER
NSAIDs: Oral and Topical	celecoxib diclofenac gel OTC diclofenac sodium gel OTC ibuprofen (tab & susp) indomethacin IR cap	meloxicam tab naproxen tab sulindac Voltaren®	Arthrotec Celebrex® diclofenac/capsicum diclofenac epolamine patch diclofenac potassium cap, tab, & soln diclofenac/misoprostol diclofenac solution (topical) diclofenac SR Diclotrex® Kit diflunisal Duexis® etodolac IR and SR fenoprofen Flector® patch flurbiprofen Ibupak® Kit ibuprofen-famotidine Indocin® rectal & susp indomethacin ER cap ketoprofen ketoprofen ER ketorolac	meclufenamate mefenamic acid meloxicam cap Mobic® nabumetone Nalfon® Naprelan® naproxen CR naproxen EC naproxen-esomeprazole naproxen sodium naproxen susp oxaprozin Pennsaid® piroxicam Relafen® DS Sprix® tolmetin Vimovo® Vivlodex® Zipsor® Zorvolex®
Opiate Dependence Treatment Agents, Oral and Injectable	Brixadi I® Bunavail® buprenorphine buprenorphine/naloxone film & tab Evzio® Kloxxado® Lucemyra® naloxone syringe, vial, spray	naltrexone Narcan® nasal spray Opvee® Probuphine® Rivive® Sublocade® Suboxone® Film Vivitrol® Zimhi® Zubsolv®	N/A	
Tramadol and Tramadol Like Agents	tramadol 50 mg tramadol-acetaminophen	tramadol® ER (generic for Ultram)	Nucynta® Qdolo® Seglantis® tramadol 25 mg & 100 mg	tramadol® ER (gen. for ConZip, Ryzolt) tramadol solution



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
Antibiotics: Fluoroquinolones	ciprofloxacin tablet Cipro® susp	<i>levofloxacin tablets</i> <i>Baxdela®</i> <i>ciprofloxacin suspension</i> <i>Cipro® tablets</i>
Antibiotics: GI	Firvanq®	<i>levofloxacin soln</i> <i>moxifloxacin</i> <i>ofloxacin</i>
Antibiotics: Macrolides & Ketolides	azithromycin clarithromycin IR tab	<i>metronidazole tabs</i> <i>vancomycin capsules</i> <i>Aemcolo®</i> <i>Difcid®</i> <i>metronidazole caps</i> <i>neomycin</i> <i>nitazoxanide</i> <i>paromomycin</i> <i>Solosec®</i>
Antibiotics: Vaginal	Cleocin® cream Cleocin® Ovules	<i>Erythrocin®</i> <i>clarithromycin ER tab</i> <i>clarithromycin susp</i> <i>E.E.S. 200 Susp®</i> <i>E.E.S. 400 Tab®</i> <i>Eryped® susp</i> <i>Ery-tab®</i>
Antifungals, Oral	fluconazole tabs and susp griseofulvin susp Noxafil® tab	<i>erythromycin base DR cap</i> <i>erythromycin base tab</i> <i>erythromycin base DR tab</i> <i>erythromycin</i> <i>ethylsuccinate susp</i> <i>Zithromax®</i>
Antifungals, Topical	ciclopirox (cream & soln) clotrimazole crm (OTC & RX) clotrimazole soln (OTC) clotrimazole-betamethasone crm econazole topical ketoconazole shampoo	<i>clindamycin vaginal crm</i> <i>Nuversa®</i> <i>Brexafemme®</i> <i>clotrimazole</i> <i>Cresemba®</i> <i>Diflucan®</i> <i>flucytosine</i> <i>griseofulvin tabs</i> <i>griseofulvin ultra-microsize tab</i> <i>itraconazole</i> <i>ketoconazole</i> <i>Noxafil® PowderMix, Susp</i> <i>nystatin tabs</i> <i>posaconazole</i> <i>Sporanox®</i> <i>Tolsura®</i> <i>voriconazole</i> <i>Vfend® tabs and susp</i>
Antivirals: Herpes	acyclovir cap, susp & tab famciclovir	<i>miconazole OTC (crm, powder)</i> <i>nystatin (crm, oint, powder)</i> <i>terbinafine OTC cream</i> <i>tolnaftate OTC (crm & powder)</i> <i>Alevazol® OTC</i> <i>Bensal® HP</i> <i>ciclopirox (gel, kit, shampoo, susp)</i> <i>clotrimazole soln (RX)</i> <i>clotrimazole-betamethasone lotion</i> <i>Desenex Aero® powder OTC</i> <i>Ertaczo® (topical)</i> <i>Exelderm®</i> <i>Fungoid® OTC</i> <i>Jublia®</i> <i>Kerydin</i> <i>ketoconazole (crm, foam)</i> <i>Loprox®</i> <i>Lotrimin AF® OTC</i> <i>Lotrimin Ultra® OTC</i> <i>Sitavig®</i>
		<i>luliconazole</i> <i>Luzu®</i> <i>Mentax®</i> <i>miconazole/zinc oxide/petrolatum</i> <i>Mycozyl® AC Crm OTC</i> <i>naftifine crm & gel</i> <i>Naftin®</i> <i>nystatin-triamcinolone topical</i> <i>oxiconazole cream</i> <i>Oxistat®</i> <i>sulconazole</i> <i>tavaborole</i> <i>tolnaftate OTC (soln, Aero pwrdr & spray)</i> <i>triamazole kit</i> <i>Vusion®</i> <i>Valtrex®</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
Hepatitis B: Oral Agents	entecavir Epivir® HBV soln	lamivudine (HBV) tab adefovir Baraclude® soln & tablet Epivir® HBV tab Hepsera® Vemlidy®
Hepatitis C Agents	Mavyret® Pegasys® syringe / vial RibaPak®	ribavirin caps & tabs sofosbuvir-velpatasvir Vosevi® Epclusa® Harvoni® ledipasvir-sofosbuvir Pegasys® PEG-Intron® Ribasphere® ribavirin dose pack Sovaldi® Viekira® Pak Zepatier®
HIV / AIDS	abacavir soln, tab abacavir/lamivudine Apretude® Aptivus® atazanavir Biktarvy® Cabenuva® Cimduo® Complera® darunavir Delstrigo® Descovy® Dovato® Edurant® efavirenz cap & tab efavirenz / emtricitabine / tenofovir disoproxil fumarate emtricitabine emtricitabine / tenofovir disoproxil fumarate Emtriva® etravirine Evotaz® Fuzeon® Genvoya® Intelence® Isentress® Isentress® HD Juluca® Kaletra® soln, tab lamivudine soln, tab lamivudine / zidovudine	Lexiva® lopinavir-ritonavir soln, tab nevirapine susp, tab nevirapine ER Norvir® powder pack Odefsey® Pifeltro® Prezcobix® Prezista® Reyataz® powder pack ritonavir tab Rukobia® Selzentry® Stribild® Sunlenca® Symfi® Symfi® Lo Symtuza® Tenofovir disoproxil fumarate Tivicay® Tivicay PD® Triumeq® Triumeq® PD Tybost® Viread® powder Ziagen® soln zidovudine tab, cap, syrup Atripla® Combivir® didanosine DR cap efavirenz / lamivudine / tenofovir disoproxil fumarate (gen for Symfi) efavirenz / lamivudine / tenofovir disoproxil fumarate Lo (gen for Symfi Lo) Emtriva® caps Epivir® soln. & tab Epzicom® fosamprenavir Maraviroc Norvir tab® Retrovir® cap, syrup Reyataz® cap stavudine Trizivir® Trogarzo® Truvada® Viracept® Viramune® XR Viread® tab Ziagen® tab
Influenza Agents	oseltamivir Relenza®	rimantadine Tamiflu® Xofluza®
Topical Antibiotics	bacitracin OTC gentamicin cream & ointment mupirocin ointment	triple antibiotic oint OTC bacitracin packet OTC bacitracin/polymyxin OTC Centany® Centany AT® double antibiotic oint OTC neomycin / polymyxin / pramoxine topical OTC mupirocin cream triple antibiotic oint PLUS Xepi®



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



ANTI-INFECTIVES

Drug Class	Preferred		Requires Prior Authorization	
Topical Antivirals	acyclovir cream & ointment	docosanol OTC	acyclovir cream Denavir® penciclovir	Xerese® Zovirax® cream & ointment

CARDIOVASCULAR

Drug Class	Preferred		Requires Prior Authorization	
ACE Inhibitors	benazepril enalapril	lisinopril ramipril	Accupril® Altace® captopril Epaned® fosinopril moexipril	perindopril Qbrelis® quinapril trandolapril Zestril®
ACE Inhibitor/Diuretic Combinations	enalapril w/HCTZ	lisinopril w/HCTZ	Accuretic® benazepril w/HCTZ captopril w/HCTZ	fosinopril w/HCTZ quinapril w/HCTZ Zestoretic®
Angiotensin Receptor Blockers	Entresto® irbesartan losartan	olmesartan telmisartan valsartan	Atacand® Avapro® Benicar® candesartan Cozaar®	Diovan® Edarbi® Eprosartan Micardis®
Angiotensin Receptor Blockers/Diuretic	irbesartan/HCTZ losartan/HCTZ	olmesartan/HCTZ telmisartan/HCTZ valsartan/HCTZ	Atacand HCT® Avalide® Benicar HCT® candesartan/HCTZ	Diovan HCT® Edarbyclor® Hyzaar® Micardis® HCT
Angiotensin Receptor Modulators Combinations	amlodipine / benazepril amlodipine/ olmesartan	amlodipine / valsartan amlodipine / valsartan / HCTZ	amlodipine/ olmesartan/ HCTZ Azor® Exforge® Exforge® HCT	Lotrel® Tarka® telmisartan / amlodipine trandolapril / verapamil Tribenzor®
Antihypertensives, Sympatholytics	clonidine clonidine patches	guanfacine methyldopa	Catapres® Catapres-TTS® patches clonidine ER	methyldopa HCTZ
Beta Blockers	atenolol bisoprolol Bystolic® Carvedilol labetalol	metoprolol succinate ER metoprolol tartrate nadolol nebivolol HCL propranolol ER / SA propranolol tabs / soln sotalol	acebutolol betaxolol carvedilol ER Coreg® Coreg CR® Corgard® Hemangeol® Inderal LA® Inderal XL®	InnoPran XL ®Kaspargo® Sprinkle Lopressor® pindolol Sotylize® Tenormin® timolol Toprol XL®
Beta Blockers/Diuretic Combinations	atenolol / chlorthalidone	bisoprolol / HCTZ	metoprolol / HCTZ nadolol / bendroflumethiazide	propranolol / HCTZ
Bidil	Bidil®		N/A	



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



CARDIOVASCULAR

Drug Class	Preferred		Requires Prior Authorization	
Calcium Channel Blockers (DHP)	amlodipine	nifedipine IR nifedipine ER/SA/XL	<i>Conjupri</i> <i>felodipine ER</i> <i>isradipine</i> <i>Katerzia® susp</i> <i>levamlodipine maleate</i> <i>nicardipine HCl</i>	<i>nimodipine</i> <i>nisoldipine</i> <i>Norliqva®</i> <i>Norvasc®</i> <i>Nymalize®</i> <i>Procardia XL®</i>
Calcium Channel Blockers (NonDHP)	diltiazem ER cap diltiazem tab	verapamil tab verapamil ER tab	<i>Calan SR®</i> <i>Cardizem CD®</i> <i>Cardizem LA®</i> <i>diltiazem LA®</i> <i>Matzim LA®</i>	<i>verapamil 360 mg cap</i> <i>verapamil ER cap</i> <i>verapamil ER PM</i> <i>Verelan</i> <i>Verelan PM</i>
Direct Renin Inhibitors	N/A		<i>aliskiren</i> <i>Tekturna®</i>	<i>Tekturna HCT®</i>
Lipotropics: Bile Acid Sequestrants	Cholestyramine pwdr & packets	Colestid® colestipol tablet	<i>colesevelam</i> <i>colestipol granules</i>	<i>Welchol®</i>
Lipotropics: Cholesterol Absorption Inhibitors and Others	ezetimibe		<i>Juxtapid®</i> <i>Nexletol®</i> <i>Nexlizet®</i> <i>Leqvio®</i>	<i>Praluent®</i> <i>Repatha</i> <i>Zetia®</i>
Lipotropics: HMG-CoA Reductase Inhibitors (Statins)	atorvastatin lovastatin pravastatin	rosuvastatin simvastatin	<i>Altoprev®</i> <i>amlodipine/atorvastatin</i> <i>Atorvaliq®</i> <i>Caduet®</i> <i>Crestor®</i> <i>Ezallor Sprinkle®</i> <i>fluvastatin SR and ER</i> <i>Lescol XL®</i>	<i>Lipitor®</i> <i>Livalo®</i> <i>pitavastatin</i> <i>Pravachol®</i> <i>simvastatin/ezetimibe</i> <i>Vytorin®</i> <i>Zocor®</i> <i>Zypitamag®</i>
Lipotropics: Niacin Derivatives	Niaspan®		<i>niacin ER</i>	
Lipotropics: Triglyceride Lowering Agents	fenofibrate (generic for Tricor®) fenofibric acid (generic for Trilipix®)	Gemfibrozil omega-3 OTC omega-3 acid ethyl esters (Rx) Vascepa®	<i>Antara®</i> <i>fenofibrate (Antara, Fenoglidle, Fibricor, Lofibra, Lipofen, Triglidle)</i> <i>Fenoglidle®</i> <i>icosapent ethyl</i> <i>Lipofen®</i>	<i>Lopid®</i> <i>Lovaza®</i> <i>Tricor</i> <i>Triglidle®</i> <i>Trilipix®</i>
Platelet Aggregation Inhibitors	Aggrenox® Brilinta® clopidogrel	dipyridamole prasugrel	<i>aspirin / dipyridamole</i> <i>Effient®</i> <i>Plavix®</i>	<i>Yosprala®</i> <i>Zontivity®</i>
Ranexa-like Agents Anti-Angina/Anti-Ischemic	ranolazine ER		<i>Aspruzyo® Sprinkle ER</i>	<i>Ranexa®</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



CENTRAL NERVOUS SYSTEM

Drug Class	Preferred	Requires Prior Authorization	
Alzheimer’s Agents: Cholinesterase Inhibitors	donepezil ODT donepezil tabs	Exelon® patch rivastigmine caps <i>Adlarity®</i> <i>Aricept®</i> <i>donepezil 23 mg</i>	<i>galantamine IR/ER/soln</i> <i>rivastigmine patch</i>
Alzheimer’s Agents: NMDA Receptor Antagonist and combinations	memantine tablets	memantine dose pack <i>memantine ER</i> <i>memantine solution</i> <i>Namenda®</i>	<i>Namenda® XR</i> <i>Namzaric®</i> <i>Namzaric® Dose Pack</i>
Anti-Convulsants: Carbamazepine Derivatives	carbamazepine chew tabs Carbatrol® oxcarbazepine tabs	Tegretol® susp Tegretol® tablets Tegretol® XR Trileptal® oral susp	<i>Aptiom®</i> <i>carbamazepine ER caps (generic for Carbatrol®)</i> <i>carbamazepine oral susp</i> <i>carbamazepine tablets</i> <i>carbamazepine XR tablets</i> <i>Equetra®</i> <i>oxcarbazepine susp</i> <i>Oxtellar® XR</i> <i>Trileptal® tablets</i>
Anti-Convulsants: First Generation	clobazam clonazepam tablets Depakote® sprinkle Diastat® Diastat® AcuDial diazepam rectal diazepam rectal device divalproex sodium DR divalproex sodium ER ethosuximide syrup phenobarbital elixir phenobarbital tablets	phenytoin chewtab phenytoin oral susp phenytoin sodium extended cap phenytoin sodium extended cap (generic for Phenytek) primidone valproic acid capsule valproic acid syrup Valtoco®	<i>Celontin®</i> <i>clonazepam ODT</i> <i>Depakote®</i> <i>Depakote® ER</i> <i>Dilantin® capsule</i> <i>Dilantin-125® oral susp</i> <i>Dilantin® chew tab</i> <i>divalproex sodium sprinkle</i> <i>ethosuximide capsule</i> <i>felbamate</i> <i>Felbatol®</i> <i>Klonopin®</i> <i>methsuximide</i> <i>Mysoline® tablet</i> <i>Nayzilam®</i> <i>Onfi®</i> <i>Phenytek®</i> <i>Sympazan®</i> <i>Zarontin® capsule</i> <i>Zarontin® syrup</i>
Anti-Convulsants: Second Generation and Others	Banzel® lacosamide lamotrigine chewable-dispersible tablet lamotrigine tab	levetiracetam solution levetiracetam tablet topiramate sprinkle cap topiramate tablet zonisamide	<i>Briviact®</i> <i>Diacomit®</i> <i>Elepsia® XR</i> <i>Epidiolex®</i> <i>Eprontia®</i> <i>Fintepla®</i> <i>Fycompa®</i> <i>Gabitril®</i> <i>Keppra® soln & tabs</i> <i>Keppra® XR</i> <i>Lamictal® tab / CD / ODT / XR</i> <i>Lamictal® tab / ODT / XR Dose Packs</i> <i>lamotrigine ER / ODT</i> <i>lamotrigine tab / ODT Dose Packs</i> <i>levetiracetam ER</i> <i>Motpoly XR</i> <i>Qudexy XR®</i> <i>rufinamide</i> <i>Sabril®</i> <i>Spritam®</i> <i>tiagabine</i> <i>Topamax® sprinkle cap</i> <i>Topamax® tablet</i> <i>topiramate ER (generics for both Qudexy XR & Trokendi XR)</i> <i>Trokendi XR®</i> <i>vigabatrin</i> <i>Vimpat®</i> <i>Xcopri®</i> <i>Zonisade®</i> <i>Ztalmy®</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



CENTRAL NERVOUS SYSTEM

Drug Class	Preferred		Requires Prior Authorization	
Anti-Depressants: SSRIs	citalopram solution citalopram tablet escitalopram tabs	fluoxetine caps, soln, tabs paroxetine tablet sertraline tablet	<i>Celexa® tablet</i> <i>citalopram 30 mg cap</i> <i>escitalopram soln</i> <i>fluoxetine DR / weekly</i> <i>fluoxetine 60 mg</i> <i>fluvoxamine</i> <i>fluvoxamine ER</i> <i>Lexapro®</i> <i>paroxetine (gen. for Brisdelle®)</i>	<i>paroxetine CR</i> <i>paroxetine suspension</i> <i>Paxil® susp / tab</i> <i>Paxil CR®</i> <i>Pexeva®</i> <i>Prozac®</i> <i>sertraline capsule / soln</i> <i>Zoloft®</i> <i>Zercapli®</i>
Anti-Depressants: Others	bupropion IR/SR/XL 150, 300 mirtazapine IR trazodone	venlafaxine IR venlafaxine ER HCL caps (OSM 24) Viibryd®	<i>Aplenzin®</i> <i>Auvelity®</i> <i>bupropion XL 450 (gen. for Forfivo XL)</i> <i>desvenlafaxine ER</i> <i>Effexor XR®</i> <i>Fetzima®</i> <i>Forfivo XL®</i> <i>Marplan®</i> <i>mirtazapine ODT</i>	<i>nefazodone</i> <i>Pristiq®</i> <i>Remeron®</i> <i>Trintellix®</i> <i>venlafaxine besylate ER tabs</i> <i>venlafaxine HCl ER tabs</i> <i>Viibryd® Dose Pack</i> <i>vilazodone</i> <i>Wellbutrin® SR / XL</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



CENTRAL NERVOUS SYSTEM

Drug Class	Preferred		Requires Prior Authorization	
Anti-Hyperkinesia Agents, Stimulants, CNS Activating Agents, and Related Agents* * Clinical criteria apply to this entire therapeutic class	Adderall XR® amphetamine salt combo IR atomoxetine clonidine ER Concerta® dexmethylphenidate IR dexmethylphenidate ER	dextroamphetamine IR tabs guanfacine ER methylphenidate soln & tablet Vyvanse® caps Vyvanse® chewable tabs	<i>Adhansia XR®</i> <i>Adzenys® XR ODT</i> <i>amphetamine salt combo XR</i> <i>amphetamine sulfate tab</i> <i>Aptensio® XR</i> <i>armodafinil</i> <i>Azstarys®</i> <i>Cotempla® XR-ODT</i> <i>Daytrana®</i> <i>Dexedrine® Spansule</i> <i>dextroamphetamine ER cap</i> <i>dextroamphetamine soln</i> <i>dextroamphetamine- amphetamine ER</i> <i>Dyanavel® XR (susp & tab)</i> <i>Evekeo®</i> <i>Evekeo® ODT</i> <i>Focalin®</i> <i>Focalin® XR®</i> <i>Intuniv®</i> <i>Jornay® PM</i> <i>lisdexamfetamine</i> <i>methamphetamine</i> <i>Methylin®</i> <i>methylphenidate CD</i> <i>methylphenidate chew tabs</i> <i>methylphenidate ER (gen. Aptensio® XR)</i>	methylphenidate ER (gen. Concerta®) <i>methylphenidate ER (gen. Metadate®ER)</i> <i>methylphenidate ER (gen. Relexxii®)</i> <i>methylphenidate ER cap (gen Ritalin® LA)</i> <i>methylphenidate ER/SR/SA (generics for all other methylphenidate oral modified release products)</i> <i>methylphenidate transdermal patch (gen. Daytrana®)</i> <i>modafinil</i> <i>Mydayis®</i> <i>Nuvigil®</i> <i>ProCentra®</i> <i>Provigil®</i> <i>Qelbree®</i> <i>QuilliChew® ER</i> <i>Quillivant® XR</i> <i>Ritalin®</i> <i>Ritalin LA®</i> <i>Strattera®</i> <i>Sunosi®</i> <i>Wakix®</i> <i>Xelstrym®</i> <i>Zenzedi®</i>
Antiparkinson's Agents	amantadine caps & syrup benztropine carbidopa / levodopa carbidopa / levodopa ER	entacapone pramipexole ropinirole trihexyphenidyl	<i>amantadine tab</i> <i>Apokyn®</i> <i>apomorphine cartridges</i> <i>Azilect®</i> <i>bromocriptine</i> <i>carbidopa</i> <i>carbidopa / levodopa ODT</i> <i>carbidopa / levodopa / entacapone</i> <i>Dhivy®</i> <i>Duopa®</i> <i>Gocovri®</i> <i>Inbrija®</i> <i>Kynmobi®</i> <i>Lodosyn®</i>	<i>Mirapex® ER</i> <i>Neupro®</i> <i>Nourianz®</i> <i>Ongentys®</i> <i>Osmolex® ER</i> <i>pramipexole ER</i> <i>rasagiline</i> <i>ropinirole ER</i> <i>Rytary®</i> <i>selegiline</i> <i>Sinemet®</i> <i>Stalevo®</i> <i>tolcapone</i> <i>Xadago®</i> <i>Zelapar®</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



CENTRAL NERVOUS SYSTEM

Drug Class	Preferred	Requires Prior Authorization		
Anti-Migraine: 5-HT1 Receptor Agonists and others * Clinical criteria may apply	Aimovig® Ajovy® Emgality® 120mg Imitrex® Spray rizatriptan ODT rizatriptan tab	sumatriptan disp syringe sumatriptan kit sumatriptan tablet sumatriptan vial Ubrelvy®	<i>almotriptan</i> <i>Cambia®</i> <i>Eletriptan</i> <i>Emgality® 100mg</i> <i>Frova®</i> <i>frovatriptan</i> <i>Imitrex® tablet, kit, vial</i> <i>Maxalt MLT®</i> <i>Maxalt® tab</i> <i>Naratriptan</i> <i>Nurtec® ODT</i> <i>Onzetra Xsail®</i>	<i>Qulipta®</i> <i>Relpax®</i> <i>Reyvow®</i> <i>sumatriptan-naproxen</i> <i>sumatriptan spray</i> <i>Tosymra®</i> <i>Treximet®</i> <i>Zavzpret®</i> <i>Zembrace SymTouch®</i> <i>zolmitriptan</i> <i>Zomig®</i>
Atypical Antipsychotics – Oral	aripiprazole tablet clozapine lurasidone olanzapine paliperidone	quetiapine (IR &ER) risperidone solution risperidone tablet Saphris® ziprasidone	<i>Abilify®</i> <i>Abilify MyCite®</i> <i>aripiprazole ODT</i> <i>aripiprazole solution</i> <i>asenapine</i> <i>Caplyta®</i> <i>clozapine ODT</i> <i>Clozaril®</i> <i>Fanapt®</i> <i>Geodon®</i> <i>Invega®</i> <i>Latuda®</i> <i>Lybalvi®</i>	<i>Nuplazid®</i> <i>olanzapine/fluoxetine</i> <i>Rexulti®</i> <i>Risperdal®</i> <i>risperidone ODT</i> <i>Rykindo®</i> <i>Secuado®</i> <i>Seroquel®</i> <i>Seroquel XR®</i> <i>Symbyax®</i> <i>Versacloz®</i> <i>Vraylar®</i> <i>Zyprexa®</i> <i>Zyprexa® Zydis</i>
Atypical Antipsychotics, Long Acting Injectables * Clinical criteria may apply	Abilify® Asimtufii Abilify® Maintena Aristada® Aristada® Initio	Invega Hafyera® Invega® Sustenna Invega® Trinza Perseris® Risperdal® Consta Uzedy®	<i>Zyprexa® Relprevv</i>	
Movement Disorder Agents	Austedo® Austedo® XR tab	Ingrezza® cap tetrabenazine	<i>Austedo® XR titration pack</i> <i>Ingrezza® initiation pack</i>	<i>Xenazine®</i>
Multiple Sclerosis Agents * Clinical criteria may apply	Avonex® Avonex® pen Betaseron® Kit Copaxone® 20 mg Kit dalfampridine ER	dimethyl fumarate DR dimethyl fumarate DR starter pack fingolimod Rebif® Rebif® Rebidose teriflunomide	<i>Ampyra®</i> <i>Aubagio®</i> <i>Bafiertam®</i> <i>Copaxone® 40 mg syringe</i> <i>Extavia®</i> <i>Gilenya®</i> <i>glatiramer syringe</i> <i>Kesimpta®</i> <i>Mavenclad®</i>	<i>Mayzent®</i> <i>Plegridy®</i> <i>Ponvory®</i> <i>Tascenso® ODT</i> <i>Tecfidera®</i> <i>Tecfidera® Starter Pack</i> <i>Vumerity®</i> <i>Zeposia®</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



CENTRAL NERVOUS SYSTEM

Drug Class	Preferred		Requires Prior Authorization	
Neuropathic Pain	duloxetine (gen for Cymbalta®) gabapentin tablets Lyrica® capsules	Neurontin® cap, soln pregabalin cap, soln	capsaicin OTC Cymbalta® Drizalma® Sprinkle duloxetine (gen for Irenka®) gabapentin caps, soln gabapentin ER Gralise® Horizant®	lidocaine patch Lidoderm® Lyrica® CR Lyrica® solution Neurontin® tablets pregabalin ER Qutenza® Savella® ZTlido®
Sedative Hypnotic Agents	eszopiclone temazepam 15 & 30 mg	zaleplon zolpidem tartrate IR tab	Ambien® Ambien CR® Belsomra® Dayvigo® doxepin Edluar® estazolam flurazepam Halcion® Hetlioz® Hetlioz® LQ Lunesta® quazepam	Quviviq® ramelteon Restoril® Rozerem® Silenor® tasimelteon temazepam 7.5 & 22.5mg triazolam zolpidem IR cap zolpidem SL (generic for Intermezzo) zolpidem ER
Skeletal Muscle Relaxants	baclofen tablets chlorzoxazone cyclobenzaprine HCl	methocarbamol tizanidine HCl tablet	Amrix® baclofen soln & susp carisoprodol carisoprodol compound cyclobenzaprine ER Dantrium® dantrolene sodium Fleqsuvy®	Lorzone® Lyvispah® metaxalone orphenadrine ER Skelaxin® Soma® tizanidine HCl capsule Zanaflex®

ENDOCRINE AND METABOLIC AGENTS

Drug Class	Preferred		Requires Prior Authorization	
Agents for Gout * Clinical criteria may apply to this therapeutic class	allopurinol 100 mg colchicine tabs febuxostat	probenecid probenecid-colchicine	allopurinol 200 mg colchicine caps Colcrys® Gloperba®	Krystexxa® Mitigare® Uloric®
Androgenic Agents	testosterone gel pump (generic for AndroGel®)		Androderm® AndroGel® Fortesta® Natesto® Testim®	testosterone (topical; generics for Androgel® packets, Axiron®, Fortesta®, Vogelxo®) Vogelxo®
Bone: Bisphosphonates	alendronate tablet	ibandronate	Actonel® alendronate soln Atelvia® Binosto®	Fosamax® Fosamax® Plus D risedronate



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



ENDOCRINE AND METABOLIC AGENTS

Drug Class	Preferred	Requires Prior Authorization
Bone: Others	raloxifene	<i>calcitonin, salmon (nasal)</i> <i>Prolia®</i> <i>Evenity®</i> <i>Evista®</i> <i>Forteo®</i> <i>teriparatide</i> <i>Tymlos®</i>
Diabetes: Amylin Analogs	N/A	<i>Symlin® Pens</i>
Diabetes: DPP-IV Inhibitors	Glyxambi® Janumet® Janumet® XR	Januvia® Jentadueto® Tadjenta® <i>alogliptin</i> <i>alogliptin / metformin</i> <i>alogliptin / pioglitazone</i> <i>Jentadueto® XR</i> <i>Kazano®</i> <i>Kombiglyze XR®</i> <i>Nesina®</i> <i>Onglyza®</i> <i>Oseni®</i> <i>Qtern®</i> <i>saxagliptin</i> <i>saxagliptin/metformin ER</i> <i>Steglujan®</i> <i>Trijardy® XR</i> <i>Zituvio®</i>
Diabetes: GLP-1 Receptor Agonists	Byetta® Ozempic®	Trulicity® Victoza® <i>Bydureon® BCISE</i> <i>Mounjaro®</i> <i>Rybelsus®</i> <i>Soliqua®</i> <i>Xultophy®</i>
Diabetes: Insulin Long Acting	insulin glargine pen & vial Lantus Solostar® Pen Lantus® vial	Levemir® FlexPens Levemir® vial <i>Basaglar®</i> <i>insulin degludec</i> <i>Insulin glargine Max pen</i> <i>insulin glargine-YFGN</i> <i>Rezvoglar®</i> <i>Semglee®-YFGN</i> <i>Toujeo® Max Solostar</i> <i>Toujeo® Solostar</i> <i>Tresiba®</i>
Diabetes: Insulin Mixes 70/30	Humulin® 70/30 pen Humulin® 70/30 vial	insulin aspart/insulin aspart protamine 70/30 pen and vial <i>Novolin® 70/30 pen</i> <i>Novolin® 70/30 vial</i> <i>NovoLog® Mix 70/30</i> <i>FlexPen syr</i> <i>NovoLog® Mix 70/30 vial</i>
Diabetes: Insulin Mixes – Other	Humalog® Mix 50/50 pen Humalog® Mix 50/50 vial	Humalog® Mix 75/25 pen Humalog® Mix 75/25 vial <i>insulin lispro protamine / insulin lispro Mix 75/25</i> <i>KwikPen</i> <i>Novolog® Mix 50/50 pen</i> <i>Novolog® Mix 50/50 vial</i>
Diabetes: Insulin NPH	Humulin® N 100 u/ml vial	<i>Humulin® N 100 u/ml pen</i>
Diabetes: Insulin Rapid Acting	Humalog® 100 u/ml cartridge Humalog Junior KwikPen® Humalog® 100 u/ml pen Humalog® 100 u/ml vial	insulin aspart pen insulin aspart vial NovoLog® cartridge Novolog® vial <i>Admelog® vial</i> <i>Admelog Solostar®</i> <i>Afrezza® (Inhalation)</i> <i>Apidra®</i> <i>Apidra Solostar®</i> <i>Fiasp®</i> <i>Humalog® 200 u/ml pen</i> <i>Humalog® Tempo pen</i> <i>insulin aspart cartridge</i> <i>insulin lispro Junior</i> <i>KwikPen</i> <i>insulin lispro pen</i> <i>insulin lispro vial</i> <i>Lyumjev®</i> <i>Novolog® FlexPen syr</i>
Diabetes: Insulin Regular	Humulin® R 500 u/ml Pen	Humulin® R 500 u/ml vial <i>Novolin® R</i>
Diabetes: Meglitinides	nateglinide	repaglinide
Diabetes: Metformins and Metformin-Sulfonylurea Combinations	metformin metformin-glyburide	metformin ER (generic for Glucophage XR) <i>Glumetza®</i> <i>metformin 625 mg</i> <i>metformin ER (generic for Fortamet & Glumetza)</i> <i>metformin-glipizide</i> <i>metformin soln (generic for Riomet)</i> <i>Riomet®</i> <i>Riomet® ER</i>
Diabetes: SGLT2 Inhibitors	Farxiga® Invokamet® Invokana®	Jardiance® Synjardy® Xigduo XR® <i>dapagliflozin</i> <i>dapagliflozin with ER</i> <i>metformin</i> <i>Inpefa®</i> <i>Invokamet® XR</i> <i>Segluromet®</i> <i>Steglatro®</i> <i>Synjardy® XR</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



ENDOCRINE AND METABOLIC AGENTS

Drug Class	Preferred	Requires Prior Authorization
Diabetes: Thiazolidinediones	pioglitazone	ActoPlus® Met Actos® Duetact®
Fertility Agents* * Criteria apply to this entire therapeutic class	cabergoline clomiphene ganirelix syringe (authorized generic only)	Gonal-F® RFF vial letrozole pregnyl vial
Growth Hormones* * Clinical criteria apply to this entire therapeutic class	Genotropin® cartridge Genotropin® syringe	Nutropin® AQ Pen Humatrope® Cartridge Ngenla® Norditropin® FlexPro Omnitrope® Saizen®
Glucagon Agents	Baqsimi® glucagon	glucagon emergency kit Gvoke® Pen
Hyperparathyroid Agents	cinacalcet	paricalcitol doxercalciferol Rayaldee® caps
Progestins Used for Cachexia	megestrol oral susp	megestrol ES oral susp
Vaginal Estrogen Preparations	estradiol vaginal cream Premarin®	Vagifem® Estrace® estradiol vaginal tablet Estring®

GASTROINTESTINAL

Drug Class	Preferred	Requires Prior Authorization
Antiemetics – Oral	meclizine metoclopramide solution metoclopramide tablet ondansetron ODT	ondansetron tablet promethazine tablet scopolamine transdermal
Histamine-2-Receptor Antagonists	famotidine tabs	ranitidine tabs cimetidine soln and tabs famotidine susp
H. pylori Combinations	Pylera®	bismuth-metronidazole-tetracycline lansoprazole / amoxicillin / clarithromycin (pack)



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



GASTROINTESTINAL

Drug Class	Preferred	Requires Prior Authorization
Irritable Bowel Syndrome & Chronic GI Motility	Amitiza® Linzess®	Movantik® <i>alosetron</i> <i>lbsrela®</i> <i>Lotronex®</i> <i>lubiprostone</i> <i>Motegrity®</i>
Pancreatic Enzymes	Creon®	Zenpep® <i>Pertzye®</i> <i>Viokace®</i>
Proton Pump Inhibitors	Nexium® susp omeprazole (Rx)	pantoprazole tab Protonix® susp <i>Aciphex®</i> <i>Dexilant®</i> <i>dexlansoprazole</i> <i>esomeprazole (generic for Nexium)</i> <i>esomeprazole Mg cap & tab OTC</i> <i>Konvomep®</i> <i>lansoprazole (all)</i> <i>Nexium® caps</i> <i>omeprazole / sodium bicarbonate (all)</i>
Ulcerative Colitis – Oral	Apriso® Delzicol® Lialda®	sulfasalazine DR sulfasalazine IR <i>Asacol-HD®</i> <i>Azulfidine EN-tabs®</i> <i>balsalazide</i> <i>budesonide DR</i>
Ulcerative Colitis – Rectal	mesalamine (generic for Canasa®) rectal suppositories	 <i>Canasa®</i> <i>mesalamine enema (generic for SfRowasa)</i> <i>mesalamine kit (generic for Rowasa® enema kit)</i>

GENITOURINARY AND RENAL

Drug Class	Preferred	Requires Prior Authorization
Alpha Blockers for BPH	alfuzosin doxazosin	tamsulosin terazosin <i>Cardura®</i> <i>Cardura® XL</i> <i>Flomax®</i>
Androgen Hormone Inhibitors	dutasteride	finasteride <i>Avodart®</i> <i>dutasteride/tamsulosin</i> <i>Entadfi®</i>
Electrolyte Depleters	calcium acetate caps, tabs Renvela® packs and tabs	Renagel® <i>Auryxia®</i> <i>Fosrenol®</i> <i>lanthanum carbonate</i> <i>Phoslyra®</i> <i>sevelamer carbonate pack</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



GENITOURINARY AND RENAL

Drug Class	Preferred		Requires Prior Authorization	
Urinary Tract Antispasmodics	fesoterodine oxybutynin IR and ER tabs oxybutynin syrup	solifenacin Toviaz®	<i>darifenacin ER</i> <i>Detrol®</i> <i>Detrol LA®</i> <i>Ditropan XL®</i> <i>Enablex®</i> <i>Flavoxate</i> <i>Gelnique®</i>	<i>Gemtesa®</i> <i>Myrbetriq®</i> <i>oxybutynin 2.5 mg</i> <i>Oxytrol®</i> <i>tolterodine IR and ER</i> <i>tropium IR and ER</i> <i>Vesicare®</i> <i>Vesicare® LS</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



HEMATOLOGICAL AGENTS

Drug Class	Preferred	Requires Prior Authorization
Anticoagulants	Eliquis® enoxaparin syringe& vial Pradaxa®	warfarin Xarelto® tabs, dose pack
		Arixtra® Bevyxxa® Coumadin® dabigatran fondaparinux
		fondaparinux Fragmin® Lovenox® syringe & vial Savaysa® Xarelto® susp
Bile Salts	ursodiol 300 mg cap	ursodiol tab
		Bylvay® Chenodal® Cholbam® Livmarli®
		Ocaliva® Reltone® Urso/Urso Forte®
Colony Stimulating Factors	Neupogen®	Nyvepria®
		Fulphila® Fylnetra® Granix® Leukine® Neulasta® Nivestym®
		Releuko® Rolvedon® Stimufend® Udenyca® Zarxio® Ziextenzo®
Hematopoietic Agents	Epogen®	Retacrit® (Pfizer)
		Aranesp® Jesduvroq® Mircera®
		Procrit® Reblozyl® Retacrit® (Vifor)
Hemophilia Treatments	Advate® Adynovate® Afstyla® Alphanate® AlphaNine SD® Alprolix® Altuviiiio® Balfaxar® BeneFIX Kit® Coagadex® Corifact Kit® Eloctate® Esperoct® Feiba NF® Hemgenix® Hemlibra® Hemofil-M® Humate-P Kit® Idelvion® Ixinity® Jivi®	Koate-DVI Kit® Koate-DVI Vial® Kogenate FS® Kovaltry® Novoeight® NovoSeven RT® Nuwiq® Obizur® Profilnine SD® Rebinyn® Recombinate® Rixubis® Roctavian® Sevenfact® Tretten® Vonvendi® Wilate® Xyntha Kit® Xyntha Solofuse® Syringe Kit
		N/A
Sickle Cell Anemia Treatments	hydroxyurea	
		Droxia® Endari®
		Oxbryta® Siklos®



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



IMMUNOLOGIC AND ONCOLOGY AGENTS

Drug Class	Preferred	Requires Prior Authorization	
Immunomodulators: Cytokine and Cam Antagonists	Enbrel® (kit, mini cartridge, pen, syringe)	Humira® Xeljanz® tablets <i>Actemra® (subcutaneous)</i> <i>adalimumab</i> <i>Arcalyst® (subcutaneous)</i> <i>Amjevita®</i> <i>Cibinqo®</i> <i>Cimzia®</i> <i>Cosentyx®</i> <i>Cyltezo®</i> <i>Enbrel® (vial)</i> <i>Enspryng®</i> <i>Entyvio®</i> <i>Hadlima®</i> <i>Hulio®</i> <i>Hyrimoz®</i> <i>Idacio®</i> <i>Ilaris® (subcutane.)</i> <i>Ilumya®</i>	<i>Kevzara®</i> <i>Kineret®</i> <i>Olumiant®</i> <i>Omvoh®</i> <i>Orencia®</i> <i>Otezla®</i> <i>Rinvoq® ER</i> <i>Siliq®</i> <i>Simponi®</i> <i>Skyrizi®</i> <i>Sotyktu®</i> <i>Stelara®</i> <i>Taltz®</i> <i>Tremfya®</i> <i>Velsipity®</i> <i>Xeljanz® solution</i> <i>Xeljanz® XR</i>
Immunomodulators, Topical	Imiquimod (generic for Aldara)	<i>Condyllox® gel</i> <i>Hyftor®</i> <i>imiquimod (generic for Zyclara)</i>	<i>podofilox solution</i> <i>Veregen®</i> <i>Zyclara®</i>
Immunomodulators Topical, Atopic Dermatitis	Adbry® Dupixent®	Elidel® Eucrisa®	<i>Opzelura®</i> <i>Pimecrolimus</i> <i>Protopic®</i> <i>tacrolimus oint</i> <i>Zoryve®</i>
Immunosuppressants	azathioprine CellCept® susp cyclosporine, modified cap	mycophenolate mofetil cap & tab Rapamune® solution Sirolimus tab tacrolimus	<i>Astagraf XL®</i> <i>Azasan®</i> <i>CellCept® cap and tab</i> <i>cyclosporine cap</i> <i>cyclosporine modified soln</i> <i>cyclosporine softgel</i> <i>Envarsus® XR</i> <i>everolimus</i> <i>Imuran®</i> <i>mycophenolate mofetil susp</i> <i>mycophenolic acid</i> <i>Myfortic®</i> <i>Neoral®</i> <i>Prograf®</i> <i>Rapamune® tab</i> <i>Rezurock®</i> <i>Sandimmune®</i> <i>sirolimus solution</i> <i>Tavneos®</i> <i>Zortress®</i>
Methotrexate Agents	methotrexate tablets methotrexate tablet dose-pack	methotrexate vial methotrexate vial pf	<i>Otrexup® auto injector</i> <i>Rasuvo® auto injector</i> <i>Trexall®</i> <i>Xatmep® soln</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



OPHTHALMICS

Drug Class	Preferred		Requires Prior Authorization	
Allergic Conjunctivitis Agents: Antihistamines	ketotifen OTC olopatadine once daily OTC (gen. for Pataday® Once Daily)	olopatadine twice a day OTC (gen. for Pataday® Twice Daily)	<i>Alex®</i> <i>azelastine ophth drops</i> <i>bepotastine</i> <i>Bepreve®</i> <i>epinastine</i> <i>Lastacaft® OTC</i> <i>olopatadine (gen. for Patanol®)</i>	<i>olopatadine (gen. for Pataday®)</i> <i>Pataday® Once Daily OTC</i> <i>Pataday® Twice Daily OTC</i> <i>Pataday® XS Once Daily OTC</i> <i>Zaditor® OTC</i> <i>Zerviate®</i>
Allergic Conjunctivitis Agents: Mast Cell Stabilizers	cromolyn		<i>Alocril®</i>	<i>Alomide®</i>
Glaucoma Agents: Alpha2 Adrenergic Agents	Alphagan P 0.1%® Alphagan P 0.15%®	brimonidine 0.2%	<i>Apraclonidine</i> <i>brimonidine P 0.1%</i> <i>brimonidine P 0.15%</i>	<i>lopidine®</i>
Glaucoma Agents: Beta Blockers	Combigan®	timolol maleate (generic for Timoptic®)	<i>betaxolol</i> <i>Betimol®</i> <i>Betoptic S®</i> <i>carteolol</i> <i>Istalol®</i>	<i>levobunolol</i> <i>timolol (generic for Istalol® & Timoptic® Ocudose)</i> <i>timolol-brimonidine</i> <i>Timoptic® Ocudose</i>
Glaucoma Agents: Cholinergic Agonists			<i>pilocarpine</i>	<i>Vuity®</i>
Glaucoma Agents: Cholinesterase Inhibitors			<i>phospholine iodide</i>	
Glaucoma Agents: Carbonic Anhydrase Inhibitors	dorzolamide dorzolamide / timolol	Simbrinza®	<i>Azopt®</i> <i>brinzolamide</i> <i>Cosopt®</i>	<i>Cosopt® PF</i> <i>dorzolamide / timolol PF</i>
Glaucoma Agents: Prostaglandin Agonists <small>* Clinical criteria may apply</small>	latanoprost	Travatan Z®	<i>Bimatoprost</i> <i>lyuzeh®</i> <i>Lumigan®</i> <i>tafluprost</i> <i>travoprost</i>	<i>Vyzulta®</i> <i>Xalatan®</i> <i>Xelpros®</i> <i>Zioptan®</i>
Glaucoma Agents: Rho Kinase Inhibitors and Others	Rhopressa®	Rocklatan®		
Ophthalmic Anti-Inflammatories: Corticosteroids	difluprednate	Pred Forte® Pred Mild®	<i>dexamethasone ophth</i> <i>Dextenza®</i> <i>Durezol®</i> <i>Flarex®</i> <i>fluorometholone</i> <i>FML®</i> <i>FML Forte®</i> <i>FML S.O.P.®</i>	<i>Inveltys®</i> <i>Lotemax®</i> <i>loteprednol</i> <i>Maxidex®</i> <i>prednisolone acetate</i> <i>prednisolone sodium phosphate</i>
Ophthalmic Anti-Inflammatories: Immunomodulators	Restasis®	Xiidra®	<i>Cequa®</i> <i>Cyclosporine</i> <i>Eysuvis®</i> <i>Miebo®</i>	<i>Tyrvaya®</i> <i>Verkazia®</i> <i>Veveye®</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



OPHTHALMICS

Drug Class	Preferred	Requires Prior Authorization
Ophthalmic Anti-Inflammatories: NSAIDs	diclofenac sodium ketorolac ophth 0.5	<i>Acular®</i> <i>Acuvail®</i> <i>bromfenac</i> <i>BromSite®</i> <i>flurbiprofen</i> <i>Ilevro®</i> <i>ketorolac ophth 0.4 (LS)</i> <i>Nevanac®</i> <i>Prolensa®</i>
Ophthalmic Antibiotics: Macrolides	erythromycin	<i>Azasite®</i>
Ophthalmic Antibiotics: Quinolones	ciprofloxacin drops ofloxacin drops Vigamox®	<i>Besivance®</i> <i>Ciloxan® drops</i> <i>Ciloxan® ointment®</i> <i>gatifloxacin</i> <i>levofloxacin</i> <i>moxifloxacin (gen. for Moxeza® & Vigamox®)</i> <i>Ocuflox®</i> <i>Zymaxid®</i>
Ophthalmic Antibiotic-Steroid Combinations	neomycin / polymyxin / dexamethasone sulfacetamide / prednisolone TobraDex® oint and susp tobramycin / dexamethasone susp	<i>Blephamide® S.O.P.</i> <i>Maxitrol® drops</i> <i>Maxitrol® oint</i> <i>neomycin/bacitracin/polymyxin/HC</i> <i>neomycin/polymyxin/HC</i> <i>Tobradex® ST</i> <i>Zylet®</i>

OTICS

Drug Class	Preferred	Requires Prior Authorization
Otic Antibiotics	Ciprodex® ciprofloxacin / dexamethasone neomycin/polymyxin/HC soln and susp ofloxacin drops	<i>Cipro HC®</i> <i>ciprofloxacin otic</i> <i>ciprofloxacin HCl / fluocinolone</i> <i>Cortisporin-TC®</i> <i>Otovel®</i>
Otics, Anti-Inflammatory	DermOtic® otic drops	<i>Flac® Otic Oil</i> <i>fluocinolone otic oil</i>

RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
Inhaled Antibiotics	tobramycin soln (gen. for Tobii)	<i>Arikayce®</i> <i>Bethkis®</i> <i>Cayston®</i> <i>Kitabis® Pak</i> <i>Tobii®</i> <i>Tobii Podhaler®</i> <i>tobramycin pak</i> <i>tobramycin soln (gen. for Bethkis)</i>
COPD Agents	Anoro Ellipta® Atrovent HFA® Combivent Respimat® ipratropium / albuterol ipratropium bromide roflumilast Spiriva® Spiriva Respimat® Stiolto Respimat®	<i>Bevespi Aerosphere®</i> <i>Daliresp®</i> <i>Duaklir® Pressair</i> <i>Incruse Ellipta®</i> <i>Lonhala Magnair®</i> <i>Seebri Neohaler®</i> <i>tiotropium</i> <i>Tudorza Pressair®</i> <i>Utibron Neohaler®</i> <i>Yupelri®</i>
Antihistamines, Non-Sedating	cetirizine solution cetirizine solution 5mg / 5mL (OTC) 30 cups (NDC 68094-004-62 packaged by Precision Dose) cetirizine tablets (OTC) levocetirizine tabs levocetirizine tabs (OTC) loratadine / pseudoephedrine (OTC) loratadine solution (OTC) loratadine tablet (OTC)	<i>cetirizine capsule (OTC)</i> <i>cetirizine chewable (OTC)</i> <i>cetirizine solution 5 mg/5 ml (OTC) (all other NDCs)</i> <i>cetirizine-D (OTC)</i> <i>Clarinetx®</i> <i>Clarinetx-D®</i> <i>desloratadine</i> <i>fexofenadine (OTC)</i> <i>fexofenadine-D (OTC)</i> <i>levocetirizine soln</i> <i>loratadine chew (OTC)</i> <i>loratadine ODT (OTC)</i>
Beta Agonists: Oral Agents	albuterol syrup	<i>albuterol ER</i> <i>albuterol tablet</i> <i>metaproterenol syrup</i> <i>terbutaline</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



RESPIRATORY

Drug Class	Preferred		Requires Prior Authorization	
Beta Agonists: Short-Acting MDI* *During the Public Health Emergency due to Covid-19 all short acting beta-agonist inhalers shall be preferred agents. They will revert to nonpreferred status when the Public Health Emergencies (DC & Federal) are lifted.	ProAir® HFA	Ventolin HFA®	<i>albuterol sulfate HFA</i> <i>levalbuterol HFA</i> <i>ProAir® Digihaler</i>	<i>ProAir® RespiClick</i> <i>Proventil HFA®</i> <i>Xopenex HFA®</i>
Beta Agonists: Long-Acting MDI* *COPD Only	Serevent®		<i>Arcapta®</i>	<i>Striverdi Respimat®</i>
Beta Agonists: Nebulizer* *During the Public Health Emergency due to Covid-19 all short acting beta-agonist inhalers shall be preferred agents. They will revert to nonpreferred status when the Public Health Emergencies (DC & Federal) are lifted.	albuterol sulfate albuterol (gen for AccuNeb®)	arformoterol	<i>Brovana®</i> <i>formoterol</i> <i>levalbuterol inh soln & conc</i>	<i>Perforomist®</i> <i>Xopenex®</i>
Beta Agonists: Combination Products	Advair Diskus® Advair HFA®	Dulera® Symbicort®	<i>AirDuo®</i> <i>Breo Ellipta®</i> <i>Breztri® Aerosphere</i>	<i>formoterol-budesonide</i> <i>salmeterol-fluticasone</i> <i>Trelegy Ellipta®</i>
Corticosteroids, Inhaled	Asmanex® budesonide 0.25, 0.5 mg & 1 mg respules	Flovent Diskus® Flovent HFA® Pulmicort Flexhaler®	<i>Alvesco®</i> <i>ArmonAir RespiClick®</i> <i>Arnuity Ellipta®</i> <i>Asmanex HFA®</i>	<i>fluticasone propionate HFA</i> <i>Pulmicort® 0.25, 0.5 mg & 1 mg respules</i> <i>QVAR®</i>
Intranasal Corticosteroids	fluticasone propionate - Rx		<i>Beconase AQ®</i> <i>budesonide nasal spray</i> <i>Breyna®</i> <i>Dymista®</i> <i>flunisolide</i> <i>fluticasone-azelastine</i> <i>fluticasone propionate OTC</i>	<i>mometasone</i> <i>Nasonex®</i> <i>Omnaris®</i> <i>Qnasl®</i> <i>triamcinolone Nasal Spray</i> <i>Xhance®</i> <i>Zetonna®</i>
Intranasal Rhinitis Agents	azelastine (generic for Astelin & Astepro)	ipratropium	<i>olopatadine</i>	<i>Patanase®</i>
Leukotriene Receptor Antagonists	montelukast chew tabs	montelukast tabs	<i>Accolate®</i> <i>montelukast granules</i> <i>Singulair®</i>	<i>zafirlukast</i> <i>zileuton ER</i> <i>Zyflo®</i>
Self-Injectable Epinephrine	epinephrine 0.15 mg, 0.3 mg injector (authorized generics for EpiPen & EpiPen Jr.)	EpiPen® EpiPen® Jr.	<i>epinephrine 0.15 mg & 0.3 mg (generic for Adrenaclick®)</i>	<i>epinephrine 0.3 mg autoinjector (other generics for EpiPen)</i> <i>Symjepi®</i>
Smoking Cessation Agents	bupropion SR Chantix® Chantix® dose pack nicotine gum OTC	nicotine lozenge OTC nicotine patch OTC varenicline varenicline dose pack	<i>Nicotrol® inhaler</i>	<i>Nicotrol® NS nasal spray</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



PAH AGENTS

Drug Class	Preferred		Requires Prior Authorization	
Endothelin Receptor Antagonists and Other PAH agents	ambrisentan	Tracleer® tab	<i>Adempas®</i> <i>bosentan</i> <i>Letairis®</i> <i>Opsumit®</i>	<i>Orenitram® ER</i> <i>Tadliq® suspension</i> <i>Tracleer® susp</i> <i>Upravi®</i>
PAH, Inhalation	Tyvaso®	Ventavis®	<i>Tyvaso DPI</i>	
PDE Inhibitors for PPH/PAH * Clinical criteria apply to this entire therapeutic class	sildenafil tabs	tadalafil	<i>Adcirca®</i> <i>Revatio®</i> <i>sildenafil susp</i>	<i>Liqrev®</i> <i>Tadliq®</i>

TOPICAL AGENTS FOR ACNE

Drug Class	Preferred		Requires Prior Authorization	
Benzoyl Peroxide, Antibiotic, Combination and other Products	benzoyl peroxide 5% and 10% wash OTC benzoyl peroxide/ clindamycin (generic for Duac)	clindamycin gel, swab, solution erythromycin gel erythromycin-benzoyl peroxide	<i>Acanya Gel pump®</i> <i>Azzone®</i> <i>Aklief®</i> <i>Amzeeq®</i> <i>BenzaClin®</i> <i>Benzamycin®</i> <i>benzoyl peroxide 6% wash OTC</i> <i>benzoyl peroxide lotion</i> <i>benzoyl peroxide towelette</i>	<i>benzoyl peroxide / clindamycin (gen for Acanya and BenzaClin)</i> <i>Cabtreo®</i> <i>Cleocin® topical</i> <i>clindamycin foam</i> <i>dapsone</i> <i>erythromycin sol & swab</i> <i>Neuac®</i> <i>Onexton®</i>
Topical Retinoids	adapalene gel Retin-A® cream	Retin-A® gel	<i>adapalene gel OTC</i> <i>adapalene gel pump</i> <i>adapalene/benzoyl peroxide</i> <i>Altreno®</i> <i>Arazlo®</i> <i>Atralin®</i> <i>Avita®</i> <i>clindamycin/tretinoin</i> <i>Differin®</i> <i>Epiduo® Forte</i>	<i>Fabior®</i> <i>Retin-A® micro</i> <i>Retin-A® micro pump</i> <i>tazarotene</i> <i>Tazorac® Cream</i> <i>tretinoin</i> <i>tretinoin micro</i> <i>Tretin-X®</i> <i>Twynéo®</i> <i>Ziana®</i>

TOPICAL AND ORAL AGENTS FOR PSORIASIS AND ROSACEA

Drug Class	Preferred		Requires Prior Authorization	
Oral Agents for Psoriasis	acitretin			
Topical Agents for Psoriasis	calcipotriene crm calcipotriene oint	calcipotriene scalp soln	<i>calcipotriene foam</i> <i>calcipotriene / betamethasone</i> <i>calcitriol oint</i> <i>Duobrii®</i> <i>Enstilar®</i>	<i>Sorilux®</i> <i>Taclonex®</i> <i>Vectical®</i> <i>Vtama®</i> <i>Zoryve®</i>



District of Columbia
Department of Health Care Finance
Pharmacy Preferred Drug List (PDL)
Effective April 1, 2024



TOPICAL AND ORAL AGENTS FOR PSORIASIS AND ROSACEA

Drug Class	Preferred	Requires Prior Authorization		
Rosacea Agents	azelaic acid Finacea® gel	MetroCream® metronidazole gel	<i>Epsolay</i> ® <i>Finacea</i> ® foam <i>ivermectin</i> <i>metronidazole crm & lotion</i> <i>Mirvaso</i> ®	<i>Noritrate</i> ® <i>Rhofade</i> ® <i>Rosadan</i> ® <i>Soolantra</i> ® <i>Zilxi</i> ®

TOPICAL STEROIDS

Drug Class	Preferred	Requires Prior Authorization		
Low Potency Topical Steroids	Derma-Smoothe-FS® hydrocortisone topical & rectal creams	hydrocortisone topical ointment	<i>alclometasone dipropionate (crm, oint)</i> <i>Aqua Glycolic HC</i> ® <i>desonide (crm, lot, & oint)</i>	<i>fluocinolone 0.01% oil hydrocortisone lotion</i> <i>Texacort</i> ®
Medium Potency Topical Steroids	fluticasone propionate (crm & oint)	mometasone furoate (crm, oint & soln)	<i>Beser</i> ® <i>Beser</i> ® Kit <i>betamethasone valerate foam</i> <i>clocortolone crm</i> <i>Cloderm</i> ® <i>fluocinolone acetonide (crm, oint & soln)</i> <i>flurandrenolide (crm, lot, & oint)</i> <i>fluticasone propionate lotion</i>	<i>hydrocortisone butyrate (crm, emol, lot, oint & soln)</i> <i>hydrocortisone valerate (crm & oint)</i> <i>Locoid</i> ® Lotion <i>Pandel</i> ® <i>prednicarbate (crm & oint)</i> <i>Synalar</i> ® kit (crm & oint) <i>Synalar</i> ® solution <i>Synalar</i> ® TS kit
cHigh Potency Topical Steroids	betamethasone dipropionate lotion betamethasone valerate (crm & oint)	triamcinolone acetonide (crm & oint)	<i>amcinonide (cream)</i> <i>betamethasone dipropionate (crm, gel, & oint)</i> <i>betamethasone dipropionate / prop gly (crm, lot, & oint)</i> <i>betamethasone valerate lotion</i> <i>desoximetasone (crm, gel oint & spray)</i> <i>diflorasone diacetate (crm & oint)</i>	<i>Diprolene</i> ® oint <i>fluocinonide (crm, emol, gel, oint & soln)</i> <i>halocinonide crm</i> <i>Halog</i> ® (crm, oint & soln) <i>Kenalog Aerosol</i> ® <i>Topicort</i> ® Spray <i>triamcinolone acetonide aerosol & lotion</i> <i>triamcinolone / dimethicone</i> <i>Vanos</i> ®
Very High Potency Topical Steroids	clobetasol emollient cream clobetasol propionate (crm, gel, oint, soln & spray)	halobetasol propionate (crm & oint)	<i>ApexiCon E</i> ® <i>Bryhali</i> ® <i>clobetasol foam, lotion & shampoo</i> <i>Clodan</i> ® Kit <i>halobetasol propionate foam</i>	<i>Impeklo</i> ® <i>Lexette</i> ® <i>Olux-E</i> ® <i>Tovet</i> ® Kit <i>Ultravate</i> ®