
Ohio Medicaid

Pharmacy Benefit Management Program



Department of
Medicaid

Unified Preferred Drug List

Medicaid Fee-for-Service
and Managed Care Plans

Effective July 1, 2021

Pharmacy General Prior Authorization Requirements

[https://pharmacy.medicaid.ohio.gov/sites/default/files/prior authorization and step therapy frequently asked questions faq.pdf](https://pharmacy.medicaid.ohio.gov/sites/default/files/prior%20authorization%20and%20step%20therapy%20frequently%20asked%20questions%20faq.pdf)

Prior Authorization Medication Criteria

<https://pharmacy.medicaid.ohio.gov/sites/default/files/UPDL%20Criteria.pdf>

Prior Authorization Clinical Criteria for non-UPDL Medications

[https://pharmacy.medicaid.ohio.gov/sites/default/files/Additional Therapeutic Classes with Clinical Criteria July 2021.pdf#overlay-context=drug-coverage](https://pharmacy.medicaid.ohio.gov/sites/default/files/Additional%20Therapeutic%20Classes%20with%20Clinical%20Criteria%20July%202021.pdf#overlay-context=drug-coverage)

Pharmacy Prior Authorization Fax Forms:

<https://pharmacy.medicaid.ohio.gov/prior-authorization>

Pharmacy Quantity Limits/Daily Dose Limits:

[https://pharmacy.medicaid.ohio.gov/sites/default/files/Ohio Medicaid Quantity Limits August 2020.pdf](https://pharmacy.medicaid.ohio.gov/sites/default/files/Ohio%20Medicaid%20Quantity%20Limits%20August%202020.pdf)

Ingredients and Excipients for Compounding

[https://pharmacy.medicaid.ohio.gov/sites/default/files/Compounding April 2021.pdf](https://pharmacy.medicaid.ohio.gov/sites/default/files/Compounding%20April%202021.pdf)

The Statewide PDL is not an all-inclusive list of drugs covered by Ohio Department of Medicaid.

Medications that are new to market will be non-preferred until reviewed by Ohio Department of Medicaid's Pharmacy and Therapeutics Committee.

The list is set up in sections defined by therapeutic class. Products are listed by generic name if the generic is available. In most cases, a brand-name drug for which a generic product is available will be non-preferred. Some medications may require a specific manufacturer or the brand to be dispensed

Ohio Department of Medicaid will not cover medications not part of the Medicaid Drug Rebate Program unless indicated.

UPDL Legend

AR (Age Restriction) - An age edit allows claims for members within a defined age range to adjudicate without authorization

BvG (Brand Preferred Over the Generic) - The brand name medication is preferred over the generic equivalent

PA (Clinical Prior Authorization) - A prior authorization is required before the medication will adjudicate

QL (Quantity Limit) – A limit on the quantity that can be covered within a given time frame

ST (Step Therapy) - Medications require a trial with one or more preferred products before approval

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Analgesic Agents: NSAIDS	
PREFERRED	NON-PREFERRED
Celecoxib ^{AR}	Diclofenac/Misoprolol
Diclofenac	Diclofenac Gel 1.5%
Diclofenac DR	Diclofenac Patch 1.3%
Diclofenac ER	Diclofenac Sol 1.5%
Diclofenac Gel 1%	Diclotrex
Etodolac	Duexis
Fenoprofen 600mg	Fenoprofen 400mg
Ibuprofen	Ketorolac Tromethamine Nasal Spray
Indocin	Ketoprofen
Indomethacin	Naproxen CR
Ketorolac	Naproxen DR
Ketoprofen ER	Naproxen EC
Meclofenamate	Naproxen ER
Mefenamic Acid	Naproxen/Esomeprazole
Meloxicam	Pennsaid
Nabumetone	Qmiiz ODT
Naproxen	Relafen DS
Naproxen Susp ^{AR}	Tolmetin
Oxaprozin	Vivlodex
Piroxicam	Zipsor
Sulindac	Zorvolex

Link to Criteria: [Analgesic Agents: NSAIDS](#)

Analgesic Agents: Gout	
PREFERRED	NON-PREFERRED
Allopurinol	Gloperba Susp ^{QL}
Colchicine ^{QL, PA}	Uloric ^{BvG}
Probenecid	
Probenecid/Colchicine	

Link to Criteria: [Analgesic Agents: Gout](#)

Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Acetaminophen/Codeine ^{QL}	Acetaminophen/Caffeine/Dihydrocodeine ^{QL}
Butalbital/Acetaminophen/Caffeine/Codeine ^{QL}	Arymo ER ^{QL}
Butalbital/Aspirin/Caffeine/Codeine ^{QL}	Belbuca ^{QL}
Butorphanol ^{QL}	Benzhydrocodone/Acetaminophen ^{QL}
Butrans ^{QL PA BvG}	Butalbital/Acetaminophen/Caffeine/Codeine 50-300-40-30mg

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Analgesic Agents: Opioids

PREFERRED	NON-PREFERRED
Codeine	Dsuvia ^{QL}
Hydrocodone/Acetaminophen ^{QL}	Fentanyl ^{QL}
Hydromorphone ^{QL}	Hydrocodone Bitartrate ER 12HR cap ^{QL}
Morphine ER ^{QL, PA}	Hydrocodone Bitartrate ER 24HR tab ^{QL}
Morphine Sol ^{QL}	Hydrocodone/Acetaminophen 5-300, 7.5-300, 10-300mg ^{QL}
Morphine Tab ^{QL}	Hydrocodone/Ibuprofen ^{QL}
Oxycodone Cap ^{QL}	Hydromorphone ER ^{QL}
Oxycodone Tab ^{QL}	Levorphanol ^{QL}
Oxycodone Sol ^{QL}	Meperidine ^{QL}
Oxycodone/Acetaminophen ^{QL}	Methadone ^{QL}
Tramadol ^{QL}	Morphine ER 24HR ^{QL}
Tramadol/Acetaminophen ^{QL}	Nucynta ^{QL}
	Oxaydo ^{QL}
	Oxycodone ER ^{QL}
	Oxycodone/Ibuprofen ^{QL}
	Oxycontin ER ^{QL}
	Oxymorphone ^{QL}
	Oxymorphone ER ^{QL}
	Pentazocine/Naloxone ^{QL}
	Primlev ^{QL}
	Prolate ^{QL}
	Tramadol ER ^{QL}
	Xtampza ER ^{QL}

Link to Criteria: [Analgesic Agents: Opioids](#)

Blood Agents: Blood Formation, Coagulation, and Thrombosis Agents: Hematopoietic Agents

PREFERRED	NON-PREFERRED
Epogen ^{PA}	Aranesp
Retacrit ^{PA}	Mircera
	Procrit

Link to Criteria: [Blood Agents: Blood Formation, Coagulation, And Thrombosis Agents: Hematopoietic Agents](#)

Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors

PREFERRED	NON-PREFERRED
Granix ^{PA}	Fulphila
Udenyca ^{PA}	Leukine
Ziextenzo ^{PA}	Neulasta
	Neupogen
	Nivestym
	Nyvepria
	Zarxio

Link to Criteria: [Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors](#)

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Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factors

PREFERRED	NON-PREFERRED
Advate ^{PA}	Adynovate
Afstyla ^{PA}	Eloctate
Alphanate ^{PA}	Esperoct
Alphanine Sd ^{PA}	Idelvion
Alprolix ^{PA}	Jivi
Benefix ^{PA}	Kovaltry
Corifact ^{PA}	Obizur
Feiba ^{PA}	Rebinyon
Hemlibra ^{PA}	Vonvendi
Hemofil M ^{PA}	
Humate-P ^{PA}	
Ixinity ^{PA}	
Koate ^{PA}	
Kogenate Fs ^{PA}	
Mononine ^{PA}	
Novoeight ^{PA}	
Novoseven RT ^{PA}	
Nuwiq ^{PA}	
Profilnine ^{PA}	
Recombinate ^{PA}	
Rixubis ^{PA}	
Wilate ^{PA}	
Xyntha ^{PA}	

Link to Criteria: [Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factors](#)

Blood Formation, Coagulation, and Thrombosis Agents: Heparin-Related Preparations

PREFERRED	NON-PREFERRED
Enoxaparin	Fondaparinux Fragmin

Link to Criteria: [Blood Formation, Coagulation, and Thrombosis Agents: Heparin-Related Preparations](#)

Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants

PREFERRED	NON-PREFERRED
Aspirin	Savaysa
Brilinta	Yosprala
Clopidogrel	Zontivity
Eliquis	
Pradaxa	
Prasugrel	
Warfarin	
Xarelto	

Link to Criteria: [Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants](#)

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Acebutolol	Aliskiren
Amlodipine	Bystolic
Amlodipine Valsartan	Candesartan
Amlodipine/Benazepril	Candesartan/Hydrochlorothiazide
Amlodipine/Olmesartan	Carospir
Amlodipine/Valsartan/Hydrochlorothiazide	Carvedilol ER
Atenolol	Corlanor
Atenolol/Chlorthalidone	Edarbi
Benazepril	Diltiazem 24HR ER tabs
Benazepril/Hydrochlorothiazide	Edarbyclor
Betaxolol	Hydralazine/Hydrochlorothiazide
Bisoprolol	Innopran XL
Bisoprolol/Hydrochlorothiazide	Isradipine
Captopril	Kapsargo
Captopril/Hydrochlorothiazide	Katerzia
Cartia XT	Nimodipine
Carvedilol	Nisoldipine
Clonidine	Nymalize
Diltiazem	Olmesartan
Diltiazem 12HR ER caps	Olmesartan/Amlodipine/ Hydrochlorothiazide
Diltiazem 24HR ER caps	Olmesartan/Hydrochlorothiazide
Doxazosin	Prestalia
Dutoprol	Qbrelis
Enalapril	Sotylize
Enalapril/Hydrochlorothiazide	Tekturna/HCT
Entresto ^{PA}	Telmisartan
Epaned	Telmisartan/Hydrochlorothiazide
Eplerenone	Verapamil 200, 300mg ER 24HR
Felodipine ER	
Fosinopril	
Fosinopril/Hydrochlorothiazide	
Guanfacine	
Hemangeol ^{AR}	
Hydralazine	
Hydralazine	
Irbesartan	
Irbesartan/Hydrochlorothiazide	
Labetalol	
Lisinopril	
Lisinopril/Hydrochlorothiazide	
Losartan	
Losartan/Hydrochlorothiazide	
Methyldopa	
Methyldopa/Hydrochlorothiazide	

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Metoprolol Succinate ER	
Metoprolol Tartrate	
Metoprolol/Hydrochlorothiazide	
Minoxidil	
Moexipril	
Nadolol	
Nadolol/Bendroflumethiazide	
Nicardipine	
Nifedipine	
Perindopril	
Pindolol	
Prazosin	
Prazosin Hydrochloride	
Propranolol	
Propranolol/Hydrochlorothiazide	
Quinapril	
Quinapril/Hydrochlorothiazide	
Ramipril	
Ranolazine	
Sorine	
Sotalol	
Spirolactone	
Spirolactone/Hydrochlorothiazide	
Taztia Xt	
Telmisartan/Amlodipine	
Terazosin	
Timolol	
Trandolapril	
Trandolapril/Verapamil	
Valsartan	
Valsartan/Hydrochlorothiazide	
Verapamil	
Verapamil SR	

Link to Criteria: [Cardiovascular Agents: Angina, Hypertension & Heart Failure](#)

Cardiovascular Agents: Antiarrhythmics

PREFERRED	NON-PREFERRED
Amiodarone 200mg	Amiodarone 100mg and 400mg
Disopyramide	Multaq
Dofetilide	
Flecainide	

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Cardiovascular Agents: Antiarrhythmics

PREFERRED	NON-PREFERRED
Mexiletine Norpace CR Propafenone Quinidine	

Link to Criteria: [Cardiovascular Agents: Antiarrhythmics](#)

Cardiovascular Agents: Lipotropics

PREFERRED	NON-PREFERRED
Atorvastatin Cholestyramine Cholestyramine Light Colestipol tab Ezetimibe Fenofibrate 48 and 145mg tab Gemfibrozil Lovastatin Omega-3-Acid Ethyl Esters ^{PA} Niacin Pravastatin Prevalite Rosuvastatin Simvastatin	Altoprev Amlodipine/Atorvastatin Colesevelam Colestipol Granules Ezetimibe/Simvastatin Ezallor Fenofibrate 30, 43, 50, 67, 90, 130, 134 and 150mg cap Fenofibrate 40, 54, 120 and 160mg tab Fenofibric Acid Fluvastatin Livalo Nexletol Nexlizet Niacin ER Praluent Repatha Vascepa Zypitama

Link to Criteria: [Cardiovascular Agents: Lipotropics](#)

Cardiovascular Agents: Pulmonary Arterial Hypertension

PREFERRED	NON-PREFERRED
Ambrisentan ^{PA} Sildenafil ^{PA} Sildenafil Susp ^{AR PA} Tadalafil ^{PA} Tracleer ^{BVG PA}	Adempas Epoprostenol Opsumit Tracleer Susp Treprostinil Tyvaso Uptravi Veletri Ventavis

Link to Criteria: [Cardiovascular Agents: Pulmonary Arterial Hypertension](#)

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BVG = Brand Preferred Over the Generic

Central Nervous System (CNS) Agents: Alzheimer's Agents

PREFERRED	NON-PREFERRED
Donepezil 5mg, 10mg Tab	Donepezil 23mg Tab
Galantamine	Donepezil ODT
Memantine Tab	Memantine ER
Rivastigmine Cap	Memantine Sol
	Namzaric
	Rivastigmine Patch

Link to Criteria: [Central Nervous System \(CNS\) Agents: Alzheimer's Agents](#)

Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute

PREFERRED	NON-PREFERRED
Naratriptan	Almotriptan
Nurtec ST	Dihydroergotamine
Rizatriptan	Eletriptan
Sumatriptan	Ergomar
	Frovatriptan
	Migergot
	Onzetra Xsail
	Reyvow
	Sumatriptan/Naproxen
	Tosymra
	Ubrelvy
	Zolmitriptan
	Zomig

Link to Criteria: [Central Nervous System \(CNS\) Agents: Anti-Migraine Agents, Acute](#)

Central Nervous System (CNS) Agents: Anti-Migraine Agents, Cluster Headache

PREFERRED	NON-PREFERRED
Verapamil	Emgality

Link to Criteria: [Central Nervous System \(CNS\) Agents: Anti-Migraine Agents, Cluster Headache](#)

Central Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis

PREFERRED	NON-PREFERRED
Aimovig ^{QL ST}	Emgality
Ajovy ST	
Cardiovascular Agents: Beta-Blockers	
CNS Agents: Anticonvulsants	
CNS Agents: Serotonin-Norepinephrine Reuptake Inhibitors	
CNS Agents: Tricyclic Antidepressants	

Link to Criteria: [Central Nervous System \(CNS\) Agents: Anti-Migraine Agents, Prophylaxis](#)

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Central Nervous System (CNS) Agents: Anticonvulsants

PREFERRED	NON-PREFERRED
Carbamazepine	Aptiom
Clobazam	Banzel ^{BvG}
Clonazepam	Briviact
Diacomit ^{QL PA}	Celontin
Diazepam Rectal Gel	Clonazepam ODT
Divalproex	Felbamate
Epidiolex ^{QL PA}	Fintepla
Ethosuximide	Lamotrigine ER
Fycompa ST	Lamotrigine ODT
Gabapentin	Levetiracetam ER
Lamotrigine	Oxtellar XR
Levetiracetam IR	Peganone
Levetiracetam Sol	Spritam
Nayzilam	Sympazan
Oxcarbazepine	Tiagabine
Phenobarbital	Topiramate ER
Phenytoin	Topiramate ER Sprinkle Cap
Pregabalin	Topiramate Sprinkle Cap
Primidone	Trokendi XR
Topiramate	Vigabatrin
Valproic Acid	Vigabatrin Powder ^{AR}
Valtoco	Xcopri
Vimpat ST	
Zonisamide	

Link to Criteria: [Central Nervous System \(CNS\) Agents: Anticonvulsants](#)

Central Nervous System (CNS) Agents: Antidepressants

PREFERRED	NON-PREFERRED
Bupropion	Aplenzin
Bupropion SR (generic of Wellbutrin SR)	Brisdelle
Bupropion XL (generic of Wellbutrin XL)	Bupropion XL (generic of Forfivo XL)
Citalopram	Clomipramine
Duloxetine 20, 30, 60mg	Desvenlafaxine
Escitalopram	Drizalma Sprinkle
Fluoxetine	Duloxetine 40mg
Fluvoxamine	Emsam
Mirtazapine	Fetzima
Nefazodone	Fluoxetine 60mg
Paroxetine	Fluoxetine DE
Sertraline	Fluvoxamine ER
Tranylcypromine	Marplan

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Central Nervous System (CNS) Agents: Antidepressants

PREFERRED	NON-PREFERRED
Trazodone 50mg, 100mg, 150mg	Oleptro ER
Venlafaxine Tab	Paroxetine 7.5mg
Venlafaxine ER Cap	Paroxetine ER
	Pexeva
	Phenelzine
	Trazodone 300mg
	Trintellix
	Venlafaxine ER Tab
	Viibryd

Link to Criteria: [Central Nervous System \(CNS\) Agents: Antidepressants](#)

Central Nervous System (CNS) Agents: Atypical Antipsychotics

PREFERRED	NON-PREFERRED
Abilify Maintena	Abilify Mycite
Aripiprazole	Aripiprazole Sol
Aristada	Caplyta
Aristada Initio	Clozapine Rapid Dis
Clozapine	Fluoxetine/Olanzapine
Fanapt ST	Nuplazid
Invega Sustenna	Olanzapine ODT
Invega Trinza	Paliperidone
Latuda ST	Rexulti
Olanzapine	Secuado
Perseris	Versacloz
Quetiapine	Vraylar
Quetiapine ER	
Risperdal Consta	
Risperidone	
Saphris ST	
Ziprasidone	
Zyprexa Relprevv	

Link to Criteria: [Central Nervous System \(CNS\) Agents: Atypical Antipsychotics](#)

Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents

PREFERRED	NON-PREFERRED
Amphetamine/Dextroamphetamine	Adhansia XR
Aptensio XR ^{BvG}	Adzenys
Atomoxetine	Clonidine ER
Dexmethylphenidate	Cotempla

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Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents

PREFERRED	NON-PREFERRED
Guanfacine ER	Dyanavel XR
Methylphenidate ER	Dextroamphetamine Sol
Methylphenidate CD	Evekeo
Methylphenidate LA	Jornay PM
Methylphenidate Tab	Methamphetamine
Quillichew ER ^{AR PA}	Methylphenidate Sol, Chewable Tab
Vyvanse	Mydayis
Vyvanse Chewable ^{AR PA}	Quillivant XR
	Zenzedi

Link to Criteria: [Central Nervous System \(CNS\) Agents: Attention Deficit Hyperactivity Disorder Agents](#)

Central Nervous System (CNS) Agents: Fibromyalgia Agents

PREFERRED	NON-PREFERRED
Pregabalin	Savella

Link to Criteria: [Central Nervous System \(CNS\) Agents: Fibromyalgia Agents](#)

Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction

PREFERRED	NON-PREFERRED
Buprenorphine/Naloxone	Buprenorphine
Clonidine	Lucemyra ^{QL}
Sublocade ^{PA QL}	
Suboxone	
Vivitrol	
Zubsolv	

Link to Criteria: [Central Nervous System \(CNS\) Agents: Medication Assisted Treatment of Opioid Addiction](#)

Central Nervous System (CNS) Agents: Movement Disorders

PREFERRED	NON-PREFERRED
Austedo ^{PA QL}	
Ingrezza ^{PA}	
Tetrabenazine ^{PA}	

Link to Criteria: [Central Nervous System \(CNS\) Agents: Movement Disorders](#)

Central Nervous System (CNS) Agents: Multiple Sclerosis

PREFERRED	NON-PREFERRED
Aubagio	Bafiertam
Avonex	Dimethyl Fumarate
Betaseron	Extavia

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Central Nervous System (CNS) Agents: Multiple Sclerosis

PREFERRED	NON-PREFERRED
Copaxone ^{BvG}	Glatopa
Dalfampridine	Kesimpta
Gilenya	Mavenclad
Rebif	Mayzent ^{QL}
	Plegridy
	Vumerity
	Zeposia

[Link to Criteria: Central Nervous System \(CNS\) Agents: Multiple Sclerosis](#)

Central Nervous System (CNS) Agents: Narcolepsy

PREFERRED	NON-PREFERRED
Amphetamine/Dextroamphetamine	Sunosi
Armodafinil	Wakix
Dextroamphetamine ER	Xyrem
Methylphenidate ER	Xywav
Methylphenidate Tab	
Modafinil	

[Link to Criteria: Central Nervous System \(CNS\) Agents: Narcolepsy](#)

Central Nervous System (CNS) Agents: Neuropathic Pain

PREFERRED	NON-PREFERRED
Amitriptyline	Gralise
Carbamazepine	Horizant
Desipramine	Pregabalin ER
Doxepin 10, 25, 50, 75, 100, 150mg	Ztlido
Doxepin 10mg/ml Sol	
Duloxetine	
Gabapentin	
Imipramine	
Lidocaine Patch	
Nortriptyline	
Oxcarbazepine	
Pregabalin	

[Link to Criteria: Central Nervous System \(CNS\) Agents: Neuropathic Pain](#)

Central Nervous System (CNS) Agents: Parkinson's Agents

PREFERRED	NON-PREFERRED
Amantadine	Apokyn
Carbidopa	Azilect
Carbidopa/Levodopa	Carbidopa/Levodopa Dispersible Tablets

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Central Nervous System (CNS) Agents: Parkinson's Agents

PREFERRED	NON-PREFERRED
Entacapone	Carbidopa/Levodopa/Entacapone
Pramipexole	Gocovri
Ropinirole	Inbrija
Selegiline	Kynmobi
	Neupro
	Nourianz
	Ongentys
	Osmolex ER
	Pramipexole ER
	Ropinirole ER
	Rytary
	Tolcapone
	Xadago
	Zelapar

Link to Criteria: [Central Nervous System \(CNS\) Agents: Parkinson's Agents](#)

Central Nervous System (CNS) Agents: Restless Legs Syndrome

PREFERRED	NON-PREFERRED
Pramipexole	Horizant
Ropinirole	Neupro

Link to Criteria: [Central Nervous System \(CNS\) Agents: Restless Legs Syndrome](#)

Central Nervous System (CNS) Agents: Sedative-Hypnotics, Non-Barbiturate

PREFERRED	NON-PREFERRED
Estazolam	Belsomra
Temazepam 15, 30mg	Dayvigo
Zaleplon	Doxepin 3, 6mg
Zolpidem	Eszopiclone
	Intermezzo
	Rozerem
	Temazepam 7.5, 22mg
	Zolpidem ER and SL

Link to Criteria: [Central Nervous System \(CNS\) Agents: Sedative-Hypnotics, Non-Barbiturate](#)

Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine

PREFERRED	NON-PREFERRED
Baclofen	Carisoprodol
Chlorzoxazone 250mg	Chlorzoxazone 375mg
Chlorzoxazone 500mg	Chlorzoxazone 750mg
Cyclobenzaprine 5, 10mg	Cyclobenzaprine 7.5mg
Dantrolene	Cyclobenzaprine ER

AR = Age Restriction

QL = Quantity Limit

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PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine

PREFERRED	NON-PREFERRED
Methocarbamol Tizanidine Tab	Metaxalone Orphenadrine Tizanidine Cap

Link to Criteria: [Central Nervous System \(CNS\) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine](#)

Central Nervous System (CNS) Agents: Smoking Deterrents

PREFERRED	NON-PREFERRED
Nicotine Bupropion Chantix	

Link to Criteria: [Central Nervous System \(CNS\) Agents: Smoking Deterrents](#)

Dermatological: Topical Acne Products

PREFERRED	NON-PREFERRED
Adapalene Gel 0.1% ^{AR} Benzoyl Peroxide Clindamycin Gel Clindamycin Lot Clindamycin Sol Clindamycin/Benzoyl Peroxide Erythromycin Erythromycin/Benzoyl Peroxide Neuac Panoxyl Sodium Sulfacetamide Sodium Sulfacetamide/Sulfur Cream Sodium Sulfacetamide/Sulfur Wash Susp Tretinoin ^{AR}	Acanya Aczone Adapalene Cream, Soln 0.1% ^{AR} Adapalene Gel 0.3% ^{AR} Adapalene/Benzoyl Peroxide ^{AR} Aklief ^{AR} Altreno ^{AR} Amzeeq Arazlo ^{AR} Atralin ^{AR} Benzoyl Peroxide Foam Clindacin Clindamycin Foam Clindamycin Pledgets Clindamycin/Tretinoin ^{AR} Finacea Onexton Gel Ovace Plus Plixda ^{AR} Sodium Sulfacetamide/Sulfur Gel Sodium Sulfaetamide Pads Tazorac (labeler 00023) ^{AR} Tazarotene Cream 0.1% ^{AR} Tazarotene Foam 0.1% ^{AR} Ziana ^{AR}

Link to Criteria: [Dermatological: Topical Acne Products](#)

AR = Age Restriction

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BvG = Brand Preferred Over the Generic

Endocrine Agents: Androgens

PREFERRED	NON-PREFERRED
Androderm ^{PA}	Androxy
Testosterone Gel 1% Packet ^{PA}	Axiron
Testosterone Gel Pump ^{PA}	Jatenzo
	Methyltestosterone
	Natesto
	Striant
	Testosterone 1.62% Packet
	Vogelxo
	Xyosted

Link to Criteria: [Endocrine Agents: Androgens](#)

Endocrine Agents: Diabetes – Hypoglycemia Treatments

PREFERRED	NON-PREFERRED
Baqsimi ^{QL}	Gvoke Hypopen
Glucagen Hypokit	Gvoke PFS
Glucagon Emerg Kit	

Link to Criteria: [Endocrine Agents: Diabetes – Hypoglycemia Treatments](#)

Endocrine Agents: Diabetes – Insulin

PREFERRED	NON-PREFERRED
Humalog Mix 50/50, 75/25	Admelog
Humulin 70/30	Afrezza
Humulin R	Apidra
Insulin Aspart	Basaglar
Insulin Aspart Protamine/Insulin Aspart (Authorized generic)	Fiasp
Insulin Lispro	Humulin N
Lantus	Lyumjev
Levemir	Novolin N
Novolin 70/30	Semglee
Novolin R	Toujeo
Tresiba ST	

Link to Criteria: [Endocrine Agents: Diabetes – Insulin](#)

Endocrine Agents: Diabetes – Non-Insulin

PREFERRED	NON-PREFERRED
Acarbose	Adlyxin
Actoplus Met XR ST	Alogliptin
Farxiga ST	Alogliptin/Metformin
Glimepiride	Avandia
Glipizide	Bydureon
Glipizide/Metformin	Byetta
Glyburide	Glimepiride/Pioglitazone

AR = Age Restriction

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PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Endocrine Agents: Diabetes – Non-Insulin

PREFERRED	NON-PREFERRED
Glyburide/Metformin	Glucophage
Invokamet ST	Glyxambi
Invokana ST	Invokamet XR
Janumet ST	Jentadueto XR
Janumet XR ST	Kombiglyze XR
Januvia ST	Metformin ER (Generic of Fortamet)
Jardiance ST	Metformin Sol
Jentadueto ST	Onglyza
Metformin	Ozempic
Metformin ER (Generic of Glucophage XR)	Pioglitazone/Alogliptin
Miglitol ST	Qtern
Nateglinide	Rybelsus
Pioglitazone	Segluromet
Pioglitazone/ Metformin	Soliqua
Repaglinide	Steglatro
Repaglinide/ Metformin	Steglujan
Synjardy ST	Synjardy XR
Symlinpen ST	Trijardy XR
Tradjenta ST	Xigduo XR
Trulicity ST	Xultophy
Victoza ST	

[Link to Criteria: Endocrine Agents: Diabetes – Non-Insulin](#)

Endocrine Agents: Endometriosis

PREFERRED	NON-PREFERRED
Danazol ST	Synarel
Depo-Subq Provera 104 ST	
Lupaneta Pack ST	
Lupron Depot ST 3.75, 11.25mg	
Orilissa ST	
Zoladex ST	

[Link to Criteria: Endocrine Agents: Endometriosis](#)

Endocrine Agents: Estrogenic Agents

PREFERRED	NON-PREFERRED
Climara Pro	Angeliq
Combipatch	Divigel
Estradiol	Duavee
Estring	Elestrin
Ethinyl Estradiol/Norethindrone Acetate	Estrace
Menest	Estradiol/Norethindrone Acetate
Premarin	Estrasorb

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Endocrine Agents: Estrogenic Agents

PREFERRED	NON-PREFERRED
Premphase Prempro	Evamist Femring Femtrace Menostar Minivelle Prefest Vagifem

[Link to Criteria: Endocrine Agents: Estrogenic Agents](#)

Endocrine Agents: Progestin Agents

PREFERRED	NON-PREFERRED
Hydroxyprogesterone Caproate Makena Medroxyprogesterone Acetate Tab Megestrol Norethindrone Acetate Progesterone Progesterone In Oil	

[Link to Criteria: Endocrine Agents: Progestin Agents](#)

Endocrine Agents: Growth Hormone

PREFERRED	NON-PREFERRED
Genotropin ^{PA} Norditropin ^{PA}	Nutropin Omnitrope Saizen Serostim Zomacton

[Link to Criteria: Endocrine Agents: Growth Hormone](#)

Endocrine Agents: Osteoporosis – Bone Ossification Enhancers

PREFERRED	NON-PREFERRED
Alendronate Calcitonin-Salmon Forteo Ibandronate	Alendronate Susp Binosto Etidronate Fosamax Plus D Risedronate Tymlos

[Link to Criteria: Endocrine Agents: Osteoporosis – Bone Ossification Enhancers](#)

Endocrine Agents: Uterine Fibroids

PREFERRED	NON-PREFERRED
Lupron Depot ^{PA} 3.75, 11.25mg Oriahnn ^{PA}	

[Link to Criteria: Endocrine Agents: Uterine Fibroids](#)

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Gastrointestinal Agents: Anti-Emetics

PREFERRED	NON-PREFERRED
Aprepitant 40mg, 125mg Cap	Anzemet
Bonjesta	Doxylamine/Pyridoxine
Dimenhydrinate	Granisetron
Diphenhydramine	Metoclopramide ODT
Emend 125mg Susp	Sancuso
Emend 80mg ^{BvG}	Varubi
Emend TriPack ^{BvG}	Zuplenz
Meclizine	
Metoclopramide	
Ondansetron	
Phosphorated Carbohydrate	
Prochlorperazine	
Promethazine	
Scopolamine	
Trimethobenzamide	

Link to Criteria: [Gastrointestinal Agents: Anti-Emetics](#)

Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) / Selected GI

PREFERRED	NON-PREFERRED
Amitiza ^{ST BvG}	Alosetron
Bisacodyl	Gattex
Casanthranol/Docusate Sodium	Linness 72mcg
Dicyclomine	Motegrity
Diphenoxylate/Atropine	Mytesi
Lactulose	Nutrestore
Linness ST 145, 290mcg	Trulance
Loperamide	Viberzi
Polyethylene Glycol	Xifaxan
Psyllium Fiber	Zelnorm
Senna	Zorbtive

Link to Criteria: [Gastrointestinal Agents: Irritable Bowel Syndrome \(IBS\) / Selected GI](#)

Gastrointestinal Agents: Opioid-Induced Constipation

PREFERRED	NON-PREFERRED
Amitiza ^{ST BvG}	Relistor
Bisacodyl	Symproic
Casanthranol/Docusate Sodium	
Lactulose	
Movantik ST	
Polyethylene Glycol	
Psyllium Fiber	
Senna	

Link to Criteria: [Gastrointestinal Agents: Opioid-Induced Constipation](#)

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Gastrointestinal Agents: Pancreatic Enzymes	
PREFERRED	NON-PREFERRED
Creon Zenpep	Pancreaze Pertzye Ultresa Viokace

Link to Criteria: [Gastrointestinal Agents: Pancreatic Enzymes](#)

Gastrointestinal Agents: Proton Pump Inhibitors	
PREFERRED	NON-PREFERRED
Lansoprazole Cap Nexium Granules ^{BvG} Omeprazole Cap Pantoprazole Protonix Pak ^{AR BvG}	Aciphex Dexilant Esomeprazole Lansoprazole ODT Omeprazole Omeprazole/Sodium Bicarbonate Prilosec Susp Protonix Susp ^{AR} Rabeprazole

Link to Criteria: [Gastrointestinal Agents: Proton Pump Inhibitors](#)

Gastrointestinal Agents: Ulcerative Colitis Agents	
PREFERRED	NON-PREFERRED
Balsalazide Disodium Lialda ^{BvG} Mesalamine DR Cap Mesalamine Enema Mesalamine ER Pentasa Sulfasalazine	Dipentum Giazo Mesalamine DR Tab Mesalamine Supp Ortikos ER Uceris

Link to Criteria: [Gastrointestinal Agents: Ulcerative Colitis Agents](#)

Genitourinary Agents: Benign Prostatic Hyperplasia	
PREFERRED	NON-PREFERRED
Alfuzosin Doxazosin Dutasteride Finasteride Prazosin Tadalafil ^{PA} 2.5, 5mg Tamsulosin Terazosin	Cardura XL Dutasteride/Tamsulosin Silodosin

Link to Criteria: [Genitourinary Agents: Benign Prostatic Hyperplasia](#)

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Genitourinary Agents: Electrolyte Depleter Agents

PREFERRED	NON-PREFERRED
Calcium Acetate	Auryxia
Calcium Carbonate Phoslyra	Lanthanum Carbonate
Sevelamer	Velphoro

Link to Criteria: [Genitourinary Agents: Electrolyte Depleter Agents](#)

Genitourinary Agents: Urinary Antispasmodics

PREFERRED	NON-PREFERRED
Oxybutynin	Darifenacin
Oxytrol	Gelnique
Solifenacin ST	Myrbetriq
	Tolterodine
	Toviaz
	Trospium

Link to Criteria: [Genitourinary Agents: Urinary Antispasmodics](#)

Immunomodulator Agents for Systemic Inflammatory Disease

PREFERRED	NON-PREFERRED
Enbrel ^{PA}	Actemra
Humira ^{PA QL}	Cimzia
Taltz ^{PA}	Cosentyx
Xeljanz 5mg ^{PA QL}	Ilumya
	Kevzara
	Kineret
	Olumiant
	Orencia
	Otezla
	Rinvoq
	Siliq
	Simponi ^{QL}
	Skyrizi
	Tremfya
	Xeljanz 10mg
	Xeljanz XR

Link to Criteria: [Immunomodulator Agents for Systemic Inflammatory Disease](#)

Infectious Disease Agents: Antibiotics – Cephalosporins

PREFERRED	NON-PREFERRED
Cefadroxil	Cephalexin 750mg
Cephalexin 250, 500mg	Ceftibuten
Cefaclor	Cefpodoxime
Cefaclor Susp ^{AR}	Cefixime Susp
Cefprozil	Suprax

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Infectious Disease Agents: Antibiotics – Cephalosporins

PREFERRED

NON-PREFERRED

Cefprozil Susp^{AR}
Cefuroxime
Cefdinir

Link to Criteria: [Infectious Disease Agents: Antibiotics – Cephalosporins](#)

Infectious Disease Agents: Antibiotics – Macrolides

PREFERRED

NON-PREFERRED

Azithromycin
Clarithromycin
Eryped
Erythrocin Stearate
Erythromycin

Link to Criteria: [Infectious Disease Agents: Antibiotics – Macrolides](#)

Infectious Disease Agents: Antibiotics – Quinolones

PREFERRED

NON-PREFERRED

Ciprofloxacin
Ciprofloxacin Susp^{AR}
Levofloxacin

Baxdela
Ciprofloxacin ER
Moxifloxacin
Ofloxacin

Link to Criteria: [Infectious Disease Agents: Antibiotics – Quinolones](#)

Infectious Disease Agents: Antibiotics – Inhaled

PREFERRED

NON-PREFERRED

Arikayce^{PA QL}
Kitabis Pak^{PA}
Tobramycin^{PA}

Bethkis
Cayston
Ofloxacin
Tobi Podhaler

Link to Criteria: [Infectious Disease Agents: Antibiotics – Inhaled](#)

Infectious Disease Agents: Antibiotics – Tetracyclines

PREFERRED

NON-PREFERRED

Doxycycline 50, 100mg
Doxycycline Syr
Levofloxacin
Minocycline Cap
Tetracycline Cap
Tobramycin
Vibramycin Susp^{AR}

Doxycycline 20, 40, 75, 150mg
Doxycycline DR
Minocycline ER
Minocycline Tab
Nuzyra
Seysar
Solodyn

Link to Criteria: [Infectious Disease Agents: Antibiotics – Tetracyclines](#)

Infectious Disease Agents: Antifungals for Onychomycosis & Systemic Infections

PREFERRED

NON-PREFERRED

Fluconazole

Cresemba

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

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Infectious Disease Agents: Antifungals for Onychomycosis & Systemic Infections

PREFERRED	NON-PREFERRED
Flucytosine	Itraconazole
Griseofulvin	Noxafil
Ketoconazole	Oravig
Terbinafine	Sporanox
	Tolsura
	Voriconazole

Link to Criteria: [Infectious Disease Agents: Antifungals for Onychomycosis & Systemic Infections](#)

Infectious Disease Agents: Antivirals – Hepatitis C Agents

PREFERRED	NON-PREFERRED
Sofosbuvir/Velpatasvir [Labeler 72626] ^{PA}	Ledipasvir/Sofosbuvir
Mavyret ^{PA}	Sovaldi
Pegasys ^{PA}	Vosevi
Peg-Intron ^{PA}	Zepatier
Ribavirin ^{PA}	

Link to Criteria: [Infectious Disease Agents: Antivirals – Hepatitis C Agents](#)

Infectious Disease Agents: Antivirals – Herpes

PREFERRED	NON-PREFERRED
Acyclovir	Famciclovir
Valacyclovir	Sitavig

Link to Criteria: [Infectious Disease Agents: Antivirals – Herpes](#)

Infectious Disease Agents: Antivirals – HIV

PREFERRED	NON-PREFERRED
Abacavir Sulfate	Abacavir Susp
Abacavir/Lamivudine	Abacavir/Lamivudine/Zidovudine
Atazanavir Sulfate	Aptivus
Atripla ^{BvG}	Didanosine
Biktarvy	Edurant
Cimduo	Fuzeon
Complera	Intelence
Delstrigo	Lamivudine
Descovy	Lamivudine/Zidovudine
Dovato	Lexiva
Efavirenz	Nevirapine
Emtriva ^{BvG}	Rukobia ER
Evotaz	Selzentry
Genvoya	Stavudine
Isentress Chew Tab ^{AR}	Stribild
Isentress	Symtuza
Juluca	Tybost

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Infectious Disease Agents: Antivirals – HIV

PREFERRED	NON-PREFERRED
Kaletra ^{BvG}	Viracept
Norvir	Viread 250mg
Odefsey	
Pifeltro	
Prezcobix	
Prezista	
Ritonavir	
Symfi ^{BvG}	
Symfi Lo ^{BvG}	
Temixys	
Tenofovir Disoproxil	
Tivicay	
Tivicay Pd	
Triumeq	
Truvada ^{BvG}	
Viread 150mg	
Viread Oral Powder	
Zidovudine	

Link to Criteria: [Infectious Disease Agents: Antivirals – HIV](#)

Ophthalmic Agents: Ophthalmic Steroids

PREFERRED	NON-PREFERRED
Dexamethasone Sodium Phosphate	Alrex ^{BvG}
Durezol	Flarex
Fluorometholone	Inveltys
Fml Forte	Lotemax ^{BvG}
Fml S.O.P.	Lotemax SM
Pred Mild	Loteprednol
Prednisolone Acetate	Maxidex
Prednisolone Sodium Phosphate	

Link to Criteria: [Ophthalmic Agents: Ophthalmic Steroids](#)

Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments

PREFERRED	NON-PREFERRED
Bacitracin-Polymyxin	Azasite
Ciloxan	Bacitracin
Ciprofloxacin	Besivance
Erythromycin	Blephamide
Gentamicin	Gatifloxacin
Moxifloxacin	Levofloxacin
Neomycin/Polymyxin/Bacitracin	Moxifloxacin (Generic of Moxeza)
Neomycin/Polymyxin/Bacitracin/Hydrocortisone	Neomycin/Polymyxin/Hydrocortisone

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments

PREFERRED	NON-PREFERRED
Neomycin/Polymyxin/Dexamethasone	Pred-G
Neomycin/Polymyxin/Gramicidin	Sulfacetamide
Ofloxacin	Tobradex ST ^{BvG}
Polymyxin/Trimethoprim	Zylet
Sulfacetamide	
Sulfacetamide/ Prednisolone	
Tobradex ^{BvG}	
Tobramycin	

Link to Criteria: [Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments](#)

Ophthalmic Agents: Antihistamines & Mast Cell Stabilizers

PREFERRED	NON-PREFERRED
Azelastine	Alocril
Cromolyn	Alomide
Ketotifen	Bepreve ^{BvG}
Olopatadine	Emadine
	Epinastine
	Lastacaft
	Zerviate

Link to Criteria: [Ophthalmic Agents: Antihistamines & Mast Cell Stabilizers](#)

Ophthalmic Agents: Dry Eye Treatments

PREFERRED	NON-PREFERRED
Restasis Trays ST	Cequa
	Eysuvis
	Restasis Multi-Dose
	Xiidra

Link to Criteria: [Ophthalmic Agents: Dry Eye Treatments](#)

Ophthalmic Agents: Glaucoma Agents

PREFERRED	NON-PREFERRED
Alphagan P 0.1% ST	Apraclonidine
Alphagan P 0.15% ^{BvG}	Betoptic S
Azopt ^{ST BvG}	Bimatoprost
Betaxolol	Iopidine
Brimonidine	Istalol
Carteolol	Lumigan
Combigan ST	Rhopressa
Dorzolamide	Rocklatan
Dorzolamide/Timolol	Travoprost
Latanaprost	Vyzulta
Levobunolol	Xelpros

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Ophthalmic Agents: Glaucoma Agents

PREFERRED	NON-PREFERRED
Metipranolol	Xiidra
Simbrinza	Zioptan
Timolol	
Travatan Z ^{ST BvG}	

Link to Criteria: [Ophthalmic Agents: Glaucoma Agents](#)

Ophthalmic Agents: NSAIDs

PREFERRED	NON-PREFERRED
Diclofenac	Acuvail
Flurbiprofen	Bromfenac
Ketorolac	Bromsite
	Ilevro
	Nevanac
	Prolensa

Link to Criteria: [Ophthalmic Agents: NSAIDs](#)

Otic Agents: Antibacterial and Antibacterial/Steroid Combinations

PREFERRED	NON-PREFERRED
Cipro HC	Ciprofloxacin
Ciprodex ^{BvG}	Cortisporin-Tc
Neomycin/Polymyxin B/Hydrocortisone	Otovel
Ofloxacin	

Link to Criteria: [Otic Agents: Antibacterial and Antibacterial/Steroid Combinations](#)

Respiratory Agents: Antihistamines – Second Generation

PREFERRED	NON-PREFERRED
Cetirizine Chewable ^{AR}	Clarinet-D
Cetirizine Syr ^{AR}	Desloratadine
Cetirizine Tab	Fexofenadine
Cetirizine/Pseudoephedrine	Levocetirizine
Loratadine Rapid Dissolve	
Loratadine Syr	
Loratadine Tab	
Loratadine/Pseudoephedrine	

Link to Criteria: [Respiratory Agents: Antihistamines – Second Generation](#)

Respiratory Agents: Cystic Fibrosis

PREFERRED	NON-PREFERRED
Kalydeco ^{PA}	
Orkambi ^{PA}	
Symdeko ^{PA}	
Trikafta ^{PA}	

Link to Criteria: [Respiratory Agents: Cystic Fibrosis](#)

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Respiratory Agents: Epinephrine Auto-Injectors	
PREFERRED	NON-PREFERRED
Epinephrine (labeler 49502) Symjepi	Epipen Epipen JR

[Link to Criteria: Respiratory Agents: Epinephrine Auto-Injectors](#)

Respiratory Agents: Hereditary Angioedema	
PREFERRED	NON-PREFERRED
Haegarda ^{PA} Ruconest ^{PA} Takhzyro ^{PA}	Berinert Cinryze Icatibant Acetate Kalbitor

[Link to Criteria: Respiratory Agents: Hereditary Angioedema](#)

Respiratory Agents: Inhaled Agents	
PREFERRED	NON-PREFERRED
Albuterol HFA (authorized generics only) Albuterol Nebulizer Sol 0.083%, 0.5% Conc Albuterol Nebulizer Sol 0.42mg/ml, 0.63mg/ml ^{AR} Asmanex Twisthaler Atrovent HFA Bevespi Aerosphere Budesonide Nebulizer Sol ^{AR} Combivent Respimat Cromolyn Neb Soln Dulera Flovent Ipratropium Ipratropium/Albuterol Nebulizer Sol Proair Respiclick Pulmicort Flexhaler Salmeterol/Fluticasone (authorized generic) Serevent Diskus Spiriva Symbicort ^{BvG}	Advair HFA Aerospan HFA Airduo Digihaler Airduo Respiclick Albuterol HFA (non-authorized generic) Alvesco Anoro Ellipta Armonair Digihaler Armonair Respiclick Arnuity Ellipta Asmanex HFA Breo Ellipta Breztri Aerosphere Brovana ^{BvG} Duaklir Pressair Incruse Ellipta Levalbuterol Nebulizer Sol Lonhala Magnair Perforomist Proair Digihaler Qvar Stiolto Striverdi Respimat Trelegy Ellipta Tudorza Wixela Inhub Xopenex HFA Yupelri

[Link to Criteria: Respiratory Agents: Inhaled Agents](#)

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Respiratory Agents: Leukotriene Receptor Modifiers & Inhibitors

PREFERRED	NON-PREFERRED
Montelukast Zafirlukast ST	Zileuton Zyflo

Link to Criteria: [Respiratory Agents: Leukotriene Receptor Modifiers & Inhibitors](#)

Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE (Self-Administered)

PREFERRED	NON-PREFERRED
Fasenra ^{PA} Nucala ^{PA}	Dupixent

Link to Criteria: [Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE \(Self-Administered\)](#)

Respiratory Agents: Nasal Preparations

PREFERRED	NON-PREFERRED
Azelastine Flunisolide Fluticasone Ipratropium Olopatadine	Beconase AQ Budesonide Dymista Mometasone Omnaris Qnasl Xhance Zetonna

Link to Criteria: [Respiratory Agents: Nasal Preparations](#)

Respiratory Agents: Other Agents

PREFERRED	NON-PREFERRED
	Daliresp

Link to Criteria: [Respiratory Agents: Other Agents](#)

Topical Agents: Anti-Fungals

PREFERRED	NON-PREFERRED
Ciclopirox Clotrimazole Clotrimazole/Betamethasone Econazole Ketoconazole Miconazole Nystatin Nystatin/Triamcinolone Terbinafine Tolnaftate	Alevazol Ciclopirox Kit Ertaczo Exelderm Jublia Kerydin Ketoconazole Foam Luzu Mentax Naftifine Naftin Oxiconazole Pediaderm AF Vusion

Link to Criteria: [Topical Agents: Anti-Fungals](#)

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Topical Agents: Anti-Parasitics	
PREFERRED	NON-PREFERRED
Natroba ^{BvG}	Eurax
Permethrin	Malathion
Piperonyl Butoxide/Pyrethrins	Sklice

Link to Criteria: [Topical Agents: Anti-Parasitics](#)

Topical Agents: Corticosteroids	
PREFERRED	NON-PREFERRED
Amcinonide	Alclometasone
Betamethasone Dip/Calcipotriene Oint	Apexicon
Betamethasone Valerate	Betamethasone Dipropionate
Clocortolone Pivalate	Betamethasone Dipropionate/Calcipotriene Susp
Clobetasol Propionate	Bryhali
Desonide	Clobex
Diflorasone Diacetate	Clocortolone Pivalate
Fluocinolone Acetonide 0.01%	Cordan
Fluocinonide Acetonide 0.05%	Desonate Gel
Fluticasone Propionate	Desonide Lotion
Hydrocortisone	Desoximetasone
Mometasone Furoate	Fluocinolone Acetonide 0.025%
Prednicarbate	Fluocinonide Acetonide 0.1%
Triamcinolone	Halobetasol Propionate
Triamcinolone	Hydrocortisone Butyrate
	Hydrocortisone Valerate
	Halog
	Impeklo
	Kenalog
	Lexette
	Luxiq
	Olux-E
	Pandel
	Pediaderm HC
	Sernivo

Link to Criteria: [Topical Agents: Corticosteroids](#)

Topical Agents: Immunomodulators	
PREFERRED	NON-PREFERRED
Pimecrolimus (Labeler 68682) ^{AR ST}	Eucria
Protopic ^{AR ST BvG}	

Link to Criteria: [Topical Agents: Immunomodulators](#)

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic