
Ohio Medicaid

Pharmacy Benefit Management Program



Department of
Medicaid

Unified Preferred Drug List

Medicaid Fee-for-Service
and Managed Care Plans

Effective January 1, 2022

Pharmacy General Prior Authorization Requirements

https://pharmacy.medicaid.ohio.gov/sites/default/files/prior_authorization_and_step_therapy_frequently_asked_questions_faq.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.pdf

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.pdf

Ingredients and Excipients for Compounding

<https://pharmacy.medicaid.ohio.gov/sites/default/files/COMPOUNDING.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.

Grandfathered categories will be denoted with a * next to their title on the table of contents

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	Diclofenac/Misoprolol
Diclofenac	Diclofenac Patch 1.3%
Diclofenac DR	Diclofenac
Diclofenac ER	Fenoprofen 400mg
Diclofenac Gel 1%	Ibuprofen/Famotidine
Etodolac	Ketorolac Tromethamine Nasal Spray
Fenoprofen 600mg	Ketoprofen
Flurbiprofen	Licart Patch
Ibuprofen	Meloxicam Cap
Indocin	Naproxen CR
Indomethacin	Naproxen DR
Ketoprofen ER	Naproxen ER
Ketorolac	Naproxen EC
Meclofenamate	Naproxen/Esomeprazole
Mefenamic Acid	Pennsaid
Meloxicam Tab	Qmiiz ODT
Nabumetone	Relafen DS
Naproxen IR	Zipsor
Naproxen Susp ^{AR}	Zorvolex
Oxaprozin	
Piroxicam	
Sulindac	

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

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

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

Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Acetaminophen/Codeine ^{QL}	Acetaminophen/Caffeine/Dihydrocodeine ^{QL}
Butalbital/Acetaminophen/Caffeine/Codeine ^{QL}	Belbuca ^{QL}
Butalbital/Aspirin/Caffeine/Codeine ^{QL}	Benzhydrocodone/Acetaminophen ^{QL}
Butorphanol ^{QL}	Buprenorphine TD Patch Weekly ^{QL}
Butrans ^{BvG PA QL}	Butalbital/Acetaminophen/Caffeine/Codeine 50-300-40-30mg ^{QL}
Codeine ^{QL}	Dsuvia ^{QL}
Hydrocodone/Acetaminophen ^{QL}	Fentanyl ^{QL}
Hydromorphone IR ^{QL}	Hydrocodone Bitartrate ER 12HR Cap ^{QL}

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Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Morphine ER Tab ^{PA QL}	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 Sol ^{QL}	Levorphanol ^{QL}
Oxycodone Tab ^{QL}	Meperidine ^{QL}
Oxycodone/Acetaminophen ^{QL}	Methadone ^{QL}
Tramadol ^{QL}	Morphine ER 24HR Cap ^{QL}
Tramadol/Acetaminophen ^{QL}	Nucynta, ER ^{QL}
	Oxaydo ^{QL}
	Oxycodone ER ^{QL}
	Oxycodone/Ibuprofen ^{QL}
	Oxymorphone, ER ^{QL}
	Pentazocine/Naloxone ^{QL}
	Qdolo ^{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
Mircera ^{PA}	Procrit
Retacrit ^{PA}	

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

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

Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*	
PREFERRED	NON-PREFERRED
Advate ^{PA}	Jivi
Adynovate ^{PA}	Kovaltry

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Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor***PREFERRED**

Afstyla^{PA}
 Alphanate^{PA}
 Alphanine SD^{PA}
 Alprolix^{PA}
 Benefix^{PA}
 Corifact^{PA}
 Eloctate^{PA}
 Esperoct^{PA}
 Feiba^{PA}
 Hemlibra^{PA}
 Hemofil M^{PA}
 Humate-P^{PA}
 Idelvion^{PA}
 Ixinity^{PA}
 Koate^{PA}
 Kogenate FS^{PA}
 Mononine^{PA}
 Novoeight^{PA}
 Novoseven RT^{PA}
 Profilnine^{PA}
 Recombinate^{PA}
 Rixubis^{PA}
 Wilate^{PA}
 Xyntha^{PA}

NON-PREFERRED

Nuwiq
 Obizur
 Rebinyn
 Sevenfact
 Vonvendi

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

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

Enoxaparin

NON-PREFERRED

Fondaparinux
 Fragmin

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

Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants**PREFERRED**

Eliquis
 Pradaxa
 Warfarin
 Xarelto

NON-PREFERRED

Savaysa

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

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Blood Formation, Coagulation, and Thrombosis Agents: Oral Antiplatelet

PREFERRED	NON-PREFERRED
Aspirin	Yosprala
Aspirin/Dipyridamole ER	Zontivity
Brilinta	
Clopidogrel	
Prasugrel	

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

Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Acebutolol	Aliskiren
Amlodipine	Candesartan
Amlodipine Valsartan	Candesartan/Hydrochlorothiazide
Amlodipine/Benazepril	Carospir
Amlodipine/Olmesartan	Carvedilol ER
Amlodipine/Valsartan/Hydrochlorothiazide	Corlanor
Atenolol	Edarbi
Atenolol/Chlorthalidone	Diltiazem 24HR ER Tabs
Benazepril	Edarbyclor
Benazepril/Hydrochlorothiazide	Enalapril Sol
Betaxolol	Hydralazine/Hydrochlorothiazide
Bisoprolol	Innopran XL
Bisoprolol/Hydrochlorothiazide	Isradipine
Bystolic ^{BvG}	Kapsargo
Captopril	Katerzia
Captopril/Hydrochlorothiazide	Nebivolol
Cartia XT	Nimodipine
Carvedilol	Nisoldipine
Clonidine	Nymalize
Diltiazem	Qbrelis
Diltiazem 12HR ER Cap	Sotylize
Diltiazem 24HR ER Cap	Tekturna/HCT
Doxazosin	Telmisartan
Dutoprol	Telmisartan/Hydrochlorothiazide
Enalapril	Verapamil 200, 300mg ER 24HR
Enalapril/Hydrochlorothiazide	Verquvo
Entresto ^{PA}	
Epaned ^{BvG}	
Eplerenone	
Felodipine ER	
Fosinopril	
Fosinopril/Hydrochlorothiazide	
Guanfacine	

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED

NON-PREFERRED

Hemangeol^{AR}
 Hydralazine
 Irbesartan
 Irbesartan/Hydrochlorothiazide
 Labetalol
 Lisinopril
 Lisinopril/Hydrochlorothiazide
 Losartan
 Losartan/Hydrochlorothiazide
 Olmesartan
 Olmesartan/Amlodipine/ Hydrochlorothiazide
 Olmesartan/Hydrochlorothiazide
 Methyldopa
 Methyldopa/Hydrochlorothiazide
 Metoprolol Succinate ER
 Metoprolol Tartrate
 Metoprolol/Hydrochlorothiazide
 Minoxidil
 Moexipril
 Nadolol
 Nadolol/Bendroflumethiazide
 Nicardipine
 Nifedipine
 Perindopril
 Pindolol
 Prazosin
 Propranolol
 Propranolol/Hydrochlorothiazide
 Quinapril
 Quinapril/Hydrochlorothiazide
 Ramipril
 Ranolazine
 Sotalol
 Spironolactone
 Spironolactone/Hydrochlorothiazide
 Telmisartan/Amlodipine
 Terazosin
 Timolol
 Trandolapril
 Trandolapril/Verapamil
 Valsartan
 Valsartan/HCTZ

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED

NON-PREFERRED

Verapamil
Verapamil SR

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

Cardiovascular Agents: Antiarrhythmics

PREFERRED

NON-PREFERRED

Amiodarone 200mg
Disopyramide
Dofetilide
Flecainide
Mexiletine
Norpac CR
Propafenone, ER
Quinidine, ER

Amiodarone 100mg and 400mg
Multaq

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

Cardiovascular Agents: Lipotropics

PREFERRED

NON-PREFERRED

Atorvastatin
Cholestyramine, Light
Colestipol Tab
Ezetimibe
Fenofibrate 48 and 145mg Tab
Gemfibrozil
Lovastatin
Omega-3-Acid Ethyl Esters
Niacin OTC
Niacin ER OTC
Praluent^{PA}
Pravastatin
Prevalite
Repatha^{PA}
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 Tab
Vascepa
Zypitamag

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

Cardiovascular Agents: Pulmonary Arterial Hypertension*

PREFERRED

NON-PREFERRED

Ambrisentan^{PA}
Sildenafil^{PA}
Sildenafil Susp^{AR PA}
Tadalafil^{PA}

Adempas
Bosentan
Epoprostenol
Opsumit

AR = Age Restriction

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PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Cardiovascular Agents: Pulmonary Arterial Hypertension*

PREFERRED

Tracleer ^{BvG PA}

NON-PREFERRED

Tracleer Susp
Treprostinil
Tyvaso
Uptravi
Ventavis

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

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

PREFERRED

Donepezil 5mg, 10mg Tab
Donepezil ODT
Exelon Patch ^{BvG}
Galantamine Tab
Galantamine ER Cap
Memantine Tab
Rivastigmine Cap

NON-PREFERRED

Donepezil 23mg Tab
Galantamine Sol
Memantine ER
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

Naratriptan
Nurtec ODT ^{QL ST}
Rizatriptan
Sumatriptan

NON-PREFERRED

Almotriptan
Dihydroergotamine
Eletriptan
Ergomar
Frovatriptan
Migergot
Onzetra Xsail
Reyvow
Sumatriptan/Naproxen
Tosymra
Ubrelvy
Zolmitriptan

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

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

PREFERRED

Verapamil

NON-PREFERRED

Emgality

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

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: Anti-Migraine Agents, Prophylaxis

PREFERRED

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

NON-PREFERRED

Emgality
 Nurtec ODT

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

Central Nervous System (CNS) Agents: Anticonvulsants*

PREFERRED

Banzel^{BvG}
 Carbamazepine
 Clobazam
 Clonazepam
 Diacomit^{PA QL}
 Divalproex
 Divalproex ER
 Epidiolex^{PA QL}
 Ethosuximide
 FycompaST
 Gabapentin
 Lamotrigine
 Levetiracetam IR Tab
 Levetiracetam Sol
 Oxcarbazepine
 Phenobarbital
 Phenytoin
 Pregabalin
 Primidone
 Topiramate
 Valproic Acid
 VimpatST
 Zonisamide

NON-PREFERRED

Aptiom
 Briviact
 Celontin
 Clonazepam ODT
 Elepsia XR
 Felbamate
 Fintepla
 Lamotrigine ER
 Lamotrigine ODT
 Levetiracetam ER Tab
 Oxtellar XR
 Peganone
 Rufinamide
 Spritam
 Sympazan
 Tiagabine
 Topiramate ER
 Topiramate ER Sprinkle Cap
 Topiramate Sprinkle Cap
 Trokendi XR
 Vigabatrin
 Vigabatrin Powder^{AR}
 Xcopri

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

Central Nervous System (CNS) Agents: Anticonvulsants Rescue

PREFERRED

Diastat^{BvG}
 Nayzilam^{AR}
 Valtoco^{AR}

NON-PREFERRED

Diazepam Gel

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

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Central Nervous System (CNS) Agents: Antidepressants*

PREFERRED

Bupropion
 Bupropion SR (generic of Wellbutrin SR)
 Bupropion XL (generic of Wellbutrin XL)
 Citalopram
 Duloxetine 20, 30, 60mg
 Escitalopram
 Fluoxetine
 Fluvoxamine
 Mirtazapine
 Nefazodone
 Paroxetine
 Sertraline
 Tranylcypromine
 Trazodone 50mg, 100mg, 150mg
 Venlafaxine ER Cap
 Venlafaxine Tab

NON-PREFERRED

Aplenzin
 Brisdelle
 Bupropion XL (generic of Forfivo XL)
 Clomipramine
 Desvenlafaxine
 Drizalma Sprinkle
 Duloxetine 40mg
 Emsam
 Fetzima
 Fluoxetine 60mg
 Fluoxetine DR
 Fluvoxamine ER
 Marplan
 Paroxetine 7.5mg
 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

Abilify Maintena
 Aripiprazole
 Aristada
 Aristada Initio
 Clozapine
 FanaptST
 Geodon
 Invega^{BvG}
 Invega Sustenna
 Invega Trinza
 LatudaST
 Olanzapine
 Perseris
 Quetiapine
 Quetiapine ER
 Risperdal
 Risperdal Consta
 Risperidone
 Saphris^{BvG ST}
 Ziprasidone

NON-PREFERRED

Abilify Mycite
 Aripiprazole Sol
 Asenapine
 Caplyta
 Clozapine ODT Rapdis
 Fluoxetine/Olanzapine
 Nuplazid
 Olanzapine ODT
 Paliperidone
 Rexulti
 Secuado
 Versacloz
 Vraylar
 Zyprexa Relprevv

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

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

PREFERRED	NON-PREFERRED
Amphetamine/Dextroamphetamine ER	Adhansia XR
Amphetamine/Dextroamphetamine IR	Adzenys ER
Atomoxetine Cap	Adzenys XR ODT
Clonidine ER	Amphetamine Tab
Concerta	Cotempla XR ODT
Dexmethylphenidate Tab	Daytrana
Dexmethylphenidate ER (generic of Focalin XR)	Dyanavel XR
Dextroamphetamine ER Cap	Evekeo ODT
Dextroamphetamine Sol ^{AR}	Jornay PM
Dextroamphetamine Tab	Methamphetamine
Focalin XR	Methylphenidate Chewable Tab
Guanfacine ER	Methylphenidate ER (generic of Aptensio XR, Relexxii)
Methylphenidate ER Cap (generic of Metadate CD, Ritalin LA)	Mydayis
Methylphenidate ER Tab (generic of Concerta, Methylin ER, Ritalin SR)	Vyvanse Chewable Tab
Methylphenidate Sol ^{AR}	Zenzedi
Methylphenidate Tab	
Qelbree ST	
Quillichew ER	
Quillivant XR	
Ritalin LA	
Vyvanse Cap	

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
Bunavail	Buprenorphine
Buprenorphine/Naloxone	Lucemyra ^{QL}
Clonidine	
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}	

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Central Nervous System (CNS) Agents: Movement Disorders

PREFERRED

NON-PREFERRED

Tetrabenazine ^{PA}

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

Central Nervous System (CNS) Agents: Multiple Sclerosis*

PREFERRED

NON-PREFERRED

Aubagio
Avonex
Betaseron
Copaxone ^{BvG}
Dalfampridine
Dimethyl Fumarate (excluding labeler 00378 & 69097)
Gilenya
Rebif

Bafiertam
Extavia
Glatiramer
Glatopa
Kesimpta

Mavenclad
Mayzent ^{QL}
Plegridy
Ponvory
Vumerity
Zeposia

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

Central Nervous System (CNS) Agents: Narcolepsy

PREFERRED

NON-PREFERRED

Amphetamine/Dextroamphetamine
Armodafinil
Dextroamphetamine ER
Methylphenidate ER
Methylphenidate Tab
Modafinil

Sunosi
Wakix
Xyrem
Xywav

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

Central Nervous System (CNS) Agents: Neuropathic Pain

PREFERRED

NON-PREFERRED

Amitriptyline
Carbamazepine
Desipramine
Doxepin 10, 25, 50, 75, 100, 150mg
Doxepin 10mg/m Sol
Duloxetine
Gabapentin
Imipramine
Lidocaine Patch
Nortriptyline
Oxcarbazepine
Pregabalin

Gralise
Horizant
Pregabalin ER
Ztlido

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

AR = Age Restriction

QL = Quantity Limit

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BvG = Brand Preferred Over the Generic

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

PREFERRED

Amantadine
Carbidopa
Carbidopa/Levodopa
Entacapone
Pramipexole
Ropinirole
Selegiline

NON-PREFERRED

Apokyn
Carbidopa/Levodopa Dispersible Tab
Carbidopa/Levodopa/Entacapone
Gocovri
Inbrija
Kynmobi
Neupro
Nourianz
Ongentys
Osmolex ER
Pramipexole ER
Rasagiline
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

Pramipexole
Ropinirole

NON-PREFERRED

Horizant
Neupro

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

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

PREFERRED

Estazolam
Temazepam 15, 30mg
Zaleplon
Zolpidem

NON-PREFERRED

Belsomra
Dayvigo
Doxepin 3, 6mg
Eszopiclone
Intermezzo
Ramelteon
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

Baclofen
Chlorzoxazone 250mg, 500mg
Cyclobenzaprine 5, 10mg
Dantrolene
Methocarbamol
Tizanidine Tab

NON-PREFERRED

Carisoprodol
Chlorzoxazone 375mg, 750mg
Cyclobenzaprine 7.5mg
Cyclobenzaprine ER
Metaxalone
Orphenadrine
Tizanidine Cap

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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	
Varenicline	

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

Dermatological: Topical Acne Products	
PREFERRED	NON-PREFERRED
Adapalene Gel 0.1% ^{AR}	Adapalene Cream, Sol 0.1% ^{AR}
Azelex Cream	Adapalene Gel 0.3% ^{AR}
Benzoyl Peroxide	Adapalene/Benzoyl Peroxide ^{AR}
Clindamycin Gel	Aklief ^{AR}
Clindamycin Lot	Altreno ^{AR}
Clindamycin Sol	Amzeeq
Clindamycin/Benzoyl Peroxide	Arazlo ^{AR}
Erythromycin	Azelaic Acid Gel
Erythromycin/Benzoyl Peroxide	Benzoyl Peroxide Foam
Neuac	Clindacin Kit
Sodium Sulfacetamide	Clindamycin Foam
Sodium Sulfacetamide/Sulfur Cream	Clindamycin Swabs
Sodium Sulfacetamide/Sulfur Wash Susp	Clindamycin/Tretinoin ^{AR}
Tretinoin ^{AR}	Dapsone Gel
	Finacea Foam
	Onexton Gel
	Ovace Plus
	Plixda ^{AR}
	Sodium Sulfacetamide/Sulfur Gel
	Sodium Sulfaetamide Pads
	Tazarotene Cream 0.1% ^{AR}
	Tazarotene Foam 0.1% ^{AR}

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

Endocrine Agents: Androgens	
PREFERRED	NON-PREFERRED
Androderm ^{PA}	Jatenzo
Testosterone Gel 1% ^{PA}	Methyltestosterone
Testosterone Gel 1% Pump ^{PA}	Natesto
	Testopel
	Testosterone Cypionate
	Testosterone Gel 1.62%
	Testosterone Gel 2%
	Testosterone Sol 30mg/ACT
	Xyosted

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

Endocrine Agents: Diabetes – Hypoglycemia Treatments	
PREFERRED	NON-PREFERRED
Baqsimi ^{QL} Glucagen Hypokit ^{QL} Glucagon Emerg Kit [Labeler 00002] ^{QL} Gvoke Hypopen ^{QL} Gvoke PFS ^{QL} Zegalogue ^{QL}	Glucagon Emerg Kit [Labeler 00548 & 63323] ^{QL}

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

Endocrine Agents: Diabetes – Insulin	
PREFERRED	NON-PREFERRED
Apidra Humalog 50-50 Humalog 75-25 Humalog U-100 Humulin 70-30 Humulin R U-500 Insulin Aspart Insulin Aspart Protamine/Insulin Aspart Insulin Lispro Lantus Levemir Novolog 70-30 Novolog U-100 Toujeo Tresiba ST	Admelog Afrezza Basaglar Fiasp Humalog U-200 Humulin N U-100 Humulin R U-100 Insulin glargine-yfgn Lyumjev Novolin 70-30 Novolin N U-100 Novolin R U-100

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

Endocrine Agents: Diabetes – Non-Insulin	
PREFERRED	NON-PREFERRED
Acarbose Actoplus Met XR Byetta Farxiga Glimepiride Glipizide Glipizide/Metformin Glyburide Glyburide/Metformin Invokamet Invokana Janumet Janumet XR Januvia Jardiance	Adlyxin Alogliptin Alogliptin/Metformin Bydureon Bcise Glimepiride/Pioglitazone Glucophage Glyxambi Invokamet XR Jentaduetto XR Kombiglyze XR Metformin ER (Generic of Fortamet) Metformin Sol Onglyza Ozempic Pioglitazone/Alogliptin

AR = Age Restriction

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ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Endocrine Agents: Diabetes – Non-Insulin

PREFERRED	NON-PREFERRED
Jentadueto	Qtern
Metformin	Rybelsus
Metformin ER (Generic of Glucophage XR)	Segluromet
Miglitol	Soliqua
Nateglinide	Steglatro
Pioglitazone	Steglujan
Pioglitazone/Metformin	Symlinpen
Repaglinide	Synjardy XR
Repaglinide/Metformin	Trijardy XR
Synjardy	Xigduo XR
Tradjenta	Xultophy
Trulicity	
Victoza	

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	Estradiol 10mcg Vag Tab
Ethinyl Estradiol/Norethindrone Acetate	Estradiol/Norethindrone Acetate
Menest	Evamist
Premarin	Femring
Premphase	Menostar
Prempro	Minivelle
	Prefest

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

Endocrine Agents: Progestin Agents

PREFERRED	NON-PREFERRED
Hydroxyprogesterone Caproate	
Makena	
Medroxyprogesterone Acetate Tab	
Megestrol	
Norethindrone Acetate	

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Endocrine Agents: Progestin Agents	
PREFERRED	NON-PREFERRED
Progesterone Progesterone In Oil	

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

Endocrine Agents: Growth Hormone	
PREFERRED	NON-PREFERRED
Norditropin ^{PA} Omnitrope ^{PA}	Genotropin Nutropin Saizen Serostim Zomacton

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

Endocrine Agents: Osteoporosis – Bone Ossification Enhancers	
PREFERRED	NON-PREFERRED
Alendronate Tab Calcitonin-Salmon Forteo Ibandronate	Alendronate Susp 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 Oria ^{PA}	Myfembree

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

Gastrointestinal Agents: Anti-Emetics	
PREFERRED	NON-PREFERRED
Aprepitant 40mg, 125mg Diclegis ^{BvG} Dimenhydrinate Diphenhydramine Emend 125mg Susp Emend 80mg ^{BvG} Emend TriPac ^{BvG} Meclizine Metoclopramide Ondansetron Phosphorated Carbohydrate Prochlorperazine Promethazine Scopolamine Trimethobenzamide	Aprepitant 80 mg Aprepitant TriPac Bonjesta Doxylamine/Pyridoxine 10mg/10mg Metoclopramide ODT Sancuso Zuplenz

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

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Gastrointestinal Agents: Crohn's Disease	
PREFERRED	NON-PREFERRED
Azathioprine Budesonide ER Cap Mercaptopurine Methotrexate Sulfasalazine	Ortikos ER

Link to Criteria: [Gastrointestinal Agents: Crohn's Disease](#)

Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) / Selected GI	
PREFERRED	NON-PREFERRED
Amitiza ^{BvG ST} Bisacodyl Casanthranol/Docusate Sodium Dicyclomine Diphenoxylate/Atropine Lactulose Linzess ST 145, 290mcg Loperamide Polyethylene Glycol Psyllium Fiber Senna	Alosetron Gattex Linzess 72mcg Lubiprostone Motegrity Mytesi Trulance Viberzi Xifaxan Zorbtive

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

Gastrointestinal Agents: Opioid-Induced Constipation	
PREFERRED	NON-PREFERRED
Amitiza ^{BvG ST} Bisacodyl Casanthranol/Docusate Sodium Lactulose Movantik ST Polyethylene Glycol Psyllium Fiber Senna	Lubiprostone Relistor Symproic

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

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

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

Gastrointestinal Agents: Proton Pump Inhibitors	
PREFERRED	NON-PREFERRED
Lansoprazole Cap Nexium Granules ^{BvG} Omeprazole Cap	Aciphex Dexilant Esomeprazole

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

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

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

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

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

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](#)

Genitourinary Agents: Electrolyte Depletter Agents	
PREFERRED	NON-PREFERRED
Calcium Acetate Calcium Carbonate Phoslyra Sevelamer	Auryxia Lanthanum Carbonate Velphoro

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

Genitourinary Agents: Urinary Antispasmodics	
PREFERRED	NON-PREFERRED
Gelnique Myrbetriq Tab Oxybutynin	Darifenacin Gemptesa Tolterodine

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QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Genitourinary Agents: Urinary Antispasmodics	
PREFERRED	NON-PREFERRED
Oxytrol For Women Solifenacin Toviaz	Trospium Vesicare LS ^{AR}

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

Immunomodulator Agents for Systemic Inflammatory Disease	
PREFERRED	NON-PREFERRED
Enbrel ^{PA} Humira ^{PA QL} Kineret ^{PA} Otezla ^{PA} Taltz ^{PA ST} Xeljanz IR ^{PA QL}	Actemra Cimzia Cosentyx Ilumya Kevzara Olumiant Orencia Rinvoq Siliq Simponi ^{QL} Skyrizi Stelara Tremfya Xeljanz Sol Xeljanz XR

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

Infectious Disease Agents: Antibiotics – Cephalosporins	
PREFERRED	NON-PREFERRED
Cefadroxil Cephalexin 250, 500mg Cefaclor Cefaclor ER Cefaclor Susp ^{AR} Cefprozil Cefprozil Susp ^{AR} Cefuroxime Cefdinir	Cephalexin 750mg Cefpodoxime Cefixime Cap Cefixime Susp ^{AR} Suprax Chewable Tab ^{AR}

[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](#)

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 – 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} Tobramycin ^{AR PA}	Bethkis ^{AR} Cayston ^{AR} Kitabis Pak ^{AR} Tobi Podhaler ^{AR}

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

Infectious Disease Agents: Antibiotics – Tetracyclines	
PREFERRED	NON-PREFERRED
Doxycycline 50, 100mg Doxycycline Syr Minocycline Cap Tetracycline Vibramycin Susp ^{AR}	Doxycycline 20, 40, 75, 150mg Doxycycline DR Minocycline ER Minocycline Tab Nuzyra

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

Infectious Disease Agents: Antifungals for Onychomycosis & Systemic Infections	
PREFERRED	NON-PREFERRED
Fluconazole Flucytosine Griseofulvin Ketoconazole Terbinafine	Cresemba Itraconazole Noxafil Susp Oravig Posaconazole Tolsura Voriconazole

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

Infectious Disease Agents: Antivirals – Hepatitis C Agents	
PREFERRED	NON-PREFERRED
Mavyret ^{PA} Pegasys ^{PA} Ribavirin ^{PA} Sofosbuvir/Velpatasvir ^{PA}	Harvoni 33.75-150, 45-200, 90-400mg Ledipasvir/Sofosbuvir Sovaldi Vosevi Zepatier

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

Infectious Disease Agents: Antivirals – Herpes	
PREFERRED	NON-PREFERRED
Acyclovir	Famciclovir

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 – Herpes

PREFERRED
NON-PREFERRED

Valacyclovir

Sitavig

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

Infectious Disease Agents: Antivirals – HIV*

PREFERRED
NON-PREFERRED

Abacavir Sulfate
 Abacavir/Lamivudine
 Atazanavir Sulfate
 Biktarvy
 Cimduo
 Complera
 Delstrigo
 Descovy
 Dovato
 Efavirenz
 Efavirenz/Emtricitabine/Tenofovir
 Emtricitabine/Tenofovir Disoproxil Fumarate
 Emtriva ^{BvG}
 Evotaz
 Genvoya
 Isentress Chew Tab ^{AR}
 Isentress
 Juluca
 Kaletra Tab ^{BvG}
 Norvir Tab ^{BvG}
 Odefsey
 Pifeltro
 Prezcobix
 Prezista
 Ritonavir
 Rukobia ER ^{PA}
 Symfi ^{BvG}
 Symfi Lo ^{BvG}
 Temixys
 Tenofovir Disoproxil 300mg
 Tivicay
 Tivicay PD
 Triumeq
 Viread
 Viread Oral Powder
 Zidovudine

Abacavir Susp
 Abacavir/Lamivudine/Zidovudine
 Aptivus
 Didanosine
 Edurant
 Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate
 Emtricitabine
 Fosamprenavir
 Fuzeon
 Intelence ^{BvG}
 Lamivudine
 Lamivudine/Zidovudine
 Lopinavir/Ritonavir
 Nevirapine
 Norvir Cap, Powder, Sol
 Ritonavir Tab
 Selzentry
 Stavudine
 Stribild
 Symtuza
 Tybost
 Viracept

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

Ophthalmic Agents: Ophthalmic Steroids

PREFERRED
NON-PREFERRED

Dexamethasone Sodium Phosphate

 Alrex ^{BvG}
AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Ophthalmic Agents: Ophthalmic Steroids

PREFERRED

Durezol^{BvG}
 Fluorometholone
 Fml Forte
 Fml S.O.P.
 Pred Mild
 Prednisolone Acetate
 Prednisolone Sodium Phosphate

NON-PREFERRED

Difluprednate
 Flarex
 Inveltys
 Lotemax^{BvG}
 Lotemax SM
 Loteprednol
 Maxidex

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

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

PREFERRED

Bacitracin-Polymyxin
 Ciloxan
 Ciprofloxacin
 Erythromycin
 Gentamicin
 Moxifloxacin
 Neomycin/Polymyxin/Bacitracin
 Neomycin/Polymyxin/Bacitracin/Hydrocortisone
 Neomycin/Polymyxin/Dexamethasone
 Neomycin/Polymyxin/Gramicidin
 Ofloxacin
 Polymyxin/Trimethoprim
 Sulfacetamide Sodium Ophth Sol 10%
 Sulfacetamide/Prednisolone
 Tobradex^{BvG}
 Tobramycin

NON-PREFERRED

Azasite
 Bacitracin
 Besivance
 Blephamide
 Gatifloxacin
 Levofloxacin
 Moxifloxacin (Generic of Moxeza)
 Neomycin/Polymyxin/Hydrocortisone
 Pred-G
 Tobradex ST^{BvG}
 Tobramycin/Dexamethasone 0.3/0.1%
 Zylet

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

Ophthalmic Agents: Antihistamines & Mast Cell Stabilizers

PREFERRED

Azelastine
 Cromolyn
 Ketotifen
 Olopatadine

NON-PREFERRED

Alocril
 Alomide
 Bepreve^{BvG}
 Epinastine
 Lastacaft
 Zerviate

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

Ophthalmic Agents: Dry Eye Treatments

PREFERRED

Restasis TraysST

NON-PREFERRED

Cequa
 Eysuvis
 Restasis Multi-Dose
 Xiidra

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

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Ophthalmic Agents: Glaucoma Agents

PREFERRED

Alphagan P 0.1%ST
 Alphagan P 0.15%^{BvG}
 Azopt^{BvG ST}
 Betaxolol
 Brimonidine 0.2%
 Carteolol
 CombiganST
 Dorzolamide
 Dorzolamide/Timolol
 Latanaprost
 Levobunolol
 Metipranolol
 Rhopressa
 Rocklatan
 Simbrinza
 Timolol
 Travatan Z^{BvG ST}

NON-PREFERRED

Apraclonidine
 Betoptic S
 Bimatoprost
 Brimonidine 0.15%
 Brinzolamide
 Iopidine
 Istalol
 Lumigan
 Travoprost
 Vyzulta
 Xelpros
 Zioptan

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

Ophthalmic Agents: NSAIDs

PREFERRED

Diclofenac
 Flurbiprofen
 Ketorolac

NON-PREFERRED

Acuvail
 Bromfenac
 Bromsite
 Ilevro
 Nevanac
 Prolensa

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

Otic Agents: Antibacterial and Antibacterial/Steroid Combinations

PREFERRED

Cipro HC
 Ciprodex^{BvG}
 Cortisporin-TC
 Neomycin/Polymyxin B/Hydrocortisone
 Ofloxacin

NON-PREFERRED

Ciprofloxacin
 Ciprofloxacin/Dexamethasone
 Ciprofloxacin/Fluocinolone

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

Respiratory Agents: Antihistamines – Second Generation

PREFERRED

Cetirizine Syr
 Cetirizine Tab
 Cetirizine/Pseudoephedrine
 Loratadine Rapid Dissolve
 Loratadine Syr
 Loratadine Tab

NON-PREFERRED

Cetirizine Chewable
 Clarinex-D
 Desloratadine
 Fexofenadine
 Levocetirizine

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Respiratory Agents: Antihistamines – Second Generation

PREFERRED

NON-PREFERRED

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}

Bronchitol

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

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

Advair Diskus^{BvG}
Advair HFA
Albuterol Nebulizer Sol 0.083%, 0.5% Conc
Albuterol Nebulizer Sol 0.42mg/ml, 0.63mg/ml^{AR}
Anoro Ellipta
Asmanex Twisthaler
Atrovent HFA
Budesonide Nebulizer Sol^{AR}
Combivent Respimat
Cromolyn Neb Sol
Dulera
Flovent
Incruse Ellipta
Ipratropium
Ipratropium/Albuterol Nebulizer Sol
ProAir HFA^{BvG}
Pulmicort Flexhaler
Serevent Diskus
Spiriva

Aerospan HFA
Airduo Digihaler
Airduo Respiclick
Albuterol HFA
Alvesco
Armonair Digihaler
Armonair Respiclick
Arnuity Ellipta
Asmanex HFA
Bevespi Aerosphere
Breo Ellipta
Breztri Aerosphere
Brovana^{BvG}
Budesonide/Formoterol
Duaklir Pressair
Fluticasone/Salmeterol
Levalbuterol Nebulizer Sol
Lonhala Magnair
Perforomist^{BvG}

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Respiratory Agents: Inhaled Agents	
PREFERRED	NON-PREFERRED
Stiolto Striverdi Respimat Symbicort ^{BvG} Ventolin HFA ^{BvG}	Proair Digihaler Proair Respiclick Proventil Qvar Trelegy Ellipta Tudorza Wixela Inhub Xopenex HFA Yupelri

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

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

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

Respiratory Agents: Nasal Preparations	
PREFERRED	NON-PREFERRED
Azelastine Flunisolide Fluticasone (Generic of Flonase) Ipratropium Olopatadine	Azelastine/Fluticasone Spray Beconase AQ Budesonide 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: Antifungals	
PREFERRED	NON-PREFERRED
Alevazol Ciclopirox Clotrimazole	Butenafine Ciclopirox Kit Ertaczo

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Topical Agents: Antifungals	
PREFERRED	NON-PREFERRED
Clotrimazole/Betamethasone	Jublia
Econazole	Ketoconazole Foam
Ketoconazole	Luliconazole
Miconazole	Miconazole/Zinc Oxide/White Petrolatum Oint
Nystatin	Naftifine
Nystatin/Triamcinolone	Oxiconazole
Terbinafine	Tavaborole
Tolnaftate	

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

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

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

Topical Agents: Corticosteroids	
PREFERRED	NON-PREFERRED
Amcinonide	Alclometasone
Betamethasone Dip/Calcipotriene Oint	Apexicon E
Betamethasone Valerate	Betamethasone Dipropionate
Clobetasol Propionate	Betamethasone Dipropionate/Calcipotriene Susp
Derma-Smoothe/FS ^{BvG}	Betamethasone Valerate Aerosol Foam
Desonide Cream, Oint	Bryhali
Diflorasone Diacetate	Clocortolone Pivalate
Fluocinolone Acetonide 0.01% Sol	Cordran Tape
Fluocinonide Acetonide 0.05%	Desonate Gel
Flurandrenolide	Desonide Lotion
Fluticasone Propionate Cream, Oint	Desoximetasone
Hydrocortisone	Fluocinolone Acetonide 0.01% Oil
Mometasone Furoate	Fluocinolone Acetonide 0.025%
Prednicarbate	Fluocinonide Acetonide 0.1%
Triamcinolone	Fluticasone Propionate Lotion
	Halcinonide Cream
	Halobetasol Propionate
	Hydrocortisone Butyrate
	Hydrocortisone Valerate
	Halog
	Impeklo
	Pandel

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

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Topical Agents: Immunomodulators

PREFERRED

Elidel^{AR BvG ST}
Protopic^{AR BvG ST}

NON-PREFERRED

Eucrisa
Pimecrolimus
Tacrolimus

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