
Ohio Medicaid

Pharmacy Benefit Management Program



Department of
Medicaid

Unified Preferred Drug List

Medicaid Fee-for-Service
and Managed Care Plans

Effective January 1, 2023

Helpful Links

Prior Authorization (PA)

[Prior Authorization \(PA\) Information | pharmacy.medicaid.ohio.gov](#)

- **General Prior Authorization Requirements**
- **PA and Step Therapy Frequently Asked Questions (FAQ)**

Drug Coverage

[Drug Coverage Information | pharmacy.medicaid.ohio.gov](#)

- **Drug Lookup Tool**
 - **UPDL Criteria**
 - **Quantity Limits**
 - **Preferred Diabetic Supply List**
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General Information

- The Statewide UPDL is not an all-inclusive list of drugs covered by Ohio Department of Medicaid.
 - Medications that are new to market will be non-preferred, PA required until reviewed by the Ohio Department of Medicaid Pharmacy and Therapeutics (P&T) Committee.
 - The document is listed in sections defined by therapeutic class. Drugs are listed by generic name if a generic is available unless the brand name of the drug is preferred. In most cases, when a generic for a brand-name drug is available, the generic drug will be preferred, and the brand name will be non-preferred. Some drugs may also require a specific manufacturer or the brand to be dispensed.
 - Ohio Department of Medicaid will only cover drugs that are part of the Medicaid Drug Rebate Program, with limited exceptions. This document may not reflect the most current rebate status of a drug (i.e., a drug may be listed on the document but is non-rebateable and therefore non-payable).
 - Some therapeutic categories are grandfathered. These categories will be denoted with an “*” next to their title on the table on contents and their place within the criteria document.
 - Some therapeutic categories may have quantity limits on specific drugs detailed in the criteria document, however this is not an all-inclusive list. For a list of the quantity limits on specific drugs, please reference the Quantity Limit Document found here: [Quantity Limits Document | pharmacy.medicaid.ohio.gov](#)
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Terminology/Abbreviations:

AR (Age Restriction) – An edit allowing claims for members within a defined age range to be covered without PA

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

PA (Clinical Prior Authorization) – A prior authorization (PA) is required before the drug will be covered

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

ST (Step Therapy) – Drug requires a trial with one or more preferred drugs before being covered

AR = Age Restriction **QL** = Quantity Limit **ST** = Step Therapy Required **PA** = Clinical Prior Authorization Required **BvG** = Brand Preferred Over Generic

New UPDL Criteria Format

- Beginning January 2023 and with a few minor exceptions, all therapeutic categories have the same standardized outline format. The design of this new format is intended to have a cumulative approach bottom-to-top.

Example Category

LENGTH OF AUTHORIZATIONS: X days or Initial: X days; Subsequent: X days (if different)

GRANDFATHERING*:

Patients who have a claim for a non-preferred drug in the previous 120 days will be automatically approved to continue the drug. Patients who have taken the drug previously, but do not have claims history (e.g. new to Medicaid), will need to submit a prior authorization in order to continue coverage.

ALL AUTHORIZATIONS: Must be prescribed in accordance with FDA approved labeling

CLINICAL PA CRITERIA (if applicable):

“DRUG” CRITERIA (if applicable):

STEP THERAPY CRITERIA:

- Must have had an inadequate clinical response of at least X days with at least X preferred drugs

NON-PREFERRED CRITERIA:

- Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances) **OR**
 - For any nonsolid oral dosage formulation: must provide documentation of medical necessity for why patient cannot be changed to a solid oral dosage formulation
- Must have had an inadequate clinical response of at least X days with X preferred drugs
 - For non-preferred extended-release formulations: must provide documentation of an inadequate clinical response with its immediate release formulation (if available)
 - For non-preferred brand names that have preferred generics: must provide documentation of an inadequate clinical response or allergy to two or more generic labelers (if available)

ADDITIONAL “DRUG” CRITERIA (if applicable):

ADDITIONAL INFORMATION (if applicable):

SUBSEQUENT AUTHORIZATION CRITERIA:

- Must provide documentation of patient’s response to treatment from baseline and/or attestation of clinical stabilization

QL – Drug: X doses per X days

AR – a PA is required for patients X years and older OR younger than X years

Interpretation of New UPDL Criteria Format

- Beginning January 2023 and with a few minor exceptions, all therapeutic categories have the same standardized outline format. The design of this new format is intended to have a cumulative approach bottom-to-top. The following scenarios will aid in illustrating this point:

Scenario 1: Clinical PA drug

- All Authorizations
- Clinical PA Criteria

Scenario 2: Clinical PA drug with drug-specific criteria

- All Authorizations
- Drug-Specific Criteria

Scenario 3: Step-Therapy drug

- All Authorizations
- Clinical PA Criteria (if applicable)
- Step Therapy Criteria

Scenario 4: Non-Preferred drug

- All Authorizations
- Clinical PA Criteria (if applicable)
- Step Therapy Criteria (if applicable)
- Non-Preferred Criteria

Scenario 5: Non-Preferred drug with drug-specific criteria

- All Authorizations
 - Clinical PA Criteria (if applicable)
 - Step Therapy Criteria (if applicable)
 - Non-Preferred Criteria
 - Additional Drug-Specific Criteria
-

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AR = Age Restriction QL = Quantity Limit ST = Step Therapy Required PA = Clinical Prior Authorization Required BvG = Brand Preferred Over Generic

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Analgesic Agents: Gout

PREFERRED	NON-PREFERRED
Allopurinol ^{QL}	Mitigare ^{BvG QL}
Colchicine Tab ^{PA QL}	Febuxostat
Colcrys Tab ^{PA QL}	Gloperba Susp ^{QL}
Probenecid ^{QL}	Probenecid/Colchicine ^{QL}

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

Analgesic Agents: NSAIDS

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

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

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}
Morphine IR Tab, Sol ^{QL}	Hydrocodone Bitartrate ER 24HR Tab ^{QL}
Morphine ER Tab ^{PA QL}	Hydrocodone/Acetaminophen 5-300, 7.5-300, 10-300mg ^{QL}
Nucynta IR ^{QL}	Hydrocodone/Ibuprofen ^{QL}
Nucynta ER ^{PA QL}	Hydromorphone ER ^{QL}
Oxycodone Cap, Sol, Tab ^{QL}	Levorphanol ^{QL}
Oxycodone/Acetaminophen ^{QL}	Meperidine ^{QL}

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Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Tramadol ^{QL}	Methadone ^{QL}
Tramadol/Acetaminophen ^{QL}	Morphine ER 24HR Cap ^{QL}
	Oxaydo ^{QL}
	Oxycodone ER ^{QL}
	Oxycodone/Ibuprofen ^{QL}
	Oxymorphone IR, ER ^{QL}
	Pentazocine/Naloxone ^{QL}
	Seglentsis ^{QL}
	Tramadol ER, Sol ^{QL}
	Xtampza ER ^{QL}

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

Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	
PREFERRED	NON-PREFERRED
Neupogen ^{PA}	Fulphila
Nivestym ^{PA}	Granix
	Leukine
	Neulasta
	Nyvepria
	Releuko
	Udenyca
	Zarxio
	Ziextenzo

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

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: Hemophilia Factor*	
PREFERRED	NON-PREFERRED
Advate ^{PA}	Jivi
Adynovate ^{PA}	Kovaltry
Afstyla ^{PA}	Nuwiq
Alphanate ^{PA}	Obizur
Alphanine SD ^{PA}	Rebinyn
Alprolix ^{PA}	Sevenfact
Benefix ^{PA}	Vonvendi
Corifact ^{PA}	
Eloctate ^{PA}	
Esperoct ^{PA}	
Feiba ^{PA}	
Hemlibra ^{PA}	

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

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
Eliquis	Dabigatran
Pradaxa ^{BvG}	Savaysa
Warfarin	Xarelto Susp
Xarelto Tab ^{QL}	

Link to Criteria: Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants

Blood Formation, Coagulation, and Thrombosis Agents: Oral Antiplatelet	
PREFERRED	NON-PREFERRED
Aspirin	Yosprala
Aspirin/Dipyridamole ER	Zontivity
Brilinta	
Clopidogrel	
Prasugrel ^{QL}	

Link to Criteria: Blood Formation, Coagulation, and Thrombosis Agents: Oral Antiplatelet

Cardiovascular Agents: Angina, Hypertension and Heart Failure	
PREFERRED	NON-PREFERRED
Acebutolol ^{QL}	Aliskiren
Amlodipine ^{QL}	Aspruzyo Sprinkle
Amlodipine/Benazepril	Camzyos
Amlodipine/Olmesartan ^{QL}	Candesartan
Amlodipine/Valsartan	Candesartan/HCTZ
Amlodipine/Valsartan/HCTZ	Carospir
Atenolol ^{QL}	Carvedilol ER

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED

NON-PREFERRED

Atenolol/Chlorthalidone
 Benazepril
 Benazepril/HCTZ
 Betaxolol ^{QL}
 Bisoprolol ^{QL}
 Bisoprolol/HCTZ
 Bystolic ^{BvG}
 Captopril
 Captopril/HCTZ
 Cartia XT
 Carvedilol ^{QL}
 Clonidine
 Diltiazem ^{QL}
 Diltiazem 12HR ER Cap ^{QL}
 Diltiazem 24HR ER Cap ^{QL}
 Doxazosin
 Dutoprol
 Enalapril Tab
 Enalapril/HCTZ
 Entresto ^{PA}
 Enalapril Sol
 Eplerenone
 Felodipine ER ^{QL}
 Fosinopril
 Fosinopril/HCTZ
 Guanfacine
 Hemangeol ^{PA}
 Hydralazine
 Irbesartan ^{QL}
 Irbesartan/HCTZ ^{QL}
 Labetalol ^{QL}
 Lisinopril
 Lisinopril/HCTZ
 Losartan ^{QL}
 Losartan/HCTZ
 Olmesartan
 Olmesartan/Amlodipine/HCTZ
 Olmesartan/HCTZ
 Methyldopa
 Methyldopa/HCTZ
 Metoprolol Succinate ^{QL}
 Metoprolol Tartrate ^{QL}
 Metoprolol/HCTZ ^{QL}
 Minoxidil
 Moexipril
 Nadolol ^{QL}

Corlanor
 Edarbi
 Diltiazem 24HR ER Tabs ^{QL}
 Edarbyclor
 Hydralazine/HCTZ
 Innopran XL
 Isradipine
 Kapsargo
 Katerzia
 Kerendia
 Nebivolol
 Nimodipine
 Nisoldipine
 Norliqva
 Nymalize
 Qbrelix
 Sotylize ^{AR}
 Tekturna/HCTZ
 Telmisartan
 Telmisartan/HCTZ
 Verapamil 200, 300mg ER 24HR ^{QL}
 Verquvo

AR = Age Restriction **QL** = Quantity Limit **ST** = Step Therapy Required **PA** = Clinical Prior Authorization Required **BvG** = Brand Preferred Over Generic

Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Nadolol/Bendroflumethiazide	
Nicardipine ^{QL}	
Nifedipine ^{QL}	
Perindopril	
Pindolol ^{QL}	
Prazosin	
Propranolol	
Propranolol/HCTZ	
Quinapril	
Quinapril/HCTZ	
Ramipril	
Ranolazine	
Sotalol ^{QL}	
Spironolactone	
Spironolactone/HCTZ	
Telmisartan/Amlodipine	
Terazosin	
Timolol ^{QL}	
Trandolapril	
Trandolapril/Verapamil	
Valsartan ^{QL}	
Valsartan/HCTZ ^{QL}	
Verapamil IR, SR ^{QL}	

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

Cardiovascular Agents: Antiarrhythmics

PREFERRED	NON-PREFERRED
Amiodarone 200mg ^{QL}	Amiodarone 100, 400mg ^{QL}
Disopyramide ^{QL}	Multaq
Dofetilide	
Flecainide ^{QL}	
Mexiletine ^{QL}	
Norpace CR ^{QL}	
Propafenone IR, ER ^{QL}	
Quinidine IR, ER ^{QL}	

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

Cardiovascular Agents: Lipotropics

PREFERRED	NON-PREFERRED
Atorvastatin ^{QL}	Altoprev
Cholestyramine Regular, Light	Amlodipine/Atorvastatin
Colestipol Tab	Colesevelam
Ezetimibe	Colestipol Granules
Fenofibrate 48, 145mg Tab ^{QL}	Ezetimibe/Simvastatin
Gemfibrozil ^{QL}	Ezallor
Lovastatin ^{QL}	Fenofibrate Cap ^{QL}
Omega-3-Acid Ethyl Esters	Fenofibrate 40, 54, 120, 160mg Tab ^{QL}

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Cardiovascular Agents: Lipotropics

PREFERRED

Niacin IR, ER OTC ^{QL}
 Praluent ^{PA}
 Pravastatin
 Prevalite
 Repatha ^{PA}
 Rosuvastatin ^{QL}
 Simvastatin ^{QL}

NON-PREFERRED

Fenofibric Acid ^{QL}
 Fluvastatin
 Juxtapid
 Livalo
 Nexletol
 Nexlizet
 Niacin ER Tab ^{QL}
 Vascepa
 Zypitamag

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

Cardiovascular Agents: Pulmonary Arterial Hypertension*

PREFERRED

Ambrisentan ^{PA}
 Sildenafil ^{PA}
 Sildenafil Susp ^{AR PA}
 Tadalafil ^{PA}
 Tracleer Tab ^{BvG PA}

NON-PREFERRED

Adempas
 Bosentan
 Epoprostenol
 Opsumit
 Tracleer Susp
 Treprostinil
 Tyvaso
 Uptravi
 Ventavis

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

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

PREFERRED

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

NON-PREFERRED

Adlarity ^{AR}
 Donepezil 23mg Tab ^{AR QL}
 Galantamine Sol ^{AR QL}
 Memantine ER, Sol ^{AR}
 Namzaric ^{AR}
 Rivastigmine Patch ^{AR}

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

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

PREFERRED

Imitrex Nasal Spray ^{BvG QL}
 Naratriptan ^{QL}
 Nurtec ODT ^{QL ST}
 Rizatriptan ^{QL}
 Sumatriptan ^{QL}
 Tosymra ^{QL}

NON-PREFERRED

Almotriptan
 Dihydroergotamine
 Eletriptan
 Ergomar
 Frovatriptan
 Migergot
 Onzetra Xsail ^{QL}
 Reyvow
 Sumatriptan/Naproxen
 Sumatriptan Nasal Spray ^{QL}
 Trudhesa

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

PREFERRED	NON-PREFERRED
	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	NON-PREFERRED
Verapamil ^{QL}	Emgality ^{QL}

[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} Ajovy ^{QL ST} Cardiovascular Agents: Beta-Blockers CNS Agents: Anticonvulsants CNS Agents: Serotonin-Norepinephrine Reuptake Inhibitors CNS Agents: Tricyclic Antidepressants	Emgality ^{QL} Nurtec ODT ^{QL} Qulipta ^{QL}

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

Central Nervous System (CNS) Agents: Anticonvulsants*

PREFERRED	NON-PREFERRED
Banzel Tab ^{BvG} Carbamazepine Clobazam Clonazepam Diacomit ^{PA QL} Divalproex IR, ER Epidiolex ^{ST QL} Eprontia ^{AR} Ethosuximide Fycompa ST Gabapentin ^{QL} Lamictal ODT ^{BvG} Lamotrigine Levetiracetam IR Tab, Sol Oxcarbazepine Tab Phenobarbital Phenytoin Pregabalin ^{QL} Primidone Topiramate Trileptal Susp ^{BvG} Valproic Acid Lacosamide ST Zonisamide	Aptiom Briviact Celontin Clonazepam ODT Elepsia XR Felbamate Fintepla Lamotrigine ER, ODT Levetiracetam ER Tab Oxtellar XR Peganone Rufinamide Tab, Soln Spritam Sympazan Tiagabine Qudexy XR ^{BvG} Topiramate Sprinkle Cap Trokendi XR Vigabatrin Vigabatrin Powder ^{AR} Xcopri

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

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Central Nervous System (CNS) Agents: Anticonvulsants Rescue

PREFERRED

Diastat
Diazepam Gel
Nayzilam^{AR}
Valtoco^{AR}

NON-PREFERRED

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

Central Nervous System (CNS) Agents: Antidepressants*

PREFERRED

Bupropion^{QL}
Bupropion SR (generic of Wellbutrin SR)^{QL}
Bupropion XL (generic of Wellbutrin XL)^{QL}
Citalopram^{QL}
Duloxetine 20, 30, 60mg^{QL}
Escitalopram^{QL}
Fluoxetine 10, 20, 40mg^{QL}
Fluoxetine Sol^{QL}
Fluvoxamine^{QL}
Mirtazapine^{QL}
Nefazodone^{QL}
Paroxetine IR Tab, Sol^{QL}
Sertraline
Tranylcypromine
Trazodone 50, 100, 150mg^{QL}
Venlafaxine IR Tab, ER Cap^{QL}

NON-PREFERRED

Aplenzin
Brisdelle
Bupropion XL (generic of Forfivo XL)^{QL}
Clomipramine
Desvenlafaxine
Drizalma Sprinkle
Duloxetine 40mg^{QL}
Emsam
Fetzima
Fluoxetine 60mg, DR^{QL}
Fluvoxamine ER^{QL}
Marplan
Paroxetine Cap, ER Tab
Pexeva
Phenelzine
Trazodone 300mg^{QL}
Trintellix
Venlafaxine ER Tab
Viibryd^{BvG}

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

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

PREFERRED

Amphetamine/Dextroamphetamine IR, ER^{AR QL}
Atomoxetine Cap^{AR QL}
Clonidine ER
Concerta^{AR QL}
Dexmethylphenidate Tab^{AR QL}
Dexmethylphenidate ER (generic of Focalin XR)^{AR QL}
Dextroamphetamine IR Tab, ER Cap^{AR QL}
Dextroamphetamine Sol^{AR}
Dyanavel XR^{AR}
Guanfacine ER^{QL}
Methylphenidate ER Cap^{AR QL} (generic of Metadate CD, Ritalin LA)
Methylphenidate ER Tab^{AR QL} (generic of Concerta, Methylin ER, Ritalin SR)
Methylphenidate Sol^{AR QL}
Methylphenidate Tab^{AR QL}

NON-PREFERRED

Adhansia XR^{AR}
Adzenys ER, XR ODT
Amphetamine Tab
Azstarys^{AR}
Cotempla XR ODT^{AR}
Daytrana^{AR BvG}
Evekeo ODT
Jornay PM^{AR}
Methamphetamine
Methylphenidate Chewable Tab^{AR QL}
Methylphenidate ER^{AR QL} (generic of Aptensio XR, Relexxii)
Mydayis^{AR QL}
Vyvanse Chewable Tab
Zenzedi^{AR QL}

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

PREFERRED	NON-PREFERRED
Procentra ^{AR} Qelbree ST Quillichew ER ^{AR} Quillivant XR ^{AR} Ritalin LA ^{AR QL} Vyvanse Cap ^{QL}	

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

Central Nervous System (CNS) Agents: Atypical Antipsychotics*

PREFERRED	NON-PREFERRED
Abilify Maintena ^{QL} Aripiprazole ^{QL} Aristada ^{QL} Aristada Initio Clozapine Fanapt ST Geodon ^{QL} Invega Tab ^{BvG} Invega Hafyera ER ^{PA} Invega Sustenna ^{QL} Invega Trinza ^{QL} Latuda ^{ST QL} Olanzapine ^{QL} Perseris Quetiapine IR, ER ^{QL} Risperdal Consta ^{QL} Risperidone ^{QL} Saphris ^{BvG ST} Ziprasidone ^{QL}	Abilify Mycite Aripiprazole Sol Asenapine Caplyta Clozapine ODT Rapdis Fluoxetine/Olanzapine Lybalvi Nuplazid Olanzapine ODT Paliperidone Rexulti Secuado Versacloz Vraylar Zyprexa Relprevv ^{QL}

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

Central Nervous System (CNS) Agents: Fibromyalgia Agents

PREFERRED	NON-PREFERRED
Pregabalin ^{QL}	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 Clonidine Sublocade ^{QL} Suboxone Vivitrol Zubsolv	Buprenorphine Lucemyra ^{QL}

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

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Central Nervous System (CNS) Agents: Movement Disorders

PREFERRED	NON-PREFERRED
Austedo ^{PA ST} 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 Avonex Betaseron Copaxone ^{BvG} Dalfampridine Dimethyl Fumarate Gilenya Rebif	Bafiertam Extavia Glatiramer Glatopa Kesimpta Mavenclad Mayzent 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 IR/ER ^{AR} Armodafinil Dextroamphetamine ER ^{AR} Methylphenidate ER ^{AR} Methylphenidate Tab ^{AR} 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 Sol Duloxetine ^{QL} Gabapentin ^{QL} Imipramine Lidocaine Patch Nortriptyline Oxcarbazepine Pregabalin ^{QL}	Gralise Horizant Pregabalin ER Ztlido

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

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

PREFERRED	NON-PREFERRED
Amantadine	Apokyn
Carbidopa	Carbidopa/Levodopa Dispersible Tab
Carbidopa/Levodopa	Carbidopa/Levodopa/Entacapone
Entacapone	Gocovri
Pramipexole	Inbrija
Ropinirole	Kynmobi
Selegiline	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	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 ^{QL}	Belsomra
Temazepam 15, 30mg ^{QL}	Dayvigo
Zaleplon ^{QL}	Doxepin 3, 6mg
Zolpidem ^{QL}	Eszopiclone ^{QL}
	Intermezzo
	Quviviq
	Ramelteon
	Temazepam 7.5, 22mg ^{QL}
	Zolpidem ER, 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 Tab	Baclofen Solution
Chlorzoxazone 250, 500mg ^{QL}	Carisoprodol
Cyclobenzaprine 5, 10mg ^{QL}	Chlorzoxazone 375, 750mg ^{QL}
Dantrolene	Cyclobenzaprine 7.5mg ^{QL}
Methocarbamol ^{QL}	Cyclobenzaprine ER ^{QL}
Tizanidine Tab ^{QL}	Fleqsuvy
	Lyvispah

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Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine	
PREFERRED	NON-PREFERRED
	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 ^{QL} Bupropion ^{QL} Chantix ^{QL} Varenicline ^{QL}	

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

Dermatologic Agents: Oral Acne Products	
PREFERRED	NON-PREFERRED
Accutane ^{PA} Amnesteem ^{PA} Claravis ^{PA} Isotretinoin ^{PA} Myorisan ^{PA} Zenatane ^{PA}	Absorica Absorica LD

[Link to Criteria: Dermatologic Agents: Oral Acne Products](#)

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

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Dermatologic Agents: Topical Acne Products	
PREFERRED	NON-PREFERRED
	Twynéo ^{AR} Winlevi

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

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

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

Endocrine Agents: Diabetes – Hypoglycemia Treatments	
PREFERRED	NON-PREFERRED
Baqsimi ^{QL} Glucagon Hypokit ^{QL} Glucagon Emerg Kit [Labeler 00002] ^{QL} Gvoke ^{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 ^{QL} Humulin 70-30 Humulin R U-500 ^{QL} Insulin Aspart ^{QL} Insulin Aspart Protamine/Insulin Aspart Insulin Lispro ^{QL} Lantus ^{BvG QL} Levemir Novolog 70-30 Novolog U-100 ^{QL} Toujeo Tresiba ST	Admelog ^{QL} Afrezza Basaglar ^{QL} Fiasp ^{QL} Humalog U-200 ^{QL} Humulin N U-100 Humulin R U-100 Insulin glargine ^{QL} 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 ^{QL}	Adlyxin
Actoplus Met XR	Alogliptin
Byetta	Alogliptin/Metformin
Farxiga	Bydureon Bcise
Glimepiride ^{QL}	Glimepiride/Pioglitazone
Glipizide ^{QL}	Glucophage
Glipizide/Metformin ^{QL}	Glyxambi
Glyburide ^{QL}	Invokamet XR
Glyburide/Metformin ^{QL}	Jentadueto XR
Invokamet	Kombiglyze XR
Invokana	Metformin ER ^{QL} (Generic of Fortamet)
Janumet	Metformin Sol
Janumet XR	Mounjaro
Januvia	Onglyza
Jardiance	Ozempic
Jentadueto	Pioglitazone/Alogliptin
Metformin IR, ER ^{QL} (Generic of Glucophage XR)	Qtern
Miglitol	Rybelsus
Nateglinide ^{QL}	Segluromet
Pioglitazone ^{QL}	Soliqua
Pioglitazone/Metformin ^{QL}	Steglatro
Repaglinide	Steglujan
Repaglinide/Metformin	Symlinpen
Synjardy	Synjardy XR
Tradjenta	Trijardy XR
Trulicity ^{QL}	Xigduo XR
Victoza ^{QL}	Xultophy

[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 ^{QL ST} 3.75, 11.25mg	
Myfembree ^{QL ST}	
Orilissa ST	
Zoladex ST	

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

Endocrine Agents: Estrogenic Agents	
PREFERRED	NON-PREFERRED
Climara Pro ^{QL}	Angeliq
Combipatch ^{QL}	Climara ^{QL}
Dotti ^{QL}	Divigel
Estradiol Cream, Tab	Duavee
Estradiol Patch ^{QL}	Estradiol 10mcg Vag Tab

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Endocrine Agents: Estrogenic Agents	
PREFERRED	NON-PREFERRED
Lyllana ^{QL}	Estradiol/Norethindrone Acetate
Estring ^{QL}	Evamist
Ethinyl Estradiol/Norethindrone Acetate	Femring
Menest	Menostar ^{QL}
Premarin	Minivelle ^{QL}
Premphase	Prefest
Prempro	Vivelle-Dot ^{QL}

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

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

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

Endocrine Agents: Osteoporosis – Bone Ossification Enhancers	
PREFERRED	NON-PREFERRED
Alendronate Tab	Alendronate Susp
Calcitonin-Salmon	Fosamax Plus D
Forteo ^{QL}	Risedronate
Ibandronate	Tymlos ^{QL}

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

Endocrine Agents: Progestin Agents	
PREFERRED	NON-PREFERRED
Hydroxyprogesterone Caproate ^{QL}	
Makena ^{QL}	
Medroxyprogesterone Acetate Tab	
Megestrol	
Norethindrone Acetate	
Progesterone	
Progesterone In Oil	

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

Endocrine Agents: Uterine Fibroids	
PREFERRED	NON-PREFERRED
Lupron Depot ^{PA} 3.75, 11.25mg	
Myfembree ^{PA QL}	
Oriahnn ^{PA QL}	

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

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

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

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

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

Gastrointestinal Agents: Hepatic Encephalopathy	
PREFERRED	NON-PREFERRED
Lactulose	
Xifaxan ST	

[Link to Criteria: Gastrointestinal Agents: Hepatic Encephalopathy](#)

Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) with Diarrhea	
PREFERRED	NON-PREFERRED
Diphenoxylate/Atropine	Alosetron
Loperamide ^{QL}	Viberzi
Xifaxan ST	

[Link to Criteria: Gastrointestinal Agents: Irritable Bowel Syndrome \(IBS\) with Diarrhea](#)

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

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

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

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

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

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

Gastrointestinal Agents: Unspecified GI	
PREFERRED	NON-PREFERRED
Amitiza ^{BvG ST}	Aemcolo
Bisacodyl	Gattex
Casanthranol/Docusate Sodium	Ibsrela
Dicyclomine	Linzess 72mcg
Diphenoxylate/Atropine	Lubiprostone
Lactulose	Motegrity
Linzess ST 145, 290mcg	Mytesi
Loperamide	Relistor
Movantik ST	Symproic
Polyethylene Glycol	Zorbtive
Psyllium Fiber	
Senna	
Trulance ST	
Xifaxan ST	

[Link to Criteria: Gastrointestinal Agents: Unspecified GI](#)

Genitourinary Agents: Benign Prostatic Hyperplasia	
PREFERRED	NON-PREFERRED
Alfuzosin	Cardura XL
Doxazosin	Dutasteride/Tamsulosin
Dutasteride	Silodosin
Finasteride	

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Genitourinary Agents: Benign Prostatic Hyperplasia	
PREFERRED	NON-PREFERRED
Prazosin Tadalafil ^{PA} 2.5, 5mg Tamsulosin Terazosin	

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

Genitourinary Agents: Electrolyte Depletter Agents	
PREFERRED	NON-PREFERRED
Calcium Acetate, 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 ^{QL} Oxytrol Solifenacin ^{QL} Toviaz ^{BvG}	Darifenacin ^{QL} Fesoterodine Gemtesa Myrbetriq Granules ^{AR} Tolterodine Trospium ^{QL} Vesicare LS ^{AR}

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

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

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

Infectious Disease Agents: Antibiotics – Cephalosporins	
PREFERRED	NON-PREFERRED
Cefadroxil Cephalexin 250, 500mg	Cephalexin 750mg Cefpodoxime

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Infectious Disease Agents: Antibiotics – Cephalosporins	
PREFERRED	NON-PREFERRED
Cefaclor IR, ER Cefaclor Susp ^{AR} Cefprozil Cefprozil Susp ^{AR} Cefuroxime Cefdinir	Cefixime Cap Cefixime Susp ^{AR} Suprax Chewable Tab ^{AR}

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

Infectious Disease Agents: Antibiotics – Inhaled	
PREFERRED	NON-PREFERRED
Tobramycin ^{PA QL}	Arikayce Bethkis ^{QL} Cayston Kitabis Pak ^{QL} Tobi Podhaler ^{QL}

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

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

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

Infectious Disease Agents: Antifungals	
PREFERRED	NON-PREFERRED
Fluconazole Flucytosine Griseofulvin Ketoconazole	Brexafemme Cresemba Itraconazole Noxafil Susp

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PREFERRED	NON-PREFERRED
Terbinafine	Oravig Posaconazole Tolsura Voriconazole

[Link to Criteria: Infectious Disease Agents: Antifungals](#)

Infectious Disease Agents: Antivirals – Hepatitis C Agents	
PREFERRED	NON-PREFERRED
Mavyret ^{PA} Pegasis ^{PA} Ribavirin ^{PA} Sofosbuvir/Velpatasvir ^{PA}	Harvoni Ledipasvir/Sofosbuvir Sovaldi Vosevi Zepatier

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

Infectious Disease Agents: Antivirals – Herpes	
PREFERRED	NON-PREFERRED
Acyclovir Valacyclovir	Famciclovir 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 Lopinavir/Ritonavir Ritonavir Tab Odefsey Pifeltro Prezcobix Prezista Rukobia ER ^{PA}	Abacavir Susp Abacavir/Lamivudine/Zidovudine Aptivus Didanosine Edurant Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate Emtricitabine Fosamprenavir Fuzeon Intelence ^{BvG} Lamivudine Tab Lamivudine Sol ^{AR} Lamivudine/Zidovudine Nevirapine IR, ER Tab Nevirapine Sol ^{AR} Norvir Powder, Sol Selzentry ^{BvG} Stavudine Stribild Tybost Viracept

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Infectious Disease Agents: Antivirals – HIV*

PREFERRED	NON-PREFERRED
Symfi ^{BvG}	
Symfi Lo ^{BvG}	
Symtuza	
Temixys	
Tenofovir Disoproxil Fumarate 300mg	
Tivicay	
Tivicay PD	
Triumeq	
Triumeq PD ^{PA}	
Viread Tab, Powder	
Zidovudine	

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

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
Neomycin/Polymyxin/Dexamethasone	Pred-G
Neomycin/Polymyxin/Gramicidin	Sulfacetamide Sodium Ophth Oint 10%
Ofloxacin	Tobradex ST ^{BvG}
Polymyxin/Trimethoprim	Tobramycin/Dexamethasone 0.3/0.1%
Sulfacetamide Sodium Ophth Sol 10%	Zylet
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
Bepreve ^{BvG}	Alomide
Cromolyn	Epinastine
Ketotifen	Zerviate
Olopatadine	

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

Ophthalmic Agents: Dry Eye Treatments

PREFERRED	NON-PREFERRED
Restasis Trays ^{BvG ST}	Cequa
	Eysuvis
	Restasis Multi-Dose

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Ophthalmic Agents: Dry Eye Treatments

PREFERRED

NON-PREFERRED

Tyrvaya
Xiidra

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

Ophthalmic Agents: Glaucoma Agents

PREFERRED

NON-PREFERRED

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

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

NON-PREFERRED

Diclofenac
Flurbiprofen
Ketorolac

Acuvail
Bromfenac
Bromsite
Ilevro
Nevanac
Prolensa

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

Ophthalmic Agents: Ophthalmic Steroids

PREFERRED

NON-PREFERRED

Alrex ^{BvG}
Dexamethasone Sodium Phosphate
Durezol ^{BvG}
Flarex
Fluorometholone
Fml Forte
Fml S.O.P.
Lotemax ^{BvG}
Maxidex
Pred Forte

Difluprednate
Inveltys
Lotemax SM
Loteprednol

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Ophthalmic Agents: Ophthalmic Steroids	
PREFERRED	NON-PREFERRED
Pred Mild Prednisolone Acetate Prednisolone Sodium Phosphate	

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

Otic Agents: Antibacterial and Antibacterial/Steroid Combinations	
PREFERRED	NON-PREFERRED
Cipro HC Ciprodex ^{BvG} Cortisporin-TC Neomycin/Polymyxin B/Hydrocortisone Ofloxacin	Ciprofloxacin Ciprofloxacin/Dexamethasone Ciprofloxacin/Fluocinolone

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

Respiratory Agents: Antihistamines – Second Generation	
PREFERRED	NON-PREFERRED
Cetirizine Syr, Tab ^{QL} Cetirizine/Pseudoephedrine Loratadine Rapid Dissolve ^{QL} Loratadine Syr, Tab ^{QL} Loratadine/Pseudoephedrine	Cetirizine Chewable ^{AR} Clarinet-D Desloratadine Fexofenadine Levocetirizine

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

Respiratory Agents: Cystic Fibrosis	
PREFERRED	NON-PREFERRED
Kalydeco ^{PA QL} Orkambi ^{PA QL} Symdeko ^{PA QL} 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}	Aerospan HFA
Advair HFA	Airduo Digihaler, Respiclick
Albuterol Nebulizer Sol 0.021% (0.63mg/3mL), 0.042% (1.25mg/3mL) ^{AR}	Albuterol HFA
Albuterol Nebulizer Sol 0.083% (2.5mg/3mL), 0.5% (5mg/mL) Conc	Alvesco
Anoro Ellipta	Armonair Digihaler, Respiclick
Asmanex Twisthaler	Arnuity Ellipta
Atrovent HFA ^{QL}	Asmanex HFA
Budesonide Nebulizer Sol ^{AR QL}	Bevespi Aerosphere
Combivent Respimat	Breo Ellipta ^{BvG}
Cromolyn Neb Sol	Breztri Aerosphere
Dulera	Brovana ^{BvG}
Flovent ^{BvG QL}	Budesonide/Formoterol ^{QL}
Incruse Ellipta	Duaklir Pressair
Ipratropium	Fluticasone/Salmeterol
Ipratropium/Albuterol Nebulizer Sol ^{QL}	Levalbuterol Nebulizer Sol
Proventil HFA ^{BvG}	Lonhala Magnair
Pulmicort Flexhaler ^{QL}	Formoterol Fumarate Nebulizer Sol
Serevent Diskus	Proair Digihaler, Respiclick
Spiriva ^{QL}	Qvar ^{QL}
Stiolto	Trelegy Ellipta
Striverdi Respimat	Tudorza
Symbicort ^{BvG QL}	Wixela Inhub
Ventolin HFA ^{BvG}	Xopenex HFA
	Yupelri

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

Respiratory Agents: Leukotriene Receptor Modifiers & Inhibitors	
PREFERRED	NON-PREFERRED
Montelukast ^{QL}	Zileuton
Zafirlukast ST	Zyflo

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

Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE	
PREFERRED	NON-PREFERRED
Fasenra ^{PA}	Nucala
Dupixent ^{PA}	Tezspire
Xolair ^{PA}	

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

Respiratory Agents: Nasal Preparations	
PREFERRED	NON-PREFERRED
Azelastine	Azelastine/Fluticasone Spray
Flunisolide	Beconase AQ
Fluticasone (Generic of Flonase)	Budesonide
Ipratropium ^{QL}	Mometasone
Olopatadine	Omnaris

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Respiratory Agents: Nasal Preparations	
PREFERRED	NON-PREFERRED
	Qnasl Xhance Zetonna

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

Respiratory Agents: Other Agents	
PREFERRED	NON-PREFERRED
	Daliresp ^{BvG}

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

Topical Agents: Antifungals	
PREFERRED	NON-PREFERRED
Alevazol	Butenafine
Ciclopirox	Ciclopirox Kit
Clotrimazole	Ertaczo
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% Cream, Sol, 0.05%	Cordran Tape
Flurandrenolide	Desonate Gel
Fluticasone Propionate Cream, Oint	Desonide Lotion
Hydrocortisone	Desoximetasone
Mometasone Furoate	Fluocinolone Acetonide 0.01% Oil

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Topical Agents: Corticosteroids**PREFERRED**

Prednicarbate
 Triamcinolone

NON-PREFERRED

Fluocinolone Acetonide 0.025%, 0.1%
 Fluticasone Propionate Lotion
 Halcinonide Cream
 Halobetasol Propionate
 Hydrocortisone Butyrate, Valerate
 Halog
 Impeklo
 Pandel

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

Topical Agents: Immunomodulators**PREFERRED**

Elidel^{AR BvG ST}
 Tacrolimus^{AR ST}

NON-PREFERRED

Eucrisa
 Opzelura
 Pimecrolimus^{AR}
 Vtama

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