
Ohio Medicaid

Pharmacy Benefit Management Program



Department of
Medicaid

Unified Preferred Drug List

Medicaid Fee-for-Service
and Managed Care Plans

Effective April 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 100, 300mg ^{QL}	Allopurinol 200mg
Colchicine Tab ^{PA QL}	Mitigare ^{BvG QL}
Colcrys Tab ^{PA QL}	Febuxostat
Probenecid ^{QL}	Gloperba Susp ^{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 Gel 3%, Patch 1.3%, Soln 2%
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}

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Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Oxycodone/Acetaminophen ^{QL}	Meperidine ^{QL}
Tramadol ^{QL}	Methadone ^{QL}
Tramadol/Acetaminophen ^{QL}	Morphine ER 24HR Cap ^{QL}
	Oxycodone ER ^{QL}
	Oxycodone/Ibuprofen ^{QL}
	Oxymorphone IR, ER ^{QL}
	Pentazocine/Naloxone ^{QL}
	Seglentis ^{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}	Fylnetra
Nyvepria ^{PA}	Granix
Ziextenzo ^{PA}	Leukine
	Neulasta
	Releuko
	Udenyca
	Zarxio

[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}	
Hemofil M ^{PA}	

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

PREFERRED	NON-PREFERRED
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
Atenolol/Chlorthalidone	Clonidine ER (generic of Nexiclon XR)

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Benazepril	Corlanor
Benazepril/HCTZ	Edarbi
Betaxolol ^{QL}	Diltiazem 24HR ER Tabs ^{QL}
Bisoprolol ^{QL}	Edarbyclor
Bisoprolol/HCTZ	Hydralazine/HCTZ
Bystolic ^{BvG}	Innopran XL
Captopril	Isradipine
Captopril/HCTZ	Kaspargo
Cartia XT	Katerzia
Carvedilol ^{QL}	Kerendia
Clonidine IR, Patch	Levamlodipine
Diltiazem ^{QL}	Nebivolol
Diltiazem 12HR ER Cap ^{QL}	Nimodipine
Diltiazem 24HR ER Cap ^{QL}	Nisoldipine
Doxazosin	Norliqva
Dutoprol	Nymalize
Enalapril Tab	Qbrexis
Enalapril/HCTZ	Sotylize ^{AR}
Entresto ^{PA}	Tekturna/HCTZ
Enalapril Sol	Telmisartan
Eplerenone	Telmisartan/HCTZ
Felodipine ER ^{QL}	Verapamil 200, 300mg ER 24HR ^{QL}
Fosinopril	Verquvo
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}	
Nadolol/Bendroflumethiazide	

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
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}
Niacin IR, ER OTC ^{QL}	Fenofibric Acid ^{QL}

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Cardiovascular Agents: Lipotropics

PREFERRED

Praluent^{PA}
 Pravastatin
 Prevalite
 Repatha^{PA}
 Rosuvastatin^{QL}
 Simvastatin^{QL}

NON-PREFERRED

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

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

Cardiovascular Agents: Pulmonary Arterial Hypertension*

PREFERRED

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

NON-PREFERRED

Adepas
 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 Inj, Tab^{QL}
 Tosymra^{BvG QL}

NON-PREFERRED

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

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

PREFERRED

NON-PREFERRED

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

FycompaST

Gabapentin^{QL}

Lamictal ODT^{BvG}

Lamotrigine

Levetiracetam IR Tab, Sol

Oxcarbazepine Tab

Phenobarbital

Phenytoin

Pregabalin^{QL}

Primidone

Topiramate

Trileptal Susp^{BvG}

Valproic Acid

LacosamideST

Zonisamide Cap

Aptiom

Briviact

Celontin

Clonazepam ODT

Elepsia XR

Felbamate

Fintepla

Lamotrigine ER, ODT

Levetiracetam ER Tab

Oxcarbazepine Susp

Oxtellar XR

Peganone

Rufinamide Tab, Soln

Spritam

Sympazan

Tiagabine

Qudexy XR^{BvG}

Topiramate Sprinkle Cap

Trokendi XR^{BvG}

Vigabatrin

Vigabatrin Powder^{AR}

Xcopri

Zonisade Susp

Ztalmy

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

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
Tranlycypromine
Trazodone 50, 100, 150mg^{QL}
Venlafaxine IR Tab, ER Cap^{QL}

NON-PREFERRED

Aplenzin
Auvelity
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}

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
Methylphenidate Tab ^{AR QL}	
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}	Abilify Mycite
Aripiprazole ^{QL}	Aripiprazole Sol
Aristada ^{QL}	Asenapine
Aristada Initio	Caplyta
Clozapine	Clozapine ODT Rapdis
Fanapt ST	Fluoxetine/Olanzapine
Geodon ^{QL}	Lurasidone
Invega Tab ^{BvG}	Lybalvi
Invega Hafyera ER ^{PA}	Nuplazid
Invega Sustenna ^{QL}	Olanzapine ODT
Invega Trinza ^{QL}	Paliperidone
Latuda ^{BvG ST QL}	Rexulti
Olanzapine ^{QL}	Secuado
Perseris	Versacloz
Quetiapine IR, ER ^{QL}	Vraylar
Risperdal Consta ^{QL}	Zyprexa Relprevv ^{QL}
Risperidone ^{QL}	
Saphris ^{BvG ST}	
Ziprasidone ^{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	Buprenorphine
Clonidine	Lucemyra ^{QL}
Sublocade ^{QL}	
Suboxone	
Vivitrol	
Zubsolv	

[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

Austedo ^{PA ST}
 Ingrezza ^{PA}
 Tetrabenazine ^{PA}

NON-PREFERRED

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

Central Nervous System (CNS) Agents: Multiple Sclerosis*

PREFERRED

Aubagio
 Avonex
 Betaseron
 Copaxone ^{BvG}
 Dalfampridine
 Dimethyl Fumarate
 Gilenya ^{BvG}
 Rebif

NON-PREFERRED

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

Amphetamine/Dextroamphetamine IR/ER ^{AR}
 Armodafinil
 Dextroamphetamine ER ^{AR}
 Methylphenidate ER ^{AR}
 Methylphenidate Tab ^{AR}
 Modafinil

NON-PREFERRED

Sunosi
 Wakix
 Xyrem ^{BvG}
 Xywav

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

Central Nervous System (CNS) Agents: Neuropathic Pain

PREFERRED

Amitriptyline
 Carbamazepine
 Desipramine
 Doxepin 10, 25, 50, 75, 100, 150mg
 Doxepin Sol
 Duloxetine ^{QL}
 Gabapentin ^{QL}
 Imipramine
 Lidocaine Patch
 Nortriptyline
 Oxcarbazepine
 Pregabalin ^{QL}

NON-PREFERRED

Gralise
 Horizant
 Pregabalin ER
 Ztlido

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

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 ^{BvG ST}	Admelog ^{QL} Afrezza Basaglar ^{QL} Fiasp ^{QL} Humalog U-200 ^{QL} Humulin N U-100 Humulin R U-100 Semglee ^{BvG QL} Lyumjev Novolin 70-30 Novolin N U-100 Novolin R U-100

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

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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, Glumetza)
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 ^{BvG}
Estradiol Cream, Tab	Duavee
Estradiol Patch ^{QL}	Elestrin ^{BvG}

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Endocrine Agents: Estrogenic Agents	
PREFERRED	NON-PREFERRED
Lyllana ^{QL}	Estradiol 10mcg Vag Tab
Estring ^{QL}	Estradiol/Norethindrone Acetate
Ethinyl Estradiol/Norethindrone Acetate	Estrogel ^{BvG}
Menest	Evamist
Premarin	Femring
Premphase	Menostar ^{QL}
Prempro	Minivelle ^{QL}
	Prefest
	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 ^{PA 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](#)

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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	Entadfi
Finasteride	Silodosin

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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 Depletor Agents	
PREFERRED	NON-PREFERRED
Calcium Acetate, Carbonate Phoslyra Sevelamer	Auryxia Lanthanum Carbonate Velphoro

[Link to Criteria: Genitourinary Agents: Electrolyte Depletor 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 Sotyktu Stelara Tremfya Xeljanz Sol, XR

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

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

[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	Eryped
Clarithromycin	Erythrocin Stearate
	Erythromycin

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

Infectious Disease Agents: Antibiotics – Quinolones	
PREFERRED	NON-PREFERRED
Ciprofloxacin	Baxdela
Ciprofloxacin Susp ^{AR}	Ciprofloxacin ER
Levofloxacin	Moxifloxacin
	Ofloxacin

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

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

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

Infectious Disease Agents: Antifungals	
PREFERRED	NON-PREFERRED
Fluconazole	Brexafemme
Flucytosine	Cresemba

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PREFERRED	NON-PREFERRED
Griseofulvin	Itraconazole
Ketoconazole	Noxafil Susp
Terbinafine	Oravig
	Posaconazole
	Tolsura
	Vivjoa
	Voriconazole

Link to Criteria: Infectious Disease Agents: Antifungals

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

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
Biktarvy	Didanosine
Cimduo	Eduvant
Complera	Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate
Delstrigo	Emtricitabine
Descovy	Fosamprenavir
Dovato	Fuzeon
Efavirenz	Intelence ^{BvG}
Efavirenz/Emtricitabine/Tenofovir	Lamivudine Tab
Emtricitabine/Tenofovir Disoproxil Fumarate	Lamivudine Sol ^{AR}
Emtriva ^{BvG}	Lamivudine/Zidovudine
Evotaz	Nevirapine IR, ER Tab
Genvoya	Nevirapine Sol ^{AR}
Isentress Chew Tab ^{AR}	Norvir Powder, Sol
Isentress	Selzentry ^{BvG}
Juluca	Stavudine
Lopinavir/Ritonavir	Stribild
Ritonavir Tab	Tybost
Odefsey	Viracept
Pifeltro	

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Infectious Disease Agents: Antivirals – HIV*

PREFERRED

NON-PREFERRED

Prezcobix
 Prezista
 Rukobia ER ^{PA}
 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 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 0.5% Gel, Soln Travatan Z ^{BvG ST}	Apraclonidine Betoptic S Bimatoprost Brimonidine 0.15% Brinzolamide Iopidine Istalol Lumigan Timoptic 0.25% ^{BvG} Travoprost Vyzulta Xelpros Zioptan ^{BvG}

[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
Alex ^{BvG} Dexamethasone Sodium Phosphate Durezol ^{BvG} Flarex Fluorometholone Fml Forte Fml S.O.P.	Difluprednate Inveltys Lotemax SM Loteprednol

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

Ophthalmic Agents: Ophthalmic Steroids	
PREFERRED	NON-PREFERRED
Lotemax ^{BvG}	
Maxidex	
Pred Forte	
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	Ciprofloxacin
Ciprodex ^{BvG}	Ciprofloxacin/Dexamethasone
Cortisporin-TC	Ciprofloxacin/Fluocinolone
Neomycin/Polymyxin B/Hydrocortisone	
Ofloxacin	

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

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

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

Respiratory Agents: Cystic Fibrosis	
PREFERRED	NON-PREFERRED
Kalydeco ^{PA QL}	Bronchitol
Orkambi ^{PA QL}	
Symdeko ^{PA QL}	
Trikafta ^{PA}	

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

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

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

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

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Respiratory Agents: Nasal Preparations	
PREFERRED	NON-PREFERRED
Ipratropium ^{QL} Olopatadine	Mometasone Omnaris Qnasl Ryaltris 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 Ciclopirox Clotrimazole Clotrimazole/Betamethasone Econazole Ketoconazole Miconazole Nystatin Nystatin/Triamcinolone Terbinafine Tolnaftate	Butenafine Ciclopirox Kit Ertaczo Jublia Ketoconazole Foam Luliconazole Miconazole/Zinc Oxide/White Petrolatum Oint Naftifine Oxiconazole Tavaborole

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

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

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

Topical Agents: Corticosteroids	
PREFERRED	NON-PREFERRED
Amcinonide Betamethasone Dip/Calcipotriene Oint Betamethasone Valerate Clobetasol Propionate Derma-Smoothe/FS ^{BvG} Desonide Cream, Oint Diflorasone Diacetate Fluocinolone Acetonide 0.01% Cream, Sol, 0.05% Flurandrenolide	Alclometasone Apexicon E Betamethasone Dipropionate Betamethasone Dipropionate/Calcipotriene Susp Betamethasone Valerate Aerosol Foam Bryhali Clocortolone Pivalate Cordran Tape Desonate Gel

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Topical Agents: Corticosteroids**PREFERRED**

Fluticasone Propionate Cream, Oint
 Hydrocortisone
 Mometasone Furoate
 Prednicarbate
 Triamcinolone

NON-PREFERRED

Desonide Lotion
 Desoximetasone
 Fluocinolone Acetonide 0.01% Oil
 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
 Zoryve

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