

NEW PREFE	RRED DRUGS
THERAPEUTIC CLASS	NO PA REQUIRED PREFERRED
Cardiovascular Agents: Angina, Hypertension and Heart Failure	bisoprolol 5, 10mg labetalol 100, 200, 300mg spironolactone tab
Cardiovascular Agents: Antiarrhythmics	MULTAQ
Central Nervous System (CNS) Agents: Fibromyalgia Agents	SAVELLA
Central Nervous System (CNS) Agents: Neuropathic Pain	GRALISE HORIZANT
Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine	methocarbamol 500, 750mg
Central Nervous System (CNS) Agents: Restless Legs Syndrome	HORIZANT
Endocrine Agents: Diabetes – Non-Insulin	glimepiride 1, 2, 4mg
Gastrointestinal Agents: Bowel Preparations	MOVIPREP
Gastrointestinal Agents: Crohn's Disease	mercaptopurine tab
Gastrointestinal Agents: Ulcerative Colitis	mesalamine ER cap 500mg PENTASA 250mg
Gastrointestinal Agents: Unspecified GI	polyethylene glycol oral powder bottle
Infectious Disease Agents: Antivirals – HIV* LEGACY CATEGORY	RUKOBIA VIREAD 150, 200mg
Respiratory Agents: Inhaled Agents	arformoterol neb
Topical Agents: Antifungals	tolnaftate cream, powder
Topical Agents: Immunomodulators	pimecrolimus [labeler 68682]

NEW CLINICAL PA REQUIRED PREFERRED DRUGS	
THERAPEUTIC CLASS CLINICAL CRITERIA REQUIRED PREFERRED	
Respiratory Agents: Cystic Fibrosis	ALYFTREK

NEW NON-PRE	FERRED DRUGS
THERAPEUTIC CLASS	PA REQUIRED NON-PREFERRED



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Analgesic Agents: Opioids	tramadol IR 75mg
Blood Formation, Coagulation, and Thrombosis	HYMPAVZI
Agents: Hemophilia A, von Willebrand Disease,	
and Factor XIII Deficiency* LEGACY CATEGORY	
Blood Formation, Coagulation, and Thrombosis	HYMPAVZI
Agents: Hemophilia B* LEGACY CATEGORY	
Blood Formation, Coagulation, and Thrombosis	rivaroxaban tab
Agents: Oral Anticoagulants	
Blood Formation, Coagulation, and Thrombosis	ticagralar
_	ticagrelor
Agents: Oral Antiplatelet	
Cardiovascular Agents: Angina, Hypertension and	bisoprolol 2.5mg
Heart Failure	CORLANOR SOLN
	ivabradine tab
	labetalol 400mg
Cardiovascular Agents: Antiarrhythmics	quinidine IR, ER
Central Nervous System (CNS) Agents:	memantine/donepezil cap 14-10, 21-10, 28-10mg
Alzheimer's Agents* LEGACY CATEGORY	
Central Nervous System (CNS) Agents:	VIGAFYDE
Anticonvulsants* LEGACY CATEGORY	-
Central Nervous System (CNS) Agents: Atypical	EQUETRO
Antipsychotics* LEGACY CATEGORY	ERZOFRI
	OPIPZA
Control Norwous System (CNS) Agentes	
Central Nervous System (CNS) Agents:	gabapentin ER
Neuropathic Pain	
Central Nervous System (CNS) Agents:	VYALEV
Parkinson's Agents	
Central Nervous System (CNS) Agents: Skeletal	methocarbamol 1000mg
Muscle Relaxants, Non-Benzodiazepine	
Endocrine Agents: Androgens	AZMIRO
Endocrine Agents: Diabetes – Hypoglycemia	glucagon emerg kit labeler 00378
Treatments	
Endocrine Agents: Diabetes – Non-Insulin	glimepiride 3mg
-	metformin IR 750mg
	ZITUVIMET XR
Gastrointestinal Agents: Ulcerative Colitis	PENTASA 500mg
Gastrointestinal Agents: Unspecified GI	polyethylene glycol oral powder packet
	prucalopride
Genitourinary Agents: Electrolyte Depleter	ferric citrate tab
Agents	
Immunomodulator Agents: Systemic	NEMLUVIO
Inflammatory Disease	
	cofactor ED
Infectious Disease Agents: Antibiotics –	cefaclor ER
Cephalosporins	
Infectious Disease Agents: Antivirals – HIV*	EMTRIVA SOLN
LEGACY CATEGORY	VIREAD 250, 300mg TAB



Ophthalmic Agents: Glaucoma Agents	BETIMOL 0.25%
	timolol hemihydrate soln 0.5%
Respiratory Agents: Epinephrine	epinephrine (labeler 00093, 00115)
	NEFFY
Respiratory Agents: Inhaled Agents	BROVANA
	umeclidinium/vilanterol
Topical Agents: Antifungals	tolnaftate soln
Topical Agents: Immunomodulators	pimecrolimus [labeler 00591, 68462]

THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA

Analgesic Agents: NSAIDS Analgesic Agents: Opioids Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors Blood Formation, Coagulation, and Thrombosis Agents: Hematopoietic Agents Blood Formation, Coagulation, and Thrombosis Agents: Hemophilla A, von Willebrand Disease, and Factor XIII Deficiency* LEGACY CATEGORY Blood Formation, Coagulation, and Thrombosis Agents: Hemophilla B* LEGACY CATEGORY Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants Blood Formation, Coagulation, and Thrombosis Agents: Coral Anticoagulants Blood Formation, Coagulation, and Thrombosis Agents: Coral Anticoagulants Blood Formation, Coagulation, and Thrombosis Agents: Coral Anticoagulants Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants Blood Formaticon, Coagulation, Stagents: Anticonvulsants Rescue <th>Analgesic Agents: Gout</th>	Analgesic Agents: Gout
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Dermatologic Agents: Topical Acne Products Endocrine Agents: Androgens Endocrine Agents: Diabetes – Hypoglycemia Treatments	Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine
Endocrine Agents: Androgens Endocrine Agents: Diabetes – Hypoglycemia Treatments	Dermatologic Agents: Oral Acne Products
Endocrine Agents: Diabetes – Hypoglycemia Treatments	Dermatologic Agents: Topical Acne Products
	Endocrine Agents: Androgens
Endocrine Agents: Diabetes – Insulin	Endocrine Agents: Diabetes – Hypoglycemia Treatments
	Endocrine Agents: Diabetes – Insulin



Endocrine Agents: Diabetes – Non-Insulin
Endocrine Agents: Endometriosis
Endocrine Agents: Estrogenic Agents
Endocrine Agents: Estrogenic Agents Endocrine Agents: Growth Hormone
Endocrine Agents: Osteoporosis – Bone Ossification Enhancers
Gastrointestinal Agents: Anti-Emetics
Gastrointestinal Agents: Bowel Preparations
Gastrointestinal Agents: Crohn's Disease
Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) with Diarrhea
Gastrointestinal Agents: Pancreatic Enzymes
Gastrointestinal Agents: Proton Pump Inhibitors
Gastrointestinal Agents: Ulcerative Colitis
Gastrointestinal Agents: Unspecified GI
Genitourinary Agents: Benign Prostatic Hyperplasia
Genitourinary Agents: Electrolyte Depleter Agents
Genitourinary Agents: Urinary Antispasmodics
Hyperkalemia Agents: Potassium Binders
Immunomodulator Agents: Systemic Inflammatory Disease
Infectious Disease Agents: Antibiotics – Cephalosporins
Infectious Disease Agents: Antibiotics – Inhaled
Infectious Disease Agents: Antibiotics – Macrolides
Infectious Disease Agents: Antibiotics – Quinolones
Infectious Disease Agents: Antibiotics – Tetracyclines
Infectious Disease Agents: Antifungals
Infectious Disease Agents: Antivirals – Hepatitis C Agents
Infectious Disease Agents: Antivirals – Herpes
Infectious Disease Agents: Antivirals – HIV* LEGACY CATEGORY
Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments
Ophthalmic Agents: Antihistamines & Mast Cell Stabilizers
Ophthalmic Agents: Dry Eye Treatments
Ophthalmic Agents: Glaucoma Agents
Ophthalmic Agents: NSAIDs
Ophthalmic Agents: Ophthalmic Steroids
Otic Agents: Antibacterial and Antibacterial/Steroid Combinations
Respiratory Agents: Antihistamines – Second Generation
Respiratory Agents: Cystic Fibrosis
Respiratory Agents: Epinephrine
Respiratory Agents: Hereditary Angioedema
Respiratory Agents: Inhaled Agents
Respiratory Agents: Leukotriene Receptor Modifiers & Inhibitors
Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE
Respiratory Agents: Nasal Preparations
Respiratory Agents: Pulmonary Fibrosis
Topical Agents: Antifungals
Topical Agents: Antiparasitics
Topical Agents: Corticosteroids
Topical Agents: Immunomodulators



	REVISED THERAPEUTIC CATEGORY CRITERIA
THERAPEUTIC CLASS	SUMMARY OF CHANGE
Analgesic Agents: Gout	 NON-PREFERRED CRITERIA: Must have had an inadequate clinical response of at least <u>30 days</u> with at least <u>one preferred</u> drug in this UPDL category and indicated for diagnosis
Analgesic Agents: NSAIDS	 NON-PREFERRED CRITERIA: Must have had an inadequate clinical response of at least <u>30 days</u> with at least <u>two preferred</u> drugs in this UPDL category, if and indicated for diagnosis
Analgesic Agents: Opioids	 MON-PREFERRED CRITERIA: Must have had an inadequate clinical response of at least <u>7 days</u> of at least <u>two unrelated</u> preferred drugs with different active ingredients of the same duration of action (SHORT-ACTING or LONG-ACTING)
	AR – All codeine and tramadol containing products: a PA is required for patients younger than 12 years old
Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	 NON-PREFERRED CRITERIA: Must have had an inadequate clinical response of at least <u>14 days</u> with at least <u>one preferred</u> drug in this UPDL category and indicated for diagnosis
Blood Formation, Coagulation, and Thrombosis Agents: Hematopoietic Agents	 NON-PREFERRED CRITERIA: Must have had an inadequate clinical response of at least <u>14 days</u> with at least <u>one preferred</u> drug in this UPDL category and indicated for diagnosis
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia A, von Willebrand Disease, and Factor XIII Deficiency* LEGACY CATEGORY	 NON-PREFERRED CRITERIA: Must have had an inadequate clinical response of at least <u>14 days</u> with at least <u>one preferred</u> drug in this UPDL category and indicated for diagnosis ADDITIONAL HYMPAVZI (MARSTACIMAB-HNCQ) CRITERIA Must have had an inadequate clinical response of at least <u>30 days</u> with HEMLIBRA
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia B* LEGACY CATEGORY	 NON-PREFERRED CRITERIA: Must have had an inadequate clinical response of at least <u>14 days</u> with at least <u>one preferred</u> drug in this UPDL category and indicated for diagnosis
Blood Formation, Coagulation, and Thrombosis Agents: Heparin-Related Preparations Date of Notice: 6/1/2025	 NON-PREFERRED CRITERIA: Must have had an inadequate clinical response of at least <u>14 days</u> with at least <u>one preferred</u> drug in this UPDL category and indicated for diagnosis

Date of Notice: 6/1/2025



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Blood Formation,	NON-PREFERRED CRITERIA:
Coagulation, and	<ul> <li>Must have had an inadequate clinical response of at least <u>14 days</u></li> </ul>
Thrombosis Agents:	with at least <u>two preferred</u> drugs in this UPDL category <mark>and</mark>
Oral Anticoagulants	indicated for diagnosis
Blood Formation,	All products are covered without a PA
Coagulation, and	LENGTH OF AUTHORIZATION: 365 days
Thrombosis Agents:	
Oral Antiplatelet	NON-PREFERRED CRITERIA:
	<ul> <li>Must have had an inadequate clinical response of at least 30 days</li> </ul>
	with at least <u>one preferred</u> drug in this UPDL category and indicated
	for diagnosis
Cardiovascular	NON-PREFERRED CRITERIA:
Agents: Angina,	Must have had an inadequate clinical response of at least <u>30 days</u>
Hypertension and	of at least two preferred drugs within the same sub-section
Heart Failure	classification in this UPDL category and indicated for diagnosis with
neartraiture	the same mechanism of action, if available and indicated for the
	same diagnosis in this UPDL category
Candiauraaulan	
Cardiovascular	NON-PREFERRED CRITERIA:
Agents:	Must have had an inadequate clinical response of at least <u>30 days</u>
Antiarrhythmics	with at least <u>one preferred</u> drug in this UPDL category and indicated
	for diagnosis
Cardiovascular	NON-PREFERRED CRITERIA:
Agents: Lipotropics	<ul> <li>Must have had an inadequate clinical response of at least <u>30 days</u></li> </ul>
	(or <u>90 days</u> for fibrates) with at least <u>one preferred</u> drug <mark>within the</mark>
	same sub-section classification in this UPDL category and indicated
	for diagnosis in the same drug class
Cardiovascular	NON-PREFERRED CRITERIA:
Agents: Pulmonary	<ul> <li>Must have had an inadequate clinical response of at least <u>30 days</u></li> </ul>
Arterial	with at least <u>two preferred</u> drugs in this UPDL category <mark>and</mark>
Hypertension*	<mark>indicated for diagnosis, if available,</mark> <u>one</u> of which must be a
LEGACY CATEGORY	phosphodiesterase-5 inhibitor
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	<ul> <li>Must have had an inadequate clinical response of at least <u>30 days</u></li> </ul>
Agents: Alzheimer's	with at least two preferred drugs in this UPDL category and
Agents* LEGACY	indicated for diagnosis
CATEGORY	
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	Must have had an inadequate clinical response of at least 14 days
Agents: Anti-	with at least one preferred drug and one step therapy drug in this
Migraine Agents,	UPDL category and indicated for diagnosis, if available one of which
Acute	has the same mechanism of action if available
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	Must have had an inadequate clinical response of at least <u>60 days</u>
Agents: Anti-	to at least <u>one preferred</u> drug in this UPDL category and indicated
Migraine Agents,	for diagnosis
Cluster Headache	
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	



Agents: Anticonvulsants* LEGACY CATEGORY	<ul> <li>Must have had an inadequate clinical response of at least <u>30 days</u> with at least <u>two preferred</u> drugs in this UPDL category and indicated for diagnosis</li> <li>For prescribers who are credentialed as a neurology specialty with Ohio Medicaid, there must have been an inadequate clinical response of at least <u>30 days</u> with <u>one preferred</u> anticonvulsant drug in the standard tablet/capsule dosage form.</li> <li>Prescriptions submitted from a prescriber who is credentialed as a neurology specialty with Ohio Medicaid AND for drugs that are used only for seizures, there must have been an inadequate clinical response of at least <u>30 days</u> with <u>one preferred</u> anticonvulsant drug in the standard tablet/capsule dosage form.</li> </ul>
Central Nervous System (CNS) Agents: Anticonvulsants Rescue	<b>AR</b> – VALTOCO: a PA is required for patients younger than <mark>6</mark> 2 years old
Central Nervous System (CNS) Agents: Antidepressants* LEGACY CATEGORY	<ul> <li>NON-PREFERRED CRITERIA:</li> <li>Must have had an inadequate clinical response of at least <u>30 days</u> with at least <u>two preferred</u> drugs in this UPDL category and indicated for diagnosis</li> </ul>
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	<ul> <li>MON-PREFERRED CRITERIA:</li> <li>Must have had an inadequate clinical response of at least <u>30 days</u> with at least <u>two preferred</u> drugs in this UPDL category and indicated for diagnosis., if available</li> </ul>
Central Nervous System (CNS) Agents: Atypical Antipsychotics* LEGACY CATEGORY	<ul> <li>NON-PREFERRED CRITERIA:</li> <li>Must have had an inadequate clinical response of at least <u>30 days</u> with at least <u>two preferred</u> drugs in this UPDL category and indicated for diagnosis</li> </ul>
Central Nervous System (CNS) Agents:	All products are covered without a PA LENGTH OF AUTHORIZATIONS: 365 Days
Fibromyalgia Agents	<ul> <li>MON-PREFERRED CRITERIA:</li> <li>Must have had an inadequate clinical response of at least <u>14 days</u> with at least <u>two preferred</u> drugs in different classes (see Additional Information section below)</li> </ul>
	<ul> <li>ADDITIONAL INFORMATION         <ul> <li>Drugs and drug classes include gabapentin, pregabalin, short- and/or long-acting opioids, skeletal muscle relaxants, SNRIs, SSRIs, trazodone, and tricyclic antidepressants</li> </ul> </li> </ul>
Central Nervous System (CNS)	BUPRENORPHINE SAFETY EDITS AND DRUG UTILIZATION REVIEW CRITERIA:



Assisted Treatment	to 300mg/30 days	
of Opioid Addiction		
	BUPRENORPHINE INITIAL AUTHORIZATION CRITERIA	
	Safety edits are in place for dosages over 24mg of buprenorphine equivalents/day Pursuant to Ohio	o Administrative Code 4731-33-03,
	dosages exceeding 32mg of buprenorphine equivalents per day will not be approved. Has prescriber reviewed the OARRS within 7 days prior to the prior authorization request?	<u>Yes</u> No
	Diagnosis (not approvable for pain) ICD-10 Code	
	Has individual been referred to counseling for addiction treatment?	YesNoN/A
	If clinically indicated, has individual been offered a referral to counseling for addiction treatment?	
	Has the individual been offered a prescription for a naloxone kit?	<u>Yes</u> No
	When is the individual's next appointment to assess induction therapy?	Date:
	BUPRENORPHINE RENEWAL CRITERIA	
	Please provide the current duration of treatment as of the date of this request	
	Please indicate the frequency of prescriber meetings.	
	Has individual been actively participating in counseling AND been compliant with all sessions? Date of last counseling	- <u>YesNo</u>
	Has the dose been reduced in the past 6 months?	<mark>YesNo</mark>
	Has there been an evaluation for a dose reduction since the previous PA request? If NO, please provide explanation	- <u>Yes</u> No
	Prescriber attests to the continued monitoring for safety and efficacy of the requested medication	<u>Yes</u> No
	Has the prescriber reviewed Ohio Automated Rx Reporting System within 7 days prior to the PA request?	YesNo
	If individual is receiving opioids, benzodiazepines, sedative hypnotics, carisoprodol or tramadol, has the physician coordinated with all prescribers of controlled substances and determined treatment should continue?	- <u>¥es No</u>
	If YES, has an addiction specialist recommended to continue substance abuse treatment?	<u>YesNo</u>
	Addiction Specialist consultedPhone Number	-Date
	Is the individual receiving opioids, benzodiazepines, sedative hypnotics, carisoprodol or tramadol?	Yes No
	Skip this question if answering "No" to the previous question	Yes No
	Has the prescriber coordinated care with the prescriber(s) of the above listed substances and	
	evaluated the risks and benefits of the combined use of these medications? Lab testing requirements met (at least twice per guarter for first year of treatment; once per	
	cab testing requirements met (at teast twice per quarter to mist year or treatment, once per quarter thereafter)?	<u>YesNo</u>



REQUIRED FOR ALL BUPRENORPHINE REQUESTS

	REQUIRED FOR ALL BUPKENORPHINE REQUESTS	
Ĩ	Is the individual pregnant?	- <u>Yes_Ne</u>
	Is the individual breastfeeding?	<u>YesNo</u>
	Has the individual been explained the difference between an allergic reaction and symptoms of opioid withdrawal?	<u>Yes</u> No
	Does the patient have an allergy or other contraindication to Naloxone? Please list reactions or reasons for contraindications	- <u>YesNo</u>
	Does the patient have an allergy to naloxone? If yes, please select appropriate box and provide additional information if needed.	Yes No Anaphylaxis Bronchospasm Angioneurotic edema Anaphylactic shock Hives Swelling of face or mouth Other:
	Does the patient have a contraindication to naloxone? If yes, please select appropriate box and provide additional information if needed.	<u>Yes</u> No Pregnancy Breastfeeding Moderate to severe hepatic impairment as evidenced by Child-Pugh Class B or C
	Skip this question if the patient has an allergy or contraindication to naloxone is the patient starting buprenorphine induction following use of methadone, fentanyl, or extended-release opioids? If yes, please select appropriate box and provide additional information if <u>needed.*</u> 'This rationale can only be used for a 30-day authorization.	Vither: YesVA Methadone Fentanyi Extended-release opioids
	Skip this question if the patient has an allergy or contraindication to naloxone s the patient going to covert from buprenorphine mono-product to puprenorphine-naloxone combination? If yes, please provide additional nformation if needed.* 'This rationale can only be used for a one-time 30-day authorization.	<u>Yes</u> N/A
	Additional Information	· 



	REQUIRED FOR ALL LOFEXIDINE (LUCEMYRA) REQUESTS
	Provide medical justification supporting why an opioid taper (such as buprenorphine or methadone) cannot be used:
	Provide documentation of an inadequate clinical response (including trial dates) or contraindication to clonidine:
	To be exempt from the above lofexidine criteria, provide documentation that the drug was initiated in an inpatient setting:
	*Lucemvra length of authorization is 14 days
	SIGNATURE AND DATE
	I attest that I am a member of the prescriber's staff in accordance with Ohio Administrative Code rule 5160-9-03, as applicable. Only the prescribing provider or a member of the prescribing provider's staff may
	request prior authorization.
	Prescriber's Signature (or staff of prescriber) Date
	IF a staff member is attesting, please print your name
	n a sian member is altesting, please print your name
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	<ul> <li>Must have had an inadequate clinical response of at least <u>30 days</u></li> </ul>
Agents: Multiple	with at least <u>one preferred</u> drug in this UPDL category <mark>and indicated</mark>
Sclerosis* LEGACY	for diagnosis
CATEGORY	
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	Must have had an inadequate clinical response with at least two
Agents: Narcolepsy	preferred drugs - either at least <u>30 days</u> of armodafinil or modafinil;
	<b>OR</b> at least <u>7 days</u> of a preferred amphetamine or methylphenidate
	drug in this UPDL category and indicated for diagnosis
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS) Agents: Neuropathic	<ul> <li>Must have had an inadequate clinical response of at least <u>30 days</u> with at least two preferred drugs within the same sub-section</li> </ul>
Pain	classification in different drug classes in this UPDL category and
raili	indicated for diagnosis
	ADDITIONAL GABAPENTIN (GRALISE) AND GABAPENTIN ENCARBIL
	(HORIZANT) CRITERIA
	<ul> <li>Must have had an inadequate clinical response to a preferred</li> </ul>
	gabapentin product



Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	<ul> <li>Must have had an inadequate clinical response of at least <u>30 days</u></li> </ul>
Agents: Parkinson's	with at least <u>one preferred</u> drug <mark>within the same <del>mechanism of</del></mark>
Agents	<del>action</del> sub-section classification in this UPDL category <del>, if</del> and
	indicated for diagnosis. <del>, if available</del>
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	Must have had an inadequate clinical response of at least <u>30 days</u>
Agents: Restless	with at least one preferred drug in this UPDL category and indicated
Legs Syndrome	for diagnosis
	···· ••••
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	<ul> <li>Must have had an inadequate clinical response of at least <u>7 days</u></li> </ul>
Agents: Sedative-	with at least two preferred drugs in this UPDL category and
Hypnotics, Non-	indicated for diagnosis
Barbiturate	
Central Nervous	NON-PREFERRED CRITERIA:
System (CNS)	<ul> <li>Must have had an inadequate clinical response of at least <u>30 days</u></li> </ul>
Agents: Skeletal	with at least two preferred drugs in this UPDL category and
Muscle Relaxants,	indicated for diagnosis
Non-	
Benzodiazepine	
Dermatologic	NON-PREFERRED CRITERIA:
Agents: Oral Acne	<ul> <li>Must have had an inadequate clinical response of at least <u>90 days</u></li> </ul>
Products	
Products	with at least <u>two preferred</u> drugs in this UPDL category <mark>and</mark> indicated for diagnosis
Dermetologia	
Dermatologic	NON-PREFERRED CRITERIA:
Agents: Topical	Must have had an inadequate clinical response with at least <u>two</u>
Acne Products	preferred drugs within the same mechanism of action sub-section
	classification in this UPDL category. Trials must be 30 days for
	preferred non-retinoids and 90 days for preferred retinoids.
Endocrine Agents:	NON-PREFERRED CRITERIA:
Androgens	<ul> <li>Must have had an inadequate clinical response of at least <u>90 days</u></li> </ul>
	with <u>ALL preferred</u> drugs in this UPDL category and indicated for
	diagnosis
Endocrine Agents:	NON-PREFERRED CRITERIA:
Diabetes –	<ul> <li>Must have had an inadequate clinical response of at least <u>one</u></li> </ul>
Hypoglycemia	<u>preferred</u> drug in this UPDL category <mark>and indicated for diagnosis</mark> <b>OR</b>
Treatments	the inability of the member and/or caregiver to administer a
	preferred glucagon product in a timely fashion
Endocrine Agents:	NON-PREFERRED CRITERIA:
Diabetes – Insulin	<ul> <li>Must have had an inadequate clinical response (defined as the</li> </ul>
	inability to reach target A1C) after at least <u>120 days</u> with at least
	two preferred drugs having a similar duration of action in this UPDL
	category and indicated for diagnosis, if available
Endocrine Agents:	NON-PREFERRED CRITERIA:
Diabetes – Non-	<ul> <li>Must have had an inadequate clinical response of at least <u>120 days</u></li> </ul>
Insulin	with at least three preferred drugs in this UPDL category and
	indicated for diagnosis, if available if available.



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Endocrine Agents:	NON-PREFERRED CRITERIA:
Endometriosis	 Must have had an inadequate clinical response of at least <u>84 days</u>
	with at least <u>one preferred</u> step-therapy drug in this UPDL category
	and indicated for diagnosis
Endocrine Agents:	NON-PREFERRED CRITERIA:
Estrogenic Agents	 Must have had an inadequate clinical response of at least <u>30 days</u>
	with at least <u>two preferred</u> drugs in this UPDL category within the
	same route of administration, sub-section classification and if
	indicated for diagnosis , if available .
Endocrine Agents:	NON-PREFERRED CRITERIA:
Growth Hormone	 Must have had an inadequate clinical response of at least <u>90 days</u>
	with at least <u>one preferred</u> drug within the same sub-section
	classification in this UPDL category and indicated for diagnosis <mark>of</mark>
	similar duration of action in this UPDL category
Endocrine Agents:	NON-PREFERRED CRITERIA:
Osteoporosis – Bone	• Must have had an inadequate clinical response of at least <u>365 days</u>
Ossification	with at least <u>one preferred</u> drug within the same sub-section
Enhancers	classification in this UPDL category and indicated for diagnosis with
	the same mechanism of action if available
Gastrointestinal	NON-PREFERRED CRITERIA:
Agents: Anti-	• Must have had an inadequate clinical response of at least <u>3 days</u> with
Emetics	at least <u>one preferred</u> drug in this UPDL category within the same
	mechanism of action, if sub-section classification and indicated for
	diagnosis , if available .
Gastrointestinal	NON-PREFERRED CRITERIA:
Agents: Bowel	Must have had an inadequate clinical response with at least one
Preparations	preferred drug in this UPDL category and indicated for diagnosis
Gastrointestinal	NON-PREFERRED CRITERIA:
Agents: Crohn's	Must have had an inadequate clinical response of at least 30 days
Disease	with at least two preferred drugs in this UPDL category and
	indicated for diagnosis
Gastrointestinal	NON-PREFERRED CRITERIA:
Agents: Irritable	Must have had an inadequate clinical response of at least <u>14 days</u>
Bowel Syndrome	with at least <u>one preferred</u> drug and one <u>step therapy</u> drug in this
(IBS) with Diarrhea	UPDL category and indicated for diagnosis
Gastrointestinal	NON-PREFERRED CRITERIA:
Agents: Pancreatic	Must have had an inadequate clinical response of at least <u>14 days</u>
Enzymes	with at least two preferred drugs in this UPDL category and indicated
	for diagnosis
Gastrointestinal	NON-PREFERRED CRITERIA:
Agents: Proton	Must have had an inadequate clinical response of at least <u>30 days</u>
Pump Inhibitors	with at least two preferred drugs in this UPDL category and
F	indicated for diagnosis
Gastrointestinal	NON-PREFERRED CRITERIA:
Agents: Ulcerative	 Must have had an inadequate clinical response of at least <u>30 days</u>
Colitis	with at least two preferred drugs in this UPDL category within the
	same route of administration, if sub-section classification and
	indicated for diagnosis, if available
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Gastrointestinal	NON-PREFERRED CRITERIA:	
Agents: Unspecified	 Must have had an inadequate clinical response of at least <u>14 days</u> 	
GI	with <u>one step therapy</u> drug this UPDL category <mark>and indicated for</mark>	
	diagnosis , if indicated for diagnosis	
Genitourinary	NON-PREFERRED CRITERIA:	
Agents: Benign	 Must have had an inadequate clinical response of at least <u>60 days</u> 	
Prostatic	with at least <u>two preferred</u> drugs, with at least <u>one preferred</u> within	
Hyperplasia	the same sub-section classification with the same mechanism of	
	action, if available and indicated for diagnosis, if available	
Genitourinary	NON-PREFERRED CRITERIA:	
Agents: Electrolyte	Must have had an inadequate clinical response of at least <u>14 days</u>	
Depleter Agents	with at least two one preferred step therapy drugs in this UPDL	
	category and indicated for diagnosis, if available in this UPDL	
	category, one of which must have the same mechanism of action as	
	the requested non-preferred drug, if available	
Genitourinary	NON-PREFERRED CRITERIA:	
Agents: Urinary	 Must have had an inadequate clinical response of at least <u>30 days</u> 	
Antispasmodics	with at least two preferred drugs in this UPDL category and	
Antispusitionics	indicated for diagnosis, one of which must be within the same sub-	
	section classification, with different active ingredients within the	
	same mechanism of action, if available	
Hyperkalemia	NON-PREFERRED CRITERIA:	
Agents: Potassium Binders	 Must have had an inadequate clinical response of at least <u>30 days</u> 	
Binders	with at least <u>one preferred</u> drug in this UPDL category and indicated	
luc un cur cur cul clata a	for diagnosis	
Immunomodulator	NON-PREFERRED CRITERIA:	
Agents: Systemic	Must have had an inadequate clinical response of at least <u>90 days</u> with at least two maferred drugs in this UBDI estatements that are not	
Inflammatory	with at least two preferred drugs in this UPDL category that are not	
Disease	biosimilars of the same reference product, if and indicated for	
	diagnosis <mark>., if available</mark>	
	 For non-preferred biosimilars immunomodulators: must 	
	provide documentation of inadequate clinical response to	
	its preferred reference product or biosimilar, in this UPDL	
	category , if and indicated for the diagnosis, if available	
	ADDITIONAL PRURIGO NODULARIS CRITERIA:	
	 Must be prescribed by or in consultation with a specialist (i.e., 	
	dermatologist, rheumatologist)	
	 Must provide documentation of an inadequate clinical response of 	
	at least 90 days with a topical steroid	
Infectious Disease	NON-PREFERRED CRITERIA:	
Agents: Antibiotics –	Must have had an inadequate clinical response of at least <u>3 days</u>	
Cephalosporins	with at least <u>one preferred</u> drug in this UPDL category and indicated	
	for diagnosis	
Infectious Disease	NON-PREFERRED CRITERIA:	
Agents: Antibiotics –	 Must have had an inadequate clinical response of at least <u>28 days</u> 	
Inhaled		
milaleu	with at least <u>one preferred</u> drug in this UPDL category and indicated	



	for diagnosis
Infectious Disease	NON-PREFERRED CRITERIA:
Agents: Antibiotics –	Must have had an inadequate clinical response of at least <u>3 days</u>
Macrolides	with at least one preferred drug in this UPDL category and indicated
	for diagnosis
Infectious Disease	NON-PREFERRED CRITERIA:
Agents: Antibiotics –	 Must have had an inadequate clinical response of at least <u>3 days</u>
Quinolones	with at least <u>one preferred</u> drug in this UPDL category and indicated
	for diagnosis
Infectious Disease	NON-PREFERRED CRITERIA:
Agents: Antibiotics –	 Must have had an inadequate clinical response of at least <u>3 days</u>
Tetracyclines	with at least <u>one preferred</u> drug for acute infections OR at least <u>90</u>
	days with at least one preferred oral drug for acne in this UPDL
	category and indicated for diagnosis
Infectious Disease	NON-PREFERRED CRITERIA:
Agents: Antifungals	 Must have had an inadequate clinical response of at least <u>3 days</u>
	with at least <u>two preferred</u> drugs <mark>, if indicated for the diagnosis in</mark>
Infectious Disease	this UPDL category in this UPDL category and indicated for diagnosis
	NON-PREFERRED CRITERIA:
Agents: Antivirals – Hepatitis C Agents	 Must have had an inadequate clinical response defined as not achieving sustained virologic response (SVR) with guideline-
nepatitis C Agents	recommended preferred drugs in this UPDL category and indicated
	for diagnosis
Infectious Disease	NON-PREFERRED CRITERIA:
Agents: Antivirals –	Must have had an inadequate clinical response of at least 3 days
Herpes	with at least <u>one preferred</u> drug in this UPDL category and indicated
Therpes	for diagnosis
Infectious Disease	FOSTEMSAVIR (RUKOBIA) CRITERIA:
Agents: Antivirals –	 Must provide documentation of a multidrug-resistant HIV-1
HIV* LEGACY	infection
CATEGORY	
	NON-PREFERRED CRITERIA:
	• Must have had an inadequate clinical response of at least <u>30 days</u>
	with at least <u>one preferred</u> drug in this UPDL category <mark>and indicated</mark>
	for diagnosis. If applicable, the request must address the inability to
	use the individual components.
Ophthalmic Agents:	NON-PREFERRED CRITERIA:
Antibiotic and	 Must have had an inadequate clinical response of at least <u>3 days</u>
Antibiotic-Steroid	with at least <u>two preferred</u> drugs in this UPDL category <mark>and</mark>
Combination Drops	indicated for diagnosis
and Ointments	
Ophthalmic Agents:	NON-PREFERRED CRITERIA:
Antihistamines &	Must have had an inadequate clinical response of at least <u>7 days</u>
Mast Cell Stabilizers	with at least two preferred drugs in this UPDL category and
	indicated for diagnosis
Ophthalmic Agents:	STEP THERAPY CRITERIA:
Dry Eye Treatments	Must have had an inadequate clinical response of at least <u>14 days</u>



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	with at least <u>one</u> preferred drug in this UPDL category in the previous 120 days	
	NON-PREFERRED CRITERIA:	
	 Must have had an inadequate clinical response of at least <u>14 days</u> 	
	with at least two preferred drugs in this UPDL category and	
	indicated for diagnosis	
Ophthalmic Agents:	STEP THERAPY CRITERIA:	
Glaucoma Agents	• Must have had an inadequate clinical response of at least <u>30 days</u>	
	with at least <u>one preferred</u> drug in the same sub-section	
	classification in this UPDL category and indicated for diagnosis, if	
	available	
	NON-PREFERRED CRITERIA:	
	• Must have had an inadequate clinical response of at least <u>30 days</u>	
	with at least two preferred drugs within the same sub-section	
	classification in this UPDL category and indicated for diagnosis in	
	the same class, if available	
Ophthalmic Agents:	NON-PREFERRED CRITERIA:	
NSAIDs	 Must have had an inadequate clinical response of at least <u>3 days</u> 	
	with at least two preferred drugs in this UPDL category and	
	indicated for diagnosis	
Ophthalmic Agents:	NON-PREFERRED CRITERIA:	
Ophthalmic Steroids	 Must have had an inadequate clinical response of at least <u>7 days</u> with at least two preferred drugs in this UDDL sategory and 	
	with at least <u>two preferred</u> drugs in this UPDL category <mark>and</mark> indicated for diagnosis	
Otic Agents:	NON-PREFERRED CRITERIA:	
Antibacterial and	Must have had an inadequate clinical response of at least 3 days	
Antibacterial/Steroi	with at least two preferred drugs in this UPDL category and	
d Combinations	indicated for diagnosis	
Respiratory Agents:	NON-PREFERRED CRITERIA:	
Antihistamines –	 Must have had an inadequate clinical response of at least <u>7 days</u> 	
Second Generation	with at least <u>two <mark>different</mark> preferred</u> drugs in this UPDL category	
	and indicated for diagnosis .	
Respiratory Agents:	NON-PREFERRED CRITERIA:	
Cystic Fibrosis	Must have had an inadequate clinical response of at least <u>30 days</u>	
	with at least <u>one preferred</u> drug in this UPDL category and indicated	
Bospiratory Agents	for diagnosis	
Respiratory Agents: Epinephrine	 NON-PREFERRED CRITERIA: Must have had an inadequate clinical response to at least one 	
- chuichin inc	 Indust have had an inadequate clinical response to at least one preferred drug in this UPDL category and indicated for diagnosis 	
Respiratory Agents:	NON-PREFERRED CRITERIA:	
Hereditary	 Must have had an inadequate clinical response of at least <u>3 days</u> 	
Angioedema	with at least <u>one preferred</u> acute drug in this UPDL category and	
	indicated for diagnosis to request a non-preferred acute drug.	
	 Must have had an inadequate clinical response of at least <u>14 days</u> 	
	• With at least one preferred prophylaxis drug in this UPDL category	
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	and indicated for diagnosis to request a non-preferred prophylaxis drug.
Respiratory Agents:	NON-PREFERRED CRITERIA:
Inhaled Agents	 Must have had an inadequate clinical response of at least <u>14 days</u> with at least two preferred drugs in this UPDL category within the
	same mechanism of action, if sub-section classification and indicated for diagnosis, if available.
Respiratory Agents:	NON-PREFERRED CRITERIA:
Leukotriene Receptor Modifiers	 Must have had an inadequate clinical response of at least <u>30 days</u> with at least two preferred drugs in this UPDL category and
& Inhibitors	indicated for diagnosis
Respiratory Agents:	CLINICAL PA CRITERIA:
Monoclonal Antibodies-Anti-	For Chronic Obstructive Pulmonary Disease (COPD):
IL/Anti-IgE	 The patient must have an eosinophilic count of greater
	than or equal to 300 cells per mcL within 12 months prior
	to initiation of therapy AND
	 The patient has a history of uncontrolled disease, as
	indicated by greater than or equal to 2 COPD
	exacerbations or greater than or equal to 1 COPD
	exacerbation resulting in a hospitalization despite being on
	standard of care, defined as triple therapy
	(LAMA+LABA+ICS) for at least 3 months prior to request,
	and at a stable dose for at least 1 month prior.
	NON-PREFERRED CRITERIA:
	 Must have had an inadequate clinical response of at least <u>90 days</u>
	with at least <u>one preferred</u> drug in this UPDL category and indicated
	for diagnosis
Respiratory Agents:	NON-PREFERRED CRITERIA:
Nasal Preparations	Must have had an inadequate clinical response of at least <u>14 days</u>
	with at least two preferred drugs in this UPDL category within the
	same mechanism of action, if sub-section classification and
	indicated for diagnosis. , if available
Respiratory Agents:	NON-PREFERRED CRITERIA:
Pulmonary Fibrosis	 Must have had an inadequate clinical response of at least <u>30 days</u>
	with at least <u>one preferred</u> drug in this UPDL category <mark>and indicated</mark>
	for diagnosis
Topical Agents:	NON-PREFERRED CRITERIA:
Antifungals	 Must have had an inadequate clinical response of at least <u>14 days</u>
	with at least <u>two preferred</u> drugs in this UPDL category and
	indicated for diagnosis , if indicated for diagnosis
Topical Agents:	NON-PREFERRED CRITERIA:
Antiparasitics	 Must have had an inadequate clinical response of at least <u>14 days</u>
	with at least one preferred drug in this UPDL category and indicated
	for diagnosis



Topical Agents:	NON-PREFERRED CRITERIA:	
Corticosteroids	• Must have had an inadequate clinical response of at least <u>14 days</u>	
	with at least <u>two preferred</u> drugs within the same sub-section	
	classification in this UPDL category and indicated for diagnosis, if	
	available <mark>of similar potency</mark>	
Topical Agents:	NON-PREFERRED CRITERIA:	
Immunomodulators	• Must have had an inadequate clinical response of at least <u>30 days</u>	
	with at least <u>one preferred</u> drug in this UPDL category and indicated	
	for diagnosis	