
Ohio Medicaid

Pharmacy Benefit Management Program



Department of
Medicaid

Unified Preferred Drug List

Medicaid Fee-for-Service
and Managed Care Plans

Effective July 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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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}	Zorvolex
Oxaprozin	
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}
	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}	Fylnetra
Nyvepria ^{PA}	Granix
Ziextenzo ^{PA}	Leukine
	Neulasta
	Releuko
	Rolvedon
	Stimufend
	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}	Nuwiq
Afstyla ^{PA}	Obizur
Alphanate ^{PA}	Rebinyn
Alphanine SD ^{PA}	Sevenfact
Alprolix ^{PA}	Vonvendi
Benefix ^{PA}	
Corifact ^{PA}	
Eloctate ^{PA}	
Esperoct ^{PA}	
Feiba ^{PA}	

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Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*	
PREFERRED	NON-PREFERRED
Hemlibra ^{PA}	
Hemofil M ^{PA}	
Humate-P ^{PA}	
Idelvion ^{PA}	
Ixinity ^{PA}	
Koate ^{PA}	
Kogenate FS ^{PA}	
Kovaltry ^{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}	Aspruzo Sprinkle
Amlodipine/Benazepril	Camzyos
Amlodipine/Olmesartan ^{QL}	Candesartan
Amlodipine/Valsartan	Candesartan/HCTZ

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

Amlodipine/Valsartan/HCTZ
 Atenolol ^{QL}
 Atenolol/Chlorthalidone
 Benazepril
 Benazepril/HCTZ
 Betaxolol ^{QL}
 Bisoprolol ^{QL}
 Bisoprolol/HCTZ
 Bystolic ^{BvG}
 Captopril
 Captopril/HCTZ
 Cartia XT
 Carvedilol ^{QL}
 Clonidine IR, Patch
 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

NON-PREFERRED

Carospir
 Carvedilol ER
 Clonidine ER (generic of Nexiclon XR)
 Corlanor
 Edarbi
 Diltiazem 24HR ER Tabs ^{QL}
 Edarbyclor
 Hydralazine/HCTZ
 Innopran XL
 Isradipine
 Kapsargo
 Katerzia
 Kerendia
 Levamlodipine
 Nebivolol
 Nimodipine
 Nisoldipine
 Norliqva
 Nymalize
 Qbrelix
 Sotylize ^{AR}
 Tekturna/HCTZ
 Telmisartan
 Telmisartan/HCTZ
 Verapamil 200, 300mg ER 24HR ^{QL}
 Verquvo

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Moexipril	
Nadolol ^{QL}	
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

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Cardiovascular Agents: Lipotropics

PREFERRED	NON-PREFERRED
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}
Praluent ^{PA}	Fluvastatin
Pravastatin	Juxtapid
Prevalite	Livalo
Repatha ^{PA}	Nexletol
Rosuvastatin ^{QL}	Nexlizet
Simvastatin ^{QL}	Niacin ER Tab ^{QL}
	Vascepa ^{BvG}
	Zypitamag

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

Cardiovascular Agents: Pulmonary Arterial Hypertension*

PREFERRED	NON-PREFERRED
Ambrisentan ^{PA}	Adempas
Sildenafil ^{PA}	Bosentan
Sildenafil Susp ^{AR PA}	Epoprostenol
Tadalafil ^{PA}	Opsumit
Tadliq ^{AR PA}	Tracleer Susp
Tracleer Tab ^{BvG PA}	Treprostinil
	Tyvaso
	Uptravi
	Ventavis

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

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

PREFERRED	NON-PREFERRED
Donepezil 5, 10mg Tab ^{AR QL}	Adlarity ^{AR}
Donepezil ODT ^{AR QL}	Donepezil 23mg Tab ^{AR QL}
Galantamine IR Tab, ER Cap ^{AR QL}	Galantamine Sol ^{AR QL}
Memantine Tab ^{AR}	Memantine ER, Sol ^{AR}
Rivastigmine Cap ^{AR QL}	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	NON-PREFERRED
Imitrex Nasal Spray ^{BvG QL}	Almotriptan
Naratriptan ^{QL}	Dihydroergotamine
Nurtec ODT ^{QL ST}	Eletriptan
Rizatriptan ^{QL}	Ergomar
Sumatriptan Inj, Tab ^{QL}	Frovatriptan
Tosymra ^{BvG QL}	Migergot
	Onzetra Xsail ^{QL}
	Reyvow
	Sumatriptan/Naproxen

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

PREFERRED	NON-PREFERRED
	Sumatriptan Nasal Spray ^{QL} Trudhesa 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} Lamotrigine IR, ODT Levetiracetam IR Tab, Sol Oxcarbazepine Tab Phenobarbital Phenytoin Pregabalin ^{QL} Primidone Topiramate Trileptal Susp ^{BvG} Valproic Acid Lacosamide ST Zonisamide Cap	Aptiom Briviact Celontin Clonazepam ODT Elesia XR Felbamate Fintepla Lamotrigine ER 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 Zonisamide Susp Ztalmy

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

Central Nervous System (CNS) Agents: Anticonvulsants Rescue	
PREFERRED	NON-PREFERRED
Diastat Diazepam Gel Nayzilam ^{AR} Valtoco ^{AR}	

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

Central Nervous System (CNS) Agents: Antidepressants*	
PREFERRED	NON-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}	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	NON-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)	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 ^{QL} Vyvanse Chewable Tab

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

PREFERRED	NON-PREFERRED
Methylphenidate ER Tab ^{AR QL} (generic of Concerta, Methylin ER, Ritalin SR)	Xelstrym ^{AR} Zenzedi ^{AR QL}
Methylphenidate Sol ^{AR QL}	
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}	Lybalvi
Invega Hafyera ER ^{PA}	Nuplazid
Invega Sustenna ^{QL}	Olanzapine ODT
Invega Trinza ^{QL}	Rexulti
Lurasidone ^{QL}	Secuado
Olanzapine ^{QL}	Versacloz
Paliperidone Tab	Vraylar
Perseris	Zyprexa Relprevv ^{QL}
Quetiapine IR, ER ^{QL}	
Risperdal Consta ^{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	

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

PREFERRED

NON-PREFERRED

Zubsolv

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

Central Nervous System (CNS) Agents: Movement Disorders

PREFERRED

NON-PREFERRED

Austedo ^{PA 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 ^{BvG}

Avonex

Betaseron

Copaxone ^{BvG}

Dalfampridine

Dimethyl Fumarate

Fingolimod

Gilenya

Rebif

Bafiertam

Extavia

Glatiramer

Glatopa

Kesimpta

Mavenclad

Mayzent

Plegridy

Ponvory

Tascenso ODT

Teriflunomide

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 ^{BvG}

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

Gralise

Horizant

Pregabalin ER

Ztlido

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Central Nervous System (CNS) Agents: Neuropathic Pain

PREFERRED	NON-PREFERRED
Lidocaine Patch Nortriptyline Oxcarbazepine Pregabalin ^{QL}	

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

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

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

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

Central Nervous System (CNS) Agents: Restless Legs Syndrome

PREFERRED	NON-PREFERRED
Pramipexole Ropinirole	Horizant 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} Temazepam 15, 30mg ^{QL} Zaleplon ^{QL} Zolpidem ^{QL}	Belsomra Dayvigo Doxepin 3, 6mg 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 ^{BvG}
	Lyvispah
	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}	Absorica
Amnesteem ^{PA}	Absorica LD
Claravis ^{PA}	
Isotretinoin ^{PA}	
Myorisan ^{PA}	
Zenatane ^{PA}	

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

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

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Dermatologic Agents: Topical Acne Products	
PREFERRED	NON-PREFERRED
	Finacea Foam Onexton Gel Ovace Plus Plixda ^{AR} Sodium Sulfacetamide/Sulfur Gel Sodium Sulfacetamide Pads Tazarotene Cream, Foam, Gel 0.1% ^{AR} Twyneo ^{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} Glucagen 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 Kwikpen, Vial ^{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	Admelog ^{QL} Afrezza Basaglar ^{QL} Fiasp ^{QL} Humalog U-100 Tempo Pen Humalog U-200 ^{QL} Humulin N U-100 Humulin R U-100 Insulin Degludec Semglee ^{BvG QL} Lyumjev Novolin 70-30

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Endocrine Agents: Diabetes – Insulin	
PREFERRED	NON-PREFERRED
Novolog U-100 ^{QL}	Novolin N U-100
Toujeo	Novolin R U-100
Tresiba ^{BvG ST}	

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}	Jentaducto XR
Invokamet	Kombiglyze XR
Invokana	Metformin ER ^{QL} (Generic of Fortamet, Glumetza)
Janumet	Metformin Sol
Janumet XR	Mounjaro
Januvia	Onglyza
Jardiance	Ozempic
Jentaducto	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}
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} Oriaahn ^{PA QL}	

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

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

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

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

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

Gastrointestinal Agents: 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 Loperamide ^{QL} Xifaxan ST	Alosetron Viberzi

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

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

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

Gastrointestinal Agents: Proton Pump Inhibitors	
PREFERRED	NON-PREFERRED
Lansoprazole Cap Nexium Granules ^{BvG} Omeprazole Cap ^{AR} Pantoprazole Tab ^{AR} Protonix Pak ^{AR BvG}	Aciphex Dexilant ^{BvG} Esomeprazole Esomeprazole Granules 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 Budesonide ER Tab ^{QL} Mesalamine DR Cap, Tab Mesalamine Enema Mesalamine ER Pentasa ^{BvG} Sulfasalazine	Dipentum Mesalamine Supp Uceris Foam ^{BvG QL} Zeposia

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

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

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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
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	Auryxia
Phoslyra	Lanthanum Carbonate
Sevelamer	Velphoro

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

Genitourinary Agents: Urinary Antispasmodics	
PREFERRED	NON-PREFERRED
Gelnique	Darifenacin ^{QL}
Myrbetriq Tab	Fesoterodine
Oxybutynin ^{QL}	Gemtesa
Oxytrol	Myrbetriq Granules ^{AR}
Solifenacin ^{QL}	Tolterodine
Toviaz ^{BvG}	Trospium ^{QL}
	Vesicare LS ^{AR}

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

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

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Immunomodulator Agents: Systemic Inflammatory Disease	
PREFERRED	NON-PREFERRED
	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

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Infectious Disease Agents: Antibiotics – Tetracyclines	
PREFERRED	NON-PREFERRED
Vibramycin Susp ^{AR}	Nuzyra

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

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

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Infectious Disease Agents: Antivirals – HIV*

PREFERRED	NON-PREFERRED
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	
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	Zylet
Sulfacetamide Sodium Ophth Sol 10%	
Sulfacetamide/Prednisolone	
Tobramycin	
Tobramycin/Dexamethasone 0.3/0.1%	

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

Ophthalmic Agents: Antihistamines & Mast Cell Stabilizers

PREFERRED	NON-PREFERRED
Azelastine	Alocril

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

Ophthalmic Agents: Antihistamines & Mast Cell Stabilizers

PREFERRED	NON-PREFERRED
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%	Apraclonidine
Alphagan P 0.15% ^{BvG}	Betoptic S
Azopt ^{BvG ST}	Bimatoprost
Betaxolol	Brimonidine 0.15%
Brimonidine 0.2%	Brinzolamide
Carteolol	Iopidine
Combigan ^{BvG ST}	Istalol
Dorzolamide	Lumigan
Dorzolamide/Timolol	Timolol Maleate Droperette
Latanoprost	Travoprost
Levobunolol	Vyzulta
Metipranolol	Xelpros
Rhopressa	Zioptan ^{BvG}
Rocklatan	
Simbrinza	
Timolol 0.5% Gel, Soln	
Travatan Z ^{BvG ST}	

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

Ophthalmic Agents: NSAIDs

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

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

Ophthalmic Agents: Ophthalmic Steroids

PREFERRED	NON-PREFERRED
Alrex ^{BvG}	Inveltys
Dexamethasone Sodium Phosphate	Lotemax SM
Difluprednate	Loteprednol
Durezol	
Flarex	
Fluorometholone	
Fml Forte	
Fml S.O.P.	
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](#)

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

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

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} Dupixent ^{PA} Xolair ^{PA}	Nucala Tezspire

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

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

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

Respiratory Agents: Other Agents	
PREFERRED	NON-PREFERRED
	Roflumilast

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

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
 Fluticasone Propionate Cream, Oint
 Hydrocortisone
 Mometasone Furoate
 Prednicarbate
 Triamcinolone

NON-PREFERRED

Alclometasone
 Apexicon E
 Betamethasone Dipropionate
 Betamethasone Dipropionate/Calcipotriene Susp
 Betamethasone Valerate Aerosol Foam
 Bryhali
 Clocortolone Pivalate
 Cordran Tape
 Desonate Gel
 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
 Hyftor
 Opzelura
 Pimecrolimus ^{AR}
 Vtama
 Zoryve

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