
Ohio Medicaid

Pharmacy Benefit Management Program



Department of
Medicaid

Unified Preferred Drug List

Medicaid Fee-for-Service
and Managed Care Plans

Effective October 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**
-

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](#)
-

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
-

Table of Contents

Example Category	3
Analgesic Agents: Gout	8
Analgesic Agents: NSAIDS	8
Analgesic Agents: Opioids	8
Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	9
Blood Formation, Coagulation, and Thrombosis Agents: Hematopoietic Agents	9
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*	9
Blood Formation, Coagulation, and Thrombosis Agents: Heparin-Related Preparations	10
Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants	10
Blood Formation, Coagulation, and Thrombosis Agents: Oral Antiplatelet	10
Cardiovascular Agents: Angina, Hypertension and Heart Failure	10
Cardiovascular Agents: Antiarrhythmics	12
Cardiovascular Agents: Lipotropics	12
Cardiovascular Agents: Pulmonary Arterial Hypertension*	13
Central Nervous System (CNS) Agents: Alzheimer’s Agents*	13
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute	13
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Cluster Headache	14
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis	14
Central Nervous System (CNS) Agents: Anticonvulsants*	14
Central Nervous System (CNS) Agents: Anticonvulsants Rescue	15
Central Nervous System (CNS) Agents: Antidepressants*	15
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	15
Central Nervous System (CNS) Agents: Atypical Antipsychotics*	16
Central Nervous System (CNS) Agents: Fibromyalgia Agents	16
Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction	16
Central Nervous System (CNS) Agents: Movement Disorders	17
Central Nervous System (CNS) Agents: Multiple Sclerosis*	17
Central Nervous System (CNS) Agents: Narcolepsy	17
Central Nervous System (CNS) Agents: Neuropathic Pain	17
Central Nervous System (CNS) Agents: Parkinson's Agents	18
Central Nervous System (CNS) Agents: Restless Legs Syndrome	18
Central Nervous System (CNS) Agents: Sedative-Hypnotics, Non-Barbiturate	18
Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine	19
Central Nervous System (CNS) Agents: Smoking Deterrents	19

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

Dermatologic Agents: Oral Acne Products	19
Dermatologic Agents: Topical Acne Products	19
Endocrine Agents: Androgens	20
Endocrine Agents: Diabetes – Hypoglycemia Treatments	20
Endocrine Agents: Diabetes – Insulin	20
Endocrine Agents: Diabetes – Non-Insulin	21
Endocrine Agents: Endometriosis	21
Endocrine Agents: Estrogenic Agents	22
Endocrine Agents: Growth Hormone	22
Endocrine Agents: Osteoporosis – Bone Ossification Enhancers	22
Endocrine Agents: Progestin Agents	22
Endocrine Agents: Uterine Fibroids	23
Gastrointestinal Agents: Anti-Emetics	23
Gastrointestinal Agents: Bowel Preparations	23
Gastrointestinal Agents: Crohn’s Disease	23
Gastrointestinal Agents: Hepatic Encephalopathy	24
Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) with Diarrhea	24
Gastrointestinal Agents: Pancreatic Enzymes	24
Gastrointestinal Agents: Proton Pump Inhibitors	24
Gastrointestinal Agents: Ulcerative Colitis	24
Gastrointestinal Agents: Unspecified GI	24
Genitourinary Agents: Benign Prostatic Hyperplasia	25
Genitourinary Agents: Electrolyte Depletter Agents	25
Genitourinary Agents: Urinary Antispasmodics	25
Immunomodulator Agents: Systemic Inflammatory Disease	26
Infectious Disease Agents: Antibiotics – Cephalosporins	26
Infectious Disease Agents: Antibiotics – Inhaled	26
Infectious Disease Agents: Antibiotics – Macrolides	26
Infectious Disease Agents: Antibiotics – Quinolones	27
Infectious Disease Agents: Antibiotics – Tetracyclines	27
Infectious Disease Agents: Antifungals	27
Infectious Disease Agents: Antivirals – Hepatitis C Agents	27
Infectious Disease Agents: Antivirals – Herpes	27
Infectious Disease Agents: Antivirals – HIV*	27
Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments	28

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	29
Ophthalmic Agents: Dry Eye Treatments.....	29
Ophthalmic Agents: Glaucoma Agents	29
Ophthalmic Agents: NSAIDs	30
Ophthalmic Agents: Ophthalmic Steroids.....	30
Otic Agents: Antibacterial and Antibacterial/Steroid Combinations	30
Respiratory Agents: Antihistamines – Second Generation	30
Respiratory Agents: Cystic Fibrosis	30
Respiratory Agents: Epinephrine Auto-Injectors.....	31
Respiratory Agents: Hereditary Angioedema	31
Respiratory Agents: Inhaled Agents	31
Respiratory Agents: Leukotriene Receptor Modifiers & Inhibitors	32
Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE.....	32
Respiratory Agents: Nasal Preparations	32
Respiratory Agents: Other Agents.....	32
Topical Agents: Antifungals	32
Topical Agents: Antiparasitics.....	33
Topical Agents: Corticosteroids	33
Topical Agents: Immunomodulators	33

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 Sodium IR, DR, ER, Gel 1%	Diclofenac Gel 3%, Patch 1.3%, Soln 1.5%, 2%
Etodolac	Diclofenac Potassium
Fenoprofen 600mg	Diclofenac
Flurbiprofen	Elyxyb
Ibuprofen	Fenoprofen 400mg
Indocin	Ibuprofen/Famotidine
Indomethacin	Ketorolac Tromethamine Nasal Spray
Ketoprofen ER	Ketoprofen
Ketorolac	Licart Patch
Meclofenamate	Meloxicam Cap
Mefenamic Acid	Naproxen CR, DR, ER, EC
Meloxicam Tab	Naproxen/Esomeprazole
Nabumetone	Pennsaid ^{BvG}
Naproxen IR	Qmiiz ODT
Naproxen Susp ^{AR}	Relafen DS
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
Codeine ^{QL}	50/300/40/30mg ^{QL}
Hydrocodone/Acetaminophen ^{QL}	Dsuvia ^{QL}
Hydromorphone IR ^{QL}	Fentanyl ^{QL}
Morphine IR Tab, Sol ^{QL}	Hydrocodone Bitartrate ER 12HR Cap ^{QL}
Morphine ER Tab ^{PA QL}	Hydrocodone Bitartrate ER 24HR Tab ^{QL}
Nucynta IR ^{QL}	Hydrocodone/Acetaminophen 5-300, 7.5-300, 10-300mg ^{QL}
Nucynta ER ^{PA QL}	Hydrocodone/Ibuprofen ^{QL}
Oxycodone Cap, Sol, Tab ^{QL}	Hydromorphone ER ^{QL}
Oxycodone/Acetaminophen ^{QL}	Levorphanol ^{QL}
Tramadol ^{QL}	

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

Analgesic Agents: Opioids

PREFERRED	NON-PREFERRED
Tramadol/Acetaminophen ^{QL}	Meperidine ^{QL} Methadone ^{QL} Morphine ER 24HR Cap ^{QL} Oxycodone ER ^{QL} Oxycodone/Ibuprofen ^{QL} Oxymorphone IR, ER ^{QL}

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

Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors

PREFERRED	NON-PREFERRED
Neupogen ^{PA} Nivestym ^{PA} Nyvepria ^{PA} Ziextenzo ^{PA}	Fulphila Fylmetra Granix 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} Mircera ^{PA} Retacrit ^{PA}	Aranesp Procrit

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} Adynovate ^{PA} Afstyla ^{PA} Alphanate ^{PA} Alphanine SD ^{PA} Alprolix ^{PA} Benefix ^{PA} Corifact ^{PA} Eloctate ^{PA} Esperoct ^{PA} Feiba ^{PA} Hemlibra ^{PA} Hemofil M ^{PA} Humate-P ^{PA} Idelvion ^{PA} Ixinity ^{PA}	Altuviiio Jivi Nuwiq Obizur Rebinyn Sevenfact Vonvendi

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

Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*	
PREFERRED	NON-PREFERRED
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 Cap
Pradaxa Cap ^{BvG} Pellet Pak ^{AR}	Savaysa
Warfarin	
Xarelto Susp ^{AR} 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
Amlodipine/Valsartan/HCTZ	Carospir
Atenolol ^{QL}	Carvedilol ER
Atenolol/Chlorthalidone	Clonidine ER (generic of Nexiclon XR)
Benazepril	Corlanor
Benazepril/HCTZ	Edarbi

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
Betaxolol ^{QL}	Diltiazem 24HR ER Tabs ^{QL}
Bisoprolol ^{QL}	Edarbyclor
Bisoprolol/HCTZ	Hydralazine/HCTZ
Bystolic ^{BvG}	Innopran XL
Captopril	Isradipine
Captopril/HCTZ	Kapsargo
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	Qbrelis
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	
Nicardipine ^{QL}	
Nifedipine ^{QL}	

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
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	Atorvaliq
Ezetimibe	Colesevelam
Fenofibrate 48, 145mg Tab ^{QL}	Colestipol Granules
Gemfibrozil ^{QL}	Ezetimibe/Simvastatin
Lovastatin ^{QL}	Ezallor
Omega-3-Acid Ethyl Esters	Fenofibrate Cap ^{QL}
Niacin IR, ER OTC ^{QL}	Fenofibrate 40, 54, 120, 160mg Tab ^{QL}
Praluent ^{PA}	Fenofibric Acid ^{QL}
Pravastatin	Fluvastatin

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

Cardiovascular Agents: Lipotropics	
PREFERRED	NON-PREFERRED
Prevalite	Juxtapid
Repatha ^{PA}	Livalo
Rosuvastatin ^{QL}	Nexletol
Simvastatin ^{QL}	Nexlizet
	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}	Orenitram
Tracleer Tab ^{BvG PA}	Tracleer Susp
	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
	Sumatriptan Nasal Spray ^{QL}
	Trudhesa
	Ubrelyv

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

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}

Lamotrigine IR, ODT

Levetiracetam IR Tab, Sol

Oxcarbazepine Tab

Phenobarbital

Phenytoin

Pregabalin^{QL}

Primidone

Topiramate

Trileptal Susp^{BvG}

Valproic Acid

LacosamideST

Zonisamide Cap

Aptiom

Briviact

Celontin^{BvG}

Clonazepam ODT

Elepsia 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

Zonisade Susp

Ztalmy

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

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

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

NON-PREFERRED

Aplenzin
Auvelity
Brisdelle
Bupropion XL (generic of Forfivo XL)^{QL}
Citalopram Cap
Clomipramine
Desvenlafaxine
Drizalma Sprinkle
Duloxetine 40mg^{QL}
Emsam
Fetzima
Fluoxetine 60mg, DR^{QL}
Fluvoxamine ER^{QL}
Marplan
Paroxetine Cap, ER Tab
Pexeva
Phenelzine
Sertraline Cap
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)

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^{QL}
Vyvanse Chewable Tab

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

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	

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

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

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

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}	
atyix ^{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

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

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 Semglee ^{BvG QL} Lyumjev Novolin 70-30 Novolin N U-100

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

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

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

Endocrine Agents: Diabetes – Non-Insulin	
PREFERRED	NON-PREFERRED
Acarbose ^{QL} Actoplus Met XR Byetta Farxiga Glimepiride ^{QL} Glipizide ^{QL} Glipizide/Metformin ^{QL} Glyburide ^{QL} Glyburide/Metformin ^{QL} Invokamet Invokana Janumet Janumet XR Januvia Jardiance Jentadueto Metformin IR, ER ^{QL} (Generic of Glucophage XR) Miglitol Nateglinide ^{QL} Pioglitazone ^{QL} Pioglitazone/Metformin ^{QL} Repaglinide Repaglinide/Metformin Synjardy Tradjenta Trulicity ^{QL} Victoza ^{QL}	Adlyxin Alogliptin Alogliptin/Metformin Bydureon Bcise Glimepiride/Pioglitazone Glucophage Glyxambi Invokamet XR Jentadueto XR Kombiglyze XR Metformin ER ^{QL} (Generic of Fortamet, Glumetza) Metformin Sol Mounjaro Onglyza Ozempic Pioglitazone/Alogliptin Qtern Rybelsus Segluromet Soliqua Steglatro Steglujan Symlinpen Synjardy XR Trijardy XR Xigduo XR Xultophy

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

Endocrine Agents: Endometriosis	
PREFERRED	NON-PREFERRED
Danazol ST Depo-Subq Provera 104 ST Lupaneta Pack ST Lupron Depot ^{QL ST} 3.75, 11.25mg Myfembree ^{QL ST} Orilissa ST Zoladex ST	Synarel

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: Bowel Preparations	
PREFERRED	NON-PREFERRED
Clenpiq Gavilyte-C Gavilyte-G Golytely PEG-3350 and Electrolytes 236-22.7G, 420G Suprep ^{BVG}	Moviprep PEG3350-SOD SUL-NACL-KCL-ASB-C 7.5-2.691G Plenvu SOD SULF-POTASS SULF-MAG SULF Soln Sutab

Link to Criteria: [Gastrointestinal Agents: Bowel Preparations](#)

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 Konvomep 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 1.2gm Mesalamine Enema Mesalamine ER Cap 0.375mg Pentasa ^{BvG} Sulfasalazine	Dipentum Mesalamine DR Tab 800mg Mesalamine Supp Uceris Foam ^{BvG QL} Zeposia

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

Gastrointestinal Agents: Unspecified GI	
PREFERRED	NON-PREFERRED
Amitiza ST Bisacodyl	Aemcolo Gattex

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

Gastrointestinal Agents: Unspecified GI	
PREFERRED	NON-PREFERRED
Casanthranol/Docusate Sodium	Ibsrela
Dicyclomine	Linress 72mcg
Diphenoxylate/Atropine	Motegrity
Lactulose	Mytesi
Linress ST 145, 290mcg	Relistor
Loperamide	Symproic
Lubiprostone ST	Zorbtive
Movantik ST	
Polyethylene Glycol	
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
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}	Amjevita
Dupixent ^{PA}	Cibinqo
Humira ^{PA}	Cimzia
Kineret ^{PA}	Cosentyx
Otezla ^{PA}	Ilumya
Taltz ^{PA ST}	Kevzara
Xeljanz IR ^{PA}	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](#)

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

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

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

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

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

Infectious Disease Agents: Antifungals	
PREFERRED	NON-PREFERRED
Fluconazole Flucytosine Griseofulvin Ketoconazole Terbinafine	Brexafemme Cresemba Itraconazole Noxafil Susp Oravig Posaconazole Tolsura Vivjoa Voriconazole

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

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

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

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

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

Infectious Disease Agents: Antivirals – HIV*	
PREFERRED	NON-PREFERRED
Abacavir Sulfate Abacavir/Lamivudine Atazanavir Sulfate	Abacavir Susp Abacavir/Lamivudine/Zidovudine Aptivus

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

Infectious Disease Agents: Antivirals – HIV*

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

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

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

PREFERRED	NON-PREFERRED
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
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](#)

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

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

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

Respiratory Agents: Cystic Fibrosis	
PREFERRED	NON-PREFERRED
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) Symjepi	Epipen Epipen JR

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

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

Link to Criteria: [Respiratory Agents: Hereditary Angioedema](#)

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

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

Respiratory Agents: Inhaled Agents	
PREFERRED	NON-PREFERRED
Symbicort ^{BvG QL} Ventolin HFA	

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

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

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

Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE	
PREFERRED	NON-PREFERRED
Fasenra ^{PA} 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	Butenafine Ciclopirox Kit Ertaczo Jublia Ketoconazole Foam Luliconazole Miconazole/Zinc Oxide/White Petrolatum Oint Naftifine Oxiconazole Tavaborole

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

Topical Agents: Antifungals	
PREFERRED	NON-PREFERRED
Tolnaftate	

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

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

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

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

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

Topical Agents: Immunomodulators	
PREFERRED	NON-PREFERRED
Elidel ^{AR BVG ST}	Eucrisa
Tacrolimus ^{AR ST}	Hyftor
	Opzelura
	Pimecrolimus ^{AR}
	Vtama
	Zoryve

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