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# Ohio Medicaid

## Pharmacy Benefit Management Program

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**Department of  
Medicaid**

# Unified Preferred Drug List

**Medicaid Fee-for-Service  
and Managed Care Plans**

Effective January 1, 2024

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## Helpful Links

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### Prior Authorization (PA)

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

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

### Drug Coverage

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

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

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- 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 | medicaid.ohio.gov](#)
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## Terminology/Abbreviations:

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**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

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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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## New UPDL Criteria Format

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- 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

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## Interpretation of New UPDL Criteria Format

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- 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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Analgesic Agents: Gout	
PREFERRED	NON-PREFERRED
Allopurinol 100, 300mg <sup>QL</sup>	Allopurinol 200mg
Colchicine Tab <sup>PA QL</sup>	Febuxostat
Colcrys Tab <sup>PA QL</sup>	Gloperba Susp <sup>QL</sup>
Probenecid <sup>QL</sup>	Mitigare <sup>BvG QL</sup>
	Probenecid/Colchicine <sup>QL</sup>

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

Analgesic Agents: NSAIDS	
PREFERRED	NON-PREFERRED
Celecoxib <sup>QL</sup>	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 <sup>BvG</sup>
Naproxen IR	Qmiiz ODT
Naproxen Susp <sup>AR</sup>	Relafen DS
Oxaprozin	Zorvolex
Piroxicam	
Sulindac	

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

Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Acetaminophen/Codeine <sup>QL</sup>	Acetaminophen/Caffeine/Dihydrocodeine <sup>QL</sup>
Butalbital/Acetaminophen/Caffeine/Codeine <sup>QL</sup>	Belbuca <sup>QL</sup>
Butalbital/Aspirin/Caffeine/Codeine <sup>QL</sup>	Benzhydrocodone/Acetaminophen <sup>QL</sup>
Butorphanol <sup>QL</sup>	Buprenorphine TD Patch Weekly <sup>QL</sup>
Butrans <sup>BvG PA QL</sup>	Butalbital/Acetaminophen/Caffeine/Codeine
Codeine <sup>QL</sup>	50/300/40/30mg <sup>QL</sup>
Hydrocodone/Acetaminophen <sup>QL</sup>	Dsuvia <sup>QL</sup>
Hydromorphone IR <sup>QL</sup>	Fentanyl <sup>QL</sup>
Morphine IR Tab, Sol <sup>QL</sup>	Hydrocodone Bitartrate ER 12HR Cap <sup>QL</sup>
Morphine ER Tab <sup>PA QL</sup>	Hydrocodone Bitartrate ER 24HR Tab <sup>QL</sup>
Nucynta IR <sup>QL</sup>	Hydrocodone/Acetaminophen 5-300, 7.5-300, 10-300mg <sup>QL</sup>
Nucynta ER <sup>PA QL</sup>	Hydrocodone/Ibuprofen <sup>QL</sup>
Oxycodone Cap, Sol, Tab <sup>QL</sup>	Hydromorphone ER <sup>QL</sup>
Oxycodone/Acetaminophen <sup>QL</sup>	Levorphanol <sup>QL</sup>
Tramadol <sup>QL</sup>	

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Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Tramadol/Acetaminophen <sup>QL</sup>	Meperidine <sup>QL</sup> Methadone <sup>QL</sup> Morphine ER 24HR Cap <sup>QL</sup> Oxycodone ER <sup>QL</sup> Oxycodone/Ibuprofen <sup>QL</sup> Oxymorphone IR, ER <sup>QL</sup>

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

Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	
PREFERRED	NON-PREFERRED
Neupogen <sup>PA</sup> Nivestym <sup>PA</sup> Nyvepria <sup>PA</sup> Ziextenzo <sup>PA</sup>	Fulphila Fylnetra 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 <sup>PA</sup> Mircera <sup>PA</sup> Retacrit <sup>PA</sup>	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 <sup>PA</sup> Adynovate <sup>PA</sup> Afstyla <sup>PA</sup> Alphanate <sup>PA</sup> Alphanine SD <sup>PA</sup> Alprolix <sup>PA</sup> Benefix <sup>PA</sup> Corifact <sup>PA</sup> Eloctate <sup>PA</sup> Esperoct <sup>PA</sup> Feiba <sup>PA</sup> Hemlibra <sup>PA</sup> Hemofil M <sup>PA</sup> Humate-P <sup>PA</sup> Idelvion <sup>PA</sup> Ixinity <sup>PA</sup>	Altuviiio Nuwiq Obizur Rebinyn Sevenfact Vonvendi

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

PREFERRED	NON-PREFERRED
Jivi <sup>PA</sup>	
Koate <sup>PA</sup>	
Kogenate FS <sup>PA</sup>	
Kovaltry <sup>PA</sup>	
Mononine <sup>PA</sup>	
Novoeight <sup>PA</sup>	
Novoseven RT <sup>PA</sup>	
Profilnine <sup>PA</sup>	
Recombinate <sup>PA</sup>	
Rixubis <sup>PA</sup>	
Wilate <sup>PA</sup>	
Xyntha <sup>PA</sup>	

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 <sup>BvG</sup> Pellet Pak <sup>AR</sup>	Savaysa
Warfarin	
Xarelto Susp <sup>AR</sup> Tab <sup>QL</sup>	

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 <sup>QL</sup>	

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

### Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Acebutolol <sup>QL</sup>	Aliskiren
Amlodipine <sup>QL</sup>	Aspruzyo Sprinkle
Amlodipine/Benazepril	Camzyos
Amlodipine/Olmesartan <sup>QL</sup>	Candesartan
Amlodipine/Valsartan	Candesartan/HCTZ
Amlodipine/Valsartan/HCTZ	Carospir <sup>BvG</sup>
Atenolol <sup>QL</sup>	Carvedilol ER
Atenolol/Chlorthalidone	Clonidine ER (generic of Nexiclon XR)

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## Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Benazepril	Corlanor
Benazepril/HCTZ	Diltiazem 24HR ER Tabs <sup>QL</sup>
Betaxolol <sup>QL</sup>	Edarbi
Bisoprolol <sup>QL</sup>	Edarbyclor
Bisoprolol/HCTZ	Hydralazine/HCTZ
Bystolic <sup>BvG</sup>	Innopran XL
Captopril	Inpefa
Captopril/HCTZ	Isradipine
Cartia XT	Kaspargo
Carvedilol <sup>QL</sup>	Katerzia
Clonidine IR, Patch	Kerendia
Diltiazem <sup>QL</sup>	Levamlodipine
Diltiazem 12HR ER Cap <sup>QL</sup>	Nebivolol
Diltiazem 24HR ER Cap <sup>QL</sup>	Nimodipine
Doxazosin	Nisoldipine
Dutoprol	Norliqva
Enalapril Tab	Nymalize
Enalapril/HCTZ	Qbrelis
Enalapril Sol	Sotylize <sup>AR</sup>
Entresto <sup>PA</sup>	Tekturna/HCTZ
Eplerenone	Telmisartan
Felodipine ER <sup>QL</sup>	Telmisartan/HCTZ
Fosinopril	Verapamil 200, 300mg ER 24HR <sup>QL</sup>
Fosinopril/HCTZ	Verquvo
Guanfacine	
Hemangeol <sup>PA</sup>	
Hydralazine	
Irbesartan <sup>QL</sup>	
Irbesartan/HCTZ <sup>QL</sup>	
Labetalol <sup>QL</sup>	
Lisinopril	
Lisinopril/HCTZ	
Losartan <sup>QL</sup>	
Losartan/HCTZ	
Methyldopa	
Methyldopa/HCTZ	
Metoprolol Succinate <sup>QL</sup>	
Metoprolol Tartrate <sup>QL</sup>	
Metoprolol/HCTZ <sup>QL</sup>	
Minoxidil	
Moexipril	
Nadolol <sup>QL</sup>	
Nadolol/Bendroflumethiazide	
Nicardipine <sup>QL</sup>	
Nifedipine <sup>QL</sup>	
Olmesartan	

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### Cardiovascular Agents: Angina, Hypertension and Heart Failure

#### PREFERRED

#### NON-PREFERRED

Olmesartan/Amlodipine/HCTZ  
 Olmesartan/HCTZ  
 Propranolol  
 Propranolol/HCTZ  
 Quinapril  
 Quinapril/HCTZ  
 Ramipril  
 Ranolazine  
 Sotalol <sup>QL</sup>  
 Spironolactone  
 Spironolactone/HCTZ  
 Telmisartan/Amlodipine  
 Terazosin  
 Timolol <sup>QL</sup>  
 Trandolapril  
 Trandolapril/Verapamil  
 Valsartan <sup>QL</sup>  
 Valsartan/HCTZ <sup>QL</sup>  
 Verapamil IR, SR <sup>QL</sup>

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

### Cardiovascular Agents: Antiarrhythmics

#### PREFERRED

#### NON-PREFERRED

Amiodarone 200mg <sup>QL</sup>  
 Disopyramide <sup>QL</sup>  
 Dofetilide  
 Flecainide <sup>QL</sup>  
 Mexiletine <sup>QL</sup>  
 Norpace CR <sup>QL</sup>  
 Propafenone IR, ER <sup>QL</sup>  
 Quinidine IR, ER <sup>QL</sup>

Amiodarone 100, 400mg <sup>QL</sup>  
 Multaq

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

### Cardiovascular Agents: Lipotropics

#### PREFERRED

#### NON-PREFERRED

Atorvastatin <sup>QL</sup>  
 Cholestyramine Regular, Light  
 Colestipol Tab  
 Ezetimibe  
 Fenofibrate 48, 145mg Tab <sup>QL</sup>  
 Gemfibrozil <sup>QL</sup>  
 Lovastatin <sup>QL</sup>  
 Niacin IR, ER OTC <sup>QL</sup>  
 Omega-3-Acid Ethyl Esters  
 Praluent <sup>PA</sup>  
 Pravastatin  
 Prevalite

Altoprev  
 Amlodipine/Atorvastatin  
 Atorvaliq  
 Colesevelam  
 Colestipol Granules  
 Ezallor  
 Ezetimibe/Simvastatin  
 Fenofibrate Cap <sup>QL</sup>  
 Fenofibrate 40, 54, 120, 160mg Tab <sup>QL</sup>  
 Fenofibric Acid <sup>QL</sup>  
 Fluvastatin  
 Juxtapid

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Cardiovascular Agents: Lipotropics	
PREFERRED	NON-PREFERRED
Repatha <sup>PA</sup>	Livalo <sup>BvG</sup>
Rosuvastatin <sup>QL</sup>	Nexletol
Simvastatin <sup>QL</sup>	Nexlizet
	Niacin ER Tab <sup>QL</sup>
	Vascepa <sup>BvG</sup>
	Zypitamag

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

Cardiovascular Agents: Pulmonary Arterial Hypertension*	
PREFERRED	NON-PREFERRED
Ambrisentan <sup>PA</sup>	Adepas
Sildenafil <sup>PA</sup>	Bosentan
Sildenafil Susp <sup>AR PA</sup>	Epoprostenol
Tadalafil <sup>PA</sup>	Liqrev
Tadliq <sup>AR PA</sup>	Opsumit
Tracleer Tab <sup>BvG PA</sup>	Orenitram
	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, ODT, Tab <sup>AR QL</sup>	Adlarity <sup>AR</sup>
Galantamine IR Tab, ER Cap <sup>AR QL</sup>	Donepezil 23mg Tab <sup>AR QL</sup>
Memantine Tab <sup>AR</sup>	Galantamine Sol <sup>AR QL</sup>
Rivastigmine Cap <sup>AR QL</sup>	Memantine ER, Sol <sup>AR</sup>
Rivastigmine Patch <sup>AR</sup>	Namzaric <sup>AR</sup>

[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 <sup>QL</sup>	Almotriptan
Naratriptan <sup>QL</sup>	Dihydroergotamine
Nurtec ODT <sup>QL ST</sup>	Eletriptan
Rizatriptan <sup>QL</sup>	Ergomar
Sumatriptan Inj, Nasal Spray, Tab <sup>QL</sup>	Frovatriptan
Tosymra <sup>BvG QL</sup>	Migergot
	Onzetra Xsail <sup>QL</sup>
	Reyvow
	Sumatriptan/Naproxen
	Trudhesa
	Ubrelvy
	Zavzpret
	Zolmitriptan

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[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 <sup>QL</sup>	Emgality <sup>QL</sup>

[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 <sup>QL ST</sup>	Emgality <sup>QL</sup>
Ajovy <sup>QL ST</sup>	Nurtec ODT <sup>QL</sup>
Cardiovascular Agents: Beta-Blockers	Qulipta <sup>QL</sup>
CNS Agents: Anticonvulsants	
CNS Agents: Serotonin-Norepinephrine Reuptake Inhibitors	
CNS Agents: Tricyclic Antidepressants	

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

Central Nervous System (CNS) Agents: Anticonvulsants*	
PREFERRED	NON-PREFERRED
Banzel Tab <sup>BvG</sup>	Aptiom
Briviact	Celontin <sup>BvG</sup>
Carbamazepine	Clonazepam ODT
Clobazam	Elepsia XR
Clonazepam	Felbamate
Diacomit <sup>PA QL</sup>	Fintepla
Divalproex IR, ER	Lamotrigine ER
Epidiolex <sup>ST QL</sup>	Levetiracetam ER Tab
Eprontia <sup>AR</sup>	Oxcarbazepine Susp
Ethosuximide	Oxtellar XR
Fycompa <sup>ST</sup>	Peganone
Gabapentin <sup>QL</sup>	Qudexy XR <sup>BvG</sup>
Lacosamide <sup>ST</sup>	Rufinamide Tab, Soln
Lamotrigine IR, ODT	Spritam
Levetiracetam IR Tab, Sol	Sympazan
Oxcarbazepine Tab	Tiagabine
Phenobarbital	Topiramate Sprinkle Cap
Phenytoin	Trokendi XR <sup>BvG</sup>
Pregabalin <sup>QL</sup>	Vigabatrin
Primidone	Vigabatrin Powder <sup>AR</sup>
Topiramate	Xcopri
Trileptal Susp <sup>BvG</sup>	Zonisade Susp
Valproic Acid	Ztalmy
Zonisamide Cap	

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

Central Nervous System (CNS) Agents: Anticonvulsants Rescue	
PREFERRED	NON-PREFERRED
Diastat	
Diazepam Gel	

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### Central Nervous System (CNS) Agents: Anticonvulsants Rescue

#### PREFERRED

Nayzilam<sup>AR</sup>  
Valtoco<sup>AR</sup>

#### NON-PREFERRED

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

### Central Nervous System (CNS) Agents: Antidepressants\*

#### PREFERRED

Bupropion<sup>QL</sup>  
Bupropion SR (generic of Wellbutrin SR)<sup>QL</sup>  
Bupropion XL (generic of Wellbutrin XL)<sup>QL</sup>  
Citalopram Tab, Soln<sup>QL</sup>  
Duloxetine 20, 30, 60mg<sup>QL</sup>  
Escitalopram<sup>QL</sup>  
Fluoxetine 10, 20, 40mg<sup>QL</sup>  
Fluoxetine Sol<sup>QL</sup>  
Fluvoxamine<sup>QL</sup>  
Mirtazapine<sup>QL</sup>  
Nefazodone<sup>QL</sup>  
Paroxetine IR Tab, Sol<sup>QL</sup>  
Sertraline Tab  
Tranlycypromine  
Trazodone 50, 100, 150mg<sup>QL</sup>  
Venlafaxine IR Tab, ER Cap<sup>QL</sup>

#### NON-PREFERRED

Aplenzin  
Auvelity  
Brisdelle  
Bupropion XL (generic of Forfivo XL)<sup>QL</sup>  
Citalopram Cap  
Clomipramine  
Desvenlafaxine  
Drizalma Sprinkle  
Duloxetine 40mg<sup>QL</sup>  
Emsam  
Fetzima  
Fluoxetine 60mg, DR<sup>QL</sup>  
Fluvoxamine ER<sup>QL</sup>  
Marplan  
Paroxetine Cap, ER Tab  
Pexeva  
Phenelzine  
Sertraline Cap  
Trazodone 300mg<sup>QL</sup>  
Trintellix  
Venlafaxine ER Tab  
Viibryd<sup>BvG</sup>

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

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

#### PREFERRED

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

#### NON-PREFERRED

Adhansia XR<sup>AR</sup>  
Adzenys ER, XR ODT  
Amphetamine Tab  
Azstarys<sup>AR</sup>  
Cotempla XR ODT<sup>AR</sup>  
Daytrana<sup>AR BvG</sup>  
Dyanavel XR Tab  
Evekeo ODT  
Jornay PM<sup>AR</sup>  
Methamphetamine  
Methylphenidate Chewable Tab<sup>AR QL</sup>  
Methylphenidate ER<sup>AR QL</sup> (generic of Aptensio XR, Relexxii)  
Mydayis<sup>BvG QL</sup>  
Vyvanse Chewable Tab<sup>BvG</sup>  
Xelstrym<sup>AR</sup>

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

<b>PREFERRED</b>	<b>NON-PREFERRED</b>
Methylphenidate Tab <sup>AR QL</sup>	Zenzedi <sup>AR QL</sup>
Procentra <sup>AR</sup>	
Qelbree <sup>ST</sup>	
Quillichew ER <sup>AR</sup>	
Quillivant XR <sup>AR</sup>	
Ritalin LA <sup>AR QL</sup>	
Vyvanse Cap <sup>BvG QL</sup>	

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

**Central Nervous System (CNS) Agents: Atypical Antipsychotics\***

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

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

**Central Nervous System (CNS) Agents: Fibromyalgia Agents**

<b>PREFERRED</b>	<b>NON-PREFERRED</b>
Pregabalin <sup>QL</sup>	Savella

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

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

<b>PREFERRED</b>	<b>NON-PREFERRED</b>
Buprenorphine/Naloxone	Buprenorphine
Clonidine	Lucemyra <sup>QL</sup>
Sublocade <sup>QL</sup>	
Suboxone	
Vivitrol	
Zubsolv	

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

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### Central Nervous System (CNS) Agents: Movement Disorders

#### PREFERRED

#### NON-PREFERRED

Austedo <sup>PA ST</sup>  
 Ingrezza <sup>PA</sup>  
 Tetrabenazine <sup>PA</sup>

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

### Central Nervous System (CNS) Agents: Multiple Sclerosis\*

#### PREFERRED

#### NON-PREFERRED

Avonex  
 Betaseron  
 Copaxone <sup>BvG</sup>  
 Dalfampridine  
 Dimethyl Fumarate  
 Fingolimod  
 Gilenya  
 Kesimpta  
 Rebif  
 Teriflunomide

Bafiertam  
 Extavia  
 Glatiramer  
 Glatopa  
 Mavenclad  
 Mayzent  
 Plegridy  
 Ponvory  
 Tascenso ODT  
 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 <sup>AR</sup>  
 Armodafinil  
 Dextroamphetamine ER <sup>AR</sup>  
 Methylphenidate ER <sup>AR</sup>  
 Methylphenidate Tab <sup>AR</sup>  
 Modafinil

Sunosi  
 Wakix  
 Xyrem <sup>BvG</sup>  
 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 <sup>QL</sup>  
 Gabapentin <sup>QL</sup>  
 Imipramine  
 Lidocaine Patch  
 Nortriptyline  
 Oxcarbazepine  
 Pregabalin <sup>QL</sup>  
 Ztlido <sup>ST</sup>

Gralise  
 Horizant  
 Pregabalin ER

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

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

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

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

### Central Nervous System (CNS) Agents: Restless Legs Syndrome

PREFERRED	NON-PREFERRED
Pramipexole	Horizant
Ropinirole	Neupro

[Link to Criteria: Central Nervous System \(CNS\) Agents: Restless Legs Syndrome](#)

### Central Nervous System (CNS) Agents: Sedative-Hypnotics, Non-Barbiturate

PREFERRED	NON-PREFERRED
Estazolam <sup>QL</sup>	Belsomra
Temazepam 15, 30mg <sup>QL</sup>	Dayvigo
Zaleplon <sup>QL</sup>	Doxepin 3, 6mg
Zolpidem <sup>QL</sup>	Eszopiclone <sup>QL</sup>
	Intermezzo
	Quviviq
	Ramelteon
	Temazepam 7.5, 22mg <sup>QL</sup>
	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 <sup>QL</sup>	Carisoprodol
Cyclobenzaprine 5, 10mg <sup>QL</sup>	Chlorzoxazone 375, 750mg <sup>QL</sup>
Dantrolene	Cyclobenzaprine 7.5mg <sup>QL</sup>
Methocarbamol <sup>QL</sup>	Cyclobenzaprine ER <sup>QL</sup>
Tizanidine Tab <sup>QL</sup>	Lyvispah
	Metaxalone

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Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine	
PREFERRED	NON-PREFERRED
	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
Bupropion <sup>QL</sup> Chantix <sup>QL</sup> Nicotine <sup>QL</sup> Varenicline <sup>QL</sup>	

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

Dermatologic Agents: Oral Acne Products	
PREFERRED	NON-PREFERRED
Accutane <sup>PA</sup> Amnesteem <sup>PA</sup> Claravis <sup>PA</sup> Isotretinoin <sup>PA</sup> Myorisan <sup>PA</sup> Zenatane <sup>PA</sup>	Absorica Absorica LD

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

Dermatologic Agents: Topical Acne Products	
PREFERRED	NON-PREFERRED
Adapalene Gel 0.1% <sup>AR</sup> Benzoyl Peroxide Clindamycin Gel, Lot, Sol Clindamycin/Benzoyl Peroxide Erythromycin Erythromycin/Benzoyl Peroxide Neuac Sodium Sulfacetamide Sodium Sulfacetamide/Sulfur Cream Sodium Sulfacetamide/Sulfur Wash Susp Tretinoin <sup>AR</sup>	Adapalene Cream, Sol 0.1% <sup>AR</sup> Adapalene Gel 0.3% <sup>AR</sup> Adapalene/Benzoyl Peroxide <sup>AR</sup> Altreno <sup>AR</sup> Amzeeq Arazlo <sup>AR</sup> Azelaic Acid Gel Benzoyl Peroxide Foam Clindacin Kit Clindamycin Foam, Swabs Clindamycin/Tretinoin <sup>AR</sup> Dapsone Gel Epsolay Finacea Foam Onexton Gel <sup>BvG</sup> Ovace Plus Plixda <sup>AR</sup> Retin-A Micro Pump 0.08% <sup>BvG</sup> Sodium Sulfacetamide/Sulfur Gel Sodium Sulfacetamide Pads Tazarotene Cream, Foam, Gel 0.1% <sup>AR</sup> Twynéo <sup>AR</sup>

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Dermatologic Agents: Topical Acne Products	
PREFERRED	NON-PREFERRED
	Winlevi

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

Endocrine Agents: Androgens	
PREFERRED	NON-PREFERRED
Androderm <sup>AR PA</sup> Depo-Testosterone <sup>AR PA</sup> Testosterone Cypionate <sup>AR PA</sup> Testosterone Gel 1% Packet <sup>AR PA</sup> Testosterone Gel 1.62% Pump <sup>AR PA</sup>	Jatenzo <sup>AR</sup> Methyltestosterone <sup>AR</sup> Natesto <sup>AR</sup> Testopel <sup>AR</sup> Testosterone Gel 1% Pump <sup>AR</sup> Testosterone Gel 2% <sup>AR</sup> Testosterone Sol 30mg/ACT <sup>AR</sup> Tlando <sup>AR</sup> Xyosted <sup>AR</sup>

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

Endocrine Agents: Diabetes – Hypoglycemia Treatments	
PREFERRED	NON-PREFERRED
Baqsimi <sup>QL</sup> Glucagen Hypokit <sup>QL</sup> Glucagon Emerg Kit [Labeler 00002] <sup>QL</sup> Gvoke <sup>QL</sup> Zegalogue <sup>QL</sup>	Glucagon Emerg Kit [Labeler 00548 & 63323] <sup>QL</sup>

[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 <sup>QL</sup> Humulin 70-30 Humulin R U-500 <sup>QL</sup> Insulin Aspart <sup>QL</sup> Insulin Aspart Protamine/Insulin Aspart Insulin Degludec <sup>ST</sup> Insulin Lispro <sup>QL</sup> Lantus <sup>BvG QL</sup> Levemir Novolog 70-30 Novolog U-100 <sup>QL</sup> Toujeo Tresiba <sup>ST</sup>	Admelog <sup>QL</sup> Afrezza Basaglar <sup>QL</sup> Fiasp <sup>QL</sup> Humalog U-100 Tempo Pen Humalog U-200 <sup>QL</sup> Humulin N U-100 Humulin R U-100 Lyumjev Novolin 70-30 Novolin N U-100 Novolin R U-100 Rezvoglar Semglee <sup>BvG QL</sup>

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

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

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

Endocrine Agents: Endometriosis	
PREFERRED	NON-PREFERRED
Danazol <sup>ST</sup>	Synarel
Depo-Subq Provera 104 <sup>ST</sup>	
Lupaneta Pack <sup>ST</sup>	
Lupron Depot <sup>QL ST</sup> 3.75, 11.25mg	
Myfembree <sup>QL ST</sup>	
Orilissa <sup>ST</sup>	
Zoladex <sup>ST</sup>	

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

Endocrine Agents: Estrogenic Agents	
PREFERRED	NON-PREFERRED
Climara Pro <sup>QL</sup>	Angeliq
Combipatch <sup>QL</sup>	Climara <sup>QL</sup>
Dotti <sup>QL</sup>	Divigel <sup>BvG</sup>
Estradiol Cream, Tab	Duavee

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Endocrine Agents: Estrogenic Agents	
PREFERRED	NON-PREFERRED
Estradiol Patch <sup>QL</sup>	Elestrin <sup>BvG</sup>
Estring <sup>QL</sup>	Estradiol 10mcg Vag Tab
Ethinyl Estradiol/Norethindrone Acetate	Estradiol/Norethindrone Acetate
Lyllana <sup>QL</sup>	Estrojel <sup>BvG</sup>
Menest	Evamist
Premarin	Femring
Premphase	Menostar <sup>QL</sup>
Prempro	Minivelle <sup>QL</sup>
	Prefest
	Vivelle-Dot <sup>QL</sup>

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

Endocrine Agents: Growth Hormone	
PREFERRED	NON-PREFERRED
Genotropin <sup>PA</sup>	Humatrope
Norditropin <sup>PA</sup>	Nutropin
Zomacton <sup>PA</sup>	Omnitrope
	Saizen
	Serostim
	Skytrofa
	Sogroya

[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 <sup>PA QL</sup>	Risedronate
Ibandronate	Tymlos <sup>QL</sup>

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

Endocrine Agents: Progestin Agents	
PREFERRED	NON-PREFERRED
Hydroxyprogesterone Caproate <sup>QL</sup>	
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 <sup>PA</sup> 3.75, 11.25mg	
Myfembree <sup>PA QL</sup>	
Oriahnn <sup>PA QL</sup>	

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

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

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

Gastrointestinal Agents: Bowel Preparations	
PREFERRED	NON-PREFERRED
Clenpiq	Moviprep
Gavilyte-C	PEG3350-SOD SUL-NACL-KCL-ASB-C 7.5-2.691G
Gavilyte-G	Plenvu
Golytely	SOD SULF-POTASS SULF-MAG SULF Soln
PEG-3350 and Electrolytes 236-22.7G, 420G	Suflave
Suprep <sup>BvG</sup>	Sutab

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

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

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

Gastrointestinal Agents: Hepatic Encephalopathy	
PREFERRED	NON-PREFERRED
Lactulose	
Xifaxan <sup>ST</sup>	

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

Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) with Diarrhea	
PREFERRED	NON-PREFERRED
Diphenoxylate/Atropine	Alosetron
Loperamide <sup>QL</sup>	Viberzi

### Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) with Diarrhea

PREFERRED	NON-PREFERRED
Xifaxan <sup>ST</sup>	

[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 <sup>BvG</sup> Omeprazole Cap <sup>AR</sup> Pantoprazole Tab <sup>AR</sup> Protonix Pak <sup>AR BvG</sup>	Aciphex Dexilant <sup>BvG</sup> Esomeprazole Esomeprazole Granules Konvomep Lansoprazole ODT Omeprazole Tab <sup>AR</sup> 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 <sup>QL</sup> Mesalamine DR Cap, Tab 1.2gm Mesalamine Enema Mesalamine ER Cap 0.375mg Pentasa <sup>BvG</sup> Sulfasalazine	Dipentum Mesalamine DR Tab 800mg Mesalamine Supp Uceris Foam <sup>BvG QL</sup> Zeposia

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

### Gastrointestinal Agents: Unspecified GI

PREFERRED	NON-PREFERRED
Amitiza <sup>ST</sup> Bisacodyl Casanthranol/Docusate Sodium Dicyclomine Diphenoxylate/Atropine Lactulose Linzess <sup>ST</sup> 145, 290mcg Loperamide Lubiprostone <sup>ST</sup>	Aemcolo Gattex Ibsrela Linzess 72mcg Motegrity Mytesi Relistor Symproic Zorbtive

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Gastrointestinal Agents: Unspecified GI	
PREFERRED	NON-PREFERRED
Movantik <sup>ST</sup> Polyethylene Glycol Psyllium Fiber Senna Trulance <sup>ST</sup> Xifaxan <sup>ST</sup>	

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

Genitourinary Agents: Benign Prostatic Hyperplasia	
PREFERRED	NON-PREFERRED
Alfuzosin Doxazosin Dutasteride Finasteride Prazosin Tadalafil <sup>PA</sup> 2.5, 5mg Tamsulosin Terazosin	Cardura XL Dutasteride/Tamsulosin Entadfi Silodosin

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

Genitourinary Agents: Electrolyte Depletter Agents	
PREFERRED	NON-PREFERRED
Calcium Acetate, Carbonate Phoslyra Sevelamer	Auryxia Lanthanum Carbonate Velphoro

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

Genitourinary Agents: Urinary Antispasmodics	
PREFERRED	NON-PREFERRED
Gelnique Myrbetriq Tab Oxybutynin <sup>QL</sup> Oxytrol Solifenacin <sup>QL</sup> Toviaz <sup>BvG</sup>	Darifenacin <sup>QL</sup> Fesoterodine Gemtesa Myrbetriq Granules <sup>AR</sup> Tolterodine Trospium <sup>QL</sup> Vesicare LS <sup>AR</sup>

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

Immunomodulator Agents: Systemic Inflammatory Disease	
PREFERRED	NON-PREFERRED
Adbry <sup>PA</sup> Dupixent <sup>PA</sup> Enbrel <sup>PA</sup> Humira <sup>PA</sup> Kineret <sup>PA</sup> Otezla <sup>PA</sup> Taltz <sup>PA ST</sup>	Actemra Adalimumab-adaz (Generic of Hyrimoz) Adalimumab-fkjp (Generic of Hulio) Amjevita Cibinqo Cimzia Cosentyx

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Immunomodulator Agents: Systemic Inflammatory Disease	
PREFERRED	NON-PREFERRED
Xeljanz IR <sup>PA</sup>	Cyltezo <sup>BvG</sup> Hadlima Idacio Ilumya Kevzara Litfulo Olumiant Orencia Rinvoq Siliq Simponi Skyrizi Sotyktu Stelara Tremfya Xeljanz Sol, XR Yuflyma Yusimry

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

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

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

Infectious Disease Agents: Antibiotics – Inhaled	
PREFERRED	NON-PREFERRED
Tobramycin <sup>PA QL</sup>	Arikayce Bethkis <sup>QL</sup> Cayston Kitabis Pak <sup>QL</sup> Tobi Podhaler <sup>QL</sup>

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

Infectious Disease Agents: Antibiotics – Macrolides	
PREFERRED	NON-PREFERRED
Azithromycin Clarithromycin	Eryped Erythrocin Stearate Erythromycin

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

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Infectious Disease Agents: Antibiotics – Quinolones	
PREFERRED	NON-PREFERRED
Ciprofloxacin	Baxdela
Ciprofloxacin Susp <sup>AR</sup>	Ciprofloxacin ER
Levofloxacin	Ofloxacin
Moxifloxacin	

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

Infectious Disease Agents: Antibiotics – Tetracyclines	
PREFERRED	NON-PREFERRED
Doxycycline 50, 100mg	Demeclocycline
Doxycycline Syr <sup>AR</sup>	Doxycycline 20, 40, 75, 150mg
Minocycline Cap	Doxycycline DR
Tetracycline	Minocycline IR, ER Tab
Vibramycin Susp <sup>AR</sup>	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 <sup>PA</sup>	Harvoni
Pegasis <sup>PA</sup>	Ledipasvir/Sofosbuvir
Ribavirin <sup>PA</sup>	Sovaldi
Sofosbuvir/Velpatasvir <sup>PA</sup>	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

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### Infectious Disease Agents: Antivirals – HIV\*

PREFERRED	NON-PREFERRED
Apretude	Aptivus
Atazanavir Sulfate	Cimduo
Biktarvy	Darunavir
Complera	Didanosine
Delstrigo	Edurant
Descovy	Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate
Dovato	Emtricitabine
Efavirenz	Fosamprenavir
Efavirenz/Emtricitabine/Tenofovir	Fuzeon
Emtricitabine/Tenofovir Disoproxil Fumarate	Intelence <sup>BvG</sup>
Emtriva <sup>BvG</sup>	Lamivudine Tab
Evotaz	Lamivudine Sol <sup>AR</sup>
Genvoya	Lamivudine/Zidovudine
Isentress	Nevirapine IR, ER Tab
Isentress Chew Tab <sup>AR</sup>	Nevirapine Sol <sup>AR</sup>
Juluca	Norvir Powder, Sol
Lopinavir/Ritonavir	Selzentry <sup>BvG</sup>
Odefsey	Stavudine
Pifeltro	Stribild
Prezcobix	Symfi <sup>BvG</sup>
Prezista <sup>BvG</sup>	Symfi Lo <sup>BvG</sup>
Ritonavir Tab	Tybost
Rukobia ER <sup>PA</sup>	Viracept
Symtuza	
Temixys	
Tenofovir Disoproxil Fumarate 300mg	
Tivicay	
Tivicay PD	
Triumeq	
Triumeq PD <sup>PA</sup>	
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 Opth Oint 10%

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

Ofloxacin  
 Polymyxin/Trimethoprim  
 Sulfacetamide Sodium Ophth Sol 10%  
 Sulfacetamide/Prednisolone  
 Tobramycin  
 Tobramycin/Dexamethasone 0.3/0.1%

**NON-PREFERRED**

Tobradex ST <sup>BvG</sup>  
 Zylet

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

**Ophthalmic Agents: Antihistamines & Mast Cell Stabilizers****PREFERRED**

Azelastine  
 Bepreve <sup>BvG</sup>  
 Cromolyn  
 Ketotifen  
 Olopatadine

**NON-PREFERRED**

Alocril  
 Alomide  
 Epinastine  
 Zerviate

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

**Ophthalmic Agents: Dry Eye Treatments****PREFERRED**

Restasis Trays <sup>BvG ST</sup>  
 Xiidra <sup>ST</sup>

**NON-PREFERRED**

Cequa  
 Eysuvis  
 Miebo  
 Restasis Multi-Dose  
 Tyrvaya

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

**Ophthalmic Agents: Glaucoma Agents****PREFERRED**

Alphagan P 0.1% <sup>BvG</sup>  
 Alphagan P 0.15% <sup>BvG</sup>  
 Azopt <sup>BvG ST</sup>  
 Betaxolol  
 Brimonidine 0.2%  
 Carteolol  
 Combigan <sup>BvG ST</sup>  
 Dorzolamide  
 Dorzolamide/Timolol  
 Latanoprost  
 Levobunolol  
 Metipranolol  
 Rhopressa  
 Rocklatan  
 Simbrinza  
 Timolol 0.5% Gel, Soln  
 Travatan Z <sup>BvG ST</sup>

**NON-PREFERRED**

Apraclonidine  
 Betoptic S  
 Bimatoprost  
 Brimonidine 0.15%  
 Brinzolamide  
 Iopidine  
 Istalol  
 Lumigan  
 Timolol Maleate Droperette  
 Travoprost  
 Vyzulta  
 Xelpros  
 Zioptan <sup>BvG</sup>

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

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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 <sup>BvG</sup>	Inveltys
Dexamethasone Sodium Phosphate	Lotemax SM
Difluprednate	Loteprednol
Durezol	
Flarex	
Fluorometholone	
Fml Forte	
Fml S.O.P.	
Lotemax <sup>BvG</sup>	
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 <sup>BvG</sup>	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 <sup>QL</sup>	Cetirizine Chewable <sup>AR</sup>
Cetirizine/Pseudoephedrine	Clarinet-D
Loratadine Rapid Dissolve <sup>QL</sup>	Desloratadine
Loratadine Syr, Tab <sup>QL</sup>	Fexofenadine
Loratadine/Pseudoephedrine	Levocetirizine

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

Respiratory Agents: Cystic Fibrosis	
PREFERRED	NON-PREFERRED
Kalydeco <sup>PA QL</sup>	Bronchitol

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Respiratory Agents: Cystic Fibrosis	
PREFERRED	NON-PREFERRED
Orkambi <sup>PA QL</sup> Symdeko <sup>PA QL</sup> Trikafta Pak <sup>AR</sup> , Tab <sup>PA</sup>	

[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 <sup>PA</sup> Ruconest <sup>PA</sup> Takhzyro <sup>PA</sup>	Berinert Cinryze Icatibant Acetate Kalbitor

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

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

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Respiratory Agents: Inhaled Agents	
PREFERRED	NON-PREFERRED
Symbicort <sup>BvG QL</sup> Ventolin HFA	

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

Respiratory Agents: Leukotriene Receptor Modifiers & Inhibitors	
PREFERRED	NON-PREFERRED
Montelukast <sup>QL</sup> Zafirlukast <sup>ST</sup>	Zileuton Zyflo

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

Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE	
PREFERRED	NON-PREFERRED
Dupixent <sup>PA</sup> Fasenra <sup>PA</sup> Xolair <sup>PA</sup>	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 <sup>QL</sup> 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

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Topical Agents: Antifungals	
PREFERRED	NON-PREFERRED
Tolnaftate	

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

Topical Agents: Antiparasitics	
PREFERRED	NON-PREFERRED
Natroba <sup>BvG</sup>	Eurax
Permethrin	Ivermectin Lot
Piperonyl Butoxide/Pyrethrins	Malathion
Vanallice	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 <sup>BvG</sup>	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
	Halog
	Hydrocortisone Butyrate, Valerate
	Impeklo
	Pandel
	Triamcinolone Spray

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

Topical Agents: Immunomodulators	
PREFERRED	NON-PREFERRED
Elidel <sup>AR BvG ST</sup>	Eucrisa
Tacrolimus <sup>AR ST</sup>	Hyftor
	Opzelura
	Pimecrolimus <sup>AR</sup>
	Vtama
	Zoryve

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