
Ohio Medicaid

Pharmacy Benefit Management Program



**Department of
Medicaid**

Unified Preferred Drug List

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

Effective April 1, 2024

Helpful Links

Prior Authorization (PA)

[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**
-

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. For a list of the quantity limits on specific drugs, please reference the Quantity Limit Document found here: [Quantity Limits Document | spbm.medicaid.ohio.gov](https://spbm.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 **ST**

(Step Therapy) – Drug requires a trial with one or more preferred drugs before being covered

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

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

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

AR – a PA is required for patients X years and older OR younger than X years

Interpretation of UPDL Criteria Format

- Beginning January 2023 and w format. The design of this new format is intended to have a cumulative approach bottom scenarios will aid in illustrating this point: ○ All therapeutic categories have the same standardized outline - to-top. The following

Scenario 1: Clinical PA drug

- All Authorizations
- Clinical PA Criteria

Scenario 2: Clinical PA drug with drug-specific criteria

- All Authorizations
- Drug-Specific Criteria

Scenario 3: Step-Therapy drug

- All Authorizations
- Clinical PA Criteria (if applicable)
- Step Therapy Criteria

Scenario 4: Non-Preferred drug

- All Authorizations
- Clinical PA Criteria (if applicable)
- Step Therapy Criteria (if applicable)
- Non-Preferred Criteria

Scenario 5: Non-Preferred drug with drug-specific criteria

- All Authorizations
 - Clinical PA Criteria (if applicable)
 - Step Therapy Criteria (if applicable)
 - Non-Preferred Criteria
 - Additional Drug-Specific Criteria
-

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

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Analgesic Agents: Gout	
PREFERRED	NON-PREFERRED
Allopurinol 100, 300mg	Allopurinol 200mg
Colchicine Tab ^{PA}	Febuxostat
Colcrys Tab ^{PA}	Mitigare ^{BvG}
Probenecid	Probenecid/Colchicine

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

Analgesic Agents: NSAIDS	
PREFERRED	NON-PREFERRED
Celecoxib	Diclofenac/Misoprostol

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Diclofenac Sodium IR, DR, ER, Gel 1%
 Etodolac
 Fenoprofen 600mg
 Flurbiprofen
 Ibuprofen
 Indomethacin
 Ketoprofen ER
 Ketorolac
 Meclofenamate
 Mefenamic Acid
 Meloxicam Tab
 Nabumetone
 Naproxen IR
 Naproxen Susp ^{AR}
 Oxaprozin
 Piroxicam
 Sulindac

Diclofenac Gel 3%, Patch 1.3%, Soln 1.5%, 2%
 Diclofenac Potassium
 Elyxyb
 Fenoprofen 400mg
 Ibuprofen/Famotidine
 Ketoprofen
 Ketorolac Tromethamine Nasal Spray
 Licart Patch
 Meloxicam Cap
 Naproxen CR, DR, ER, EC
 Naproxen/Esomeprazole
 Pennsaid ^{BvG}
 Relafen DS

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

Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Acetaminophen/Codeine	Acetaminophen/Caffeine/Dihydrocodeine
Butalbital/Acetaminophen/Caffeine/Codeine	Belbuca
Butalbital/Aspirin/Caffeine/Codeine	Buprenorphine TD Patch Weekly
Butorphanol	Butalbital/Acetaminophen/Caffeine/Codeine
Butrans ^{BvG PA}	50/300/40/30mg
Codeine	Dsuvia
Hydrocodone/Acetaminophen	Fentanyl
Hydromorphone IR	Hydrocodone Bitartrate ER 12HR Cap
Morphine IR Tab, Sol	Hydrocodone Bitartrate ER 24HR Tab
Morphine ER Tab ^{PA}	Hydrocodone/Acetaminophen 5-300, 7.5-300, 10300mg
Nucynta IR	
Nucynta ER ^{PA}	Hydrocodone/Ibuprofen
Oxycodone Cap, Sol, Tab	Hydromorphone ER
Oxycodone/Acetaminophen	Levorphanol
Tramadol	Meperidine
Tramadol/Acetaminophen	Methadone
	Morphine ER 24HR Cap

Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
	Oxycodone ER
	Oxymorphone IR, ER

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

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

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

PREFERRED	NON-PREFERRED
Neupogen ^{PA}	Fulphila
Nivestym ^{PA}	Fylnetra
Nyvepria ^{PA}	Granix
Ziextenzo ^{PA}	Leukine
	Neulasta
	Releuko
	Rolvedon
	Stimufend
	Udenyca
	Zarxio

Link to Criteria: [Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors](#)

Blood Formation, Coagulation, and Thrombosis Agents: Hematopoietic Agents	
PREFERRED	NON-PREFERRED
Epogen ^{PA}	Aranesp
Mircera ^{PA} Retacrit ^{PA}	Procrit

Link to Criteria: [Blood Agents: Blood Formation, Coagulation, And Thrombosis Agents: Hematopoietic Agents](#)

Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia A, von Willebrand Disease, and Factor XIII Deficiency*	
PREFERRED	NON-PREFERRED
Advate ^{PA}	Altuviiio
Adynovate ^{PA}	Nuwiq
Afstyla ^{PA}	Obizur
Alphanate ^{PA}	Sevenfact
Corifact ^{PA}	Vonvendi
Eloctate ^{PA}	
Esperoct ^{PA}	
Feiba ^{PA}	
Hemlibra ^{PA}	
Hemofil M ^{PA}	
Humate-P ^{PA}	
Jivi ^{PA}	
Koate ^{PA}	
Kogenate FS ^{PA}	
Kovaltry ^{PA}	
Novoeight ^{PA}	
Novoseven RT ^{PA}	
Recombinate ^{PA}	
Wilate ^{PA}	

Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia A, von Willebrand Disease, and Factor XIII Deficiency*	
PREFERRED	NON-PREFERRED

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

Xyntha ^{PA}

[Link to Criteria: Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia A, von Willebrand Disease, and Factor XIII Deficiency](#)

Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia B*	
PREFERRED	NON-PREFERRED
Alphanine SD ^{PA}	Rebinyon
Alprolix ^{PA}	Sevenfact
Benefix ^{PA}	
Feiba ^{PA}	
Idelvion ^{PA}	
Ixinity ^{PA}	
Novoseven RT ^{PA}	
Profilnine ^{PA}	
Rixubis ^{PA}	

[Link to Criteria: Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia B](#)

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	

[Link to Criteria: Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants](#)

Blood Formation, Coagulation, and Thrombosis Agents: Oral Antiplatelet	
PREFERRED	NON-PREFERRED
Aspirin	
Aspirin/Dipyridamole ER	
Brilinta	
Clopidogrel	
Prasugrel	

[Link to Criteria: Blood Formation, Coagulation, and Thrombosis Agents: Oral Antiplatelet](#)

Cardiovascular Agents: Angina, Hypertension and Heart Failure	
PREFERRED	NON-PREFERRED
Acebutolol	Aliskiren
Amlodipine	Aspruzyo Sprinkle
Amlodipine/Benazepril	Camzyos
Amlodipine/Olmesartan	Candesartan

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Cardiovascular Agents: Angina, Hypertension and Heart Failure
PREFERRED
NON-PREFERRED

Amlodipine/Valsartan/HCTZ

Atenolol

Atenolol/Chlorthalidone

Benazepril

Benazepril/HCTZ

Betaxolol

Bisoprolol

Bisoprolol/HCTZ

Bystolic ^{BvG}

Captopril

Captopril/HCTZ

Cartia XT

Carvedilol

Clonidine IR, Patch

Diltiazem

Diltiazem 12HR ER Cap

Diltiazem 24HR ER Cap

Doxazosin

Enalapril Tab

Enalapril/HCTZ

Enalapril Sol

Entresto

Eplerenone

Felodipine ER

Fosinopril

Carospir ^{BvG}

Carvedilol ER

Clonidine ER (generic of Nexiclon XR)

Corlanor

Diltiazem 24HR ER Tabs

Edarbi

Edarbyclor

Innopran XL

Inpefa

Isradipine

Kapsargo

Katerzia

Kerendia

Levamlodipine

Nebivolol

Nimodipine

Nisoldipine

Norliqva

Nymalize

Qbreliis

Sotylize ^{AR}

Tekturna/HCTZ

Telmisartan

Telmisartan/HCTZ

Verapamil 200, 300mg ER 24HR

Fosinopril/HCTZ	Verquvo
Guanfacine	
Hemangeol ^{PA}	
Hydralazine	
Irbesartan	
Irbesartan/HCTZ	
Labetalol	
Lisinopril	
Lisinopril/HCTZ	
Losartan	
Losartan/HCTZ	
Methyldopa	
Metoprolol Succinate	
Metoprolol Tartrate	
Metoprolol/HCTZ resMinoxidil	
Moexipril	
Nadolol	
Nicardipine	
Nifedipine	
Olmesartan	

Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Olmesartan/Amlodipine/HCTZ	
Olmesartan/HCTZ	
Propranolol	
Quinapril	
Quinapril/HCTZ	
Ramipril	
Ranolazine	
Sotalol	
Spironolactone	
Spironolactone/HCTZ	
Telmisartan/Amlodipine	
Terazosin	
Timolol	
Trandolapril	
Trandolapril/Verapamil	
Valsartan	
Valsartan/HCTZ	
Verapamil IR, SR	

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

Cardiovascular Agents: Antiarrhythmics

PREFERRED	NON-PREFERRED
Amiodarone 200mg	Amiodarone 100, 400mg

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Disopyramide	Multaq
Dofetilide	
Flecainide	
Mexiletine	
Norpace CR	
Propafenone IR, ER	
Quinidine IR, ER	

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

Cardiovascular Agents: Lipotropics	
PREFERRED	NON-PREFERRED
Atorvastatin	Altoprev
Cholestyramine Regular, Light	Amlodipine/Atorvastatin
Colestipol Tab	Atorvaliq
Ezetimibe	Colesevelam
Fenofibrate 48, 145mg Tab	Colestipol Granules
Gemfibrozil	Ezallor
Lovastatin	Ezetimibe/Simvastatin
Niacin IR, ER OTC	Fenofibrate Cap
Omega-3-Acid Ethyl Esters	Fenofibrate 40, 54, 120, 160mg Tab
Praluent ^{PA}	Fenofibric Acid
Pravastatin	Fluvastatin
Prevalite	Juxtapid
Repatha ^{PA}	Livalo ^{BvG}

Cardiovascular Agents: Lipotropics	
PREFERRED	NON-PREFERRED
Rosuvastatin	Nexletol
Simvastatin	Nexlizet
	Niacin ER Tab
	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}	Liqrev
Tadliq ^{AR PA}	Opsumit

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Tracleer Tab ^{BvG PA}Orenitram
Tracleer Susp
Treprostinil
Tyvaso
Upravi
Ventavis[Link to Criteria: Cardiovascular Agents: Pulmonary Arterial Hypertension](#)**Central Nervous System (CNS) Agents: Alzheimer's Agents*****PREFERRED**Donepezil 5, 10mg, ODT, Tab ^{AR}
Galantamine IR Tab, ER Cap ^{AR}
Memantine Tab ^{AR}
Rivastigmine Cap ^{AR}
Rivastigmine Patch ^{AR}**NON-PREFERRED**Adlarity ^{AR}
Donepezil 23mg Tab ^{AR}
Galantamine Sol ^{AR}
Memantine ER, Sol ^{AR}
Namzaric ^{AR}[Link to Criteria: Central Nervous System \(CNS\) Agents: Alzheimer's Agents](#)**Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute****PREFERRED**Imitrex Nasal Spray
Naratriptan
Nurtec ODT ST
Rizatriptan
Sumatriptan Inj, Nasal Spray, Tab
Tosymra ^{BvG}**NON-PREFERRED**Almotriptan
Dihydroergotamine
Eletriptan
Frovatriptan
Migergot
Reyvow
Sumatriptan/Naproxen
Trudhesa
Ubrelyv
Zavzpret
Zolmitriptan[Link to Criteria: Central Nervous System \(CNS\) Agents: Anti-Migraine Agents, Acute](#)**Central Nervous System (CNS) Agents: Anti-Migraine Agents, Cluster Headache****PREFERRED**

Verapamil

NON-PREFERRED

Emgality

[Link to Criteria: Central Nervous System \(CNS\) Agents: Anti-Migraine Agents, Cluster Headache](#)**Central Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis****PREFERRED**Aimovig ST
Ajovy ST
Cardiovascular Agents: Beta-Blockers
CNS Agents: Anticonvulsants
CNS Agents: Serotonin-Norepinephrine Reuptake Inhibitors
CNS Agents: Tricyclic Antidepressants**NON-PREFERRED**Emgality
Nurtec ODT
Qulipta

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

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

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

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

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

Central Nervous System (CNS) Agents: Antidepressants*	
PREFERRED	NON-PREFERRED
Bupropion	Aplenzin

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

Auvelity
 Bupropion XL (generic of Forfivo XL)
 Citalopram Cap
 Clomipramine
 Desvenlafaxine
 Drizalma Sprinkle
 Duloxetine 40mg
 Emsam
 Fetzima
 Fluoxetine 60mg, DR
 Fluvoxamine ER
 Marplan
 Paroxetine Cap, ER Tab
 Pexeva
 Phenelzine
 Sertraline Cap
 Trazodone 300mg
 Trintellix
 Venlafaxine ER Tab
 Viibryd ^{BvG}

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

Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	
PREFERRED	NON-PREFERRED
Amphetamine/Dextroamphetamine IR, ER ^{AR}	Adzenys ER, XR ODT
Atomoxetine Cap ^{AR}	Amphetamine Tab
Clonidine ER	Azstarys ^{AR}
Concerta	Cotempla XR ODT
Dexmethylphenidate Tab ^{AR}	Daytrana ^{BvG}
Dexmethylphenidate ER (generic of Focalin XR) ^{AR}	Evekeo ODT
Dextroamphetamine IR Tab, ER Cap ^{AR}	Jornay PM
Dextroamphetamine Sol ^{AR}	Lisdexamfetamine Cap
Dyanavel XR Susp, Tab	Methamphetamine
Guanfacine ER	Methylphenidate Chewable Tab ^{AR}
Methylphenidate ER Cap (generic of Metadate CD, Ritalin LA)	Methylphenidate ER (generic of Aptensio XR, Relexxii)
Methylphenidate ER Tab (generic of Concerta, Methylin ER, Ritalin SR)	Mydayis ^{BvG}
Methylphenidate Sol ^{AR}	Vyvanse Chewable Tab ^{BvG}
Methylphenidate Tab	Xelstrym ^{AR}
Procentra ^{AR}	

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QelbreeST
 Quillichew ER^{AR}
 Quillivant XR^{AR}
 Ritalin LA
 Vyvanse Cap^{BvG}

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

Central Nervous System (CNS) Agents: Atypical Antipsychotics*	
PREFERRED	NON-PREFERRED
Abilify Asimtufii, Maintena	Abilify Mycite
Aripiprazole	Aripiprazole Sol
Aristada	Asenapine
Aristada Initio	Caplyta
Clozapine	Clozapine ODT
Fanapt ST	Fluoxetine/Olanzapine
Geodon	Lybalvi
Invega Hafyera ER ^{PA}	Nuplazid
Invega Sustenna	Olanzapine ODT
Invega Trinza	Rexulti
Lurasidone	Risperidone Microspheres (generic of Risperdal Consta)
Olanzapine	Secuado
Paliperidone Tab	Uzedy
Perseris	Versacloz
Quetiapine IR, ER	Zyprexa Relprevv
Risperdal Consta ^{BvG}	
Risperidone	
Saphris ^{BvG ST}	
Vraylar ST	
Ziprasidone	

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

Central Nervous System (CNS) Agents: Fibromyalgia Agents	
PREFERRED	NON-PREFERRED
Pregabalin	Savella

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

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

PREFERRED	NON-PREFERRED
Brixadi	Buprenorphine
Buprenorphine/Naloxone	Lucemyra
Clonidine	
Sublocade	
Suboxone	
Vivitrol	
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
Avonex	Bafiertam
Betaseron	Extavia
Copaxone ^{BvG}	Glatiramer
Dalfampridine	Glatopa
Dimethyl Fumarate	Mavenclad
Fingolimod	Mayzent
Gilenya	Plegridy
Kesimpta	Ponvory
Rebif	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}	Sunosi
Armodafinil	Wakix
Dextroamphetamine ER ^{AR}	Xyrem ^{BvG}

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Methylphenidate ER
Methylphenidate Tab Modafinil

Xywav

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

Central Nervous System (CNS) Agents: Neuropathic Pain

PREFERRED

Amitriptyline
Carbamazepine
Desipramine
Doxepin 10, 25, 50, 75, 100, 150mg
Doxepin Sol
Duloxetine
Gabapentin
Imipramine
Lidocaine Patch
Nortriptyline
Oxcarbazepine
Pregabalin
Ztlido ST

NON-PREFERRED

Gralise ^{BvG}
Horizant
Pregabalin ER

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

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

PREFERRED

Amantadine
Carbidopa
Carbidopa/Levodopa
Entacapone
Pramipexole
Ropinirole
Selegiline

NON-PREFERRED

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](#)

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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	Belsomra
Temazepam 15, 30mg	Dayvigo
Zaleplon	Doxepin 3, 6mg
Zolpidem	Eszopiclone
	Quviviq
	Ramelteon
	Temazepam 7.5, 22mg
	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	Carisoprodol
Cyclobenzaprine 5, 10mg	Chlorzoxazone 375, 750mg
Dantrolene	Cyclobenzaprine 7.5mg
Methocarbamol	Cyclobenzaprine ER
Tizanidine Tab	Lyvispah
	Metaxalone
	Orphenadrine

Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine

PREFERRED	NON-PREFERRED
	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	
Chantix	
Nicotine	
Varenicline	

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

Dermatologic Agents: Oral Acne Products

PREFERRED	NON-PREFERRED
Amnesteem ^{PA}	Absorica

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Claravis ^{PA}	Absorica LD
Isotretinoin ^{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 ^{AR}
Benzoyl Peroxide	Adapalene Gel 0.3% ^{AR}
Clindamycin Gel, Lot, Sol	Adapalene/Benzoyl Peroxide ^{AR}
Clindamycin/Benzoyl Peroxide	Altreno ^{AR}
Erythromycin	Arazlo ^{AR}
Erythromycin/Benzoyl Peroxide	Azelaic Acid Gel
Neuac	Benzoyl Peroxide Foam
Sodium Sulfacetamide	Clindacin Kit
Sodium Sulfacetamide/Sulfur Cream	Clindamycin Foam, Swabs
Sodium Sulfacetamide/Sulfur Wash Susp	Clindamycin/Tretinoin ^{AR}
Tretinoin ^{AR} Cream, Gel	Dapsone Gel
Tretinoin Pump 0.04%, 0.1%	Finacea Foam
	Onexton Gel ^{BvG}
	Retin-A Micro Pump 0.06%, 0.08% ^{BvG}
	Sodium Sulfacetamide/Sulfur Gel
	Sodium Sulfacetamide Pads
	Tazarotene Cream, Foam, Gel 0.1% ^{AR} Winlevi

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

Endocrine Agents: Androgens	
PREFERRED	NON-PREFERRED
Androderm ^{AR PA}	Jatenzo ^{AR}
Depo-Testosterone ^{AR PA}	Methyltestosterone ^{AR}
Testosterone Cypionate ^{AR PA}	Natesto ^{AR}

Endocrine Agents: Androgens	
PREFERRED	NON-PREFERRED
Testosterone Gel 1% Packet ^{AR PA}	Testopel ^{AR}
Testosterone Gel 1.62% Pump ^{AR PA}	Testosterone Gel 1% Pump ^{AR}
	Testosterone Gel 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

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Baqsimi
 Glucagon Hypokit
 Gvoke
 Zegalogue

Glucagon Emerg Kit [Labeler 00548 & 63323]

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

Endocrine Agents: Diabetes – Insulin	
PREFERRED	NON-PREFERRED
Apidra	Admelog
Humalog 50-50	Afrezza
Humalog 75-25	Basaglar
Humalog U-100 Kwikpen, Vial	Fiasp
Humulin 70-30	Humalog U-100 Tempo Pen
Humulin R U-500	Humalog U-200
Insulin Aspart	Humulin N U-100
Insulin Aspart Protamine/Insulin Aspart	Humulin R U-100
Insulin Degludec ST	Insulin Glargine
Insulin Lispro	Lyumjev
Lantus ^{BvG}	Novolin 70-30
Levemir	Novolin N U-100
Novolog 70-30	Novolin R U-100
Novolog U-100	Rezvoglar
Toujeo ^{BvG}	Semglee ^{BvG}
Tresiba ST	

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

Endocrine Agents: Diabetes – Non-Insulin	
PREFERRED	NON-PREFERRED
Acarbose	Alogliptin
Byetta	Alogliptin/Metformin
Farxiga ^{BvG}	Alogliptin/Pioglitazone
Glimepiride	Bydureon Bcise
Glipizide	Dapagliflozin
Glipizide/Metformin	Dapagliflozin/Metformin ER
Glyburide	Glimepiride/Pioglitazone
Glyburide/Metformin	Glyxambi
Invokamet	Invokamet XR

Endocrine Agents: Diabetes – Non-Insulin	
PREFERRED	NON-PREFERRED
Invokana	Jentaduo XR

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Janumet	Kombiglyze XR ^{BvG}
Janumet XR	Metformin ER (Generic of Fortamet, Glumetza)
Januvia	Metformin Sol
Jardiance	Mounjaro
Jentaduo	Onglyza ^{BvG}
Metformin IR, ER (Generic of Glucophage XR)	Ozempic
Miglitol	Qtern
Nateglinide	Rybelsus
Pioglitazone	Segluromet
Pioglitazone/Metformin	Soliqua
Repaglinide	Steglatro
Synjardy	Steglujan
Tradjenta	Symlinpen
Trulicity	Synjardy XR
Victoza	Trijardy XR
Xigduo XR ^{BvG}	Xultophy

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

Endocrine Agents: Endometriosis	
PREFERRED	NON-PREFERRED
Danazol ST	Synarel
Depo-Subq Provera 104 ST	
Lupron Depot ST 3.75, 11.25mg	
Myfembree ST	
Orilissa ST	

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

Endocrine Agents: Estrogenic Agents	
PREFERRED	NON-PREFERRED
Climara Pro	Angeliq
Combipatch	Climara
Dotti	Divigel ^{BvG}
Estradiol Cream, Tab	Duavee
Estradiol Patch	Elestrin ^{BvG}
Estring	Estradiol 10mcg Vag Tab
Ethinyl Estradiol/Norethindrone Acetate	Estradiol/Norethindrone Acetate
Lyllana	Evamist
Menest	Femring
Premarin	Menostar
Premphase	Minivelle
Prempo	Prefest
	Vivelle-Dot

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

Endocrine Agents: Growth Hormone

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PREFERRED	NON-PREFERRED
Genotropin ^{PA} Norditropin ^{PA} Zomacton ^{PA}	Humatrope Ngenla Nutropin Omnitrope Saizen Serostim Skytrofa Sogroya

[Link to Criteria: Endocrine Agents: Growth Hormone](#)

Endocrine Agents: Osteoporosis – Bone Ossification Enhancers	
PREFERRED	NON-PREFERRED
Alendronate Tab Calcitonin-Salmon Forteo ^{BvG PA} Ibandronate	Alendronate Susp Fosamax Plus D Risedronate Teriparatide Tymlos

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

Endocrine Agents: Progestin Agents	
PREFERRED	NON-PREFERRED
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} Oriahnn ^{PA}	

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

Gastrointestinal Agents: Anti-Emetics	
PREFERRED	NON-PREFERRED
Aprepitant 40, 125mg	Aprepitant 80 mg
Diclegis ^{BvG}	Aprepitant TriPac
Dimenhydrinate	Bonjesta
Diphenhydramine	Doxylamine/Pyridoxine
Emend 125mg Susp	Metoclopramide ODT
Emend 80mg ^{BvG}	Sancuso
Emend TriPac ^{BvG}	
Meclizine	
Metoclopramide	
Ondansetron	

Gastrointestinal Agents: Anti-Emetics	
PREFERRED	NON-PREFERRED
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 ^{BvG}	Sutab

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

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

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

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

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

Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) with Diarrhea	
PREFERRED	NON-PREFERRED

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Diphenoxylate/Atropine
Loperamide
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	Dexilant ^{BvG}

Gastrointestinal Agents: Proton Pump Inhibitors	
PREFERRED	NON-PREFERRED
Nexium Granules ^{BvG} Omeprazole Cap ^{AR} Pantoprazole Tab ^{AR} Protonix Pak ^{AR 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 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} Zeposia

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

Gastrointestinal Agents: Unspecified GI	
PREFERRED	NON-PREFERRED
Amitiza ST Bisacodyl Dicyclomine Diphenoxylate/Atropine	Aemcolo Gattex Ibsrela Linzess 72mcg

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Lactulose	Motegrity
Linzess ST 145, 290mcg	Mytesi
Loperamide	Relistor
Lubiprostone ST	Symproic
Movantik ST	
Polyethylene Glycol	
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	

Genitourinary Agents: Benign Prostatic Hyperplasia	
PREFERRED	NON-PREFERRED
Tamsulosin Terazosin	

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

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

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

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

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

Hyperkalemia Agents: Potassium Binders	
PREFERRED	NON-PREFERRED
Lokelma	Sodium Polystyrene Sulfonate Veltassa

Link to Criteria: [Hyperkalemia Agents: Potassium Binders](#)

Immunomodulator Agents: Systemic Inflammatory Disease	
PREFERRED	NON-PREFERRED
Adbry ^{PA}	Actemra
Amjevita ^{PA}	Adalimumab-aacf (Generic of Idacio)
Dupixent ^{PA}	Adalimumab-adaz (Generic of Hyrimoz)
Enbrel ^{PA}	Adalimumab-fkjp (Generic of Hulio)
Humira ^{PA}	Cibinqo
Kineret ^{PA}	Cimzia
Otezla ^{PA}	Cosentyx
Taltz ^{PA ST}	Cyltezo ^{BvG}
Xeljanz IR ^{PA}	Hadlima
	Ilumya
	Kevzara
	Litfulo
	Olumiant
	Orencia
	Rinvoq
	Siliq
	Simponi

Immunomodulator Agents: Systemic Inflammatory Disease	
PREFERRED	NON-PREFERRED
	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	Cefixime Cap

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Cefaclor Susp ^{AR}	Cefixime Susp ^{AR}
Cefadroxil	Cefpodoxime
Cefdinir	Cephalexin 750mg
Cefprozil	
Cefprozil Susp ^{AR}	
Cefuroxime	
Cephalexin 250, 500mg	

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

Infectious Disease Agents: Antibiotics – Inhaled	
PREFERRED	NON-PREFERRED
Tobramycin ^{PA}	Arikayce Bethkis Cayston Kitabis Pak Tobi Podhaler

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](#)

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

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

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

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

Infectious Disease Agents: Antifungals	
PREFERRED	NON-PREFERRED
Fluconazole	Brexafemme

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Flucytosine	Cresemba
Griseofulvin	Itraconazole
Ketoconazole	Noxafil Susp
Terbinafine	Oravig
	Posaconazole
	Tolsura
	Vivjoa
	Voriconazole

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

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

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

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

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

Infectious Disease Agents: Antivirals – HIV*	
PREFERRED	NON-PREFERRED
Abacavir Sulfate	Abacavir Susp
Abacavir/Lamivudine	Aptivus
Apretude	Cimduo
Atazanavir Sulfate	Darunavir
Biktarvy	Didanosine
Complera	Edurant
Delstrigo	Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate
Descovy	Emtricitabine
Dovato	Fosamprenavir
Efavirenz	Fuzeon

Infectious Disease Agents: Antivirals – HIV*	
PREFERRED	NON-PREFERRED
Efavirenz/Emtricitabine/Tenofovir	Intelence ^{BvG}

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Emtricitabine/Tenofovir Disoproxil Fumarate	Lamivudine Tab
Emtriva ^{BvG}	Lamivudine Sol ^{AR}
Evotaz	Lamivudine/Zidovudine
Genvoya	Nevirapine IR, ER Tab
Isentress	Nevirapine Sol ^{AR}
Isentress Chew Tab ^{AR}	Norvir Powder
Juluca	Selzentry ^{BvG}
Lopinavir/Ritonavir	Stavudine
Odefsey	Stribild
Pifeltro	Symfi ^{BvG}
Prezcobix	Symfi Lo ^{BvG}
Prezista ^{BvG}	Tybost
Ritonavir Tab	Viracept
Rukobia ER ^{PA}	
Symtuza	
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	Gatifloxacin
Gentamicin	Moxifloxacin (Generic of Moxeza)
Moxifloxacin	Neomycin/Polymyxin/Hydrocortisone
Neomycin/Polymyxin/Bacitracin	Sulfacetamide Sodium Ophth Oint 10%
Neomycin/Polymyxin/Bacitracin/Hydrocortisone	Tobradex ST
Neomycin/Polymyxin/Dexamethasone	Zylet
Neomycin/Polymyxin/Gramicidin	
Ofloxacin	
Polymyxin/Trimethoprim	
Sulfacetamide Sodium Ophth Sol 10%	
Sulfacetamide/Prednisolone	
Tobradex Oint	
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

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PREFERRED	NON-PREFERRED
Azelastine	Alomide
Bepreve ^{BvG}	Bepotastine
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
Xiidra ST	Cyclosporine
	Eysuvis
	Miebo
	Restasis Multi-Dose
	Tyrvaya

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

Ophthalmic Agents: Glaucoma Agents	
PREFERRED	NON-PREFERRED
Alphagan P 0.1% ^{BvG}	Apraclonidine
Alphagan P 0.15% ^{BvG}	Betoptic S
Azopt ^{BvG ST}	Bimatoprost
Betaxolol	Brimonidine 0.1%, 0.15%
Brimonidine 0.2%	Brimonidine / Timolol
Carteolol	Brinzolamide
Combigan ^{BvG ST}	Iopidine
Dorzolamide	Istalol
Dorzolamide/Timolol	Iyuzeh
Latanoprost	Lumigan
Levobunolol	Timolol Maleate Droperette
Rhopressa	Travoprost
Rocklatan	Vyzulta
Simbrinza	Xelpros
Timolol 0.5% Gel, Soln Travatan	Zioptan ^{BvG}
Z ^{BvG ST}	

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

Ophthalmic Agents: NSAIDs	
PREFERRED	NON-PREFERRED
Diclofenac	Acuvail
Flurbiprofen	Bromfenac
Ketorolac	Ilevro
	Nevanac

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[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	
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	Ciprofloxacin/Fluocinolone
Ciprofloxacin/Dexamethasone	
Cortisporin-TC	
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	Cetirizine Chewable ^{AR}
Cetirizine/Pseudoephedrine	Clarinx-D
Loratadine Rapid Dissolve	Desloratadine
Loratadine Syr, Tab	Fexofenadine
Loratadine/Pseudoephedrine	Levocetirizine

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

Respiratory Agents: Cystic Fibrosis	
PREFERRED	NON-PREFERRED

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Kalydeco^{PA}
 Orkambi^{PA}
 Symdeko^{PA}
 Trikafta Pak^{AR}, Tab^{PA}

Bronchitol

[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)
 Albuterol Nebulizer Sol 0.5% (5mg/mL) Conc
 Anoro Ellipta
 Arnuity Ellipta
 Asmanex Twisthaler
 Atrovent HFA
 Budesonide Nebulizer Sol^{AR}
 Combivent Respimat
 Cromolyn Neb Sol
 Dulera
 Flovent
 Fluticasone Propionate
 Incruse Ellipta
 Ipratropium
 Ipratropium/Albuterol Nebulizer Sol
 Proair HFA

Airduo Digihaler
 Airsupra
 Alvesco
 Arformoterol Nebulizer Sol Armonair
 Digihaler
 Asmanex HFA
 Bevespi Aerosphere
 Breo Ellipta^{BvG}
 Breyna
 Breztri Aerosphere
 Budesonide/Formoterol
 Duaklir Pressair
 Fluticasone/Salmeterol
 Formoterol Fumarate Nebulizer Sol
 Levalbuterol Nebulizer Sol
 Proair Digihaler, Respiclick
 Tiotropium Inhaled Caps
 Trelegy Ellipta
 Tudorza
 Wixela Inhub
 Xopenex HFA

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Proventil HFA	Yupelri
Pulmicort Flexhaler	
Qvar	
Serevent Diskus	
Spiriva ^{BvG}	
Stiolto	
Striverdi Respimat	
Symbicort ^{BvG}	
Ventolin HFA	

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

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

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

Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE	
PREFERRED	NON-PREFERRED
Dupixent ^{PA}	Nucala
Fasenra ^{PA} Xolair <small>PA</small>	Tezspire

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

Respiratory Agents: Nasal Preparations	
PREFERRED	NON-PREFERRED
Azelastine	Azelastine/Fluticasone Spray
Flunisolide	Beconase AQ
Fluticasone (Generic of Flonase)	Mometasone
Ipratropium	Omnaris
Olopatadine	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](#)

Respiratory Agents: Pulmonary Fibrosis	
PREFERRED	NON-PREFERRED

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

Topical Agents: Antifungals	
PREFERRED	NON-PREFERRED
Alevazol	Butenafine
Ciclopirox	Ciclopirox Kit
Clotrimazole	Ertaczo
Clotrimazole/Betamethasone	Jublia
Econazole	Ketoconazole Foam
Ketoconazole	Luliconazole
Miconazole	Miconazole/Zinc Oxide/White Petrolatum Oint
Nystatin	Naftifine
Nystatin/Triamcinolone	Oxiconazole
Terbinafine Tolnaftate	Tavaborole

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

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

Topical Agents: Antiparasitics	
PREFERRED	NON-PREFERRED
Vanalice	

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%	Desonide Lotion
Flurandrenolide	Desoximetasone
Fluticasone Propionate Cream, Oint	Fluocinolone Acetonide 0.01% Oil
Hydrocortisone	Fluocinolone Acetonide 0.025%, 0.1%
Mometasone Furoate	Fluticasone Propionate Lotion

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Prednicarbate
Triamcinolone Cream, Lotion, Oint

Halcinonide Cream
Halobetasol Propionate
Halog
Hydrocortisone Butyrate, Valerate
Pandel
Triamcinolone Spray

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

Topical Agents: Immunomodulators

PREFERRED

Elidel ^{AR BvG ST}
Tacrolimus ^{AR ST}

NON-PREFERRED

Eucrisa
Hyftor
Opzelura
Pimecrolimus ^{AR}
Vtama
Zoryve

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