
Ohio Medicaid

Pharmacy Benefit Management Program



**Department of
Medicaid**

Unified Preferred Drug List

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

Effective April 1, 2021

Pharmacy General Prior Authorization Requirements

[https://pharmacy.medicaid.ohio.gov/sites/default/files/prior authorization and step therapy frequently asked questions faq.pdf](https://pharmacy.medicaid.ohio.gov/sites/default/files/prior%20authorization%20and%20step%20therapy%20frequently%20asked%20questions%20faq.pdf)

Prior Authorization Medication Criteria

<https://pharmacy.medicaid.ohio.gov/sites/default/files/UPDL%20Criteria.pdf>

Prior Authorization Clinical Criteria for non-UPDL Medications

[https://pharmacy.medicaid.ohio.gov/sites/default/files/20210331 Additional Therapeutic Classes with Clinical Criteria%20 April 2021.pdf#overlay-context=drug-coverage](https://pharmacy.medicaid.ohio.gov/sites/default/files/20210331%20Additional%20Therapeutic%20Classes%20with%20Clinical%20Criteria%20April%202021.pdf#overlay-context=drug-coverage)

Pharmacy Prior Authorization Fax Forms:

<https://pharmacy.medicaid.ohio.gov/prior-authorization>

Pharmacy Quantity Limits/Daily Dose Limits:

[https://pharmacy.medicaid.ohio.gov/sites/default/files/Ohio Medicaid Quantity Limits August 2020.pdf#overla y-context=user](https://pharmacy.medicaid.ohio.gov/sites/default/files/Ohio%20Medicaid%20Quantity%20Limits%20August%202020.pdf#overlay-context=user)

Ingredients and Excipients for Compounding

[https://pharmacy.medicaid.ohio.gov/sites/default/files/20210331 Payable Active Pharmaceutical Ingredients and Excipients for Compounding.pdf#overlay-context=unified-pdl](https://pharmacy.medicaid.ohio.gov/sites/default/files/20210331%20Payable%20Active%20Pharmaceutical%20Ingredients%20and%20Excipients%20for%20Compounding.pdf#overlay-context=unified-pdl)

The Statewide PDL is not an all-inclusive list of drugs covered by Ohio Department of Medicaid.

Medications that are new to market will be non-preferred until reviewed by Ohio Department of Medicaid's Pharmacy and Therapeutics Committee.

The list is set up in sections defined by therapeutic class. Products are listed by generic name if the generic is available. In most cases, a brand-name drug for which a generic product is available will be non-preferred. Some medications may require a specific manufacturer or the brand to be dispensed

Ohio Department of Medicaid will not cover medications not part of the Medicaid Drug Rebate Program unless indicated.

UPDL Legend

AR (Age Restriction) - An age edit allows claims for members within a defined age range to adjudicate without authorization

BvG (Brand Preferred Over the Generic) - The brand name medication is preferred over the generic equivalent

PA (Clinical Prior Authorization) - A prior authorization is required before the medication will adjudicate

QL (Quantity Limit) - A limit on the quantity that can be covered within a given time frame

ST (Step Therapy) - Medications require a trial with one or more preferred products before approval

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Analgesic Agents: NSAIDs	
PREFERRED	NON-PREFERRED
Celecoxib ^{AR}	Diclofenac/Misoprolol
Diclofenac	Diclofenac Gel 1.5%
Diclofenac DR	Diclofenac Patch 1.3%
Diclofenac ER	Diclofenac Sol 1.5%
Diclofenac Gel 1%	Diclotrex
Etodolac	Duexis
Fenoprofen 600mg	Fenoprofen 400mg
Ibuprofen	Ketorolac Tromethamine Nasal Spray
Indocin	Ketoprofen
Indomethacin	Naproxen CR
Ketorolac	Naproxen DR
Ketoprofen ER	Naproxen EC
Meclofenamate	Naproxen ER
Mefenamic Acid	Naproxen/Esomeprazole
Meloxicam	Pennsaid
Nabumetone	Qmiiz ODT
Naproxen	Relafen DS
Naproxen Susp ^{AR}	Tolmetin
Oxaprozin	Vivlodex
Piroxicam	Zipsor
Sulindac	Zorvolex

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

Analgesic Agents: Gout	
PREFERRED	NON-PREFERRED
Allopurinol	Gloperba Susp ^{QL}
Colchicine ^{QL, PA}	Uloric ^{BvG}
Probenecid	
Probenecid/Colchicine	

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

Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Acetaminophen/Codeine ^{QL}	Acetaminophen/Caffeine/Dihydrocodeine ^{QL}
Butalbital/Acetaminophen/Caffeine/Codeine ^{QL}	Arymo ER ^{QL}
Butalbital/Aspirin/Caffeine/Codeine ^{QL}	Belbuca ^{QL}
Butorphanol ^{QL}	Benzhydrocodone/Acetaminophen ^{QL}
Butrans ^{QL, PA}	Butalbital/Acetaminophen/Caffeine/Codeine 50-300-40-30mg ^{QL}

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Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Codeine	Dsuvia ^{QL}
Hydrocodone/Acetaminophen ^{QL}	Fentanyl ^{QL}
Hydromorphone ^{QL}	Hydrocodone Bitartrate ER 12HR ^{QL}
Morphine Sol ^{QL}	Hydrocodone/Acetaminophen 5-300, 7.5-300, 10-300mg ^{QL}
Morphine Tab ^{QL}	Hydrocodone/Ibuprofen ^{QL}
Oxycodone Cap ^{QL}	Hydromorphone ER ^{QL}
Oxycodone Tab ^{QL}	Hysingla ER ^{QL}
Oxycodone Sol ^{QL}	Levorphanol ^{QL}
Oxycodone/Acetaminophen ^{QL}	Meperidine ^{QL}
Tramadol ^{QL}	Methadone ^{QL}
Tramadol/Acetaminophen ^{QL}	Morphine ER 24HR ^{QL}
Morphine ER ^{QL, PA}	Nucynta ^{QL}
	Oxaydo ^{QL}
	Oxycodone ER ^{QL}
	Oxycodone/Ibuprofen ^{QL}
	Oxycontin ER ^{QL}
	Oxymorphone ^{QL}
	Oxymorphone ER ^{QL}
	Pentazocine/Naloxone ^{QL}
	Primlev ^{QL}
	Prolate ^{QL}
	Tramadol ER ^{QL}
	Xtampza ER ^{QL}

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

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

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

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Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	
PREFERRED	NON-PREFERRED
Granix ^{PA} Udenyca ^{PA} Ziextenzo ^{PA}	Fulphila Leukine Neulasta Neupogen Nivestym Zarxio

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

Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factors	
PREFERRED	NON-PREFERRED
Advate ^{PA} Afstyla ^{PA} Alphanate ^{PA} Alphanine Sd ^{PA} Alprolix ^{PA} Benefix ^{PA} Corifact ^{PA} Feiba ^{PA} Hemlibra ^{PA} Hemofil M ^{PA} Humate-P ^{PA} Ixinity ^{PA} Koate ^{PA} Kogenate Fs ^{PA} Mononine ^{PA} Novoeight ^{PA} Novoseven RT ^{PA} Nuwiq ^{PA} Profilnine ^{PA} Recombinate ^{PA} Rixubis ^{PA} Wilate ^{PA} Xyntha ^{PA}	Adynovate Eloctate Esperoct Idelvion Jivi Kovaltry Obizur Rebinyn Vonvendi

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](#)

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Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants	
PREFERRED	NON-PREFERRED
Aspirin	Savaysa
Brilinta	Yosprala
Clopidogrel	Zontivity
Eliquis	
Pradaxa	
Prasugrel	
Warfarin	
Xarelto	

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

Cardiovascular Agents: Angina, Hypertension and Heart Failure	
PREFERRED	NON-PREFERRED
Acebutolol	Aliskiren
Amlodipine	Bystolic
Amlodipine Valsartan	Candesartan
Amlodipine/Benazepril	Candesartan/Hydrochlorothiazide
Amlodipine/Olmesartan	Carospir
Amlodipine/Valsartan/Hydrochlorothiazide	Carvedilol ER
Atenolol	Corlanor
Atenolol/Chlorthalidone	Edarbi
Benazepril	Diltiazem 24HR ER
Benazepril/Hydrochlorothiazide	Edarbyclor
Betaxolol	Hydralazine/Hydrochlorothiazide
Bisoprolol	Innopran XL
Bisoprolol/Hydrochlorothiazide	Isradipine
Captopril	Kapspargo
Captopril/Hydrochlorothiazide	Katerzia
Cartia XT	Nimodipine
Carvedilol	Nisoldipine
Clonidine	Nymalize
Diltiazem	Olmesartan
Diltiazem ER	Olmesartan/Amlodipine/ Hydrochlorothiazide
Diltiazem SR	Olmesartan/Hydrochlorothiazide
Doxazosin	Prestalia
Dutoprol	Qbrelis
Enalapril	Sotylize
Enalapril/Hydrochlorothiazide	Tekturna/HCT
Entresto ^{PA}	Telmisartan
Epaned	Telmisartan/Hydrochlorothiazide
Eplerenone	Verapamil 200, 300mg ER 24HR
Felodipine ER	
Fosinopril	
Fosinopril/Hydrochlorothiazide	
Guanfacine	

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED	NON-PREFERRED
Hemangeol	
Hydralazine	
Hydralazine	
Irbesartan	
Irbesartan/Hydrochlorothiazide	
Labetalol	
Lisinopril	
Lisinopril/Hydrochlorothiazide	
Losartan	
Losartan/Hydrochlorothiazide	
Methyldopa	
Methyldopa/Hydrochlorothiazide	
Metoprolol Succinate ER	
Metoprolol Tartrate	
Metoprolol/Hydrochlorothiazide	
Minoxidil	
Moexipril	
Nadolol	
Nadolol/Bendroflumethiazide	
Nicardipine	
Nifedipine	
Perindopril	
Pindolol	
Prazosin	
Prazosin Hydrochloride	
Propranolol	
Propranolol/Hydrochlorothiazide	
Quinapril	
Quinapril/Hydrochlorothiazide	
Ramipril	
Ranolazine	
Sorine	
Sotalol	
Spironolactone	
Spironolactone/Hydrochlorothiazide	
Taztia Xt	
Telmisartan/Amlodipine	
Terazosin	
Timolol	
Trandolapril	
Trandolapril/Verapamil	

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Cardiovascular Agents: Angina, Hypertension and Heart Failure	
PREFERRED	NON-PREFERRED
Valsartan Valsartan/Hydrochlorothiazide Verapamil Verapamil SR	

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

Cardiovascular Agents: Antiarrhythmics	
PREFERRED	NON-PREFERRED
Amiodarone 200mg Disopyramide Dofetilide Flecainide Mexiletine Norpac CR Propafenone Quinidine	Amiodarone 100mg and 400mg Multaq

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

Cardiovascular Agents: Lipotropics	
PREFERRED	NON-PREFERRED
Atorvastatin Cholestyramine Cholestyramine Light Colestipol tab Ezetimibe Fenofibrate 48 and 145mg tab Gemfibrozil Lovastatin Omega-3-Acid Ethyl Esters ^{PA} Niacin Pravastatin Prevalite Rosuvastatin Simvastatin	Altoprev Amlodipine/Atorvastatin Colesevelam Colestipol Granules Ezetimibe/Simvastatin Ezallor Fenofibrate 30, 43, 50, 67, 90, 130, 134 and 150mg cap Fenofibrate 40, 54, 120 and 160mg tab Fenofibric Acid Fluvastatin Livalo Nexletol Nexlizet Niacin ER Praluent Repatha Vascepa Zypitama

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

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Cardiovascular Agents: Pulmonary Arterial Hypertension	
PREFERRED	NON-PREFERRED
Ambrisentan ^{PA}	Adempas
Sildenafil ^{PA}	Epoprostenol
Sildenafil Susp ^{AR PA}	Opsumit
Tadalafil ^{PA}	Tracleer Susp
Tracleer ^{BvG PA}	Treprostinil
	Tyvaso
	Uptravi
	Velettri
	Ventavis

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

Central Nervous System (CNS) Agents: Alzheimer's Agents	
PREFERRED	NON-PREFERRED
Donepezil 5mg, 10mg Tab	Donepezil 23mg Tab
Galantamine	Donepezil ODT
Memantine Tab	Memantine ER
Rivastigmine Cap	Memantine Sol
	Namzaric
	Rivastigmine Patch

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

Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute	
PREFERRED	NON-PREFERRED
Naratriptan	Almotriptan
Nurtec ST	Dihydroergotamine
Rizatriptan	Eletriptan
Sumatriptan	Ergomar
	Frovatriptan
	Migergot
	Onzetra Xsail
	Reyvow
	Sumatriptan/Naproxen
	Tosymra
	Ubrelvy
	Zolmitriptan
	Zomig

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

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Central Nervous System (CNS) Agents: Anti-Migraine Agents, Cluster Headache	
PREFERRED	NON-PREFERRED
Verapamil	Emgality

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

Central Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis	
PREFERRED	NON-PREFERRED
Aimovig ^{QL ST} Ajovy ST Cardiovascular Agents: Beta-Blockers CNS Agents: Anticonvulsants CNS Agents: Serotonin-Norepinephrine Reuptake Inhibitors CNS Agents: Tricyclic Antidepressants	Emgality

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

Central Nervous System (CNS) Agents: Anticonvulsants	
PREFERRED	NON-PREFERRED
Carbamazepine Clobazam Clonazepam Diacomit ^{QL PA} Diazepam Rectal Gel Divalproex Epidiolex ^{QL PA} Ethosuximide Fycompa ST Gabapentin Lamotrigine Levetiracetam IR Levetiracetam Sol Nayzilam Oxcarbazepine Phenobarbital Phenytoin Pregabalin Primidone Topiramate Valproic Acid Valtoco Vimpat ST Zonisamide	Aptiom Banzel Briviact Celontin Clonazepam ODT Felbamate Fintepla Lamotrigine ER Lamotrigine ODT Levetiracetam ER Oxtellar XR Peganone Spritam Sympazan Tiagabine Topiramate ER Topiramate ER Sprinkle Cap Topiramate Sprinkle Cap Trokendi XR Vigabatrin Vigabatrin Powder ^{AR} Xcopri

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

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Central Nervous System (CNS) Agents: Antidepressants	
PREFERRED	NON-PREFERRED
Bupropion	Aplenzin
Bupropion SR (generic of Wellbutrin SR)	Brisdelle
Bupropion XL (generic of Wellbutrin XL)	Bupropion XL (generic of Forfivo XL)
Citalopram	Clomipramine
Duloxetine 20, 30, 60mg	Desvenlafaxine
Escitalopram	Drizalma Sprinkle
Fluoxetine	Duloxetine 40mg
Fluvoxamine	Emsam
Mirtazapine	Fetzima
Nefazodone	Fluoxetine 60mg
Paroxetine	Fluoxetine DE
Sertraline	Fluvoxamine ER
Tranylcypromine	Marplan
Trazodone 50mg, 100mg, 150mg	Oleptro ER
Venlafaxine Tab	Paroxetine 7.5mg
Venlafaxine ER Cap	Paroxetine ER
	Pexeva
	Phenelzine
	Trazodone 300mg
	Trintellix
	Venlafaxine ER Tab
	Viibryd

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

Central Nervous System (CNS) Agents: Atypical Antipsychotics	
PREFERRED	NON-PREFERRED
Abilify Maintena	Abilify Mycite
Aripiprazole	Aripiprazole Sol
Aristada	Caplyta
Aristada Initio	Clozapine Rapid Dis
Clozapine	Fluoxetine/Olanzapine
Fanapt ST	Nuplazid
Invega Sustenna	Olanzapine ODT
Invega Trinza	Paliperidone
Latuda ST	Rexulti
Olanzapine	Secuado
Perseris	Versacloz
Quetiapine	Vraylar
Risperdal Consta	

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Central Nervous System (CNS) Agents: Atypical Antipsychotics	
PREFERRED	NON-PREFERRED
Risperidone Saphris ST Ziprasidone Zyprexa Relprevv	

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

Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	
PREFERRED	NON-PREFERRED
Amphetamine/Dextroamphetamine Aptensio XR ^{BvG} Atomoxetine Dexmethylphenidate Dextroamphetamine Guanfacine ER Methylphenidate ER Methylphenidate CD Methylphenidate LA Methylphenidate Tab Quillichew ER ^{AR PA} Vyvanse Vyvanse Chewable ^{AR PA}	Adhansia XR Adzenys Clonidine ER Cotempla Daytrana Dyanavel XR Dextroamphetamine Sol Evekeo Jornay PM Methamphetamine Methylphenidate Sol, Chewable Tab Mydayis Quillivant XR Zenzedi

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

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

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

Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction	
PREFERRED	NON-PREFERRED
Buprenorphine/Naloxone Clonidine Sublocade ^{PA QL} Suboxone Vivitrol Zubsolv	Buprenorphine Lucemyra ^{QL}

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 ^{PA QL} Ingrezza ^{PA} Tetrabenazine ^{PA}	

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

Central Nervous System (CNS) Agents: Multiple Sclerosis	
PREFERRED	NON-PREFERRED
Aubagio Avonex Betaseron Copaxone ^{BvG} Dalfampridine Gilenya Rebif	Bafiertam Dimethyl Fumarate Extavia Glatopa Kesimpta Mavenclad Mayzent ^{QL} Plegridy Vumerity Zeposia

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

Central Nervous System (CNS) Agents: Neuropathic Pain	
PREFERRED	NON-PREFERRED
Amitriptyline Carbamazepine Desipramine Doxepin 10, 25, 50, 75, 100, 150mg Doxepin 10mg/ml Sol Duloxetine Gabapentin Imipramine Lidocaine Patch Nortriptyline Oxcarbazepine Pregabalin	Gralise Horizant Lyrica CR Ztlido

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

Central Nervous System (CNS) Agents: Parkinson's Agents	
PREFERRED	NON-PREFERRED
Amantadine Carbidopa Carbidopa/Levodopa Entacapone	Apokyn Azilect Carbidopa/Levodopa Dispersible Tablets Carbidopa/Levodopa/Entacapone

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

PREFERRED	NON-PREFERRED
Amantadine	Gocovri
Pramipexole	Inbrija
Ropinirole	Kynmobi
Selegiline	Neupro
	Nourianz
	Ongentys
	Osmolex ER
	Pramipexole ER
	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	Belsomra
Temazepam 15, 30mg	Dayvigo
Zaleplon	Doxepin 3, 6mg
Zolpidem	Eszopiclone
	Intermezzo
	Rozerem
	Temazepam 7.5, 22mg
	Zolpidem ER and 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	Carisoprodol
Chlorzoxazone 250mg	Chlorzoxazone 375mg
Chlorzoxazone 500mg	Chlorzoxazone 750mg
Cyclobenzaprine 5, 10mg	Cyclobenzaprine 7.5mg
Dantrolene	Cyclobenzaprine ER

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Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine	
PREFERRED	NON-PREFERRED
Methocarbamol Tizanidine Tab	Metaxalone Orphenadrine Tizanidine Cap

Link to Criteria: [Central Nervous System \(CNS\) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine](#)

Central Nervous System (CNS) Agents: Smoking Deterrents	
PREFERRED	NON-PREFERRED
Nicotine Bupropion Chantix	

Dermatological: Topical Acne Products	
PREFERRED	NON-PREFERRED
Benzoyl Peroxide Clindamycin Gel Clindamycin Lot Clindamycin Sol Clindamycin/Benzoyl Peroxide Differin ^{AR BvG} Erythromycin Erythromycin/Benzoyl Peroxide Neuac Panoxyl Sodium Sulfacetamide Sodium Sulfacetamide/Sulfur Cream Sodium Sulfacetamide/Sulfur Wash Suspension Tazorac ^{AR BvG} Tretinoin ^{AR}	Acanya Aczone Adapalene ^{AR} Adapalene/Benzoyl Peroxide ^{AR} Aklief ^{AR} Altreno ^{AR} Amzeeq Arazlo ^{AR} Atralin ^{AR} Benzoyl Peroxide Foam Clindacin Clindamycin Foam Clindamycin Pledgets Clindamycin/Tretinoin ^{AR} Fabior ^{AR} Finacea Onexton Gel Ovace Plus Plixda ^{AR} Sodium Sulfacetamide/Sulfur Gel Sodium Sulfacetamide Pads Ziana ^{AR}

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

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Endocrine Agents: Androgens	
PREFERRED	NON-PREFERRED
Androderm ^{PA}	Androxy
Testosterone Gel 1% Packet ^{PA}	Axiron
Testosterone Gel Pump ^{PA}	Jatenzo
	Methyltestosterone
	Natesto
	Striant
	Testosterone 1.62% Packet
	Vogelxo
	Xyosted

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

Endocrine Agents: Diabetes – Hypoglycemia Treatments	
PREFERRED	NON-PREFERRED
Baqsimi ^{QL}	Gvoke Hypopen
Glucagen Hypokit	Gvoke PFS
Glucagon Emerg Kit	

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

Endocrine Agents: Diabetes – Insulin	
PREFERRED	NON-PREFERRED
Humalog Mix 50/50, 75/25	Admelog
Humulin 70/30	Afrezza
Humulin R	Apidra
Insulin Aspart	Basaglar
Insulin Aspart Protamine/Insulin Aspart (Authorized generic)	Fiasp
Insulin Lispro	Humulin N
Lantus	Lyumjev
Levemir	Novolin N
Novolin 70/30	Semglee
Novolin R	Toujeo
Tresiba ST	

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

Endocrine Agents: Diabetes – Non-Insulin	
PREFERRED	NON-PREFERRED
Acarbose	Adlyxin
Actoplus Met XR ST	Alogliptin
Farxiga ST	Alogliptin/Metformin
Glimepiride	Avandia
Glipizide	Bydureon
Glipizide/Metformin	Byetta

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Endocrine Agents: Diabetes – Non-Insulin	
PREFERRED	NON-PREFERRED
Glyburide	Glimepiride/Pioglitazone
Glyburide/Metformin	Glucophage
Invokamet ST	Glyxambi
Invokana ST	Invokamet XR
Janumet ST	Jentadueto XR
Janumet XR ST	Kombiglyze XR
Januvia ST	Metformin ER (Generic of Fortamet)
Jardiance ST	Metformin Sol
Jentadueto ST	Onglyza
Metformin	Ozempic
Metformin ER (Generic of Glucophage XR)	Pioglitazone/Alogliptin
Miglitol ST	Qtern
Nateglinide	Rybelsus
Pioglitazone	Segluromet
Pioglitazone/ Metformin	Soliqua
Repaglinide	Steglatro
Repaglinide/ Metformin	Steglujan
Synjardy ST	Synjardy XR
Symlinpen ST	Trijardy XR
Tradjenta ST	Xigduo XR
Trulicity ST	Xultophy
Victoza ST	

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

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

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

Endocrine Agents: Estrogenic Agents	
PREFERRED	NON-PREFERRED
Climara Pro	Angeliq
Combipatch	Divigel
Estradiol	Duavee
Estring	Elestrin

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Endocrine Agents: Estrogenic Agents	
PREFERRED	NON-PREFERRED
Ethinyl Estradiol/Norethindrone Acetate	Estrace
Menest	Estradiol/Norethindrone Acetate
Premarin	Estrasorb
Premphase	Evamist
Prempro	Femring
	Femtrace
	Menostar
	Minivelle
	Prefest
	Vagifem

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

Endocrine Agents: Progestin Agents	
PREFERRED	NON-PREFERRED
Hydroxyprogesterone Caproate	
Makena	
Medroxyprogesterone Acetate Tab	
Megestrol	
Norethindrone Acetate	
Progesterone	
Progesterone In Oil	

Endocrine Agents: Growth Hormone	
PREFERRED	NON-PREFERRED
Genotropin ^{PA}	Nutropin
Norditropin ^{PA}	Omnitrope
	Saizen
	Serostim
	Zomacton

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

Endocrine Agents: Osteoporosis – Bone Ossification Enhancers	
PREFERRED	NON-PREFERRED
Alendronate	Alendronate Susp
Calcitonin-Salmon	Binosto
Forteo	Etidronate
Ibandronate	Fosamax Plus D
	Risedronate
	Tymlos

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

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Endocrine Agents: Uterine Fibroids	
PREFERRED	NON-PREFERRED
Lupron Depot ^{PA} 3.75, 11.25mg OriaHnn ^{PA}	

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

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

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

Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) / Selected GI	
PREFERRED	NON-PREFERRED
Amitiza ST	Alosetron
Bisacodyl	Gattex
Casanthranol/Docusate Sodium	Linzess 72mcg
Dicyclomine	Motegrity
Diphenoxylate/Atropine	Mytesi
Lactulose	Nutrestore
Linzess ST 145, 290mcg	Trulance
Loperamide	Viberzi
Polyethylene Glycol	Xifaxan
Psyllium Fiber	Zelnorm
Senna	Zorbtive

Link to Criteria: [Gastrointestinal Agents: Irritable Bowel Syndrome \(IBS\) / Selected GI](#)

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Gastrointestinal Agents: Opioid-Induced Constipation	
PREFERRED	NON-PREFERRED
Amitiza ST Bisacodyl Casanthranol/Docusate Sodium Lactulose Movantik ST Polyethylene Glycol Psyllium Fiber Senna	Relistor Symproic

Link to Criteria: [Gastrointestinal Agents: Opioid-Induced Constipation](#)

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

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

Gastrointestinal Agents: Proton Pump Inhibitors	
PREFERRED	NON-PREFERRED
Lansoprazole Cap Nexium Granules ^{BvG} Omeprazole Cap Pantoprazole Protonix Pak ^{AR BvG}	Aciphex Dexilant Esomeprazole Lansoprazole ODT Omeprazole Omeprazole/Sodium Bicarbonate Prilosec Susp Protonix Susp ^{AR} Rabeprazole

Link to Criteria: [Gastrointestinal Agents: Proton Pump Inhibitors](#)

Gastrointestinal Agents: Ulcerative Colitis Agents	
PREFERRED	NON-PREFERRED
Balsalazide Disodium Lialda ^{BvG} Mesalamine Dr Cap Mesalamine Enema Mesalamine ER Pentasa Sulfasalazine	Dipentum Giazo Mesalamine DR Tab Mesalamine Enema Mesalamine Supp Ortikos ER Uceris

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

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Genitourinary Agents: Benign Prostatic Hyperplasia	
PREFERRED	NON-PREFERRED
Alfuzosin Doxazosin Dutasteride Finasteride Prazosin Tadalafil ^{PA} 2.5, 5mg Tamsulosin Terazosin	Cardura XL Dutasteride/Tamsulosin Silodosin

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

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

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

Genitourinary Agents: Urinary Antispasmodics	
PREFERRED	NON-PREFERRED
Oxybutynin Oxytrol Solifenacin ST	Darifenacin Gelnique Myrbetriq Tolterodine Toviaz Trospium

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

Immunomodulator Agents for Systemic Inflammatory Disease	
PREFERRED	NON-PREFERRED
Enbrel ^{PA} Humira ^{PA QL} Taltz ^{PA} Xeljanz 5mg ^{PA QL}	Actemra Cimzia Cosentyx Ilumya Kevzara Kineret Olumiant Orencia Otezla Rinvoq Siliq Simponi ^{QL}

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Immunomodulator Agents for Systemic Inflammatory Disease	
PREFERRED	NON-PREFERRED
	Skyrizi Tremfya Xeljanz 10mg Xeljanz XR

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

Infectious Disease Agents: Antibiotics – Cephalosporins	
PREFERRED	NON-PREFERRED
Cefadroxil Cephalexin 250, 500mg Cefaclor Cefaclor Susp ^{AR} Cefprozil Cefprozil Susp ^{AR} Cefuroxime Cefdinir	Cephalexin 750mg Ceftibuten Cefpodoxime Cefixime Susp Suprax

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

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	Baxdela Ciprofloxacin ER Moxifloxacin Ofloxacin

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

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

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

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

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

Infectious Disease Agents: Antifungals for Onychomycosis & Systemic Infections	
PREFERRED	NON-PREFERRED
Fluconazole	Cresemba
Flucytosine	Itraconazole
Griseofulvin	Itraconazole
Ketoconazole	Noxafil
Terbinafine	Oravig
	Sporanox
	Tolsura
	Voriconazole

Link to Criteria: [Infectious Disease Agents: Antifungals for Onychomycosis & Systemic Infections](#)

Infectious Disease Agents: Antivirals – Hepatitis C Agents	
PREFERRED	NON-PREFERRED
Sofosbuvir/Velpatasvir [Labeler 72626] ^{PA}	Ledipasvir/Sofosbuvir
Mavyret ^{PA}	Sovaldi
Pegasys ^{PA}	Vosevi
Peg-Intron ^{PA}	Zepatier
Ribavirin ^{PA}	

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

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

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

Infectious Disease Agents: Antivirals – HIV	
PREFERRED	NON-PREFERRED
Abacavir Sulfate	Abacavir Susp
Abacavir/Lamivudine	Abacavir/Lamivudine/Zidovudine
Atazanavir Sulfate	Aptivus
Atripla ^{BvG}	Didanosine
Biktarvy	Edurant
Cimduo	Fuzeon
Complera	Intelence
Delstrigo	Lamivudine
Descovy	Lamivudine/Zidovudine
Dovato	Lexiva
Efavirenz	Nevirapine
Emtriva ^{BvG}	Rukobia ER
Evotaz	Selzentry
Genvoya	Stavudine
Isentress	Stribild
Juluca	Symtuza
Kaletra	Tybost
Norvir	Viracept
Odefsey	Viread 250mg
Pifeltro	
Prezcobix	
Prezista	
Ritonavir	
Symfi ^{BvG}	
Symfi Lo ^{BvG}	
Temixys	
Tenofovir Disoproxil	
Tivicay	
Tivicay Pd	
Triumeq	
Truvada ^{BvG}	
Viread 150mg	
Viread Oral Powder	
Zidovudine	

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

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Ophthalmic Agents: Ophthalmic Steroids	
PREFERRED	NON-PREFERRED
Dexamethasone Sodium Phosphate	Alrex ^{BvG}
Durezol	Flarex
Fluorometholone	Inveltys
Fml Forte	Lotemax ^{BvG}
Fml S.O.P.	Lotemax SM
Pred Mild	Loteprednol
Prednisolone Acetate	Maxidex
Prednisolone Sodium Phosphate	

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

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
Ofloxacin	Tobradex ST ^{BvG}
Polymyxin/Trimethoprim	Zylet
Sulfacetamide	
Sulfacetamide/ Prednisolone	
Tobradex ^{BvG}	
Tobramycin	

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

Ophthalmic Agents: Antihistamines & Mast Cell Stabilizers	
PREFERRED	NON-PREFERRED
Azelastine	Alocril
Cromolyn	Alomide
Ketotifen	Bepreve
Olopatadine	Emadine
	Epinastine
	Lastacaft
	Zerviate

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

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Ophthalmic Agents: Dry Eye Treatments	
PREFERRED	NON-PREFERRED
Restasis Trays ST	Cequa Restasis Multi-Dose Xiidra

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

Ophthalmic Agents: Glaucoma Agents	
PREFERRED	NON-PREFERRED
Alphagan P 0.1% ST Alphagan P 0.15% ^{BvG} Azopt ST Betaxolol Brimonidine Carteolol Combigan ST Dorzolamide Dorzolamide/Timolol Latanaprost Levobunolol Metipranolol Simbrinza Timolol Travatan Z ST	Apraclonidine Betoptic S Bimatoprost Iopidine Istalol Lumigan Rhopressa Rocklatan Travoprost Vyzulta Xelpros Xiidra Zioptan

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

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

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

Otic Agents: Antibacterial and Antibacterial/Steroid Combinations	
PREFERRED	NON-PREFERRED
Cipro HC Ciprodex ^{BvG} Neomycin/Polymyxin B/Hydrocortisone Ofloxacin	Ciprofloxacin Cortisporin-Tc Otovel

Link to Criteria: [Otic Agents: Antibacterial and Antibacterial/Steroid Combinations](#)

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Respiratory Agents: Antihistamines – Second Generation	
PREFERRED	NON-PREFERRED
Cetirizine Chewable ^{AR}	Clarinet-D
Cetirizine Syr ^{AR}	Desloratadine
Cetirizine Tab	Fexofenadine
Cetirizine/Pseudoephedrine	Levocetirizine
Loratadine Rapid Dissolve	
Loratadine Syr	
Loratadine Tab	
Loratadine/Pseudoephedrine	

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

Respiratory Agents: Cystic Fibrosis	
PREFERRED	NON-PREFERRED
Kalydeco ^{PA}	
Orkambi ^{PA}	
Symdeko ^{PA}	
Trikafta ^{PA}	

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

Respiratory Agents: Epinephrine Auto-Injectors	
PREFERRED	NON-PREFERRED
Epinephrine (labeler 49502)	Epipen
Symjepi	Epipen JR

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

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

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

Respiratory Agents: Inhaled Agents	
	NON-PREFERRED
Albuterol HFA (authorized generics only)	Advair HFA
Albuterol Nebulizer Sol 0.083%, 0.5% Conc	Aerospan HFA
Albuterol Nebulizer Sol 0.42mg/ml, 0.63mg/ml ^{AR}	Airduo Digihaler
Asmanex Twisthaler	Airduo Respiclick
Atrovent HFA	Albuterol HFA (non-authorized generic)
Bevespi Aerosphere	Alvesco
Budesonide Nebulizer Sol ^{AR}	Anoro Ellipta
Combivent Respimat	Armonair Digihaler
Dulera	Armonair Respiclick

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Respiratory Agents: Inhaled Agents	
PREFERRED	NON-PREFERRED
Flovent	Arnuity Ellipta
Ipratropium	Asmanex HFA
Ipratropium/Albuterol Nebulizer Sol	Breo Ellipta
Proair Respiclick	Breztri Aerosphere
Pulmicort Flexhaler	Brovana
Salmeterol/Fluticasone (authorized generic)	Duaklir Pressair
Serevent Diskus	Incruse Ellipta
Spiriva	Levalbuterol Nebulizer Sol
Symbicort ^{BvG}	Lonhala Magnair
	Perforomist
	Proair Digihaler
	Qvar
	Stiolto
	Striverdi Respimat
	Trelegy Ellipta
	Tudorza
	Wixela Inhub
	Xopenex HFA
	Yupelri

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 (Self-Administered)	
PREFERRED	NON-PREFERRED
Fasenra ^{PA}	Dupixent
Nucala ^{PA}	

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

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Respiratory Agents: Nasal Preparations	
PREFERRED	NON-PREFERRED
Azelastine	Beconase AQ
Flunisolide	Budesonide
Fluticasone	Dymista
Ipratropium	Mometasone
Olopatadine	Omnaris
	Qnasl
	Xhance
	Zetonna

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

Respiratory Agents: Other Agents	
PREFERRED	NON-PREFERRED
	Daliresp

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

Topical Agents: Anti-Fungals	
PREFERRED	NON-PREFERRED
Ciclopirox	Alevazol
Clotrimazole	Ciclopirox Kit
Clotrimazole/Betamethasone	Ertaczo
Econazole	Exelderm
Ketoconazole	Jublia
Miconazole	Kerydin
Nystatin	Ketoconazole Foam
Nystatin/Triamcinolone	Luzu
Terbinafine	Mentax
Tolnaftate	Naftifine
	Naftin
	Oxiconazole
	Pediaderm AF
	Vusion

Link to Criteria: [Topical Agents: Anti-Fungals](#)

Topical Agents: Anti-Parasitics	
PREFERRED	NON-PREFERRED
Natroba ^{BvG}	Eurax
Permethrin	Malathion
Piperonyl Butoxide/Pyrethrins	Sklice

Link to Criteria: [Topical Agents: Anti-Parasitics](#)

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Topical Agents: Corticosteroids	
PREFERRED	NON-PREFERRED
Amcinonide	Alclometasone
Betamethasone Dipropionate/Calcipotriene Oint	Apexicon
Betamethasone Valerate	Betamethasone Dipropionate
Clocortolone Pivalate	Betamethasone Dipropionate/Calcipotriene Susp
Clobetasol Propionate	Bryhali
Desonide	Clobex
Diflorasone Diacetate	Clocortolone Pivalate
Fluocinolone Acetonide 0.01%	Cordan
Fluocinonide Acetonide 0.05%	Desonate Gel
Fluticasone Propionate	Desonide Lotion
Hydrocortisone	Desoximetasone
Mometasone Furoate	Fluocinolone Acetonide 0.025%
Prednicarbate	Fluocinonide Acetonide 0.1%
Triamcinolone	Halobetasol Propionate
	Hydrocortisone Butyrate
	Hydrocortisone Valerate
	Halog
	Kenalog
	Lexette
	Luxiq
	Olux-E
	Pandel
	Pediaderm HC
	Sernivo

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

Topical Agents: Immunomodulators	
PREFERRED	NON-PREFERRED
Pimecrolimus (Labeler 68682) ^{AR ST}	Eucrisa
Protopic ^{AR ST}	

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

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic