
Ohio Medicaid

Pharmacy Benefit Management Program



Department of
Medicaid

Unified Preferred Drug List

Medicaid Fee-for-Service
and Managed Care Plans

Effective January 1, 2022

Pharmacy General Prior Authorization Requirements

https://pharmacy.medicareid.ohio.gov/sites/default/files/prior_authorization_and_step_therapy_frequently_asked_questions_faq.pdf

Prior Authorization Medication Criteria

https://pharmacy.medicareid.ohio.gov/sites/default/files/20220101_UPDL_Criteria_Final_0.pdf

Prior Authorization Clinical Criteria for non-UPDL Medications

https://pharmacy.medicareid.ohio.gov/sites/default/files/Additional_Therapeutic_Classes_with_Clinical_Criteria_20220101.pdf

Pharmacy Prior Authorization Fax Forms:

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

Pharmacy Quantity Limits/Daily Dose Limits:

https://pharmacy.medicareid.ohio.gov/sites/default/files/Ohio_Medicareid_Quantity_Limits.pdf

Ingredients and Excipients for Compounding

https://pharmacy.medicareid.ohio.gov/sites/default/files/20210331_Payable_Active_Pharmaceutical_Ingredients_and_Excipients_for_Compounding.pdf

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

Medications that are new to market will be non-preferred until reviewed by Ohio Department of Medicareid'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 Medicareid will not cover medications not part of the Medicareid Drug Rebate Program unless indicated.

Grandfathered categories will be denoted with a * next to their title on the table of contents

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	Diclofenac/Misoprolol
Diclofenac	Diclofenac Patch 1.3%
Diclofenac DR	Diclofenac
Diclofenac ER	Fenoprofen 400mg
Diclofenac Gel 1%	Ibuprofen/Famotidine
Etodolac	Ketorolac Tromethamine Nasal Spray
Fenoprofen 600mg	Ketoprofen
Flurbiprofen	Licart Patch
Ibuprofen	Meloxicam Cap
Indocin	Naproxen CR
Indomethacin	Naproxen DR
Ketoprofen ER	Naproxen ER
Ketorolac	Naproxen EC
Meclofenamate	Naproxen/Esomeprazole
Mefenamic Acid	Pennsaid
Meloxicam Tab	Qmiiz ODT
Nabumetone	Relafen DS
Naproxen IR	Zipsor
Naproxen Susp ^{AR}	Zorvolex
Oxaprozin	
Piroxicam	
Sulindac	

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

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

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

Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Acetaminophen/Codeine ^{QL}	Acetaminophen/Caffeine/Dihydrocodeine ^{QL}
Butalbital/Acetaminophen/Caffeine/Codeine ^{QL}	Belbuca ^{QL}
Butalbital/Aspirin/Caffeine/Codeine ^{QL}	Benzhydrocodone/Acetaminophen ^{QL}
Butorphanol ^{QL}	Buprenorphine TD Patch Weekly ^{QL}
Butrans ^{BvG PA QL}	Butalbital/Acetaminophen/Caffeine/Codeine 50-300-40-30mg ^{QL}
Codeine ^{QL}	Dsuvia ^{QL}
Hydrocodone/Acetaminophen ^{QL}	Fentanyl ^{QL}
Hydromorphone IR ^{QL}	Hydrocodone Bitartrate ER 12HR Cap ^{QL}

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Analgesic Agents: Opioids	
PREFERRED	NON-PREFERRED
Morphine ER Tab ^{PA QL}	Hydrocodone Bitartrate ER 24HR Tab ^{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 Sol ^{QL}	Levorphanol ^{QL}
Oxycodone Tab ^{QL}	Meperidine ^{QL}
Oxycodone/Acetaminophen ^{QL}	Methadone ^{QL}
Tramadol ^{QL}	Morphine ER 24HR Cap ^{QL}
Tramadol/Acetaminophen ^{QL}	Nucynta, ER ^{QL}
	Oxaydo ^{QL}
	Oxycodone ER ^{QL}
	Oxycodone/Ibuprofen ^{QL}
	Oxymorphone, ER ^{QL}
	Pentazocine/Naloxone ^{QL}
	Qdolo ^{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
Mircera ^{PA}	Procrit
Retacrit ^{PA}	

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

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

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

Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*	
PREFERRED	NON-PREFERRED
Advate ^{PA}	Jivi
Adynovate ^{PA}	Kovaltry

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Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor***PREFERRED**

Afstyla^{PA}
Alphanate^{PA}
Alphanine SD^{PA}
Alprolix^{PA}
Benefix^{PA}
Corifact^{PA}
Eloctate^{PA}
Esperoct^{PA}
Feiba^{PA}
Hemlibra^{PA}
Hemofil M^{PA}
Humate-P^{PA}
Idelvion^{PA}
Ixinity^{PA}
Koate^{PA}
Kogenate FS^{PA}
Mononine^{PA}
Novoeight^{PA}
Novoseven RT^{PA}
Profilnine^{PA}
Recombinate^{PA}
Rixubis^{PA}
Wilate^{PA}
Xyntha^{PA}

NON-PREFERRED

Nuwiq
Obizur
Rebiny
Sevenfact
Vonvendi

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

Blood Formation, Coagulation, and Thrombosis Agents: Heparin-Related Preparations**PREFERRED**

Enoxaparin

NON-PREFERRED

Fondaparinux
Fragmin

Link to Criteria: [Blood Formation, Coagulation, and Thrombosis Agents: Heparin-Related Preparations](#)

Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants**PREFERRED**

Eliquis
Pradaxa
Warfarin
Xarelto

NON-PREFERRED

Savaysa

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

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Blood Formation, Coagulation, and Thrombosis Agents: Oral Antiplatelet

PREFERRED	NON-PREFERRED
Aspirin	Yosprala
Aspirin/Dipyridamole ER	Zontivity
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	Candesartan
Amlodipine Valsartan	Candesartan/Hydrochlorothiazide
Amlodipine/Benazepril	Carospir
Amlodipine/Olmesartan	Carvedilol ER
Amlodipine/Valsartan/Hydrochlorothiazide	Corlanor
Atenolol	Edarbi
Atenolol/Chlorthalidone	Diltiazem 24HR ER Tabs
Benazepril	Edarbyclor
Benazepril/Hydrochlorothiazide	Enalapril Sol
Betaxolol	Hydralazine/Hydrochlorothiazide
Bisoprolol	Innopran XL
Bisoprolol/Hydrochlorothiazide	Isradipine
Bystolic ^{BvG}	Kapsargo
Captopril	Katerzia
Captopril/Hydrochlorothiazide	Nebivolol
Cartia XT	Nimodipine
Carvedilol	Nisoldipine
Clonidine	Nymalize
Diltiazem	Qbrelis
Diltiazem 12HR ER Cap	Sotylize
Diltiazem 24HR ER Cap	Tekturna/HCT
Doxazosin	Telmisartan
Dutoprol	Telmisartan/Hydrochlorothiazide
Enalapril	Verapamil 200, 300mg ER 24HR
Enalapril/Hydrochlorothiazide	Verquvo
Entresto ^{PA}	
Epaned ^{BvG}	
Eplerenone	
Felodipine ER	
Fosinopril	
Fosinopril/Hydrochlorothiazide	
Guanfacine	

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED

NON-PREFERRED

Hemangeol ^{AR}
 Hydralazine
 Irbesartan
 Irbesartan/Hydrochlorothiazide
 Labetalol
 Lisinopril
 Lisinopril/Hydrochlorothiazide
 Losartan
 Losartan/Hydrochlorothiazide
 Olmesartan
 Olmesartan/Amlodipine/ Hydrochlorothiazide
 Olmesartan/Hydrochlorothiazide
 Methyldopa
 Methyldopa/Hydrochlorothiazide
 Metoprolol Succinate ER
 Metoprolol Tartrate
 Metoprolol/Hydrochlorothiazide
 Minoxidil
 Moexipril
 Nadolol
 Nadolol/Bendroflumethiazide
 Nicardipine
 Nifedipine
 Perindopril
 Pindolol
 Prazosin
 Propranolol
 Propranolol/Hydrochlorothiazide
 Quinapril
 Quinapril/Hydrochlorothiazide
 Ramipril
 Ranolazine
 Sotalol
 Spironolactone
 Spironolactone/Hydrochlorothiazide
 Telmisartan/Amlodipine
 Terazosin
 Timolol
 Trandolapril
 Trandolapril/Verapamil
 Valsartan
 Valsartan/HCTZ

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Cardiovascular Agents: Angina, Hypertension and Heart Failure

PREFERRED

NON-PREFERRED

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, ER
Quinidine, ER

Amiodarone 100mg and 400mg
Multaq

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

Cardiovascular Agents: Lipotropics

PREFERRED

NON-PREFERRED

Atorvastatin
Cholestyramine, Light
Colestipol Tab
Ezetimibe
Fenofibrate 48 and 145mg Tab
Gemfibrozil
Lovastatin
Omega-3-Acid Ethyl Esters
Niacin OTC
Niacin ER OTC
Praluent^{PA}
Pravastatin
Prevalite
Repatha^{PA}
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 Tab
Vascepa
Zypitamag

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

Cardiovascular Agents: Pulmonary Arterial Hypertension*

PREFERRED

NON-PREFERRED

Ambrisentan^{PA}
Sildenafil^{PA}
Sildenafil Susp^{AR PA}
Tadalafil^{PA}

Adempas
Bosentan
Epoprostenol
Opsumit

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BvG = Brand Preferred Over the Generic

Cardiovascular Agents: Pulmonary Arterial Hypertension***PREFERRED**Tracleer ^{BvG PA}**NON-PREFERRED**Tracleer Susp
Treprostinil
Tyvaso
Uptravi
VentavisLink to Criteria: [Cardiovascular Agents: Pulmonary Arterial Hypertension](#)**Central Nervous System (CNS) Agents: Alzheimer's Agents*****PREFERRED**Donepezil 5mg, 10mg Tab
Donepezil ODT
Exelon Patch ^{BvG}
Galantamine Tab
Galantamine ER Cap
Memantine Tab
Rivastigmine Cap**NON-PREFERRED**Donepezil 23mg Tab
Galantamine Sol
Memantine ER
Memantine Sol
Namzaric
Rivastigmine PatchLink to Criteria: [Central Nervous System \(CNS\) Agents: Alzheimer's Agents](#)**Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute****PREFERRED**Naratriptan
Nurtec ODT ^{QL ST}
Rizatriptan
Sumatriptan**NON-PREFERRED**Almotriptan
Dihydroergotamine
Eletriptan
Ergomar
Frovatriptan
Migergot
Onzetra Xsail
Reyvow
Sumatriptan/Naproxen
Tosymra
Ubrelvy
ZolmitriptanLink 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](#)

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BvG = Brand Preferred Over the Generic

Ohio Medicaid Unified PDL effective January 1, 2022

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

PREFERRED	NON-PREFERRED
Aimovig ^{QL ST}	Emgality
Ajovy ST	Nurtec ODT
Cardiovascular Agents: Beta-Blockers	
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 ^{BvG}	Aptiom
Carbamazepine	Briviact
Clobazam	Celontin
Clonazepam	Clonazepam ODT
Diacomit ^{PA QL}	Elepsia XR
Divalproex	Felbamate
Divalproex ER	Fintepla
Epidiolex ^{PA QL}	Lamotrigine ER
Ethosuximide	Lamotrigine ODT
Fycompa ST	Levetiracetam ER Tab
Gabapentin	Oxtellar XR
Lamotrigine	Peganone
Levetiracetam IR Tab	Rufinamide
Levetiracetam Sol	Spritam
Oxcarbazepine	Sympazan
Phenobarbital	Tiagabine
Phenytoin	Topiramate ER
Pregabalin	Topiramate ER Sprinkle Cap
Primidone	Topiramate Sprinkle Cap
Topiramate	Trokendi XR
Valproic Acid	Vigabatrin
Vimpat ST	Vigabatrin Powder ^{AR}
Zonisamide	Xcopri

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

Central Nervous System (CNS) Agents: Anticonvulsants Rescue

PREFERRED	NON-PREFERRED
Diastat ^{BvG}	Diazepam Gel
Nayzilam ^{AR}	
Valtoco ^{AR}	

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

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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 DR
Sertraline	Fluvoxamine ER
Tranlycypromine	Marplan
Trazodone 50mg, 100mg, 150mg	Paroxetine 7.5mg
Venlafaxine ER Cap	Paroxetine ER
Venlafaxine Tab	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	Asenapine
Aristada Initio	Caplyta
Clozapine	Clozapine ODT Rapdis
Fanapt ST	Fluoxetine/Olanzapine
Geodon	Nuplazid
Invega ^{BvG}	Olanzapine ODT
Invega Sustenna	Paliperidone
Invega Trinza	Rexulti
Latuda ST	Secuado
Olanzapine	Versacloz
Perseris	Vraylar
Quetiapine	Zyprexa Relprevv
Quetiapine ER	
Risperdal	
Risperdal Consta	
Risperidone	
Saphris ^{BvG ST}	
Ziprasidone	

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

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

PREFERRED	NON-PREFERRED
Amphetamine/Dextroamphetamine ER	Adhansia XR
Amphetamine/Dextroamphetamine IR	Adzenys ER
Atomoxetine Cap	Adzenys XR ODT
Clonidine ER	Amphetamine Tab
Concerta	Cotempla XR ODT
Dexmethylphenidate Tab	Daytrana
Dexmethylphenidate ER (generic of Focalin XR)	Dyanavel XR
Dextroamphetamine ER Cap	Evekeo ODT
Dextroamphetamine Sol ^{AR}	Jornay PM
Dextroamphetamine Tab	Methamphetamine
Focalin XR	Methylphenidate Chewable Tab
Guanfacine ER	Methylphenidate ER (generic of Aptensio XR, Relexxii)
Methylphenidate ER Cap (generic of Metadate CD, Ritalin LA)	Mydayis
Methylphenidate ER Tab (generic of Concerta, Methylin ER, Ritalin SR)	Vyvanse Chewable Tab
Methylphenidate Sol ^{AR}	Zenzedi
Methylphenidate Tab	
Qelbree ST	
Quillichew ER	
Quillivant XR	
Ritalin LA	
Vyvanse Cap	

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
Bunavail	Buprenorphine
Buprenorphine/Naloxone	Lucemyra ^{QL}
Clonidine	
Sublocade ^{PA QL}	
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 QL}	
Ingrezza ^{PA}	

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Central Nervous System (CNS) Agents: Movement Disorders

PREFERRED

NON-PREFERRED

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
Dimethyl Fumarate (excluding labeler 00378 & 69097)
Gilenya
Rebif

Bafiertam
Extavia
Glatiramer
Glatopa
Kesimpta
Mavenclad
Mayzent^{QL}
Plegridy
Ponvory
Vumerity
Zeposia

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

Central Nervous System (CNS) Agents: Narcolepsy

PREFERRED

NON-PREFERRED

Amphetamine/Dextroamphetamine
Armodafinil
Dextroamphetamine ER
Methylphenidate ER
Methylphenidate Tab
Modafinil

Sunosi
Wakix
Xyrem
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 10mg/m Sol
Duloxetine
Gabapentin
Imipramine
Lidocaine Patch
Nortriptyline
Oxcarbazepine
Pregabalin

Gralise
Horizant
Pregabalin ER
Ztlido

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

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

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BvG = Brand Preferred Over the Generic

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	Belsomra
Temazepam 15, 30mg	Dayvigo
Zaleplon	Doxepin 3, 6mg
Zolpidem	Eszopiclone
	Intermezzo
	Ramelteon
	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, 500mg	Chlorzoxazone 375mg, 750mg
Cyclobenzaprine 5, 10mg	Cyclobenzaprine 7.5mg
Dantrolene	Cyclobenzaprine ER
Methocarbamol	Metaxalone
Tizanidine Tab	Orphenadrine
	Tizanidine Cap

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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	
Varenicline	

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

Dermatological: Topical Acne Products	
PREFERRED	NON-PREFERRED
Adapalene Gel 0.1% ^{AR}	Adapalene Cream, Sol 0.1% ^{AR}
Azelex Cream	Adapalene Gel 0.3% ^{AR}
Benzoyl Peroxide	Adapalene/Benzoyl Peroxide ^{AR}
Clindamycin Gel	Aklief ^{AR}
Clindamycin Lot	Altreno ^{AR}
Clindamycin Sol	Amzeeq
Clindamycin/Benzoyl Peroxide	Arazlo ^{AR}
Erythromycin	Azelaic Acid Gel
Erythromycin/Benzoyl Peroxide	Benzoyl Peroxide Foam
Neuac	Clindacin Kit
Sodium Sulfacetamide	Clindamycin Foam
Sodium Sulfacetamide/Sulfur Cream	Clindamycin Swabs
Sodium Sulfacetamide/Sulfur Wash Susp	Clindamycin/Tretinoin ^{AR}
Tretinoin ^{AR}	Dapsone Gel
	Finacea Foam
	Onexton Gel
	Ovace Plus
	Plixda ^{AR}
	Sodium Sulfacetamide/Sulfur Gel
	Sodium Sulfacetamide Pads
	Tazarotene Cream 0.1% ^{AR}
	Tazarotene Foam 0.1% ^{AR}

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

Endocrine Agents: Androgens	
PREFERRED	NON-PREFERRED
Androderm ^{PA}	Jatenzo
Testosterone Gel 1% ^{PA}	Methyltestosterone
Testosterone Gel 1% Pump ^{PA}	Natesto
	Testopel
	Testosterone Cypionate
	Testosterone Gel 1.62%
	Testosterone Gel 2%
	Testosterone Sol 30mg/ACT
	Xyosted

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

Endocrine Agents: Diabetes – Hypoglycemia Treatments	
PREFERRED	NON-PREFERRED
Baqsimi ^{QL} Glucagen Hypokit ^{QL} Glucagon Emerg Kit [Labeler 00002] ^{QL} Gvoke Hypopen ^{QL} Gvoke PFS ^{QL} Zegalogue ^{QL}	Glucagon Emerg Kit [Labeler 00548 & 63323] ^{QL}

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

Endocrine Agents: Diabetes – Insulin	
PREFERRED	NON-PREFERRED
Apidra Humalog 50-50 Humalog 75-25 Humalog U-100 Humulin 70-30 Humulin R U-500 Insulin Aspart Insulin Aspart Protamine/Insulin Aspart Insulin Lispro Lantus Levemir Novolog 70-30 Novolog U-100 Toujeo Tresiba ST	Admelog Afrezza Basaglar Fiasp Humalog U-200 Humulin N U-100 Humulin R U-100 Insulin glargine-yfgn Lyumjev Novolin 70-30 Novolin N U-100 Novolin R U-100

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

Endocrine Agents: Diabetes – Non-Insulin	
PREFERRED	NON-PREFERRED
Acarbose Actoplus Met XR Byetta Farxiga Glimepiride Glipizide Glipizide/Metformin Glyburide Glyburide/Metformin Invokamet Invokana Janumet Janumet XR Januvia Jardiance	Adlyxin Alogliptin Alogliptin/Metformin Bydureon Bcise Glimepiride/Pioglitazone Glucophage Glyxambi Invokamet XR Jentaducto XR Kombiglyze XR Metformin ER (Generic of Fortamet) Metformin Sol Onglyza Ozempic Pioglitazone/Alogliptin

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Endocrine Agents: Diabetes – Non-Insulin	
PREFERRED	NON-PREFERRED
Jentadueto	Qtern
Metformin	Rybelsus
Metformin ER (Generic of Glucophage XR)	Segluromet
Miglitol	Soliqua
Nateglinide	Steglatro
Pioglitazone	Steglujan
Pioglitazone/Metformin	Symlinpen
Repaglinide	Synjardy XR
Repaglinide/Metformin	Trijardy XR
Synjardy	Xigduo XR
Tradjenta	Xultophy
Trulicity	
Victoza	

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	Estradiol 10mcg Vag Tab
Ethinyl Estradiol/Norethindrone Acetate	Estradiol/Norethindrone Acetate
Menest	Evamist
Premarin	Femring
Premphase	Menostar
Prempro	Minivelle
	Prefest

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

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

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Endocrine Agents: Progestin Agents	
PREFERRED	NON-PREFERRED
Progesterone Progesterone In Oil	

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

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

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

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

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

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

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

Gastrointestinal Agents: Anti-Emetics	
PREFERRED	NON-PREFERRED
Aprepitant 40mg, 125mg Diclegis ^{BvG} Dimenhydrinate Diphenhydramine Emend 125mg Susp Emend 80mg ^{BvG} Emend TriPac ^{BvG} Meclizine Metoclopramide Ondansetron Phosphorated Carbohydrate Prochlorperazine Promethazine Scopolamine Trimethobenzamide	Aprepitant 80 mg Aprepitant TriPac Bonjesta Doxylamine/Pyridoxine 10mg/10mg Metoclopramide ODT Sancuso Zuplenz

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

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QL = Quantity Limit

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BvG = Brand Preferred Over the Generic

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

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

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

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

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

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

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

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

Gastrointestinal Agents: Proton Pump Inhibitors	
PREFERRED	NON-PREFERRED
Lansoprazole Cap Nexium Granules ^{BvG} Omeprazole Cap	Aciphex Dexilant Esomeprazole

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BvG = Brand Preferred Over the Generic

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

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

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

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

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 Depletter Agents	
PREFERRED	NON-PREFERRED
Calcium Acetate Calcium 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	Darifenacin Gemtasa Tolterodine

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Genitourinary Agents: Urinary Antispasmodics	
PREFERRED	NON-PREFERRED
Oxytrol For Women Solifenacin Toviaz	Trospium Vesicare LS ^{AR}

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

Immunomodulator Agents for Systemic Inflammatory Disease	
PREFERRED	NON-PREFERRED
Enbrel ^{PA} Humira ^{PA QL} Kineret ^{PA} Otezla ^{PA} Taltz ^{PA ST} Xeljanz IR ^{PA QL}	Actemra Cimzia Cosentyx Ilumya Kevzara Olumiant Orencia Rinvoq Siliq Simponi ^{QL} Skyrizi Stelara Tremfya Xeljanz Sol 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 ER Cefaclor Susp ^{AR} Cefprozil Cefprozil Susp ^{AR} Cefuroxime Cefdinir	Cephalexin 750mg Cefpodoxime Cefixime Cap Cefixime Susp ^{AR} Suprax Chewable Tab ^{AR}

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](#)

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

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

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

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

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

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

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

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

Infectious Disease Agents: Antivirals – Hepatitis C Agents	
PREFERRED	NON-PREFERRED
Mavyret ^{PA} Pegasy ^{PA} Ribavirin ^{PA} Sofosbuvir/Velpatasvir ^{PA}	Harvoni 33.75-150, 45-200, 90-400mg Ledipasvir/Sofosbuvir Sovaldi Vosevi Zepatier

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

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

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Infectious Disease Agents: Antivirals – Herpes

PREFERRED

Valacyclovir

NON-PREFERRED

Sitavig

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

Infectious Disease Agents: Antivirals – HIV*

PREFERRED

Abacavir Sulfate
 Abacavir/Lamivudine
 Atazanavir Sulfate
 Biktarvy
 Cinduo
 Complera
 Delstrigo
 Descovy
 Dovato
 Efavirenz
 Efavirenz/Emtricitabine/Tenofovir
 Emtricitabine/Tenofovir Disoproxil Fumarate
 Emtriva ^{BvG}
 Evotaz
 Genvoya
 Isentress Chew Tab ^{AR}
 Isentress
 Juluca
 Kaletra Tab ^{BvG}
 Norvir Tab ^{BvG}
 Odefsey
 Pifeltro
 Prezcobix
 Prezista
 Ritonavir
 Rukobia ER ^{PA}
 Symfi ^{BvG}
 Symfi Lo ^{BvG}
 Temixys
 Tenofovir Disoproxil 300mg
 Tivicay
 Tivicay PD
 Triumeq
 Viread
 Viread Oral Powder
 Zidovudine

NON-PREFERRED

Abacavir Susp
 Abacavir/Lamivudine/Zidovudine
 Aptivus
 Didanosine
 Edurant
 Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate
 Emtricitabine
 Fosamprenavir
 Fuzeon
 Intelence ^{BvG}
 Lamivudine
 Lamivudine/Zidovudine
 Lopinavir/Ritonavir
 Nevirapine
 Norvir Cap, Powder, Sol
 Ritonavir Tab
 Selzentry
 Stavudine
 Stribild
 Symtuza
 Tybost
 Viracept

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

Ophthalmic Agents: Ophthalmic Steroids

PREFERRED

Dexamethasone Sodium Phosphate

NON-PREFERRED

Alrex ^{BvG}

AR = Age Restriction

QL = Quantity Limit

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PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Ophthalmic Agents: Ophthalmic Steroids

PREFERRED	NON-PREFERRED
Durezol ^{BvG}	Difluprednate
Fluorometholone	Flarex
Fml Forte	Inveltys
Fml S.O.P.	Lotemax ^{BvG}
Pred Mild	Lotemax SM
Prednisolone Acetate	Loteprednol
Prednisolone Sodium Phosphate	Maxidex

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	Tobradex ST ^{BvG}
Ofloxacin	Tobramycin/Dexamethasone 0.3/0.1%
Polymyxin/Trimethoprim	Zylet
Sulfacetamide Sodium Opth Sol 10%	
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 ^{BvG}
Olopatadine	Epinastine
	Lastacaft
	Zerviate

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

Ophthalmic Agents: Dry Eye Treatments

PREFERRED	NON-PREFERRED
Restasis Trays ST	Cequa
	Eysuvis
	Restasis Multi-Dose
	Xiidra

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

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Ophthalmic Agents: Glaucoma Agents

PREFERRED	NON-PREFERRED
Alphagan P 0.1% ST	Apraclonidine
Alphagan P 0.15% ^{BVG}	Betoptic S
Azopt ^{BVG ST}	Bimatoprost
Betaxolol	Brimonidine 0.15%
Brimonidine 0.2%	Brinzolamide
Carteolol	lopidine
Combigan ST	Istalol
Dorzolamide	Lumigan
Dorzolamide/Timolol	Travoprost
Latanaprost	Vyzulta
Levobunolol	Xelpros
Metipranolol	Zioptan
Rhopressa	
Rocklatan	
Simbrinza	
Timolol	
Travatan Z ^{BVG ST}	

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

Ophthalmic Agents: NSAIDs

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

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

Otic Agents: Antibacterial and Antibacterial/Steroid Combinations

PREFERRED	NON-PREFERRED
Cipro HC	Ciprofloxacin
Ciprodex ^{BVG}	Ciprofloxacin/Dexamethasone
Cortisporin-TC	Ciprofloxacin/Fluocinolone
Neomycin/Polymyxin B/Hydrocortisone	
Ofloxacin	

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

Respiratory Agents: Antihistamines – Second Generation

PREFERRED	NON-PREFERRED
Cetirizine Syr	Cetirizine Chewable
Cetirizine Tab	Clarinet-D
Cetirizine/Pseudoephedrine	Desloratadine
Loratadine Rapid Dissolve	Fexofenadine
Loratadine Syr	Levocetirizine
Loratadine Tab	

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BVG = Brand Preferred Over the Generic

Respiratory Agents: Antihistamines – Second Generation

PREFERRED

NON-PREFERRED

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}

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
Albuterol Nebulizer Sol 0.083%, 0.5% Conc
Albuterol Nebulizer Sol 0.42mg/ml, 0.63mg/ml^{AR}
Anoro Ellipta
Asmanex Twisthaler
Atrovent HFA
Budesonide Nebulizer Sol^{AR}
Combivent Respimat
Cromolyn Neb Sol
Dulera
Flovent
Incruse Ellipta
Ipratropium
Ipratropium/Albuterol Nebulizer Sol
ProAir HFA^{BvG}
Pulmicort Flexhaler
Serevent Diskus
Spiriva

Aerospan HFA
Airduo Digihaler
Airduo Respiclick
Albuterol HFA
Alvesco
Armonair Digihaler
Armonair Respiclick
Arnuity Ellipta
Asmanex HFA
Bevespi Aerosphere
Breo Ellipta
Breztri Aerosphere
Brovana^{BvG}
Budesonide/Formoterol
Duaklir Pressair
Fluticasone/Salmeterol
Levalbuterol Nebulizer Sol
Lonhala Magnair
Perforomist^{BvG}

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BvG = Brand Preferred Over the Generic

Respiratory Agents: Inhaled Agents	
PREFERRED	NON-PREFERRED
Stiolto Striverdi Respimat Symbicort ^{BvG} Ventolin HFA ^{BvG}	Proair Digihaler Proair Respiclick Proventil Qvar 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 Zafirlukast ST	Zileuton Zyflo

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

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

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 Olopatadine	Azelastine/Fluticasone Spray Beconase AQ Budesonide Mometasone 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: Antifungals	
PREFERRED	NON-PREFERRED
Alevazol Ciclopirox Clotrimazole	Butenafine Ciclopirox Kit Ertaczo

AR = Age Restriction

QL = Quantity Limit

ST = Step Therapy Required

PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

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

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

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

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

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

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

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PA = Clinical Prior Authorization Required

BvG = Brand Preferred Over the Generic

Topical Agents: Immunomodulators

PREFERRED

Elidel^{AR BvG ST}
Protopic^{AR BvG ST}

NON-PREFERRED

Eucrisa
Pimecrolimus
Tacrolimus

[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