



Executive Office of Health and Human Services
Rhode Island Medicaid Fee for Service

Preferred Drug List (PDL)

Updated January 18, 2022

Acne Agents, Topical	Antimigraine Agents	Growth Hormones
Miscellaneous Topicals	Triptans	H. Pylori Treatment
Retnoids	Other Related Agents	Hepatitis C Agents
Alzheimer's Agents	Antiparkinson's Agents	Pegylated Interferons
Cholinesterase Inhibitors	Antipsoriatics, Topical	Ribavirins
NMDA Receptor Antagonist	Antipsychotics, Atypical	Hepatitis C Agents, Other
Androgenic Agents	Antivirals	HIV/AIDS
Angiotensin Modulators	Herpes	Hypoglycemics
Ace Inhibitors	Influenza Agents	Alpha-Glucosidase Inhibitors
Ace Inhibitor/Diuretic Combo	Antivirals Topical	Incretin Mimetics/Enhancers
Angiotensin Receptor Blocker	Beta Blockers	Amylin Analogs
Angiotensin II Receptor Blocker/Diuretic Combo	Bile Salts	DPP-IV Inhibitors
Renin Inhibitor	Bladder Relaxants	GLP-1 Receptor Agonists
Renin Inhibitor/Diuretic Combo	Bone Resorption Suppression	Insulins
Angiotensin Modulator/Calcium Channel Blocker Combinations	Bisphosphonates	Insulins, Long Acting
Ace Inhibitor/Calcium Channel Blocker Combos	Other Related Agents	Insulins, Short Acting
Angiotensin II Receptor Blocker/CCB Combo	BPH Agents	Meglitinides
Anti-Allergens	Alpha Blockers, Selective	Metformins
Antianginal & Anti-Ischemic	5-Alpha Reductase Inhibitors	Metformin Combos
Antibiotics, GI	PDE-5	SGLT2
Antibiotics, Inhaled	Bronchodilators	Sulfonylureas
Antibiotics, Tetracyclines	Beta Agonist	TZDs
Antibiotics, Topical	Inhalers, Long Acting	TZD/Metformin Combo
Antibiotics, Vaginal	Inhalers, Short Acting	TZD/Sulfonylurea Combo
Anticoagulants	Nebulizers, Long Acting	Immunomodulators, Atopic Dermatitis
Anticonvulsants	Nebulizers, Short Acting	Immunomodulators, Topical
Carbamazepine Derivatives	Calcium Channel Blockers	Intranasal Rhinitis
First Generation	Dihydropyridines	Steroids
Second Generation	Non-Dihydropyridines	Antihistamines
Antidepressants	Cephalosporins	Leukotriene Modifiers
Antidepressants, Other	Second Generation	Lipotropics, Other
Antidepressants, SSRI	Third Generation	ACL Inhibitor
Antiemetics	COPD Agents	ANGPTL3 Inhibitor
Serotonin Antagonists	Cytokine & CAM Antagonists	Antihyperlipidemic APOB-100 Synthesis Inhibitor
NK1 Receptor Antagonist	Epinephrine, Self-Injected	Antihyperlipidemic Combinations
Antifungals	Erythropoiesis Stimulating Proteins	Bile Acid Resins
Antihistamines, Minimally Sedating	Fluoroquinolones	Cholesterol Absorption Inhibitors
Antihistamines	GI Motility Agents	Fibric Acid Derivatives
Antihistamine/Decongestant Combos	Glucagon Agents	Niacins
Antihypertensives, Sympatholytics	Glucocorticoids, Inhaled	Omega-3 Fatty Acids
Antihyperuricemics	Glucocorticoids	MTP Inhibitor
	Glucocorticoid/Beta-Agonist	Lipotropics, Statins
	Glucocorticoids, Oral	Statins
		Statin Combo

Macrolides/Ketolides	Proton Pump Inhibitors
Methotrexate	Pulmonary Arterial Hypertension Agents
Movement Disorders	Rosacea Agents, Topical
Multiple Sclerosis	Sedative Hypnotics
Narcotic Analgesics, Long Acting	Skeletal Muscle Relaxants
Narcotic Analgesics, Short Acting	Steroids
Fentanyl Oral Products	Topical High
Other	Topical Low
Neuropathic Pain	Topical Medium
Oral	Topical Very High
Topical	Stimulants and Related Agents
NSAIDS and Combination Products	Ulcerative Colitis
Oral	Oral
Topical	Topical
Ophthalmics	Uterine Disorder Treatments
Allergic Conjunctivitis	
Antibiotics	
Glaucoma	
Alpha-2 Adrenegic Agonists	
Beta Blockers	
Carbonic Anhydrase Inhibitors	
Prostaglandin Agonists	
Ophthalmic Antibiotic-Steroid Combo	
Ophthalmics Anti-Inflammatory	
Ophthalmics Anti-	
Inflammatory/Immunomodulators	
Opiate Dependence Treatments	
Otic Antibiotics	
Otic Anti-Infectives & Anesthetics	
Otic Anti-Inflammatories	
Pancreatic Enzymes	
Phosphate Binders	
Platelet Inhibitors	
Potassium Binders	
Progestins for Cachexia	

Rhode Island Medicaid Fee for Service Preferred Drug List

Contact Information

The Preferred Drug List (PDL) is a listing of therapeutic classes and associated drugs that are managed by the Medicaid Fee-for-Service Pharmacy and Therapeutics Committee. It is not an all inclusive list of covered medications in the Medicaid Fee-for-Service program. If you have an NDC, please check the NDC lookup on the EOHHS healthcare portal to determine coverage.

Prior Authorization Call Center

PA Requests

Fax: 1-401-784-3889

Note: Most fax requests are responded to within 24 hours

Gainwell Technologies

Customer Service Help Desk

Telephone: 1-401-784-8100

Toll Free: 1-800-964-6211

The general rule to receive a non-preferred agent is to try a preferred agent in the same therapeutic class in the past 90 days.

The exceptions to this general rule are drugs that require a clinical prior authorization of some kind or a step edit. These drugs are identified below in the appropriate class listing and are highlighted in green.

Classes that were reviewed and drugs that have a change in status from the prior preferred drug list are highlighted in orange below.

Prior Authorization Program Forms

<http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx>

[Request for a Non-Preferred Drug Prior Authorization Form](#)

Acne Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 7/12/2021

No PA Required**Miscellaneous Topicals**

Clindacin P
 clindamycin/benzoyl peroxide (generic
 Duac)
 clindamycin phosphate med swab
 clindamycin phosphate solution
 erythromycin solution

PA Required**Miscellaneous Topicals**

Acnefree clearing system	Fabior
Acne medication gel	Neuac
Amzeen	Onexton w/pump
Avar all formulations	Ovace
Benzaclin	Ovace Plus Cleanser ER
Benzaclin w/pump	Ovace Plus Cream ER
Benzamycin	Ovace Plus Foam
Benzefoam	d
benzoyl peroxide gel	Ovace Plus wash
BP-10-1	Plixda
BP cleansing wash	SSS 10-5
Cleocin-T gel	sulfacetamide products
Cleocin-T lotion	sulfacetamide/sulfur/urea
Clindacin Pac Kit	sodium sulfacetamide/sulfur products
clindamcin/benzoyl peroxide (Acanya) w/pump	Sumadan products
clindamcin/benzoyl peroxide(Benzaclin)	Sumaxin products
clindamcin/benzoyl peroxide(Benzaclin) w/pump	Winlevi
clindamycin phosphate gel, foam, lotion	
clindamycin/tretinoin	
dapsone gel	
Dermacinrx Atrix toner	
erythromycin gel	
erythromycin med swab	
erythromycin-benzoly peroxide	
Evoclin	

Retinoids and Combinations

Differin lotion
 Retin-A cream

Retinoids and Combinations

adapalene
 adapalene-benzoyl peroxide(Epiduo)
 clindamycin phos-tretinoin
 tazarotene
 tazarotene foam
 tretinoin (Atralin)
 tretinoin (generic Retin-A)
 tretinoin gel (AG) (generic Retin-A and
 Avita)
 tretinoin microspheres
 Acanya
 Akliel
 Altreno
 Arazlo
 Atralin
 Avita
 Differin cream, gel, pump
 Epiduo
 Epiduo Forte gel w/pump
 Retin-A gel
 Retin-A Micro
 Retin-A Micro Pump
 Trentin X
 Ziana

Alzheimer's Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/18/2022

No PA Required**Cholinesterase Inhibitors**donepezil 5 and 10 mg tablet
donepezil ODT
rivastigmine capsule
Exelon Patch**PA Required****Cholinesterase Inhibitors**donepezil 23 mg
galantamine ER
galantamine solution
galantamine tablet
rivastigmine transdermal
Aricept/23
Razadyne tablet/ER**NMDA Receptor Antagonist and Combinations**memantine tablet
memantine tablet dose pack**NMDA Receptor Antagonist and Combinations**memantine ER
memantine solution
Namenda dose pack
Namenda tablet
Namenda XR
Namzaric
Namzaric dose pack**Amyloid Beta-directed Antibody**

Aduhelm

Androgenic Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 05/06/2021

No PA Required**Androgenic Agents**Androderm
Androgel gel packet
Androgel gel pump**PA Required****Androgenic Agents**testosterone
Fortesta
Natesto
Testim
Vogelxo gel
Vogelxo gel packet
Vogelxo gel pump**Angiotensin Modulators**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/18/2022

No PA Required**Ace Inhibitors**benazepril
enalapril
fosinopril
lisinopril
quinapril**PA Required****Ace Inhibitors**captopril
enalapril solution
moexipril
perindopril
ramipril
trandolapril
Accupril
Altace
Epaned
Epaned solution
Lotensin
Prinivil
Qbrelis
Vasotec
Zestril

Angiotensin Modulators - Continued

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/18/2022

No PA Required

ACE Inhibitor/Diuretic

enalapril HCTZ
fosinopril HCTZ
lisinopril HCTZ
quinapril HCTZ

PA Required

ACE Inhibitor/Diuretic

benazepril HCTZ
captopril HCTZ
quinapril HCTZ (AG)
Accuretic
Lotensin HCT
Vaseretic
Zestoretic

Angiotensin Receptor Blockers

irbesartan
losartan
Diovan

Angiotensin Receptor Blockers

candesartan
eprosartan
olmesartan medoxomil
telmisartan
valsartan
Atacand
Avapro
Benicar
Cozaar
Edarbi
Micardis

Angiotensin II Receptor

Blocker/Diuretic

irbesartan HCTZ
losartan HCTZ
valsartan HCTZ

Angiotensin II Receptor

Blocker/Diuretic

candesartan HCTZ
olmesartan HCTZ
olmesartan-medoxomil HCTZ
telmisartan HCTZ
Atacand HCT
Avalide
Benicar HCT
Diovan HCT
Edarbyclor
Hyzaar
Micardis HCT

No PA Required

Renin Inhibitor

Renin Inhibitor Combinations

PA Required (failure of ARB)

Renin Inhibitor

aliskiren
Tekturna

Renin Inhibitor Combinations

Tekturna HCT

Angiotensin Modulators/Calcium Channel Blocker Combinations

Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/18/2022

No PA Required

Ace Inhibitor/Calcium Channel Blocker Combo

amlodipine/benazepril

PA Required

Ace Inhibitor/Calcium Channel Blocker Combo

trandolapril/verapamil ER
Lotrel

Angiotensin II Receptor Blocker/Calcium Channel Blocker Combo

amlodipine/olmesartan
amlodipine/valsartan
Entresto

Angiotensin II Receptor Blocker/Calcium Channel Blocker Combo

olmesartan/amlodipine HCTZ
amlodipine/valsartan HCTZ
telmisartan/amlodipine
Azor
Exforge/HCT
Tribenzor
Twynsta

Anti-Allergens

Length of Authorization: 1 Year

Status Implementation: 7/5/2017

Current Review Date: 7/12/2021

No PA Required

Anti-Allergens

PA Required

Anti-Allergens

Grastek
Oralair
Palforzia capsules
Palforzia maintenance sachet
Ragwitek

Antianginal & Anti-Ischemic Agents

Length of Authorization: 1 Year

Status Implementation: 1/3/2014

Current Review Date: 01/18/2022

No PA Required

Antianginal & Anti-Ischemic Agents

ranolazine ER

PA Required

Antianginal & Anti-Ischemic Agents

Ranexa

Antibiotics, GI

Length of Authorization: 1 Year

Status Implementation: 7/11/2013

Current Review Date: 7/12/2021

No PA Required**Antibiotics, GI**

metronidazole tablet
 vancomycin capsule
 vancomycin capsule (AG)
 Firvanq

PA Required**Antibiotics, GI**

metronidazole capsule
 neomycin
 nitazoxanide
 paromomycin
 tinidazole
 vancomycin solution
 Aemcolo
 Difucid
 Difucid suspension
 Flagyl capsule/tablet
 Flagyl ER
 Solosec
 Tindamax
 Vancocin
 Xifaxan *

* Diagnosis of Hepatic Encephalopathy and 1 paid claim for lactulose in the past 30 days or inadequate response or contraindication to lactulose documented

Antibiotics, Inhaled

Length of Authorization: 1 Year

Status Implementation: 5/11/2012

Current Review Date: 7/12/2021

No PA Required**Antibiotics, Inhaled**

Bethkis
 Kitabis Pak

PA Required**Antibiotics, Inhaled**

tobramycin pak (AG)
 tobramycin solution
 tobramycin solution (AG)
 Arikayce
 Cayston
 Tobi
 Tobi Podhaler

Antibiotics, Tetracyclines

Length of Authorization: 1 Year

Status Implementation: 7/11/2013

Current Review Date: 7/12/2021

No PA Required**Antibiotics, Tetracyclines**

doxycycline hyclate capsule
 doxycycline hyclate tablet
 doxycycline monohydrate 100mg generic capsule
 doxycycline monohydrate 50mg generic capsule
 minocycline capsules
 tetracycline
 Morgidox 100mg capsule

PA Required**Antibiotics, Tetracyclines**

demeclocycline	minocycline ER/tablet
doxycycline hyclate tablet DR	Doryx
doxycycline monohydrate (oracea)	Doryx MPC
doxycycline monohydrate 50mg brand capsule	Minolira ER
doxycycline monohydrate 150mg capsule	Morgidox kit
doxycycline monohydrate 75mg capsule	Nuzyra
doxycycline monohydrate suspension	Oracea
doxycycline monohydrate tablet	Solodyn
	Targadox
	Vibramycin cap/suspension
	Vibramycin syrup
	Ximino ER

Antibiotics, Topical

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/12/2021

No PA Required**Antibiotics, Topical**

mupirocin ointment

PA Required**Antibiotics, Topical**gentamicin cream
gentamicin ointment
mupirocin cream
Centany
Centany AT Kit
Xepi**Antibiotics, Vaginal**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/12/2021

No PA Required**Antibiotics, Vaginal**metronidazole
Cleocin Ovules
Clindesse
Nuversa
Vandazole**PA Required****Antibiotics, Vaginal**clindamycin
Cleocin cream
Metrogel**Anticoagulants**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/18/2022

No PA Required**Anticoagulants**enoxaparin
warfarin
Eliquis tablet
Pradaxa*
Xarelto**PA Required****Anticoagulants**fondaparinux
Arixtra
Eliquis starter pack
Fragmin
Lovenox
Savaysa
Xarelto dose pack

* Diagnosis of Atrial Fibrillation in the past year.

Anticonvulsants

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/18/2022

No PA Required**carbamazepine derivatives**carbamazepine chewable tablet
carbamazepine tablet
oxcarbazepine tablet
Carbatrol
Epileptal
Tegretol suspension
Tegretol XR
Trileptal suspension
First Generation
divalproex tablet/ER
ethosuximide
phenytoin capsule/suspension
phenytoin chew tab
primidone
valproic acid capsules/syrup
Depakote Sprinkle**PA Required****carbamazepine derivatives**carbamazepine ER (generic Carbatrol)
carbamazepine XR
carbamazepine suspension
oxcarbazepine suspension
Equetro
Oxtellar XR
Tegretol tablet/chewable tablet
Trileptal tablet
First Generation
divalproex sprinkles
felbamate
Celontin
Depakote/ER
Dilantin capsules/suspension
Dilantin chew tab
Felbatol
Mysoline
Phenytek
Zarontin capsules/syrup

No PA Required

Second Generation

lamotrigine tablets/disper tab
levetiracetam tablet/solution
topiramate tablet/sprinkle
zonisamide
Gabitril

PA Required

Second Generation

lamotrigine tablet dose pack	Briviact
lamotrigine XR	Elepsia XR
lamotrigine ODT	Eprontia
levetiracetam ER	Fycompa
rufinamide suspension	Keppra/XR *
rufinamide tablet	Lamictal/ODT/XR/DS
tiagabine	Qudexy XR
topiramate ER	Sabril
vigabatrin powder pack	Spritam
vigabatrin tablet	Topamax tablet/sprinkle *
Aptiom	Trokendi XR
Banzel	Vimpat/dose pack

Other

clobazam tablet
Phenobarbital elixir
Phenobarbital tablet
Diastat (rectal)
Diastat Acudial (rectal)
Valtoco

clobazam suspension
diacomit
diazepam (rectal/device)

Other

Epidiolex**
Fintepla
Nayzilam
Onfi
Sympazan
Xcopri tablet
Xcopri titration pak

** DX of Lennox-Gastaut or Dravet

* Diagnosis of epilepsy, convulsions or seizure disorder and a claim for Keppra or Topamax in the past 60 days or a claim for a preferred agent in the past 90 days

Antidepressants

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/18/2022

No PA Required

Other

bupropion/SR
bupropion XL (generic Wellbutrin XL)
mirtazapine/ODT
trazodone
venlafaxine
venlafaxine ER caps
Wellbutrin XL

PA Required

Other

bupropion XL (generic Forfivo XL)	Effexor XR *
desvenlafaxine ER	Fetzima
desvenlafaxine fumarate ER	Forfivo XL
desvenlafaxine succinate ER	Khedeza
maprotiline	Pristiq
nefazodone	Remeron/ODT
venlafaxine ER tabs	(Manual PA) Spravato
Aplenzin	Trintellix
Brintellix	Viibryd
Cymbalta	Wellbutrin/SR
Effexor	(Manual PA) Zulresso

SSRI

citalopram solution
citalopram tablet
escitalopram tablet
fluoxetine capsule
fluoxetine solution
fluvoxamine
paroxetine tablet
sertraline tablet

SSRI

escitalopram solution
fluoxetine tablet
fluoxetine DR
fluvoxamine
paroxetine (generic Brisdelle)
paroxetine CR
sertaline capsule/concentrate
Brisdelle
Celexa
Lexapro(failure of citalopram)
Paxil/CR
Pexeva
Prozac
Zoloft

* History of a paid claim for a preferred antidepressant at least 28 days prior to the current date of service

Antiemetics

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 05/06/2021

No PA Required**Serotonin Antagonists**

metoclopramide solution
 metoclopramide tablet
 ondansetron ODT
 ondansetron solution
 ondansetron tablet

PA Required**Serotonin Antagonists**

doxylamine succinate-pyridoxine HCL (AG)
 doxylamine succinate-pyridoxine HCL
 granisetron intravenous/oral
 metoclopramide ODT
 Akynzeo
 Bonjesta
 Diclegis
 Sancuso patch
 Sustol
 Zofran/ODT

NK1 Receptor Antagonist**NK1 Receptor Antagonist**

aprepitant capsule
 aprepitant packet
 fosaprepitant
 Emend

Antifungals

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required**Oral**

clotrimazole
 fluconazole tablet
 griseofulvin suspension
 nystatin suspension
 terbinafine

PA Required**Oral**

fluconazole suspension
 flucytosine
 griseofulvin micro tablet
 griseofulvin ultra tabs
 itraconazole/solution
 ketoconazole oral
 nystatin oral powder/tablet
 posaconazole
 voriconazole

Ancobon
 Brexafemme
 Cresemba capsule
 Diflucan tablet/suspension
 Noxafil
 Sporanox
 Tolsura
 Vfend tablet/suspension

Topical

clotrimazole-betamethasone cream
 clotrimazole cream (Rx)
 ketoconazole cream
 ketoconazole shampoo
 miconazole cream
 nystatin cream/ointment
 terbinafine cream
 tolnaftate cream/powder

Topical

butenafine cream
 ciclopirox cream/gel/kit
 ciclopirox shampoo
 ciclopirox solution/suspension
 clotrimazole solution
 clotrimazole-betamethasone lotion
 econazole
 ketoconazole foam
 luliconazole
 miconazole powder
 miconazole-zinc-petro
 naftifine
 nystatin-triamcinolone cream/ointment
 nystatin powder
 oxiconazole nitrate cream
 sulconazole
 tavorole
 tolnaftate solution/spray
 triamazole kit

Bensal HP
 Ciclodan cream/kit/soln
 Ertaczo
 Exelderm cream/solution
 Extina
 Fungoid Kit
 Jublia
 Kerydin
 Lamisil cream/gel
 Loprox cream/gel/kit/shampoo
 Loprox suspension
 Lotrimin
 Lotrisone
 Luzu
 Mentax
 Naftin cream/gel
 Nizoral shampoo
 Oxistat cream/lotion
 Vusion

Antihistamines, Minimally Sedating

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required**Antihistamines**cetirizine tab OTC
cetirizine solution RX
levocetirizine tablet OTC
loratadine tablet**PA Required****Antihistamines**cetirizine chewable
desloratadine/ODT
fexofenadine 60,180mg OTC
fexofenadine suspension
levocetirizine solution
loratadine ODT /solution/soft gel
Clarinet (tab, syrup, rapdis)**Antihistamine/Decongestant Combinations****Antihistamine/Decongestant Combinations**cetirizine-D
fexofenadine-D
loratadine-D 12/24 hour tablets
Clarinet-D 12 hour tablet
Sempres-D**Antihypertensives, Sympatholytics**

Length of Authorization: 1 Year

Status Implementation: 1/3/2014

Current Review Date: 01/18/2022

No PA Required**Antihypertensives, Sympatholytics**clonidine tablet (oral)
guanfacine
methyldopa
Catapres-TTS (transderm)**PA Required****Antihypertensives, Sympatholytics**clonidine (transderm)
methyldopa HCTZ
Catapres tablet (oral)**Antihyperuricemics**

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 05/06/2021

No PA Required**Antihyperuricemics**allopurinol
probenecid
probenecid/colchicine
Colcrys**PA Required****Antihyperuricemics**colchicine capsule
colchicine tablet
colchicine tablet (AG)
febuxostat
Gloperba
Krystexxa
Mitigare
Uloric
Zyloprim

Antimigraine Agents

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 01/18/2022

No PA Required

Other

- Ajovy*
- Ajovy autoinjector*
- Emgality 120 mg/ml pen*
- Emgality 120 mg/ml syringe*
- Ubrelvy*

Triptans

- rizatriptan tablet/ODT
- sumatriptan (oral, vial)
- sumatriptan (syringe)
- Imitrex (nasal)

PA Required

Other

- Aimovig autoinjector
- Cambia
- Emgality 100 mg/ml syringe
- Nurtec ODT**
- Qulipta^{NR}
- Reyvow
- Trudhesa^{NK}
- Vyepti

Triptans

- almotriptan malate
- eletriptan
- frovatriptan
- naratriptan
- sumatriptan kit
- sumatriptan kit (AG)
- sumatriptan nasal (AG)
- sumatriptan/naproxen
- zolmitriptan spray (AG)
- zolmitriptan tablet/ODT
- Amerge
- Axert
- Frova
- Imitrex (oral, subcutaneous)
- Maxalt (oral)/MLT
- Migranow
- Onzetra Xsail
- Relpax
- Tosymra
- Treximet
- Zembrace
- Zomig (oral, nasal, ZMT)

*Step Therapy - 2 claims for 2 different agents, in 2 six week timeframes (agents from the Beta Blocker, Calcium Channel Blocker, SSRI Antidepressant, or Tricyclic Antidepressant class are appropriate)

** Step Therapy - 1 claim for each of 2 different Triptans in the past 60 days

Antiparkinson's Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/18/2022

No PA Required

Dopamine Receptor Agonists

- amantadine capsule
- amantadine syrup
- amantadine tablet
- pramipexole IR
- ropinirole IR

PA Required

Dopamine Receptor Agonists

- pramipexole ER
- ropinirole ER
- Apokyn
- Dhivy
- Gocovri
- Inbrija
- Kynmobi film
- Kynmobi titration kit
- Mirapex*/ER
- Neupro
- Nourianz
- Ogentys
- Osmolex ER

* Diagnosis of Parkinson's in the past 12 months or Diagnosis of Restless Leg Syndrome in the past 12 months and a claim for ropinirole in the past 90 days

Antipsoriatics, Topical

Length of Authorization: 1 Year

Status Implementation: 5/4/2009

Current Review Date: 7/12/2021

No PA Required**Topical Antipsoriatics**

calcipotriene cream
 calcipotriene ointment
 calcipotriene solution

PA Required**Topical Antipsoriatics**

calcipotriene/betamethasone oint
 calcipotriene/betamethasone susp
 calcitriol ointment
 Dovonex cream
 Duobrii
 Enstilar foam
 Sorilux
 Taclonex ointment
 Taclonex scalp
 Vectical

Antipsychotics

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 01/18/2022

No PA Required**Atypical**

aripiprazole tablet
 clozapine tablet
 olanzapine tablet
 paliperidone ER
 quetiapine
 quetiapine ER
 risperidone
 ziprasidone
 Abilify Maintena
 Invega Sustenna
 Invega Trinza *
 Latuda
 Perseris
 Risperdal Consta

PA Required**Atypical**

aripiprazole solution/ODT
 asenapine sublingual
 asenapine sublingual (AG)
 clozapine ODT
 olanzapine ODT
 olanzapine/fluoxetine
 Abilify Mycite
 Abilify tablet
 Aristada
 Aristada Initio
 Caplyta
 Clozaril
 Fanapt
 Geodon
 Invega/Hafyera
 Lybalvi
 Nuplazid
 Rexulti
 Risperdal tablet/solution/ODT
 Saphris
 Secuado patch
 Seroquel
 Seroquel XR
 Symbyax
 Versacloz
 Vraylar
 Zyprexa/Zydis
 Zyprexa Relprevv

* 4 claims in the last 120 days for Invega Sustenna

Antivirals

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/12/2021

No PA Required**Herpes**

acyclovir capsule
 acyclovir tablet
 famciclovir
 valacyclovir

PA Required**Herpes**

acyclovir suspension
 Sitavig
 Valtrex
 Zovirax capsule
 Zovirax suspension

Influenza Agents

oseltamivir capsule
 oseltamivir suspension

Influenza Agents

rimantadine
 Flumadine
 Relenza
 Tamiflu
 Xofluza

Antivirals Topical

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 7/12/2021

No PA Required**Antivirals Topical**

Zovirax cream

PA Required**Antivirals Topical**acyclovir cream (AG)
acyclovir ointment
Denavir
Xerese
Zovirax ointment**Beta Blockers**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/18/2022

No PA Required**Beta Blockers**atenolol
atenolol/chlorthalidone
carvedilol
labetolol
metoprolol succinate XL
metoprolol tartrate
propranolol HCTZ
propranolol tablet**PA Required****Beta Blockers**acebutolol
betaxolol
bisoprolol/HCTZ
carvedilol ER
carvedilol ER (AG)
metoprolol HCTZ
nadolol
nebivolol
pindolol
propranolol HCL ER
propranolol cap SA 24H/solution
sorine
sotalol/AF
timolol
Betapace/AF
Bystolic
Coreg/CR
Corgard
Corzide
Hemangeol
Inderal/ LA/XL
Innopran XL
Kapsargo sprinkle
Lopressor/HCT
Sotylize
Tenoretic
Tenormin
Toprol XL
Ziac**Bile Salts**

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 05/06/2021

No PA Required**Bile Salts**ursodiol tablet
ursodiol 300mg capsule**PA Required****Bile Salts**Bylvay^{NR}
Chenodal
Cholbam
Livmarli^{NR}
Ocaliva
Reltone^{NR}
Urso
Urso Forte

Bladder Relaxants

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/18/2022

No PA Required**Bladder Relaxants**oxybutynin ER
oxybutynin IR
oxybutynin syrup
oxybutynin tablet
solifenacin
Toviaz**PA Required****Bladder Relaxants**darifenacin ER
tolterodine
tolterodine ER
trospium/ER
Detrol/LA
Ditropan/XL
Enablex
Gelnique transdermal
Gelnique gel pump
Myrbetriq
Oxytrol
Vesicare
Vesicare LS**Bone Resorption Suppression**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 05/06/2021

No PA Required**Bisphosphonates**alendronate tablet
ibandronate**PA Required****Bisphosphonates**alendronate solution
risedronate sodium DR
Actonel
Atelvia
Binosto
Boniva
Fosamax/Plus D**Other Related Agents**

raloxifene HCL

Other Related Agents

calcitonin salmon

teriparatide*

Evenity

Evista

Forteo *

Prolia*

Tymlos*

* History of Bisphosphonates in 12 Months

BPH Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/18/2022

No PA Required**Alpha Blockers, Selective**alfuzosin
tamsulosin HCL**PA Required****Alpha Blockers, Selective**silodosin
Flomax
Rapaflo**5-Alpha Reductase Inhibitors**

finasteride

5-Alpha Reductase Inhibitorsdutasteride
dutasteride/tamsulosin
Avodart
Jalyn
Proscar**PDE-5****PDE-5**tadalafil
Cialis

Bronchodilators, Beta Agonist

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required

Beta Agonist Inhalers, Long Acting

Serevent (step edit-use of inhaled corticosteroid in past 45 days)

Beta Agonist Inhalers, Short Acting

ProAir HFA

Beta Agonist Nebulizers, Long Acting

Beta Agonist Nebulizers, Short Acting

albuterol nebulizer solution
albuterol nebulizer solution low-dose (accuneb)

Calcium Channel Blockers

Length of Authorization: 1 Year

No PA Required

Dihydropyridines

amlodipine

Non-Dihydropyridines

diltiazem
verapamil tablet/ER

PA Required

Beta Agonist Inhalers, Long Acting

Striverdi Respimat

Beta Agonist Inhalers, Short Acting

albuterol HFA
(Proair,Ventolin,Proventil)
albuterol HFA (AG) (Proventil)
levalbuterol tartrate HFA
Arcapta
ProAir Digihaler
ProAir Respiclick
Proventil HFA
Ventolin HFA
Xopenex HFA

Beta Agonist Nebulizers, Long Acting

arformoterol tartrate^{NR}
arformoterol tartrate^{NR} (AG)
formoterol fumarate^{NR}
formoterol fumarate^{NR} (AG)
Brovana (step edit for failure of long acting inhaler and corticoid steroid)
Perforomist (step edit for failure of long acting inhaler and corticoid steroid)

Beta Agonist Nebulizers, Short Acting

levalbuterol

Xopenex

Status Implementation: 1/15/2007

Current Review Date: 01/18/2022

PA Required

Dihydropyridines

felodipine ER Adalat CC
isradipine Katerzia
nicardipine Norvasc
nifedipine/SA Nymalize solution
nifedipine ER Nymalize syringe
nimodipine Procardia/XL
nisoldipine Sular

Non-Dihydropyridines

diltiazem CD/ER Cartia XT
tiadylt ER Dilt CD/XR
verapamil capsule ER/PM Matzim LA
Calan/SR Taztia XT
Cardizem/CD/LA Tiazac
Verelan/PM

Cephalosporins

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required**Second Generation**cefaclor capsule, suspension
cefprozil tablet, suspension
cefuroxime tablet**Third Generation**

cefdinir capsule, suspension

PA Required**Second Generation**

cefaclor tablet ER

Third Generationcefixime capsule/suspension
cefpodoxime suspension
cefpodoxime tablet
Suprax capsules/tablets/chewables
Suprax suspension**COPD Agents**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required**COPD Agents**albuterol/ipratropium nebulizer solution
ipratropium nebulizer solution
Anoro Ellipta
Atrovent HFA
Combivent Respimat
Spiriva Handihaler
Stiolto Respimat**PA Required****COPD Agents**Bevespi Aerosphere
Daliresp
Duaklir Pressair
Incruse Ellipta
Lonhala Magnair
Spiriva Respimat
Tudorza pressair
Yupelri**Cytokine & CAM Antagonists**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/12/2021

No PA Required**Cytokine & CAM Antagonists**Enbrel cartridge
Enbrel kitEnbrel pen
Enbrel syringe
Enbrel vial
Humira kit
Humira pen kit**PA Required****Cytokine & CAM Antagonists**Actemra
ArcalystAvsola
Cimzia
Cosentyx
Entyvio
Enspryng
Ilaris
Ilumya syringe
Inflectra
Infliximab^{NR}
Kevzara
KineretOlumiant
Orencia/clickjet/syringe/vialOtezla
RemicadeRenflexis
Rinvoq ER
Siliq
Simponi
Simponi Aria
Skyrizi
Skyrizi pen
Stelara
Taltz
Tremfya
Tremfya Autoinjector
Xeljanz/XR
Xeljanz Solution

Epinephrine, Self-Injected

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/12/2021

No PA Required**Epinephrine, Self-Injected**epinephrine 0.15mg (AG Epipen Jr)
epinephrine 0.3mg (AG Epipen)**PA Required****Epinephrine, Self-Injected**epinephrine 0.15mg (AG Adrenaclick)
epinephrine 0.3mg (AG Adrenaclick)
epinephrine 0.3mg auto injector
Epipen
Epipen Jr
Symjepi**Erythropoiesis Stimulating Proteins**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 05/06/2021

No PA Required**Erythropoiesis Stimulating Proteins**

Retacrit

PA Required**Erythropoiesis Stimulating Proteins**Aranesp
Aranesp disp syringe
Epogen
Mircera
Procrit
Reblozyl**Fluoroquinolones**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required**Fluoroquinolones**ciprofloxacin tablet
levofloxacin tablet
Cipro suspension**PA Required****Fluoroquinolones**ciprofloxacin suspension
levofloxacin solution
moxifloxacin
ofloxacin
Baxdela
Cipro Tablet
Levaquin**GI Motility Agents**

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 05/06/2021

No PA Required**GI Motility Agents**Amitiza
Linzess
Movantik**PA Required****GI Motility Agents**alosetron
lubiprostone
Lotronex
Motegrity
Relistor
Symproic
Trulance
Viberzi

Glucagon Agents

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 05/06/2021

No PA Required**Glucagon Agents**

Baqsimi
 Glucagon
 Glucagon emergency kit (Lilly)
 Proglycem suspension

PA Required**Glucagon Agents**

diazoxide suspension
 Glucagon emergency kit (Fresenius)
 Gvoke Hypopen
 Gvoke syringe
 Zegalogue autoinjector^{NR}
 Zegalogue syringe^{NR}

Glucocorticoids, Inhaled

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

Step Edit for Glucocorticoids only not combos - 2 claims for an Inhaled Corticosteroid in the last 90 days

No PA Required**Glucocorticoids**

budesonide 0.25, 0.5mg respules
 budesonide 1mg respules

 Asmanex

 Flovent HFA
 Pulmicort Flexhaler

PA Required**Glucocorticoids**

Alvesco
 Armonair Digihaler
 Arnuity Ellipta
 Asmanex HFA
 Flovent Diskus
 Pulmicort 0.25, 0.5mg respules
 Pulmicort 1mg respules
 QVAR Redihaler

Glucocorticoid/Beta-Agonist Combo

Advair Diskus
 Advair HFA
 Dulera
 Symbicort

Glucocorticoid/Beta-Agonist Combo

budesonide/formoterol funarate
 fluticasone/salmeterol inhaler
 Airduo Digihaler
 Airduo Respiclick
 Breo Ellipta
 Breztri Aerosphere
 Trelegy Ellipta
 Wixela inhub

Glucocorticoids, Oral

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required**Glucocorticoids**

budesonide EC
 dexamethasone solution/tablet
 hydrocortisone

 methylprednisolone 4mg &32mg tablet
 methylprednisolone tab ds pk

 prednisolone sodium phosphate

 prednisolone solution
 prednisone solution
 prednisone tab ds pk
 prednisone tablet

PA Required**Glucocorticoids**

cortisone
 dexamethasone elixir
 dexamethasone intensol

 methylprednisolone 8mg, 16mg tab
 prednisone ODT
 prednisolone sodium phosphate
 solution (Millipred)
 prednisolone sodium phosphate
 solution (Veripred)
 Alkindi Sprinkle
 Cortef
 Dexpak
 Dxevo
 Emflaza
 Entocort EC
 Hemady
 Medrol tab DS pk
 Medrol tablet
 Millipred solution
 Millipred DP tab DS pk
 Rayos tablet DR
 Taperdex

Growth Hormone

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 05/06/2021

No PA Required**Growth Hormone**Genotropin cartridge
Genotropin dis syringe
Norditropin pen**PA Required****Growth Hormone**Humatrope cartridge
Humatrope vial
Nutropin AQ Pen
Omnitrope cartridge
Omnitrope vial
Saizen cartridge
Saizen vial
Serostim vial
Skytrofa^{NR}
Zomacton vial
Zorbtive vial

If recipient is over 21 years of age a manual clinical PA is required for preferred agents.

[Specific form is available on the OHHS website.](#)

If recipient is over 21 years of age a manual clinical PA (specific form is available on the OHHS website) is required as well as a claim for a preferred agent in the past 90 days for a non-preferred agents. If the recipient is under 21 years of age a claim for a preferred agent in the past 90 days is required is required for a non-preferred agent.

[Specific form is available on the OHHS website.](#)**H. Pylori Treatment**

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 05/06/2021

No PA Required**H. Pylori Treatment**

Pylera

PA Required**H. Pylori Treatment**lansoprazole/amoxicillin/clarithromycin
Omeclamox-Pak
Taliaia**Hepatitis C Agents**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/12/2021

No PA Required**Pegylated Interferons**

Pegasys

PA Required**Pegylated Interferons****Ribavirins**

ribavirin

Ribavirins**Hepatitis C Agents, Other**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/12/2021

[Clinical Criteria Applies to this Class/Requires Manual Prior Authorization](#)**Other Hepatitis C Agents****Preferred with PA**Mavyret
Vosevi**Other Hepatitis C Agents****Non-Preferred PA Required**ledipasvir-sofosbuvir (AG) 12 weeks
ledipasvir-sofosbuvir (AG) 8 weeks
sofosbuvir/velpatasvir (AG)
Eplclusa
Harvoni
Sovaldi
Viekira Pak
Zepatier

HIV/AIDS

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 7/12/2021

No PA Required		PA Required
abacavir solution	Lexiva tablet	Trogarzo
abacavir tablet	lopinavir-ritonavir	
abacavir/lamivudine (AG)	nevirapine ER	
abacavir/lamivudine	nevirapine suspension	
abacavir/lamivudine/zidovudine	nevirapine tablet	
Apretude ^{NR}	Norvir powder pack	
Aptivus capsule	Norvir solution	
Aptivus solution	Norvir tablet	
atazanavir sulfate	Odefsey	
Atripla	Pifeltro	
Biktarvy	Prezcobix	
Cimduo	Prezista	
Combivir	Prezista suspension	
Complera	Reyataz capsule	
Crixivan	Reyataz powder pack	
Delstrigo	ritonavir tablet	
Descovy	Rukobia	
didanosine capsule	Selzentry solution/ tablet	
Dovato	stavudine capsule	
Edurant	Stribild	
efavirenz capsule/tablet	Sustiva tablet	
efavirenz/emtricitabine/tenofovir		
disoproxil fumarate	Symfi	
efavirenz-lamivudine/tenofovir		
disoproxil fumarate (Symfi)	Symfi Lo	
efavirenz-lamivudine/tenofovir		
disoproxil fumarate (Symfi Lo)	Symtuza	
emtricitabine	Temixys	
emtricitabine/tenofovir disoproxil fumarate	tenofovir disoproxil fumarate	
Emtriva capsule/solution	Tivicay	
Epivir solution/tablet	Triumeq	
Epzicom	Trizivir	
etravirine ^{NR}	Truvada	
Evotaz	Tybost	
fosamprenavir calcium	Viracept	
Fuzeon	Viramune suspension	
Genvoya	Viramune XR	
Intelligence	Viread powder	
Invirase tablet	Viread tablet	
ISENTRESS	Vocabria tablet	
ISENTRESS HD	Ziagen solution	
ISENTRESS powder pack	Ziagen tablet	
ISENTRESS tab chew	zidovudine capsule	
Juluca	zidovudine syrup	
Kaletra solution	zidovudine tablet	
Kaletra tablet		
lamivudine solution		
lamivudine tablet		
lamivudine-zidovudine		
Lexiva suspension		

Hypoglycemics

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 05/06/2021

No PA Required

Alpha-Glucosidase Inhibitors

acarbose

PA Required

Alpha-Glucosidase Inhibitors

miglitol

Precose

Incretin Mimetics/Enhancers

Amylin Analogs

n/a

Incretin Mimetics/Enhancers

Amylin Analogs

Symlin/pen (History of use of mealtime

Insulin)

Clinical Criteria for DPP-IV Inhibitors - History of either metformin or TZD therapy in the past 90 days

DPP-IV Inhibitors

Glyxambi

Janumet

Janumet XR

Januvia

Jentadueto

Tradjenta

DPP-IV Inhibitors

alogliptin

alogliptin/metformin

alogliptin/pioglitazone

Jentadueto XR

Kazano

Kombiglyze XR

Nesina

Onglyza

Oseni

Q-tern

Steglujan

Trijardy XR

Clinical Criteria for GLP-1 Receptor Agonists - History of either metformin or TZD therapy in the past 90 days

GLP-1 Receptor Agonists

Bydureon pen

Byetta

Trulicity

Victoza

GLP-1 Receptor Agonists

Adlyxin

Bydureon Bcise

Ozempic

Rybelsus

Soliqua

Tanzeum

Xultophy

Insulins

Insulins Long Acting

Lantus vial

Lantus solostar

Levemir pen

Levemir vial

Insulins

Insulins Long Acting

insulin glargine-YFGN

Basaglar Kwikpen U-100

Semglee

Semglee-YFGN

Toujeo Solostar

Toujeo Max Solostar

Tresiba Flextouch/vial

Hypoglycemics - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 05/06/2021

No PA Required

Insulins Short Acting

insulin aspart cartridge
insulin aspart flexpen
insulin aspart vial
insulin aspart/insulin aspart protamine
insulin pen
insulin aspart/insulin aspart protamine
insulin vial
insulin lispro kwikpen u-100
insulin lispro
insulin lispro junior kwikpen (AG)
insulin lispro protamine mix kwikpen
(AG)
Humalog cartridge
Humalog Jr Kwikpen
Humalog 100 U/ML vial
Humalog 100 U/ML kwikpen
Humalog mix 50-50 vial
Humalog mix 50-50 kwikpen
Humalog mix 75-25 vial
Humalog mix 75-25 kwikpen
Humulin 70/30 pen
Humulin 70/30 vial
Humulin N 100 U/ML vial
Humulin R 100 U/ML vial
Humulin 500 U/ML pen
Humulin R 500 U/ML vial
Novolog 100 U/ML cartridge
Novolog 100 U/ML vial
Novolog 100 U/ML flexpen
Novolog mix 70-30 vial
Novolog mix 70-30 flexpen syringe

Meglitinides

nateglinide
repaglinide

Metformins

metformin tablet
metformin ER (generic Glucophage
XR)

No PA Required

Metformins Combinations

glyburide/metformin

PA Required

Insulins Short Acting

Admelog
Admelog Solostar
Afrezza

Afrezza cartridge

Apidra vial/solostar
Fiasp
Fiasp Flextouch
Fiasp penfill

Humalog 200 U/ML pen

Humulin pen
Lyumjev 100 U/ML pen
Lyumjev 200 U/ML pen
Lyumjev vial
Myxredlin
Novolin 70/30 pen
Novolin 70/30 vial
Novolin vial

Meglitinides

repaglinide/metformin
Prandin
Starlix

Metformins

metformin ER (generic Fortamet)

metformin ER (generic for Glumetza)
Fortamet
Glucophage/XR
Glumetza
Riomet
Riomet ER Suspension

PA Required

Metformins Combinations

glipizide/metformin

Hypoglycemics - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 05/06/20210

SGLT2 and Combinations

SGLT2 and Combinations

Farxiga*
Invokamet*
Invokana*
Jardiance*

Invokamet XR
Segluromet
Steglatro
Synjardy XR

Xigduo XR*
Synjardy*

* 2 single metformin agents or 1 combination metformin agent in the past 30 days

Sulfonylureas

glimepiride
glipizide/ER/XL

Sulfonylureas

Amaryl
Glucotrol/XL
glyburide/micronized
Glynase

TZD

pioglitazone

TZD

Actos

The use of single agents are preferred in these sub categories

TZD/Metformin Combinations

TZD/Metformin Combinations

pioglitazone-metformin
Actoplus Met
Actoplus Met XR

TZD/Sulfonylurea Combinations

TZD/Sulfonylurea Combinations

pioglitazone-metformin
Duetact

Immunomodulators, Atopic Dermatitis

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/12/2021

Step Edit - Failure of topical medium/high anti-inflammatory steroid in the last 3 months. Excludes hydrocortisone.

No PA Required

Immunomodulators, Atopic

Dermatitis

Elidel
Eucrisa
Protopic

PA Required

Immunomodulators, Atopic

Dermatitis

pimecrolimus cream
tacrolimus
Dupixent
Dupixent pen

Immunomodulators, Topical

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 7/12/2021

No PA Required

Immunomodulators, Topical

imiquimod (Aldara)

PA Required

Immunomodulators, Topical

imiquimod (Zyclara)
podofilox
Aldara
Condylox
Veregen
Zyclara

Intranasal Rhinitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required**Steroids**

fluticasone

PA Required**Steroids**

azelastine/fluticasone
 flunisolide
 mometasone nasal
 Beconase AQ
 Dymista
 Nasonex
 Omnaris
 QNasl
 Sinuva
 Ticanase
 Xhance
 Zetonna

Antihistamines & Other

azelastine (generic Astelin)
 ipratropium (nasal)

Antihistamines & Other

azeastine (generic Astepro)
 olopatadine
 Patanase

Leukotriene Modifiers

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required**Leukotriene Modifiers**

montelukast chewable tablet
 montelukast tablet

PA Required**Leukotriene Modifiers**

montelukast granules
 zafirlukast
 zileuton ER
 Accolate
 Singulair
 Zflo/CR

Lipotropics, Other

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/18/2022

No PA Required**ANGPTL3 Inhibitor****ACL Inhibitor****Antihyperlipidemic APOB-100****Synthesis Inhibitor****Antihyperlipidemic Combinations****Bile Acid Resins**

cholestyramine light
 colestipol tablet
 Prevalite

PA Required**ANGPTL3 Inhibitor**

Evkeeza

ACL Inhibitor

Nexletol

Antihyperlipidemic APOB-100**Synthesis Inhibitor**

Kynamro

Antihyperlipidemic Combinations

Nexlizet

Bile Acid Resins

colesevelam
 colestipol granules/packet
 Colestid tablet/granules/packet
 Questran
 Welchol

Lipotropics, Other - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/18/2022

No PA Required

Cholesterol Absorption Inhibitors

ezetimibe

Fibric Acid Derivatives

fenofibrate tablet 48 and 145mg (generic Tricor)

gemfibrozil

MTP Inhibitor

Niacins

Omega-3 Fatty Acids

n/a

PCSK9 Inhibitors

PA Required

Cholesterol Absorption Inhibitors

Zetia

Fibric Acid Derivatives

fenofibrate

(Antara, Lipofen, Lofibra, Triglide)

fenobibric acid (generic

Fenoglide, Fibricor, Trilipix)

gemfibrozil (AG)

Antara

Fenoglide

Lipofen

Lopid

Tricor

Trilipix

Triglide

MTP Inhibitor

Juxtapid

Niacins

niacin ER

niacin/ER OTC

Niacor

Niaspan

Omega-3 Fatty Acids

icosapent ethyl

omega-3 acid ethyl esters

Lovaza

Vascepa

PCSK9 Inhibitors

Leqvio^{NR} (manual PA req'd)

Praluent pen/syringe (manual PA req'd)

Repatha (manual PA req'd)

Lipotropics, Statins

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/18/2022

No PA Required

Statins

atorvastatin

lovastatin

pravastatin

rosuvastatin

simvastatin

Statin Combinations

PA Required

Statins

fluvastatin/ER

Altoprev

Crestor

Ezallor sprinkle

Lescol/XL

Lipitor (failure on Crestor)

Livalo

Zocor

Zypitamag

Statin Combinations

amlodipine-atorvastatin

ezetimibe-simvastatin^{NR}

Caduet

Vytorin

Macrolides/Ketolides

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required

Macrolides/Ketolides

azithromycin suspension, tablet
clarithromycin suspension, tablet
erythromycin base capsule
E.E.S. 200 suspension

PA Required

Macrolides/Ketolides

azithromycin packet
clarithromycin ER
erythromycin base tablet
erythromycin ethylsuccinate susp
erythromycin ES 400 mg tab
E.E.S. 400 tablet
Eryped 200 suspension
Eryped 400 suspension
Ery-tab
Erythrocin
Zithromax

Methotrexate

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 7/12/2021

No PA Required

Methotrexate

methotrexate injection
methotrexate PF
methotrexate tablet

PA Required

Methotrexate

Otrexup Auto Injector
Rasuvo Auto Injector
Reditrex
Trexall
Xatmep

Movement Disorders

Length of Authorization: 1 Year

Status Implementation: 01/28/2021

Current Review Date: 01/18/2022

No PA Required

Movement Disorders

tetrabenazine
Austedo

PA Required

Movement Disorders

Ingrezza
Ingrezza Initiation Pack
Xenazine

Multiple Sclerosis

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 01/18/2022

No PA Required**Multiple Sclerosis**

Avonex
 Avonex pen
 Betaseron kit
 Copaxone 20mg/ml syringe kit
 Tecfidera

PA Required**Multiple Sclerosis**

dalfampridine ER
 dimethyl fumarate
 glatiramer 20 mg/ml
 glatiramer 40 mg/ml
 Ampyra
 Aubagio
 Bafiertam DR
 Copaxone 40mg/ml
 Extavia kit
 Extavia vial
 Gilenya
 Kesimpta pen
 Lemtrada
 Mavenclad
 Mayzent dose pack
 Mayzent tablet
 Ocrevus
 Plegridy
 Ponvory starter pack
 Ponvory tablet
 Rebif
 Rebif Rebidose Pen
 Tysabri
 Vumerity
 Zeposia capsule
 Zeposia pack

Narcotic Analgesics, Long-Acting

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 01/18/2022

[Clinical Criteria Applies to this Class/Requires Manual Prior Authorization](#)**No PA Required****Narcotic Analgesics, Long-Acting**

fentanyl transdermal
 methadone tab
 morphine ER tab
 Butrans

PA Required**Narcotic Analgesics, Long-Acting**

buprenorphine (buccal)
 buprenorphine transdermal
 fentanyl transdermal 37.5,62.5,87.5mg
 glatopa
 hydromorphone ER
 methadone conc/sol tab/solution
 morphine ER cap
 morphine ER (Avinza)
 oxycodone HCL ER
 oxymorphone ER
 tramadol ER/SR 24H
 Arymo ER
 Belbuca
 Conzip ER
 Exalgo
 Hysingla ER
 Kadian
 Morphabond ER
 MS Contin
 Nucynta ER
 OxyContin
 Xtampza ER
 Zohydro ER

Narcotic Analgesics, Short Acting

Length of Authorization: 1 Year

Status Implementation: 10/15/2009

Some drugs in this class are subject to MME limitations

Current Review Date: 01/18/2022

No PA Required**PA Required****Fentanyl Oral Products****Fentanyl Oral Products**

fentanyl (buccal)
 Abstral
 Actiq
 Fentora
 Ultracet
 Ultram

Other

APAP/codeine elixir
 APAP/codeine tablet
 hydrocodone/APAP tablet
 hydrocodone/ibuprofen
 hydromorphone tablet
 morphine concentrate solution
 morphine IR tablet
 morphine solution
 morphine sulfate solution (AG)
 oxycodone/APAP tablet
 oxycodone tablet
 tramadol
 tramadol/APAP

Other

acetamin-caff-dihydrocodeine
 benzhydrocodone-acetaminophen
 butalbital compd w/codeine
 butorphanol tartrate (nasal)
 codeine oral
 fentanyl (buccal)
 hydrocodone/APAP solution
 hydromorphone liq/supp
 levorphanol
 meperidine solution/tablet
 morphine suppositories
 oxycodone/ASA
 oxycodone/ibuprofen
 oxycodone capsule
 oxycodone conc
 oxycodone solution
 oxymorphone
 panlor
 pentazocine/naloxone
 tramadol 100mg
 Apadaz

Dilaudid liquid/tablets
 Hycet
 Ibudone
 Lazanda
 Nalocet
 Nucynta
 Oxaydo
 Percocet
 Prolate solution
 Roxicodone

Neuropathic Pain

Length of Authorization: 1 Year

Status Implementation: 1/17/2013

Current Review Date: 01/18/2022

No PA Required**Oral**

duloxetine (generic Cymbalta)
 gabapentin capsule/solution
 gabapentin tablet
 pregabalin capsule

PA Required**Oral**

duloxetine (generic Irenka)
 pregabalin ER
 pregabalin solution
 Cymbalta
 Drizalma Sprinkle
 Gralise
 Horizant/ER**
 Lyrica**
 Lyrica CR**
 Neurontin
 Savella*

Neuropathic Pain Continued

Length of Authorization: 1 Year

Status Implementation: 1/17/2013

Current Review Date: 01/18/2022

No PA Required

Topical

capsaicin

Lidoderm***

PA Required

Topical***

lidocaine patch***

Qutenza Kit***

Zlido

* Diagnosis of Fibromyalgia in the past year and a claim for a preferred agent
** Diagnosis of Epilepsy or Convulsions in the past year and a claim for a preferred agent OR Diagnosis of Fibromyalgia in the past year and a claim for Lyrica or Savella in the past 60 days OR Diagnosis of Diabetic Peripheral Neuropathy or Post Herpetic Neuralgia

***Step edit failure on one oral NSAID

NSAIDs and Combination Products

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/18/2022

No PA Required

Topical

diclofenac sodium gel (rx)*

Voltaren (topical)*

PA Required

Topical

**diclofenac epolamine

**diclofex DC

**Flector

**Licart Patch

**Pennsaid

**Pennsaid solution packet

* Failure of an oral NSAID

** Failure of Voltaren or diclofenac gel

NSAIDs and Combination Products Continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/18/2022

No PA Required**Oral**

diclofenac sodium
flurbiprofen
ibuprofen susp/tablet
indomethacin capsule
ketorolac (oral)
meloxicam tablet
naproxen tablet
piroxicam
sulindac

PA Required**Oral**

	celecoxib***	oxaprozin
	diclofenac potassium	tolmetin sodium caps/tabs
	diclofenac sodium misoprostol	Arthrotec
	diclofenac SR	Celebrex***
	diclotral	Daypro
	diflunisal	Duexis
	etodolac	Feldene
	fenoprofen	Ibupak Kit
	ibuprofen-famotidine	Indocin supp/suspension
	indomethacin capsule ER	Inflammacin Kit
	ketoprofen/ER	Mobic
	ketorolac (AG Sprix)	Nalfon
	meclofenamate	Naprelan
	mefenamic acid	Naprosyn
	meloxicam capsule	Relafen DS
	nabumetone	Sprix
	naproxen DR tablet	Vimovo
	naproxen-esomeprazole DR	Vivlodex
	naproxen sodium tablet	Zipsor
	naproxen sodium CR tablet	Zorvolex
	naproxen sodium ER tablet	
	naproxen suspension	

*** Claim for a preferred agent in the past 90 days and a claim for an anticoagulant in the past 30 days or a diagnosis of a gastrointestinal hemorrhage in the past year.

Ophthalmics

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/28/2021

No PA Required**Allergic Conjunctivitis**

cromolyn sodium
olopatadine (Patanol & Pataday)
Pazeo

PA Required**Allergic Conjunctivitis**

azelastine ophth 0.05%
bepotastine
epinastine
ketotifen
olopatadine (Pazeo)
Alaway
Alocril
Alomide
Alrex
Bepreve
Lastacraft
Pataday
Zaditor
Zerviate

Ophthalmics - Continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/18/2022

No PA Required

Antibiotics

bacitracin/polymixin ointment
ciprofloxacin solution
erythromycin ophth
gentamicin drops/ointment
moxifloxacin (Vigamox)
ofloxacin
polymixin/trimethoprim
sulfacetamide solution
tobramycin ophth
Ocuflax
Tobrex ointment

No PA Required

Glaucoma

Alpha-2 Adrenergic Agonists

brimonidine 0.2%
Alphagan P

Beta Blockers

timolol 0.25% gel-solution
timolol 0.25% GFS gel-solution
timolol 0.5% gel-solution
timolol 0.5% GFS gel-solution

timolol maleate 0.25% eye drop
timolol maleate 0.5% eye drop
Combigan

Carbonic Anhydrase Inhibitors

dorzolamide
dorzolamide/timolol
Azopt
Simbrinza

Prostaglandin Agonists

latanoprost
Travatan/Z

Glaucoma, Other

Rhopressa
Rocklatan

PA Required

Antibiotics

bacitracin ointment
gatifloxacin
levofloxacin drops
moxifloxacin (Moxeza)
moxifloxacin HCL-BSS
neomycin/bacitracin/polymixin oint
neomycin-polymixin-gramicidin
sulfacetamide ointment
Azasite
Besivance
Bleph-10
Ciloxan Solution, Ointment
Moxeza
Natacyn
Polytrm
Tobrex drops
Vigamox
Zymaxid

PA Required

Glaucoma

Alpha-2 Adrenergic Agonists

apradondine
brimonidine 0.15%
lopidine

Beta Blockers

betaxolol
carteolol
levobunolol
timolol 0.5% drop (generic Istalol)

timolol maleate 0.5% drop (AG Istalol)
Akbeta
Betopic S
Istalol
Ocupress
Timoptic/XE

Carbonic Anhydrase Inhibitors

brinzolamide^{NR}
dorzolamide/timolol (gen Cosopt PF)
Cosopt
Cosopt PF
Trusopt

Prostaglandin Agonists

bimatoprost
travoprost^{NR}
Lumigan
Vyzulta
Xalatan
Xelpros
Zioptan

Glaucoma, Other

Vuity

Ophthalmics, Antibiotic-Steroid Combinations

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 01/18/2022

No PA Required

Antibiotic-Steroid Combinations

neomycin/polymyxin/desamethasone
Tobradex suspension

PA Required

Antibiotics-Steroid Combinations

neomycin/bacitracin/poly/HC
neomycin/polymyxin/HC
sulfacetamide/prednisolone
tobramycin/dexamethasone suspension
Blephamide
Blephamide S.O.P.
Maxitrol drops suspension
Maxitrol ointment
Pred-G drops suspension
Pred-G ointment
Tobradex ointment
Tobradex ST
Zylet

Ophthalmic Anti-Inflammatories

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 01/18/2022

No PA Required

Ophthalmic Anti-Inflammatory

diclofenac sodium
fluorometholone
flurbiprofen sodium
ketorolac ophth 0.5
Durezol
Lotemax drops
Maxidex
Pred Forte
Pred Mild

PA Required

Ophthalmic Anti-Inflammatory

bromfenac
dexamethasone
difluprednate
ketorolac ophth 0.4 (LS)
loteprednol etabonate
loteprednol etabonate gel
prednisolone acetate
prednisolone sod phosphate
Acular/LS
Acuvail
Bromsite
Dextenza
Dexycu
Eysuvis
Flarex
FML
FML Forte
FML SOP
Ilevro
Inveltys
Lotemax gel/ointment
Nevanac
Omnipred
Prolensa

Ophthalmic Anti-Inflammatories/Immunomodulators

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 01/18/2022

Ophthalmic Anti-

Inflammatory/Immunomodulators

No PA Required

Restasis
Restasis multidose
Xiidra

Ophthalmic Anti-

Inflammatory/Immunomodulators

PA Required

Cequa
Eysuvis
Tyrvaya^{NR}

Opiate Dependence Treatment

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 01/18/2022

No PA Required

PA Required

Buprenorphine and Related Agents

buprenorphine SL tablets
buprenorphine/naloxone SL tab
Suboxone Film

Buprenorphine and Related Agents

buprenorphine/naloxone film
Probuphine
Sublocade
Zubsolv

No PA Required

Opiate Dependence, Other

naloxone syringe
naloxone vial
naltrexone tablet
Narcan Spray

PA Required

Opiate Dependence, Other

naloxone nasal spray
Kloxxado
Lucemyra
Vivitrol

Otic Antibiotics

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/18/2022

No PA Required

PA Required

Otic Antibiotics

ofloxacin
neomycin/polymixin/HC soln/susp
Ciprodex

Otic Antibiotics

ciprofloxacin/dexamethasone
ciprofloxacin/dexamethasone (AG)
ciprofloxacin HCL-fluocinolone
ciprofloxacin otic
neomycin/polymixin/HC soln/susp (AG)
Cipro HC
Coly-mycin S
Corisporin-TC
Otioprio
Otovel

Otic Anti-Infectives & Anesthetics

Length of Authorization: 1 Year

Status Implementation: 12/02/2019

Current Review Date: 01/18/2022

No PA Required

PA Required

Otic Anti-Infectives & Anesthetics

acetic acid

Otic Anti-Infectives & Anesthetics

acetic acid HC

Otic Anti-Inflammatories

Length of Authorization: 1 Year

Status Implementation: 12/02/2019

Current Review Date: 01/18/2022

No PA Required

PA Required

Otic Anti-Inflammatories

Dermotic

Otic Anti-Inflammatories

fluocinolone 0.01% oil
flac otic oil

Pancreatic Enzymes

Length of Authorization: 1 Year

Status Implementation: 5/11/2012

Current Review Date: 05/06/2021

No PA Required

PA Required

Pancreatic Enzymes

Creon
Zenpep

Pancreatic Enzymes

Pancreaze
Pertzye
Viokace

Phosphate Binders

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 05/06/2021

No PA Required**Phosphate Binders**calcium acetate capsule/gel cap/tablet
Renvela tablets**PA Required****Phosphate Binders**lanthanum carbonate
sevelamer HCL
sevelamer HCL (AG)
sevelamer carbonate powder pack
sevelamer carbonate tablet
sevelamer carbonate tablet (AG)
Auryxia
Fosrenol powder pack
Fosrenol tablet chewable
Phoslyra
Renagel
Renvela powder pack
Velphoro**Platelet Inhibitors**

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/18/2022

No PA Required**Platelet Inhibitors**clopidogrel
dipyridamole
prasugrel
Brilinta**PA Required****Platelet Inhibitors**aspirin-dipyridamole
aspirin-dipyridamole ER
Aggrenox
Effient
Plavix
Zontivity**Potassium Binders**

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 05/06/2021

No PA Required**Potassium Binders**Lokelma
sodium polystyrene sulfonate**PA Required****Potassium Binders**

Veltassa

Progestins for Cachexia

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 05/06/2021

No PA Required**Progestins for Cachexia**megestrol suspension
megestrol tablets**PA Required****Progestins for Cachexia**Megace ES
megestrol suspension (Megace ES)

Proton Pump Inhibitors

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 05/06/2021

No PA Required**Proton Pump Inhibitors**omeprazole
pantoprazole
Nexium suspension**PA Required****Proton Pump Inhibitors**esomeprazole capsules/kit
esomeprazole magnesium
lansoprazole capsules
pantoprazole suspension^{NR}
rabeprazole/sprinkle
Aciphex tablet/sprinkle
Dexilant
Esomep-EZS kit
Nexium capsules
Prevacid capsules/solutabs
Prilosec suspension
Prilosec
Protonix
Protonix suspension
Zegerid**Pulmonary Arterial Hypertension Agents**

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/18/2022

No PA Required**Pulmonary Arterial Hypertension**ambrisentan
sildenafil tablet
Ravatio suspension
Tracleer**PA Required****Pulmonary Arterial Hypertension**bosentan
sildenafil suspension
sildenafil suspension (AG)
tadalafil
Adcirca
Adempas
Alyq
Letairis
Opsumit
Orentram ER
Revatio tablet
Tracleer suspension
Tyvaso
Uptravi
Ventavis[Clinical PA over 21 years of age.
Specific PA form is on the EOHHS
website.](#)[Clinical PA over 21 years of age.
Specific PA form is on the EOHHS
website. If the recipient is under 21
years of age a claim for a preferred
agent is required.](#)**Rosacea Agents, Topical**

Length of Authorization: 1 Year

Status Implementation: 01/02/2018

Current Review Date: 7/12/2021

No PA RequiredFinacea gel
Metrocream
Metrogel**PA Required**azelaic acid
ivermectin
metronidazole cream
metronidazole gel (AG)
metronidazole gel
metronidazole lotion
Finacea foam
Metro lotion
Mirvaso
Noritate
Rosadan kit
Soolantra

Sedative Hypnotics

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 01/18/2022

No PA Required

Sedative Hypnotics

temazepam 15 & 30 mg
zolpidem

PA Required

Sedative Hypnotics

doxepin
eszopiclone
estazolam
flurazepam
ramelteon
temazepam 7.5 & 22.5 mg
zaleplon
zolpidem ER
zolpidem SL
Ambien/CR
Belsomra
Dayvigo
Doral
Edluar
Halcion
Hetloiz
Intermezzo
Lunesta
Restoril
Rozerem
Silenor

**triazolam - no longer covered by RI Medicaid

Skeletal Muscle Relaxants

Length of Authorization: 1 Year

Status Implementation: 7/6/2009

Current Review Date: 01/18/2022

No PA Required

Skeletal Muscle Relaxants

baclofen
chlorzoxazone
cyclobenzaprine
methocarbamol
tizanidine tablet

PA Required

Skeletal Muscle Relaxants

cyclobenzaprine HCL ER
dantrolene
metaxalone
orphenadrine citrate ER
tizanidine capsule
Amrix
Dantrium
Fexmid
Lorzone
Metaxall
Norgesic Forte
Skelaxin
Zanaflex
**carisoprodol and Soma - no longer covered by RI Medicaid

Steroids

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/12/2021

No PA Required**Topical High**

betamethasone dipropionate
cream/lotion
betamethasone valerate cream,
ointment
triamcinolone acetonide cream, lotion,
ointment

PA Required**Topical High**

amcinonide cream, lotion, ointment
betamethasone dipropionate gel,
ointment
betamethasone dipropionate/prop gly
cream, lotion, ointment
betamethasone valerate lotion
dermazon

desoximetasone cream, gel, ointment

diflorasone diacetate cream, ointment
fluocinonide cream, emollient, gel,
ointment, solution
fluocinonide E cream
halcinonide
halcinonide cream(AG)
triamcinolone spray
Dermacinrx Silapak
Diprolene lotion, ointment
Ellzia Pak
Fluopar Kit
Halog cream, ointment, solution
Kenalog aerosol
Psorcon
Sanadermr
Sila III Kit
Silazone-II
Topicort cream, ointment, spray
Trianex
Vanos

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/12/2021

No PA Required**Topical Low**

hydrocortisone cream 1% rx
hydrocortisone gel 1% rx
hydrocortisone lotion 1% rx
hydrocortisone ointment 1% rx

PA Required**Topical Low**

alclometasone dipropionate cream
alclometasone dipropionate ointment
desonide cream
desonide lotion
desonide ointment
fluocinolone 0.01% oil
tridesilon
Aqua-Glycolic HC
Capex Shampoo
Derma-Smoother-FS
Desonate gel
Texacort

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/12/2021

No PA Required

Topical Medium

fluticasone propionate cream
fluticasone propionate ointment
mometasone furoate cream
mometasone furoate ointment
mometasone furoate solution

PA Required

Topical Medium

betamethasone valerate foam
clocortolone
fluocinolone acetonide cream
fluocinolone acetonide ointment
fluocinolone acetonide solution
flurandrenolide
fluticasone propionate lotion
hydrocortisone valerate cream
hydrocortisone valerate ointment
hydrocortisone butyrate cream,
emollient, lotion, ointment, solution
Beser / Beser Kit
Cloderm
Cordran tape/ointment
Cutivate lotion/cream
Dermatop cream, ointment
Elocon cream, ointment, solution
Luxiq foam
Pandel
Prednicarbate cream
Prednicarbate ointment

Synalar cream & ointment kit, solution
Synalar TS kit

No PA Required

Topical Very High

clobetasol propionate cream, gel
clobetasol propionate ointment
clobetasol solution
halobetasol propionate cream
halobetasol propionate ointment
halobetasol propionate ointment

PA Required

Topical Very High

clobetasol emollient
clobetasol lotion
clobetasol shampoo
clobetasol propionate foam
clobetasol propionate spray
halobetasol propionate foam
Apexicon E
Bryhali
Clobex
Clodan/kit
Impeklo lotion
Lexette
Olux
Olux E
Temovate ointment
Tovet kit
Ultravate

Stimulants and Related Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/18/2022

No PA Required

PA Required

Stimulants and Related Agents*

Stimulants and Related Agents

amphetamine salt combo	amphetamine salt combo ER	Azstarys
atomoxetine	amphetamine sulfate tablet	Cotempla XR ODT
dexmethylphenidate	amphetamine suspension ER	Daytrana
dextroamphetamine tab	armodafinil	Desoxyn
dextroamphetamine-amphetamine	clonidine ER	Dexedrine
guanfacine ER	dexmethylphenidate XR	Dyanavel XR
methylphenidate IR	dextroamphetamine solution/cap ER	Evekeo/ODT
modafanil	dextroamphetamine-amphetamine ER	Focalin
Adderall XR	methamphetamine	Intuniv
Concerta	methylphenidate CD	Jornay PM
Focalin XR	methylphenidate ER cap (Aptensio XR)	Methylin solution
Quillichew ER	methylphenidate ER cap (Ritalin LA)	Mydayis
Quillivant XR	methylphenidate ER 18,27,36,54 mg	Nuvigil
Vyvanse capsule	methylphenidate ER 18,27,36,54 mg (AG)	Procentra
Vyvanse chewable	methylphenidate ER tablet	Provigil
	methylphenidate solution/chewable	Qelbree
	Adzenys XR ODT	Relexxii ER
	Adzenys ER suspension	Ritalin/ LA
	Aptensio XR	Strattera
		Sunosi
		Wakix
		Zenzedi

* If the recipient is over 21 years of age a diagnosis of ADD, ADHD, Narcolepsy or Depression in the past year or evidence of stimulant treatment greater than 210 days or 7 stimulant claims in the past year is required for the clinical PA for a preferred agent. If the recipient is under 21 years of age the claim will process with no PA required.

* If the recipient is over 21 years of age a claim for a preferred agent AND a diagnosis of ADD, ADHD, Narcolepsy or Depression in the past year or evidence of stimulant treatment greater than 210 days or 7 stimulant claims in the past year is required for the clinical PA for a preferred agent. If the recipient is under 21 years of age a claim for a preferred agent is required.

Ulcerative Colitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2008

Current Review Date: 05/06/2021

No PA Required**Oral**

sulfasalazine/DR

Apriso

Lialda

Pentasa

Topical

Canasa rectal

Rowasa rectal

PA Required**Oral**

balsalazide

budesonide DR

mesalamine (generic Asacol HD)

mesalamine ER (generic Apariso)

mesalamine AG (generic Lialda)

mesalamine (generic Lialda)

mesalamine DR (generic Delzicol)

Asacol HD

Azulfidine/DR

Colazal

Delzicol

Dipentum

Giazo

Ortikos capsule ER

Uceris oral

Topical

mesalamine ER

mesalamine kit

mesalamine rectal

mesalamine (Canasa rectal)

SFRowasa

Uceris rectal

Uterine Disorder Treatment

Length of Authorization: 1 Year

Status Implementation: 10/14/2020

Current Review Date: 01/18/2022

No PA Required

OriaHnn

Orilissa

PA Required

Myfembree

^{NR} indicates that a product has not been reviewed by the P & T Committee, but EOHHS policy states that new products may be considered non-preferred until reviewed by the committee.