



Updated May 9, 2022

Acne Agents, Topical	Antiemetics	Bronchodilators
Miscellaneous Topicals	Serotonin Antagonists	Beta Agonist
Retnoids	NKI1 Receptor Antagonist	Inhalers, Long Acting
		Inhalers, Short Acting
Alzheimer's Agents	Antifungals	Nebulizers, Long Acting
Cholinesterase Inhibitors		Nebulizers, Short Acting
NMDA Receptor Antagonist	Antihistamines, Minimally Sedating	
	Antihistamines	Calcium Channel Blockers
	Antihistamine/Decongestant	
Androgenic Agents	Combos	Dihydropyridines
		Non-Dihydropyridines
Angiotensin Modulators	Antihypertensives, Sympatholytics	
Ace Inhibitors		Cephalosporins
Ace Inhibitor/Diuretic Combo	Antihyperuricemics	Second Generation
Angiotensin Receptor Blocker		Third Generation
Angiotensin II Receptor Blocker/Diuretic Combo	Antimigraine Agents	
Renin Inhibitor	Triptans	Colony Stimulating Factors
Renin Inhibitor/Diuretic Combo	Other Related Agents	
		COPD Agents
Angiotensin Modulator/Calcium Channel Blocker Combinations	Antiparkinson's Agents	
Ace Inhibitor/Calcium Channel Blocker Combos		Cytokine & CAM Antagonists
Angiotensin II Receptor Blocker/CCB Combo	Antipsoriatics, Topical	
	Antipsychotics, Atypical	Epinephrine, Self-Injected
Anti-Allergens		
	Antivirals	Erythropoiesis Stimulating Proteins
Antianginal & Anti-Ischemic	Herpes	
	Influenza Agents	Enzyme Replacement, Gauchers Disease
Antibiotics, GI	Antivirals Topical	
		Fluoroquinolones
Antibiotics, Inhaled	Beta Blockers	
	Bile Salts	GI Motility Agents
Antibiotics, Tetracyclines		
	Bladder Relaxants	Glucagon Agents
Antibiotics, Topical		
	Bone Resorption Suppression	Glucocorticoids, Inhaled
Antibiotics, Vaginal	Bisphosphonates	Glucocorticoids
	Other Related Agents	Glucocorticoid/Beta-Agonist
Anticoagulants		
	Botulinum Toxins	Glucocorticoids, Oral
Anticonvulsants		
Carbamazepine Derivatives	BPH Agents	Growth Hormones
First Generation	Alpha Blockers, Selective	
Second Generation	5-Alpha Reductase Inhibitors	H. Pylori Treatment
	PDE-5	
Antidepressants		
Antidepressants, Other		
Antidepressants, SSRI		

Hepatitis C Agents Pegylated Interferons Ribavirins Hepatitis C Agents, Other	Methotrexate	Progestins for Cachexia
HIV/AIDS	Macrolides/Ketolides	Proton Pump Inhibitors
Hypoglycemics Alpha-Glucosidase Inhibitors Incretin Mimetics/Enhancers Amylin Analogs DPP-IV Inhibitors GLP-1 Receptor Agonists Insulins, Long Acting Insulins, Short Acting Meglitinides Metformins	Movement Disorders	Pulmonary Arterial Hypertension Agents
Metformin Combos SGLT2 Sulfonylureas TZDs TZD/Metformin Combo TZD/Sulfonylurea Combo	Multiple Sclerosis	Rosacea Agents, Topical
Immunomodulators, Asthma	Narcotic Analgesics, Long Acting	Sedative Hypnotics
Immunomodulators, Atopic Dermatitis	Narcotic Analgesics, Short Acting Fentanyl Oral Products Other	Skeletal Muscle Relaxants
Immunomodulators, Topical	Neuropathic Pain Oral Topical	Steroids Topical High Topical Low Topical Medium Topical Very High
Intranasal Rhinitis	NSAIDS and Combination Products Oral Topical	Stimulants and Related Agents
Steroids Antihistamines	Ophthalmics Allergic Conjunctivitis Antibiotics Glaucoma	Ulcerative Colitis Oral Topical
Leukotriene Modifiers	Alpha-2 Adrenergic Agonists Beta Blockers	Uterine Disorder Treatments
Lipotropics, Other ACL Inhibitor ANGPTL3 Inhibitor Antihyperlipidemic APOB-100 Synthesis Inhibitor Antihyperlipidemic Combinations Bile Acid Resins Cholesterol Absorption Inhibitors Fibric Acid Derivatives Niacins Omega-3 Fatty Acids MTP Inhibitor	Carbonic Anhydrase Inhibitors Prostaglandin Agonists Ophthalmic Antibiotic-Steroid Combo Ophthalmics Anti-Inflammatory Ophthalmics Anti-Inflammatory/Immunomodulators	
Lipotropics, Statins Statins Statin Combo	Opiate Dependence Treatments	
	Otic Antibiotics	
	Otic Anti-Infectives & Anesthetics	
	Otic Anti-Inflammatories	
	Pancreatic Enzymes	
	Phosphate Binders	
	Pituitary Suppressive Agents, LHRH	
	Platelet Inhibitors	
	Potassium Binders	

## 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.*

*Classes new to the Preferred Drug List are highlighted in blue 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  
Aklief  
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  
Twynéo<sup>NR</sup>  
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: 5/9/2022

**No PA Required****Androgenic Agents**Androderm  
Androgel gel pump**PA Required****Androgenic Agents**testosterone gel/gel pump  
Androgel gel packet  
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  
enalapril solution (AG)  
moexipril  
perindopril  
ramipril  
trandolapril  
Accupril  
Altace  
Epaned  
Epaned solution  
Lotensin  
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: 7/1/2013

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  
 Difcid  
 Difcid suspension  
 Flagyl capsule  
 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: 7/1/2013

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  
 doxycycline hyclate tablet DR  
 doxycycline monohydrate (oracea)  
 doxycycline monohydrate 50mg brand capsule  
 doxycycline monohydrate 150mg capsule  
 doxycycline monohydrate 75mg capsule  
 doxycycline monohydrate suspension  
 doxycycline monohydrate tablet  
 minocycline ER/tablet  
 Doryx  
 Doryx MPC  
 Minolira ER  
 Morgidox kit  
 Nuzyra  
 Oracea  
 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  
Epitol  
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

**Other**

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

**PA Required**

**Second Generation**

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

**Other**

clobazam suspension	Epidiolex**
diacomit	Fintepla
diazepam (rectal/device)	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**

citalopram capsule<sup>NR</sup>  
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: 5/9/2022

**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: 7/11/2007

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  
 tavaborole  
 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: 5/9/2022

**No PA Required****Antihyperuricemics**allopurinol  
probencid  
probencid/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<sup>NR</sup>  
Reyvow  
Trudhesa<sup>NR</sup>  
Vyepiti

**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**

apomorphine<sup>NR</sup>  
 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	Geodon
asenapine sublingual	Invega/Hafyera
asenapine sublingual (AG)	Lybalvi
clozapine ODT	Nuplazid
olanzapine ODT	Rexulti
olanzapine/fluoxetine	Risperdal tablet/solution/ODT
Abilify Mycite	Saphris
Abilify tablet	Secuado patch
Aristada	Seroquel
Aristada Initio	Seroquel XR
Caplyta	Symbyax
Clozaril	Versacloz
Fanapt	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: 5/9/2022

**No PA Required****Bile Salts**ursodiol tablet  
ursodiol 300mg capsule**PA Required****Bile Salts**Bylvay capsule  
Bylvay pellet  
Chenodal  
Cholbam  
Livmarli  
Ocaliva  
Reltone  
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  
Gemtesa  
Myrbetriq  
Oxytrol  
Vesicare  
Vesicare LS**Bone Resorption Suppression**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/9/2022

**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



**Botulinum Toxins**

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2022

**No PA Required****Botulinum Toxins**

Dysport

**PA Required****Botulinum Toxins**Botox  
Myobloc  
Xeomin**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 Inhibitors**dutasteride  
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)

**PA Required****Beta Agonist Inhalers, Long Acting**

Striverdi Respimat

**Beta Agonist Inhalers, Short Acting**

ProAir HFA

**Beta Agonist Inhalers, Short Acting**albuterol HFA  
(Proair, Ventolin, Proventil)  
albuterol HFA (AG) (Proventil)  
levalbuterol tartrate HFA  
ProAir Digihaler  
ProAir Resplick  
Proventil HFA  
Ventolin HFA  
Xopenex HFA**Beta Agonist Nebulizers, Long Acting****Beta Agonist Nebulizers, Long Acting**arformoterol tartrate<sup>NR</sup>  
arformoterol tartrate<sup>NR</sup> (AG)  
formoterol fumarate<sup>NR</sup>  
formoterol fumarate<sup>NR</sup> (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**albuterol nebulizer solution  
albuterol nebulizer solution low-dose (accuneb)**Beta Agonist Nebulizers, Short Acting**levalbuterol  
Xopenex

**Calcium Channel Blockers**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/18/2022

**No PA Required****Dihydropyridines**

amlodipine

**PA Required****Dihydropyridines**

felodipine ER

Adalat CC

isradipine

Katerzia

nicardipine

Norliqva<sup>NR</sup>

nifedipine/SA

Norvasc

nifedipine ER

Nymalize solution

nimodipine

Nymalize syringe

nisoldipine

Procardia/XL

Sular

**Non-Dihydropyridines**

diltiazem

verapamil tablet/ER

**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

**PA Required****Second Generation**

cefaclor tablet ER

**Third Generation**

cefdinir capsule, suspension

**Third Generation**

cefixime capsule/suspension

cefpodoxime suspension

cefpodoxime tablet

Suprax capsules/tablets/chewables

Suprax suspension

**Colony Stimulating Factors**

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2022

**No PA Required**

Granix syringe

Neupogen disp syringe

Neupogen vial

Nyvepria

**PA Required**

Fulphila

Granix vial

Leukine

Neulasta kit

Neulasta syringe

Nivestym syringe

Nivestym vial

Releuko syringe<sup>NR</sup>Releuko vial<sup>NR</sup>

Udenyca

Zarxio

Ziextenzo

**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 kit  
 Enbrel pen  
 Enbrel syringe  
 Enbrel vial  
 Humira kit  
 Humira pen kit

**PA Required****Cytokine & CAM Antagonists**

Actemra	Otezla
Arcalyst	Remicade
Avsola	Renflexis
Cibinqo <sup>NR</sup>	Rinvoq ER
Cimzia	Siliq
Cosentyx	Simponi
Entyvio	Simponi Aria
Enspryng	Skyrizi
Ilaris	Skyrizi pen
Ilumya syringe	Stelara
Inflectra	Taltz
Infliximab <sup>NR</sup>	Tremfya
Kevzara	Tremfya Autoinjector
Kineret	Xeljanz/XR
Olumiant	Xeljanz Solution
Orencia/clickjet/syringe/vial	

**Enzyme Replacement, Gauchers Disease**

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2022

**No PA Required****Enzyme Replacement, Gauchers Disease**

Zavesca

**PA Required****Enzyme Replacement, Gauchers Disease**

miglustat  
 miglustat (AG)  
 Cerdelga

**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: 5/9/2022

**No PA Required****PA Required****Erythropoiesis Stimulating Proteins**

Epogen

Retacrit

**Erythropoiesis Stimulating Proteins**

Aranesp

Aranesp disp syringe

Mircera

Procrit

Reblozyl

**Fluoroquinolones**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

**No PA Required****PA Required****Fluoroquinolones**

ciprofloxacin tablet

levofloxacin tablet

Cipro suspension

**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: 5/9/2022

**No PA Required****PA Required****GI Motility Agents**

Amitiza

Linzess

Movantik

**GI Motility Agents**

alosetron

lubiprostone

Isbrela<sup>NR</sup>

Lotronex

Motegrity

Relistor

Symproic

Trulance

Viberzi

**Glucagon Agents**

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 5/9/2022

**No PA Required****PA Required****Glucagon Agents**

Baqsimi

Glucagon

Glucagon emergency kit (Fresenius)

Proglycem suspension

Zegalogue autoinjector

**Glucagon Agents**

diazoxide suspension

Glucagon emergency kit (Lilly)

Gvoke Hypopen

Gvoke syringe

Zegalogue syringe

**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 &amp; 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

Hemady

Medrol tab DS pk

Medrol tablet

Millipred solution

Millipred DP tab DS pk

Rayos tablet DR

Taperdex

Tarpeyo<sup>NR</sup>

**Growth Hormone**  
 Length of Authorization: 1 Year  
 Status Implementation: 5/15/2008  
 Current Review Date: 5/9/2022

**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  
 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 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  
 Talicia

**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

Other Hepatitis C Agents  
**No PA Required**  
 Mavyret  
 Mavyret Pellets  
 Vosevi \*

**Clinical PA Required**  
Other Hepatitis C Agents  
**PA Required**  
 ledipasvir-sofosbuvir (AG) 12 weeks  
 ledipasvir-sofosbuvir (AG) 8 weeks  
 sofosbuvir/velpatasvir (AG)  
 Epclusa  
 Harvoni  
 Sovaldi  
 Viekira Pak  
 Zepatier

\*Step edit - 2 Claims for Mavyret or 3 claims for a non-preferred last 180 days

**HIV/AIDS**

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 7/12/2021

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

**Hypoglycemics**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/9/2022

**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**

Janumet

Janumet XR

Januvia

Jentadueto

Tradjenta

**DPP-IV Inhibitors**

alogliptin

alogliptin/metformin

alogliptin/pioglitazone

Glyxambi

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

**No PA Required**

**GLP-1 Receptor Agonists**

Bydureon pen

Byetta

Ozempic

Trulicity

Victoza

**PA Required**

**GLP-1 Receptor Agonists**

Adlyxin

Bydureon Bcise

Rybelsus

Soliqua

Tanzeum

Xultophy

**Insulins**

**Insulins**

**Insulins Long Acting**

Lantus vial

Lantus solostar

Levemir pen

Levemir vial

**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: 5/9/2022

**No PA Required**

Insulins Short Acting

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

Meglitinides

nateglinide  
repaglinide

Metformins

metformin tablet

metformin ER (generic Glucophage XR)

**No PA Required**

Metformins Combinations

glyburide/metformin

SGLT2 and Combinations

Farxiga\*  
Invokamet\*  
Invokana\*  
Jardiance\*

Xigduo XR\*  
Synjardy\*

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

Sulfonylureas

glipizide/ER/XL

TZD

pioglitazone

**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  
 Novolog mix 70-30 vial

Meglitinides

repaglinide/metformin  
Prandin

Metformins

metformin ER (generic Fortamet)

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

**PA Required**

Metformins Combinations

glipizide/metformin

SGLT2 and Combinations

Invokamet XR  
Segluromet  
Steglatro  
Synjardy XR

Sulfonylureas

glimepiride

glyburide/micronized  
Amaryl  
Glucotrol/XL  
Glynase

TZD

Actos

**Hypoglycemics - Continued**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/9/2022

**No PA Required****PA Required**

The use of single agents are preferred in these sub categories

TZD/Metformin CombinationsTZD/Metformin Combinationspioglitazone-metformin  
Actoplus Met  
Actoplus Met XRTZD/Sulfonylurea CombinationsTZD/Sulfonylurea Combinationspioglitazone-glimepride  
  
pioglitazone-metformin  
Duetact**Immunomodulators, Asthma**

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2022

**No PA Required****PA Required**Immunomodulators, AsthmaImmunomodulators, AsthmaFasenra pen  
Fasenra syringe  
Xolair syringeCinqair  
Nucala auto-injector  
Nucala syringe  
Nucala vial  
Tezspire<sup>NR</sup>**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

**No PA Required****PA Required**Immunomodulators, AtopicImmunomodulators, AtopicDermatitisDermatitisElidel  
Eucrisa  
Protopicpimecrolimus cream  
tacrolimus  
Adbry<sup>NR</sup>  
Dupixent  
Dupixent pen**Immunomodulators, Topical**

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 7/12/2021

**No PA Required****PA Required**Immunomodulators, TopicalImmunomodulators, Topical

imiquimod (Aldara)

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

Zyflo/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**

***No PA Required***

**Bile Acid Resins**

cholestyramine light

colestipol tablet

Prevalite

**Cholesterol Absorption Inhibitors**

ezetimibe

***PA Required***

**ANGPTL3 Inhibitor**

Evkeeza

**ACL Inhibitor**

Nexletol

**Antihyperlipidemic APOB-100**

**Synthesis Inhibitor**

Kynamro

**Antihyperlipidemic Combinations**

Nexlizet

***PA Required***

**Bile Acid Resins**

colesevelam

colestipol granules/packet

Colestid tablet/granules/packet

Questran

Welchol

**Cholesterol Absorption Inhibitors**

Zetia

***Lipotropics, Other - Continued***

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/18/2022

**Fibric Acid Derivatives**

fenofibrate tablet 48 and 145mg (generic Tricor)

gemfibrozil

**Fibric Acid Derivatives**

fenofibrate  
(Antara, Lipofen, Lofibra, Triglide)  
fenobibric acid (generic  
Fenoglide, Fibracor, Trilipix)  
gemfibrozil (AG)  
Antara  
Fenoglide  
Lipofen  
Lopid  
Tricor  
Trilipix  
Triglide

**MTP Inhibitor**

**Niacins**

**Omega-3 Fatty Acids**

n/a

**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**

**PCSK9 Inhibitors**

Leqvio<sup>NR</sup> (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: 5/1/2007

Current Review Date: 01/18/2022

**Statins**

atorvastatin  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin

**Statins**

fluvastatin/ER  
Altoprev  
Crestor  
Ezallor sprinkle  
Lescol/XL  
Lipitor (failure on Crestor)  
Livalo  
Zocor  
Zypitamag

**Statin Combinations**

**Statin Combinations**

amlodipine-atorvastatin  
amlodipine-atorvastatin (AG)  
ezetimibe-simvastatin<sup>NR</sup>  
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  
 12,25,20,75,100mg  
 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**

**Fentanyl Oral Products**

**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

**PA Required**

**Fentanyl Oral Products**

fentanyl (buccal)  
Abstral  
Actiq  
Fentora  
Ultracet  
Ultram

**Other**

acetamin-caff-dihydrocodeine	Apadaz
benzhydrocodone-acetaminophen	Dilaudid liquid/tablets
butalbital compd w/codeine	Hycet
butorphanol tartrate (nasal)	Ibudone
codeine oral	Lazanda
fentanyl (buccal)	Nalocet
hydrocodone/APAP solution	Nucynta
hydromorphone liq/supp	Oxaydo
levorphanol	Percocet
meperidine solution/tablet	Prolate solution
morphine suppositories	Roxicodone
oxycodone/ASA	Seglents <sup>NR</sup>
oxycodone/ibuprofen	
oxycodone capsule	
oxycodone conc	
oxycodone solution	
oxymorphone	
panlor	
pentazocine/naloxone	
tramadol 100mg	
tramadol HCL solution <sup>NR</sup>	

**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\*

\* 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

**No PA Required**

**Topical\*\*\***

capsaicin  
Lidoderm

**PA Required**

**Topical\*\*\***

lidocaine patch  
Qutenza Kit  
Ztlido

\*\*\*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

**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	Indocin supp/suspension
ibuprofen-famotidine	Inflammacin Kit
indomethacin capsule ER	Lofena tablet
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  
Lastacaft  
Zaditor  
Zerviate

**No PA Required**

**Antibiotics**

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

**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

**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

**PA Required**

**Glaucoma**

**Alpha-2 Adrenergic Agonists**

apradondine  
brimonidine 0.15%  
lopidine

**Beta Blockers**

betaxolol  
brimonidine tartrate-timolol<sup>NR</sup>  
carteolol  
levobunolol  
timolol 0.5% drop (generic Istalol)

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

**Ophthalmics - Continued**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/18/2022

Carbonic Anhydrase Inhibitorsdorzolamide  
dorzolamide/timolol  
Azopt  
SimbrinzaCarbonic Anhydrase Inhibitorsbrinzolamide<sup>NR</sup>  
dorzolamide/timolol (gen Cosopt PF)  
Cosopt  
Cosopt PF  
TrusoptProstaglandin Agonistslatanoprost  
Travatan/ZProstaglandin Agonistsbimatoprost  
travoprost<sup>NR</sup>  
Lumigan  
Vyzulta  
Xalatan  
Xelpros  
ZioptanGlaucoma, OtherRhopressa  
RocklatanGlaucoma, 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-Inflammatorydiclofenac sodium  
fluorometholone  
flurbiprofen sodium  
ketorolac ophth 0.5  
Durezol  
Lotemax drops  
Maxidex  
Pred Forte  
Pred Mild**PA Required**Ophthalmic Anti-Inflammatorybromfenac  
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  
Xipere<sup>NR</sup>

**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**cyclosporine<sup>NR</sup>  
cyclosporine (AG)<sup>NR</sup>  
Cequa  
Eysuvis  
Tyrvaya<sup>NR</sup>**Opiate Dependence Treatment**

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 01/18/2022

**No PA Required****Buprenorphine and Related Agents**buprenorphine SL tablets  
buprenorphine/naloxone SL tab  
Suboxone Film**PA Required****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  
Zimhi<sup>NR</sup>**Otic Antibiotics**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/18/2022

**No PA Required****Otic Antibiotics**ofloxacin  
neomycin/polymixin/HC soln/susp  
Ciprodex**PA Required****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****Otic Anti-Infectives & Anesthetics**

acetic acid

**PA Required****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****Otic Anti-Inflammatories**

Dermotic

**PA Required****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: 5/9/2022

**No PA Required****Pancreatic Enzymes**

Creon

Pancreaze

**PA Required****Pancreatic Enzymes**

Pertzye

Viokace

Zenpep

**Phosphate Binders**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 5/9/2022

**No PA Required****Phosphate Binders**

calcium acetate capsule/gel cap

Renagel

Renvela tablets

**PA Required****Phosphate Binders**

calcium acetate tablet

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

Renvela powder pack

Velphoro

**Pituitary Suppressive Agents, LHRH**

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2022

[Clinical Prior Authorization Required for Entire Class](#)**No PA Required****Pituitary Suppressive Agents, LHRH**

Fensolvi

**PA Required****Pituitary Suppressive Agents, LHRH**

leuprolide acetate

Camcevi<sup>NR</sup>

Eligard

Lupaneta pack

Lupron Depot

Lupron Depot Kit

Lupron Depot-Ped

Lupron Depot-Ped Kit

Supprelin La Kit

Synarel

Trelstar

Trelstar La

Triptodur Kit

Vantas Kit

Zoladex

**Platelet Inhibitors**

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/18/2022

**No PA Required****Platelet Inhibitors**

clopidrogel

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: 5/9/2022

**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: 5/9/2022

**No PA Required**

**Progestins for Cachexia**

megestrol suspension (Megace)  
megestrol tablets

**PA Required**

**Progestins for Cachexia**

megestrol suspension (Megace ES)  
ES)(AG)

**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**

dexlansoprazole capsules <sup>NR</sup>	esomep-EZS kit
esomeprazole capsules/kit	Nexium capsules
esomeprazole magnesium	Prevacid capsules/solutabs
lansoprazole capsules	Prilosec suspension
pantoprazole suspension <sup>NR</sup>	Prilosec
rabeprazole/sprinkle	Protonix
Aciphex tablet/sprinkle	Protonix suspension
Dexilant	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 Agents**

ambrisentan  
sildenafil tablet  
Revatio suspension  
Tracleer

**PA Required**

**Pulmonary Arterial Hypertension Agents**

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 Required**

Finacea 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  
Hetlioz  
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 tablet  
chlorzoxazone  
cyclobenzaprine  
methocarbamol  
tizanidine tablet

**PA Required**

**Skeletal Muscle Relaxants**

baclofen solution (AG)<sup>NR</sup>  
cyclobenzaprine HCL ER  
dantrolene  
metaxalone  
orphenadrine citrate ER  
tizanidine capsule  
Amrix  
Dantrium  
Fexmid  
Fleqsuvy<sup>NR</sup>  
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 diproponate cream  
alclometasone dipropionate ointment  
desonide cream  
desonide lotion  
fluocinolone 0.01% oil  
tridesilon  
Aqua-Glycolic HC  
Capex Shampoo  
Derma-Smoothe-FS  
Desonate gel  
Texacort  
Verdeso

**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 (AG)	Nuvigil
Vyvanse capsule	methylphenidate ER tablet	Procentra
Vyvanse chewable	methylphenidate solution/chewable	Provigil
	Adzenys XR ODT	Qelbree
	Adzenys ER suspension	Relexxii ER
	Aptensio XR	Ritalin/ LA
		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

<sup>NR</sup> indicates that a product has not been reviewed by the P & T Committee, but EOHHS policy states that new products