



Updated July 18, 2022

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](#)



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

Acne Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 7/18/2022

No PA Required

Miscellaneous Topicals

Cleocin-T lotion
 Clindacin P
 clindamycin/benzoyl peroxide (generic Duac)
 clindamycin phosphate med swab
 clindamycin phosphate solution
 erythromycin solution

PA Required

Miscellaneous Topicals

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

Retinoids and Combinations

Differin gel pump
 Differin lotion
 Epiduo Forte gel w/pump
 Retin-A cream
 Retin-A gel

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
 Fabior
 Retin-A Micro
 Retin-A Micro Pump
 Trentin X
 Twyneo
 Ziana

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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
Adlarity^{NR}
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[Return to Index](#)

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

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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: 7/18/2022

No PA Required

Anti-Allergens

PA Required

Anti-Allergens

Oralair
Palforzia capsules
Palforzia maintenance sachet

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

Aspruzyo Sprinkle ER ^{NR}
Ranexa

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Antibiotics, GI

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/18/2022

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
 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: 7/18/2022

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: 7/18/2022

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: 7/18/2022

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: 7/18/2022

No PA Required**Antibiotics, Vaginal**metronidazole
Cleocin Ovules
Clindesse
Nuversa**PA Required****Antibiotics, Vaginal**clindamycin
Cleocin cream
Metrogel
Vandazole**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**dabigatran^{NR}
fondaparinux
Arixtra
Eliquis starter pack
Fragmin
Lovenox
Savaysa
Xarelto dose pack/susp

* 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[Return to Index](#)

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^{NR}
lamotrigine tablet dose pack
lamotrigine XR
lamotrigine ODT
levetiracetam ER
rufinamide suspension
rufinamide tablet
tiagabine
topirimate ER
vigabatrin powder pack
vigabatrin tablet
Aptiom
Banzel

Briviact
Elepsia XR
Eprontia
Fycompa
Keppra/XR *
Lamictal/ODT/XR/DS
Qudexy XR
Sabril
Spritam
Topamax tablet/sprinkle *
Trokendi XR
Vimpat/dose pack

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)
desvenlafaxine ER
desvenlafaxine fumarate ER
desvenlafaxine succinate ER
maprotiline
nefazodone
venlafaxine ER tabs
Aplenzin
Brintellix
Cymbalta
Effexor

Effexor XR *
Fetzima
Forfivo XL
Khedezla
Pristiq
Remeron/ODT
(Manual PA) Spravato
Trintellix
Viibryd
vilazodone^{NR}
Wellbutrin/SR
(Manual PA) Zulresso

SSRI

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

SSRI

citalopram capsule^{NR}
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

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* 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

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: 7/18/2022

No PA Required**Oral**

clotrimazole
 fluconazole tablet
 griseofulvin suspension
 nystatin suspension
 terbinafine
 Noxafil tablet

PA Required**Oral**

fluconazole suspension	Ancobon
flucytosine	Brexafemme
griseofulvin micro tablet	Cresemba capsule
griseofulvin ultra tabs	Diflucan tablet/suspension
itraconazole/solution	Noxafil suspension
ketoconazole oral	Sporanox
nystatin oral powder/tablet	Tolsura
posaconazole	Vfend tablet/suspension
voriconazole	

Topical

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

Topical

butenafine cream	Bensal HP
ciclopirox cream/gel/kit	Ciclodan cream/kit/soln
ciclopirox shampoo	Ertaczo
ciclopirox solution/suspension	Exelderm cream/solution
clotrimazole solution	Extina
clotrimazole-betamethasone lotion	Fungoid Kit
econazole	Jublia
ketoconazole foam	Kerydin
luliconazole	Lamisil cream/gel
miconazole powder	Loprox cream/gel/kit/shampoo
miconazole-zinc-petro	Loprox suspension
naftifine	Lotrimin
nystatin-triamcinolone cream/ointment	Lotrisone
nystatin powder	Luzu
oxiconazole nitrate cream	Mentax
sulconazole	Naftin gel
tavaborole	Nizoral shampoo
tolnaftate solution/spray	Oxistat cream/lotion
triamazole kit	Vusion

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Antihistamines, Minimally Sedating

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/18/2022

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, rapidis)**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
probenecid
probenecid/colchicine
Colcrys**PA Required****Antihyperuricemics**colchicine capsule
colchicine tablet
colchicine tablet (AG)
febuxostat
Gloperba
Krystexxa
Mitigare
Uloric
Zyloprim[Return to Index](#)

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)
sumatriptan vial
Imitrex (nasal)

PA Required

Other

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

Current Review Date: 7/18/2022

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
 Vtama^{NR}

Antipsychotics

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 7/18/2022

No PA Required**Atypical**

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

PA Required**Atypical**

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

* 4 claims in the last 120 days for Invega Sustenna

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Antivirals

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/18/2022

No PA Required**Herpes**acyclovir capsule
acyclovir tablet
valacyclovir**PA Required****Herpes**acyclovir suspension
famciclovir
Sitavig
Valtrex
Zovirax capsule
Zovirax suspension
Influenza Agents
rimantadine
Flumadine
Relenza
Tamiflu
Xofluza**Influenza Agents**oseltamivir capsule
oseltamivir suspension**Antivirals Topical**

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 7/18/2022

No PA Required**Antivirals Topical**

acyclovir ointment

PA Required**Antivirals Topical**acyclovir cream (AG)
Denavir
Xerese
Zovirax cream
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
Kaspargo sprinkle
Lopressor/HCT
Sotylize
Tenoretic
Tenormin
Toprol XL
Ziac[Return to Index](#)

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
fesoterodine ER^{NR}
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[Return to Index](#)

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 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: 7/18/2022

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 ActingProAir HFA
Proventil HFA**Beta Agonist Inhalers, Short Acting**albuterol HFA
(Proair, Ventolin, Proventil)
albuterol HFA (AG) (Proventil)
levalbuterol tartrate HFA
ProAir Digihaler
ProAir Respiclick
Ventolin HFA
Xopenex HFA**Beta Agonist Nebulizers, Long Acting****Beta Agonist Nebulizers, Short Acting**albuterol nebulizer solution
albuterol nebulizer solution low-dose (accuneb)**Beta Agonist Nebulizers, Long Acting**arformoterol tartrate
arformoterol tartrate (AG)
formoterol fumarate
formoterol fumarate (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
levalbuterol
Xopenex[Return to Index](#)

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

levamlodipine maleate

Norliqva^{NR}

nicardipine

Norvasc

nifedipine

Nymalize solution

nifedipine ER

Nymalize syringe

nimodipine

Procardia/XL

nisoldipine ER

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: 7/18/2022

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^{NR}Releuko vial^{NR}

Udenyca

Zarxio

Ziextenzo

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COPD Agents

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/18/2022

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: 7/18/2022

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	Rinvoq ER
Cimzia	Siliq
Cosentyx	Simponi
Entyvio	Simponi Aria
Enspryng	Skyrizi
Ilaris	Skyrizi On-Body ^{NR}
Ilumya syringe	Skyrizi pen
Inflectra	Skyrizi vial ^{NR}
Infliximab	Stelara
Kevzara	Taltz
Kineret	Tremfya
Olumiant	Tremfya Autoinjector
Orencia/clickjet/syringe/vial	Xeljanz/XR
	Xeljanz Solution

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: 7/18/2022

No PA Required**Epinephrine, Self-Injected**

epinephrine 0.15mg (AG EpiPen Jr)
 epinephrine 0.3mg (AG EpiPen)
 EpiPen
 EpiPen Jr

PA Required**Epinephrine, Self-Injected**

epinephrine 0.15mg (AG Adrenaclick)
 epinephrine 0.3mg (AG Adrenaclick)
 epinephrine 0.3mg auto injector
 Symjepi

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Erythropoiesis Stimulating Proteins

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 5/9/2022

No PA Required**Erythropoiesis Stimulating Proteins**Epogen
Retacrit**PA Required****Erythropoiesis Stimulating Proteins**Aranesp
Aranesp disp syringe
Mircera
Procrit
Reblozyl**Fluoroquinolones**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/18/2022

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: 5/9/2022

No PA Required**GI Motility Agents**Amitiza
Linzess
Movantik**PA Required****GI Motility Agents**alosetron
lubiprostone
Isbrela^{NR}
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**Glucagon Agents**Baqsimi
Glucagon
Glucagon emergency kit (Fresenius)
Proglycem suspension
Zegalogue autoinjector**PA Required****Glucagon Agents**diazoxide suspension
Glucagon emergency kit (Lilly)
Gvoke Hypopen
Gvoke syringe
Zegalogue syringe[Return to Index](#)

Glucocorticoids, Inhaled

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/18/2022

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**fluticasone propionate HFA^{NR}

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 fumarate

fluticasone/salmeterol inhaler

fluticasone/vilanterol^{NR}

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: 7/18/2022

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

Hemady

Medrol tab DS pk

Medrol tablet

Millipred solution

Millipred DP tab DS pk

Ortikos capsule ER

Rayos tablet DR

Taperdex

Tarpeyo

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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
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: 7/18/2022**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

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HIV/AIDS

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 7/18/2022

No PA Required		PA Required
abacavir solution	Lexiva tablet	Trogarzo
abacavir tablet	lopinavir-ritonavir	
abacavir/lamivudine (AG)	maraviroc tablet	
abacavir/lamivudine	nevirapine ER	
abacavir/lamivudine/zidovudine	nevirapine suspension	
Apretude	nevirapine tablet	
Aptivus capsule	Norvir powder pack	
Aptivus solution	Norvir solution	
atazanavir sulfate	Norvir tablet	
Atripla	Odefsey	
Biktarvy	Pifeltro	
Cabenuva	Prezcobix	
Cimduo	Prezista	
Combivir	Prezista suspension	
Complera	Reyataz capsule	
Crixivan	Reyataz powder pack	
Delstrigo	rilpivirine ER	
Descovy	ritonavir tablet	
didanosine capsule	Rukobia	
Dovato	Selzentry solution/ tablet	
Edurant	stavudine capsule	
efavirenz capsule/tablet		
efavirenz/emtricitabine/tenofovir	Stribild	
disoproxil fumarate		
efavirenz-lamivudine/tenofovir	Sustiva tablet	
disoproxil fumarate (Symfi)		
efavirenz-lamivudine/tenofovir	Symfi	
disoproxil fumarate (Symfi Lo)	Symfi Lo	
emtricitabine		
emtricitabine/tenofovir disoproxil	Symtuza	
femarate	Temixys	
Emtriva capsule/solution	tenofovir disoproxil fumarate	
Epzicom	Tivicay	
etravirine	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		

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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

Mounjaro^{NR}

Rybelsus

Soliqua

Tanzeum

Xultophy

Insulins**Insulins Long Acting**

Lantus vial

Lantus solostar

Levemir pen

Levemir vial

Insulins**Insulins Long Acting**insulin glargine pen^{NR}insulin glargine vial^{NR}

insulin glargine-YFGN

Basaglar Kwikpen U-100

Semglee

Semglee-YFGN

Toujeo Solostar

Toujeo Max Solostar

Tresiba Flextouch/vial

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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

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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)
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 Combinations**TZD/Metformin Combinations**

pioglitazone-metformin

Actoplus Met

Actoplus Met XR

TZD/Sulfonylurea Combinations**TZD/Sulfonylurea Combinations**

pioglitazone-glimepride

pioglitazone-metformin

Duetact

Immunomodulators, Asthma

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 7/18/2022

No PA Required**PA Required****Immunomodulators, Asthma****Immunomodulators, Asthma**

Fasenra pen

Cinqair

Fasenra syringe

Nucala auto-injector

Xolair syringe

Nucala syringe

Nucala vial

Tezspire

Immunomodulators, Atopic**Dermatitis**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/18/2022

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

No PA Required**PA Required****Immunomodulators, Atopic****Immunomodulators, Atopic****Dermatitis****Dermatitis**

Elidel

pimecrolimus cream

Eucrisa

tacrolimus

Adbry

Dupixent/pen

Opzelura^{NR}

Protopic

Immunomodulators, Topical

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 7/18/2022

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

imiquimod (Aldara)

imiquimod (Zyclara)

podofilox

Aldara

Condylox

Veregen

Zyclara

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Intranasal Rhinitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/18/2022

No PA Required**Steroids**

fluticasone

PA Required**Steroids**

azelastine/fluticasone
 flunisolide
 mometasone nasal
 Beconase AQ
 Dymista
 Omnaris
 QNasl
 Sinuva
 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: 7/18/2022

No PA Required**Leukotriene Modifiers**

montelukast chewable tablet
 montelukast tablet

PA Required**Leukotriene Modifiers**

montelukast granules
 zafirlukast
 zileuton ER
 Accolate
 Singulair
 Zyro/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

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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, Fibricor, 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^{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: 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^{NR}
Caduet
Vytorin

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Macrolides/Ketolides

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/18/2022

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: 7/18/2022

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

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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

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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)
Actiq
Fentora
Ultracet
Ultram

Other

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

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
tramadol HCL solution^{NR}

Apadaz
Dilaudid liquid/tablets
Hycet
Ibudone
Lazanda
Nalocet
Nucynta
Oxaydo
Percocet
Prolate solution
Roxicodone
Seglentsis^{NR}

Neuropathic Pain

Length of Authorization: 1 Year

Status Implementation: 1/17/2013

Current Review Date: 01/18/2022

No PA Required

PA Required

Oral

Oral

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

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

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

No PA Required

PA Required

Topical***

Topical***

capsaicin

lidocaine patch

Lidoderm

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***Step edit failure on one oral NSAID

Qutenza Kit
Ztlido

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

diclofenac sodium (generic Pennsaid pump)^{NR}

**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***

diclofenac potassium

diclofenac sodium misoprostol

diclofenac SR

diclotral

diflunisal

etodolac

fenoprofen

ibuprofen-famotidine

indomethacin capsule ER

ketoprofen/ER

ketorolac (AG Sprix)

meclofenamate

mefenamic acid

meloxicam capsule

nabumetone

naproxen DR tablet

naproxen-esomeprazole DR

naproxen sodium tablet

naproxen sodium CR tablet

naproxen sodium ER tablet

naproxen suspension

oxaprozin

tolmetin sodium caps/tabs

Arthrotec

Celebrex***

Daypro

Duexis

Feldene

Indocin supp/suspension

Inflammacin Kit

Lofena tablet

Mobic

Nalfon

Naprelan

Naprosyn

Relafen DS

Sprix

Vimovo

Vivlodex

Zipsor

Zorvolex

*** 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)

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

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

Allergic Conjunctivitis

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

PA Required

Antibiotics

bacitracin ointment
gatifloxacin
levofloxacin drops
moxifloxacin (Moxeza)
moxifloxacin HCL-BSS
neomycin/bacitracin/polymixin oint
neomycin-polymixin-gramicidin
sulfacetamide ointment
Azasite
Besivance
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
brimonidine tartrate-timolol^{NR}
carteolol
levobunolol
timolol 0.5% drop (generic Istalol)
timolol maleate 0.5% drop (AG Istalol)
Akbeta
Betopic S
Istalol
Ocupress
Timoptic/XE

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Ophthalmics - Continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/18/2022

Carbonic Anhydrase Inhibitors

dorzolamide
dorzolamide/timolol
Azopt
Simbrinza

Carbonic Anhydrase Inhibitors

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

Prostaglandin Agonists

latanoprost
Travatan/Z

Prostaglandin Agonists

bimatoprost
travoprost^{NR}
Lumigan
Vyzulta
Xalatan
Xelpros
Zioptan

Glaucoma, Other

Rhopressa
Rocklatan

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

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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^{NR}
cyclosporine (AG)^{NR}
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**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
Lucentra
Vivitrol
Zimhi^{NR}**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[Return to Index](#)

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**Pertzeye
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^{NR}
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[Return to Index](#)

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 ^{NR}	Esomep-EZS kit
esomeprazole capsules/kit	Nexium capsules
esomeprazole magnesium	Prevacid capsules/solutabs
lansoprazole capsules	Prilosec suspension
pantoprazole suspension ^{NR}	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
Ravatio 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
Tyvaso DPI^{NR}
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.](#)

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Rosacea Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 01/02/2018

Current Review Date: 7/18/2022

No PA RequiredFinacea gel
Metrocream
Metrogel**PA Required**azelaic acid
ivermectin
metronidazole cream
metronidazole gel
metronidazole lotion
Epsolay^{NR}
Finacea foam
Metro lotion
Mirvaso
Noritate
Rosadan kit
Soolantra
Zilixi**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/SL
Ambien/CR
Belsomra
Dayvigo
Doral
Edluar
Halcion
Hetlioz
Intermezzo
Lunesta
Quviviq^{NR}
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)^{NR}
cyclobenzaprine HCL ER
dantrolene
metaxalone
orphenadrine citrate ER
tizanidine capsule
Amrix
Dantrium
Fexmid
Fleqsuvy^{NR}
Lorzone
Lyvispah^{NR}
Metaxall
Norgesic Forte
Skelaxin
Zanaflex

**carisoprodol and Soma - no longer covered by RI Medicaid

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Steroids

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/18/2022

No PA Required**Topical High**betamethasone dipropionate
cream/lotionbetamethasone dipropionate/prop gly
creambetamethasone valerate cream,
ointmenttriamcinolone acetonide cream, lotion,
ointment**PA Required****Topical High**amcinonide
betamethasone dipropionate gel,
ointment

betamethasone valerate lotion

desoximetasone
diflorasone diacetate
fluocinonide cream, gel, ointment,
solution

fluocinonide E cream

halcinonide cream

triamcinolone spray

Diprolene

Halog

Kenalog aerosol

Psorcon

SanadermRx

Topicort

Trianex

Vanos

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/18/2022

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

Texacort

Verdeso

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Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/18/2022

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

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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 patch TD24 ^{NR}	Qelbree
	methylphenidate solution/chewable	Relexxii ER
	Adzenys XR ODT	Ritalin/ LA
	Adzenys ER suspension	Strattera
	Aptensio XR	Sunosi
		Wakix
		Zenedi

* 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.

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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 ER (generic Pentasa)^{NR}
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 RequiredOria
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