

Executive Office of Health and Human Services

Rhode Island Medicaid Fee for Service Preferred Drug List



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 tan below.

Classes new to the Preferred Drug List are highlighted in blue below.

Prior Authorization Program Forms
<http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirector/ies/Pharmacy/PharmacyPriorAuthorizationProgram.aspx>

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

**RI Fee-for-Service Preferred Drug List
Updated October 18, 2022**

Acne Agents, Topical Miscellaneous Topicals Retnoids	Antiemetics Serotonin Antagonists NK1 Receptor Antagonist	Bronchodilators Beta Agonist Inhalers, Long Acting Inhalers, Short Acting Nebulizers, Long Acting Nebulizers, Short Acting
Alzheimer's Agents Cholinesterase Inhibitors Miscellaneous Topicals	Antifungals	Calcium Channel Blockers
Androgenic Agents	Antihistamines, Minimally Sedating Antihistamines Antihistamine/Decongestant Combos	Dihydropyridines Non-Dihydropyridines
Angiotensin Modulators Ace Inhibitors Ace Inhibitor/Diuretic Combo Angiotensin Receptor Blocker Angiotensin II Receptor Blocker/Diuretic Combo Renin Inhibitor Renin Inhibitor/Diuretic Combo	Antihypertensives, Sympatholytics Antihyperuricemics	Cephalosporins Second Generation Third Generation
Angiotensin Modulator/Calcium Channel Blocker Combinations Ace Inhibitor/Calcium Channel Blocker Combos Angiotensin II Receptor Blocker/CCB Combo	Antimigraine Agents Triptans Other Related Agents	Colony Stimulating Factors Contraceptives, Other
Anti-Allergens	Antiparkinson's Agents	COPD Agents Cytokine & CAM Antagonists
Antianginal & Anti-Ischemic	Antipsoriatics, Topical Antipsychotics, Atypical	Epinephrine, Self-Injected
Antibiotics, GI	Antivirals Herpes Influenza Agents Antivirals Topical	Erythropoiesis Stimulating Proteins Enzyme Replacement, Gauchers Disease
Antibiotics, Inhaled	Beta Blockers	Fluoroquinolones
Antibiotics, Tetracyclines	Bile Salts	GI Motility Agents
Antibiotics, Topical	Bladder Relaxants	Glucagon Agents
Antibiotics, Vaginal	Bone Resorption Suppression Bisphosphonates Other Related Agents	Glucocorticoids, Inhaled Glucocorticoids Glucocorticoid/Beta-Agonist
Anticoagulants	Botulinum Toxins	Glucocorticoids, Oral
Anticonvulsants Carbamazepine Derivatives First Generation Second Generation	BPH Agents Alpha Blockers, Selective 5-Alpha Reductase Inhibitors PDE-5	Growth Hormones H. Pylori Treatment
Antidepressants Antidepressants, Other Antidepressants, SSRI		

Hepatitis C Agents	Methotrexate	Progestins for Cachexia
Pegylated Interferons		
Ribavirins	Macrolides/Ketolides	Proton Pump Inhibitors
Hepatitis C Agents, Other		
HIV/AIDS	Movement Disorders	Pulmonary Arterial Hypertension Agents
	Multiple Sclerosis	Rosacea Agents, Topical
Hypoglycemics	Narcotic Analgesics, Long Acting	Sedative Hypnotics
Alpha-Glucosidase Inhibitors		
Incretin Mimetics/Enhancers	Narcotic Analgesics, Short Acting	Skeletal Muscle Relaxants
Amylin Analogs	Fentanyl Oral Products	
DPP-IV Inhibitors	Other	Steroids
GLP-1 Receptor Agonists		Topical High
Insulins, Long Acting	Neuropathic Pain	Topical Low
Insulins, Short Acting	Oral	Topical Medium
Meglitinides	Topical	Topical Very High
Metformins		
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	Weight Management Agents
	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	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
Clindacin Pac Kit	sulfacetamide/sulfur/urea
clindamcin/benzoyl peroxide (Acanya)	
w/pump	sodium sulfacetamide/sulfur products
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
Aklief
Altreno
Arazlo
Atralin
Avita
Differin cream
Epiduo
Retin-A Micro
Retin-A Micro Pump
Trentin X
Twyneo
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
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

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: 7/18/2022

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

Ranexa

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

Antibiotics, Topical

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/18/2022

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
Nuessa**PA Required****Antibiotics, Vaginal**clindamycin
Cleocin cream
Metrogel
Vandazole
Xaciato**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
Epilex
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 ^{NR}	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	Zonisade ^{NR}

Other

clobazam suspension	Epidiolex**
diacomit	Fintepla
diazepam (rectal/device)	Nayzilam
	Onfi
	Sympazan
	Xcopri tablet
	Xcopri titration pak
	Ztalm ^{NR}

** 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

SSRI

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

PA Required

Other

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

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

* 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
Anzemet
Bonjesta
Diclegis
Sancuso patch
Sustol
Zofran/ODT

NK1 Receptor Antagonist

NK1 Receptor Antagonist

aprepitant capsule
aprepitant packet
fosaprepitant
Emend

Antifungals

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/18/2022

No PA Required

Oral

clotrimazole
fluconazole tablet
griseofulvin suspension
nystatin suspension
terbinafine
Noxafil tablet

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 suspension
Sporanox
Tolsura
Vfend tablet/suspension
Vivjoa capsule^{NR}

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: 7/18/2022

No PA Required**Antihistamines**

cetirizine tab OTC
 cetirizine solution RX
 levocetirizine tablet OTC
 loratadine tablet

Antihistamine/Decongestant Combinations**PA Required****Antihistamines**

cetirizine chewable
 desloratadine/ODT
 fexofenadine 60,180mg OTC
 fexofenadine suspension
 levocetirizine solution
 loratadine ODT /solution/soft gel
 Clarinex (tab, syrup, rapdis)

Antihistamine/Decongestant Combinations

cetirizine-D
 fexofenadine-D
 loratadine-D 12/24 hour tablets
 Clarinex-D 12 hour tablet
 Semprex-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
 methyl dopa
 Catapres-TTS (transderm)

PA Required**Antihypertensives, Sympatholytics**

clonidine (transderm)
 clonidine ER (generic Nexiclon)
 methyl dopa 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: 10/18/2022

No PA Required

Other

Aimovig 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

Ajovy/autoinjector
Cambia
Emgality 100 mg/ml syringe
Nurtec ODT
Qulipta
Reyvow
Trudhesa
Vyepiti

Triptans

almotriptan malate
dihydroergotamine mesylate
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)
Migranal
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

Status Implementation: 5/4/2009

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
 Zoryve^{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 Zydys

* 4 claims in the last 120 days for Invega Sustenna

Antivirals

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/18/2022

No PA Required**Herpes**acyclovir capsule
acyclovir tablet
valacyclovir**Influenza Agents**oseltamivir capsule
oseltamivir suspension**PA Required****Herpes**acyclovir suspension
famciclovir
Sitavig
Valtrex
Zovirax capsule
Zovirax suspension
Influenza Agents
rimantadine
Flumadine
Relenza
Tamiflu
Xofluza**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
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: 10/18/2022

No PA Required**Bladder Relaxants**oxybutynin ER
oxybutynin IR
oxybutynin syrup
oxybutynin tablet
solifenacin
Detrol
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 Agentscalcitonin 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: 10/18/2022

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
Entadfi
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
Ventolin HFA**Beta Agonist Inhalers, Short Acting**albuterol HFA (Proair, Ventolin, Proventil)
albuterol HFA (AG) (Proventil)
levalbuterol tartrate HFA
ProAir Digihaler
ProAir Respiclick
Xopenex HFA**Beta Agonist Nebulizers, Long****Acting****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 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

isradipine

nicardipine

nifedipine/SA

nifedipine ER

nimodipine

nisoldipine

Adalat CC

Katerzia

Norliqva^{NR}

Norvasc

Nymalize solution

Nymalize syringe

Procardia/XL

Sular

Non-Dihydropyridines

diltiazem

verapamil tablet/ER

Non-Dihydropyridines

diltiazem CD/ER

tiadylt ER

verapamil capsule ER/PM

Calan/SR

Cardizem/CD/LA

Cartia XT

Dilt CD/XR

Matzim LA

Taztia XT

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

cefepodoxime suspension

cefepodoxime 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**Colony Stimulating Factors**

Granix syringe

Neupogen disp syringe

Neupogen vial

Nyvepria

PA Required**Colony Stimulating Factors**

Fulphila

Fynetra^{NR}

Granix vial

Leukine

Neulasta kit

Neulasta syringe

Nivestym syringe

Nivestym vial

Releuko syringe^{NR}Releuko vial^{NR}

Udenyca

Zarxio

Ziextenzo

Contraceptives, Other

Length of Authorization: 1 Year

Status Implementation: 10/18/2022

Current Review Date: 10/18/2022

No PA Required**Contraceptives, Other**medroxyprogesterone acetate disp
syringemedroxyprogesterone acetate disp
syringe (AG)

medroxyprogesterone acetate vial

medroxyprogesterone acetate vial (AG)

Nuvaring

Xulane

PA Required**Contraceptives, Other**

etonogestrel/ethinyl estradiol ring

etonogestrel/ethinyl estradiol ring (AG)

Annovera

Depo-Provera Disp Syringe

Depo-Provera Vial

Depo-Subq Provera 104

Nexplanon

Phexxi

Twirla

Zafemy

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

Arcalyst

Avsola

Cibinqo

Cimzia

Cosentyx

Entyvio

Enspryng

Ilaris

Ilumya syringe

Inflectra

Infliximab

Kevzara

Kineret

Olumiant

Orencia/clickjet/syringe/vial

Otezla

Remicade

Renflexis

Rinvoq ER

Siliq

Simponi

Simponi Aria

Skyrizi

Sotyktu^{NR}Spevigo^{NR}

Stelara

Taltz

Tremfya

Tremfya Autoinjector

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

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

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**

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 propionate HFA^{NR}
 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

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
Talcia

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

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	
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	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

Mounjaro^{NR}

Rybelsus

Soliqua

Tanzeum

Xultophy

Insulins**Insulins Long Acting**

Lantus vial

Lantus solostar

Levemir pen

Levemir vial

Insulins**Insulins Long Acting**insulin degludec pen (U-100)^{NR}insulin degludec pen (U-200)^{NR}insulin degludec^{NR}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

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 Combinations

pioglitazone-metformin

Actoplus Met

Actoplus Met XR

TZD/Sulfonylurea CombinationsTZD/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, AsthmaImmunomodulators, Asthma

Fasenra pen

Fasenra syringe

Xolair syringe

Cinqair

Nucala auto-injector

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 months. Excludes hydrocortisone.

No PA Required**PA Required**Immunomodulators, AtopicImmunomodulators, Atopic DermatitisDermatitis

Elidel

Eucrisa

pimecrolimus cream

tacrolimus

Adbry

Dupixent

Dupixent pen

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, 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: 7/18/2022

No PA Required**Steroids**

fluticasone

PA Required**Steroids**

azelastine/fluticasone

flunisolide

mometasone nasal

Beconase AQ

Dymista

Nasonex

Omnaris

QNasl

Ryaltris^{NR}

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/ (AG)

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

MTP Inhibitor

Niacins

Omega-3 Fatty Acids

n/a

PCSK9 Inhibitors

Lipotropics, Statins

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/18/2022

Statins

atorvastatin

lovastatin

pravastatin

rosuvastatin

simvastatin

Statin Combinations

Fibric Acid Derivatives

fenofibrate

(Antara, Lipofen, Lofibra, Triglide)

fenofibric acid (generic

Fenoglide, Fibracor, Trilipix)

gemfibrozil (AG)

Antara

Fenoglide

Lipofen

Lopid

Tricor

Trilipix

Triglide

MTP Inhibitor

Juxtapid

Niacins

niacin ER

niacin/ER OTC

Niacor

Niaspan

Omega-3 Fatty Acids

icosapent ethyl

omega-3 acid ethyl esters

Lovaza

Vascepa

PCSK9 Inhibitors

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

Praluent pen/syringe^(manual PA req'd)

Repatha^(manual PA req'd)

Statins

fluvastatin/ER

Altoprev

Crestor

Ezallor sprinkle

Lescol/XL

Lipitor (failure on Crestor)

Livalo

Zocor

Zypitamag

Statin Combinations

amlodipine-atorvastatin

amlodipine-atorvastatin (AG)

ezetimibe-simvastatin^{NR}

Caduet

Vytorin

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

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

fingolimod

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

Tascenso ODT^{NR}

Tysabri

Vumerity

Zeposia capsule

Zeposia pack

Narcotic Analgesics, Long-Acting

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/18/2022

[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: 10/18/2022

No PA Required

PA Required

Fentanyl Oral Products

Fentanyl Oral Products

fentanyl (buccal)
Abstral
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
Seglentis^{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

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

***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: 10/18/2022

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: 10/18/2022

No PA Required**Allergic Conjunctivitis**

cromolyn sodium
 olopatadine (generic Patanol & Pataday)
 olopatadine OTC
 Pazeo

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
 Bleph-10
 Ciloxan Solution, Ointment
 Moxeza
 Natacyn
 Polytrm
 Tobrex drops
 Vigamox
 Zymaxid

PA Required**Glaucoma****Alpha-2 Adrenergic Agonists**

apradondine
 brimonidine 0.15%
 lopicol

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

Ophthalmics - Continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/18/2022

Carbonic Anhydrase Inhibitors

dorzolamide
dorzolamide/timolol
Azopt
Simbrinza

Carbonic Anhydrase Inhibitors

brinzolamide
dorzolamide/timolol (gen Cosopt PF)
Cosopt
Cosopt PF
Trusopt

Prostaglandin Agonists

latanoprost
Travatan/Z

Prostaglandin Agonists

bimatoprost
travoprost
Lumigan
Vyzulta
Xalatan
Xelpros
Zioptan

Glaucoma, Other

Phospholine Iodide
pilocarpine
Rhopressa
Rocklatan

Glaucoma, Other

Vuity

Ophthalmics, Antibiotic-Steroid Combinations

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 10/18/2022

No PA Required

Antibiotic-Steroid Combinations

neomycin/polymyxin/desamethasone
Tobradex suspension
Tobradex ointment

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: 10/18/2022

No PA Required

Anti-Inflammatory

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

PA Required

Anti-Inflammatory

bromfenac
dexamethasone
difluprednate
ketorolac ophth 0.4 (LS)
loteprednol etabonate
loteprednol etabonate gel
prednisolone acetate
prednisolone sod phosphate
Acular/LS
Acuvail
Bromsite

Dextenza
Dexycu
Eysuvis
Flarex
FML
FML Forte
FML SOP
Ilevro
Inveltys
Lotemax gel/ointment
Nevanac
Omnipred
Prolensa
Xipere^{NR}

Ophthalmic Anti-Inflammatories/Immunomodulators

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 10/18/2022

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: 10/18/2022

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: 10/18/2022

No PA Required**Otic Antibiotics**neomycin/polymixin/HC soln/susp
neomycin/polymixin/HC soln/susp (AG)
ofloxacin otic
Cipro HC
Ciprodex**PA Required****Otic Antibiotics**ciprofloxacin/dexamethasone
ciprofloxacin/dexamethasone (AG)
ciprofloxacin HCL-fluocinolone
ciprofloxacin otic
Coly-mycin S
Corisporin-TC
Otioprio
Otovel**Otic Anti-Infectives & Anesthetics**

Length of Authorization: 1 Year

Status Implementation: 12/02/2019

Current Review Date: 10/18/2022

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: 10/18/2022

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^{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

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)
megestrol suspension (Megace 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
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
Tadliq^{NR}
Tracleer suspension
Tyvaso
Tyvaso DPI^{NR}
Upravi
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: 7/18/2022

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
zolpidem SL
Ambien/CR
Belsomra
Dayvigo
Doral
Edluar
Halcion
Hetlioz
Igalmi
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: 10/18/2022

No PA Required**Skeletal Muscle Relaxants**baclofen tablet
cyclobenzaprine
methocarbamol
tizanidine tablet**PA Required****Skeletal Muscle Relaxants**baclofen solution (AG)
chlorzoxazone
cyclobenzaprine HCL ER
dantrolene
metaxalone
orphenadrine citrate ER
tizanidine capsule
Amrix
Dantrium
Fexmid
Fleqsuvy
Lorzone
Lyvispah
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: 7/18/2022

No PA Required**Topical High**

betamethasone dipropionate
cream/lotion
betamethasone dipropionate/prop gly
cream
betamethasone valerate cream,
ointment
triamcinolone 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 dipropionate 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: 7/18/2022

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

Stimulants and Related Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/18/2022

No PA Required**PA Required****Stimulants and Related Agents*****Stimulants and Related Agents**

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

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

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

Ulcerative Colitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2008

Current Review Date: 05/06/2021

No PA Required**Oral**sulfasalazine/DR
Apriso
Lialda
Pentasa**Topical**Canasa rectal
Rowasa rectal**PA Required****Oral**balsalazide
budesonide DR
mesalamine (generic Asacol HD)
mesalamine ER (generic Apariso)
mesalamine 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: 10/18/2022

No PA RequiredMyfembree
OriaHnn
Orilissa**PA Required****Weight Management Agents**

Length of Authorization: 1 Year

Status Implementation: 10/18/2022

Current Review Date: 10/18/2022

[Clinical Prior Authorization Required for Entire Class](#)**No PA Required****Weight Management Agents**Saxenda
Wegovy**PA Required****Weight Management Agents**orlistat capsule
Contrave
Imcivree
Qsymia
Xenical

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