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/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx

Request for a Non-Preferred Drug Prior Authorization Form

RI Fee-for-Service Preferred Drug List
Updated January 10, 2023

Acne Agents, Topical
- Miscellaneous Topicals
- Retnoids

Alzheimer's Agents
- Cholinesterase Inhibitors
- Miscellaneous Topicals

Androgenic Agents

Angiotensin Modulators
- Ace Inhibitors
- Ace Inhibitor/Diuretic Combo
- Angiotensin Receptor Blocker
- Angiotensin II Receptor Blocker/Diuretic Combo
- Renin Inhibitor
- Renin Inhibitor/Diuretic Combo

Angiotensin Modulator/Calcium Channel Blocker Combinations
- Ace Inhibitor/Calcium Channel Blocker Combos
- Angiotensin II Receptor Blocker/CCB Combo

Anti-Allergens

Antianginal & Anti-Ischemic

Antibiotics, GI

Antibiotics, Inhaled

Antibiotics, Tetracyclines

Antibiotics, Topical

Antibiotics, Vaginal

Anticoagulants

Anticonvulsants
- Carbamazepine Derivatives
- First Generation
- Second Generation

Antidepressants
- Antidepressants, Other
- Antidepressants, SSRI

Antiemetics
- Serotonin Antagonists
- NKI1 Receptor Antagonist

Antifungals

Antihistamines, Minimally Sedating
- Antihistamines
- Antihistamine/Decongestant Combos

Antihypertensives, Sympatholytics

Antihyperuricemics

Antimigraine Agents
- Triptans
- Other Related Agents

Antiparkinson's Agents

Antipsoriatics, Topical

Antipsychotics, Atypical

Antivirals
- Herpes
- Influenza Agents

Antivirals Topical

Beta Blockers

Bile Salts

Bladder Relaxants

Bone Resorption Suppression
- Bisphosphonates
- Other Related Agents

Botulinum Toxins

BPH Agents
- Alpha Blockers, Selective
- 5-Alpha Reductase Inhibitors
- PDE-5

Bronchodilators
- Beta Agonist
- Inhalers, Long Acting
- Inhalers, Short Acting
- Nebulizers, Long Acting
- Nebulizers, Short Acting

Calcium Channel Blockers
- Dihydropyridines
- Non-Dihydropyridines

Cephalosporins
- Second Generation
- Third Generation

Colony Stimulating Factors

Contraceptives, Other

COPD Agents

Cytokine & CAM Antagonists

Epinephrine, Self-Injected

Erythropoiesis Stimulating Proteins

Enzyme Replacement, Gauchers Disease

Fluoroquinolones

GI Motility Agents

Glucagon Agents

Glucocorticoids, Inhaled
- Glucocorticoids
- Glucocorticoid/Beta-Agonist

Glucocorticoids, Oral

Growth Hormones

H. Pylori Treatment

HAE Treatments

Hemophilia Treatment

Hepatitis C Agents
- Pegylated Interferons
- Ribavirins
- Hepatitis C Agents, Other

HIV/AIDS

Hypoglycemics
- Alpha-Glucosidase Inhibitors
- Incretin Mimetics/Enhancers
- Amylin Analogs
- DPP-IV Inhibitors
- GLP-1 Receptor Agonists
- Insulins, Long Acting
- Insulins, Short Acting
- Meglitinides
- Metformins

- Metformin Combos
- SGLT2
- Sulfonylureas
- TZDs
- TZD/Metformin Combo
- TZD/Sulfonylurea Combo

Immunomodulators, Asthma

Immunomodulators, Atopic Dermatitis

Immunomodulators, Topical

Intranasal Rhinitis
- Steroids

- Antihistamines

Leukotriene Modifiers

Lipotropics, Other
- ACL Inhibitor
- ANGPTL3 Inhibitor
- Antihyperlipidemic APOB-100 Synthesis Inhibitor
- Antihyperlipidemic Combinations
- Bile Acid Resins
- Cholesterol Absorption Inhibitors
- Fibric Acid Derivatives
- Niacins
- Omega-3 Fatty Acids
- MTP Inhibitor

Lipotropics, Statins
- Statins
- Statin Combo

Methotrexate

Macrolides/Ketolides

Movement Disorders

Multiple Sclerosis

Narcotic Analgesics, Long Acting

Narcotic Analgesics, Short Acting
- Fentanyl Oral Products
- Other

Neuropathic Pain
- Oral
- Topical

NSAIDS and Combination Products
- Oral
- Topical

Ophthalmics
- Allergic Conjunctivitis
- Antibiotics
- Glaucoma
- Alpha-2 Adrenegic Agonists
- Beta Blockers
- Carbonic Anhydrase Inhibitors
- Prostaglandin Agonists
- Ophthalmic Antibiotic-Steroid Combo
- Ophthalmics Anti-Inflammatory
- Ophthalmics Anti-Inflammatory/Immunomodulators

Opiate Dependence Treatments

Otic Antibiotics

Otic Anti-Infectives & Anesthetics

Otic Anti-Inflammatories

Pancreatic Enzymes

Phosphate Binders

Pituitary Suppressive Agents, LHRH

Platelet Inhibitors

Potassium Binders

Progestins for Cachexia

Proton Pump Inhibitors

Pulmonary Arterial Hypertension Agents

Rosacea Agents, Topical

Sedative Hypnotics

Skeletal Muscle Relaxants

Steroids
- Topical High
- Topical Low
- Topical Medium
- Topical Very High

Stimulants and Related Agents

Ulcerative Colitis
- Oral
- Topical

Uterine Disorder Treatments

Vasodilators, Coronary

Weight Management Agents

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

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: 01/10/2023

No PA Required

Cholinesterase Inhibitors

donepezil 5 and 10 mg tablet
donepezil ODT
rivastigmine capsule
Exelon Patch

NMDA Receptor Antagonist and Combinations

memantine tablet
memantine tablet dose pack

PA Required

Cholinesterase Inhibitors

donepezil 23 mg
galantamine ER
galantamine solution
galantamine tablet
rivastigmine transdermal
Adlarity
Aricept/23
Razadyne tablet/ER

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: 01/10/2023

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: 01/10/2023

No PA Required

ACE Inhibitor/Diuretic

enalapril HCTZ
lisinopril HCTZ
quinapril HCTZ
quinapril HCTZ (AG)

PA Required

ACE Inhibitor/Diuretic

benazepril HCTZ
captopril HCTZ
fosinopril HCTZ
Accuretic
Lotensin HCT
Vaseretic
Zestoretic

Angiotensin Receptor Blockers

irbesartan
losartan
valsartan

Angiotensin Receptor Blockers

candesartan
eprosartan
olmesartan medoxomil
telmisartan
Atacand
Avapro
Benicar
Cozaar
Diovan
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

PA Required (failure of ARB)

Renin Inhibitor

aliskiren
Tekturna

Renin Inhibitor Combinations

Renin Inhibitor Combinations

Tekturna HCT

Angiotensin Modulators/Calcium Channel Blocker Combinations

Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/10/2023

No PA Required

Ace Inhibitor/Calcium Channel Blocker Combo

amlodipine/benazepril

Angiotensin II Receptor Blocker/Calcium Channel Blocker Combo

amlodipine/olmesartan
amlodipine/valsartan
Entresto

PA Required

Ace Inhibitor/Calcium Channel Blocker Combo

trandolapril/verapamil ER
Lotrel

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: 01/10/2023

No PA Required

Antianginal & Anti-Ischemic Agents

ranolazine ER

PA Required

Antianginal & Anti-Ischemic Agents

Aspruzyo Sprinkle ER
Ranexa

Antibiotics, GI

Length of Authorization: 1 Year | Status Implementation: 7/1/2013 | Current Review Date: 7/18/2022

No PA Required	***PA Required***
Antibiotics, GI	**Antibiotics, GI**
metronidazole tablet	metronidazole capsule
vancomycin capsule	neomycin
vancomycin capsule (AG)	nitazoxanide
Firvanq	paromomycin
	tinidazole
	vancomycin solution
	Aemcolo
	Dificid
	Dificid suspension
	Flagyl capsule
	Flagyl ER
	Rebyota enema[NR]
	Solosec
	Tindamax
	Vancocin
	Xifaxan *

* Diagnosis of Hepatic Encephalopathy and 1 paid claim for lactulose in the past 30 days or inadequate respone 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	***PA Required***
Antibiotics, Inhaled	**Antibiotics, Inhaled**
Bethkis	tobramycin pak (AG)
Kitabis Pak	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	***PA Required***	
Antibiotics, Tetracyclines	**Antibiotics, Tetracyclines**	
doxycycline hyclate capsule	demeclycycline	minocycline ER/tablet
doxycycline hyclate tablet	doxycycline hyclate tablet DR	Doryx
doxycycline monohydrate 100mg generic capsule	doxycycline monohydrate (oracea)	Doryx MPC
doxycycline monohydrate 50mg generic capsule	doxycycline monohydrate 50mg brand capsule	Minolira ER
minocycline capsules	doxycycline monohydrate 150mg capsule	Morgidox kit
tetracycline	doxycycline monohydrate 75mg capsule	Nuzyra
Morgidox 100mg capsule	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
Nuvessa

PA Required

Antibiotics, Vaginal

clindamycin
Cleocin cream
Metrogel
Vandazole
Xaciato

Anticoagulants

Length of Authorization: 1 Year

Status Implementation: 1/15/2008
Current Review Date: 01/10/2023

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: 01/10/2023

No PA Required

carbamazepine derivatives

carbamazepine chewable tablet
carbamazepine tablet
oxcarbazepine tablet
Carbatrol
Epitol
Tegretol suspension
Tegretol XR
Trileptal suspension

First Generation

divalproex tablet/ER
ethosuximide
phenytoin capsule/suspension
phenytoin chew tab
primidone
valproic acid capsules/syrup
Depakote Sprinkle

PA Required

carbamazepine derivatives

carbamazepine ER (generic Carbatrol)
carbamazepine XR
carbamazepine suspension
oxcarbazepine suspension
Equetro
Oxtellar XR
Tegretol tablet/chewable tablet
Trileptal tablet

First Generation

divalproex sprinkles
felbamate
Celontin
Depakote/ER
Dilantin capsules/suspension
Dilantin chew tab
Felbatol
Mysoline
Phenytek
Zarontin capsules/syrup

No PA Required	*PA Required*	
Second Generation	**Second Generation**	
lacosamide solution	lamotrigine tablet dose pack	Briviact
lacosamide tablet	lamotrigine XR	Elepsia XR
lamotrigine tablets/disper tab	lamotrigine ODT	Eprontia
levetiracetam tablet/solution	levetiracetam ER	Fycompa
topiramate tablet/sprinkle	rufinamide suspension	Keppra/XR *
zonisamide	rufinamide tablet	Lamictal/ODT/XR/DS
Gabitril	tiagabine	Qudexy XR
	topirmate ER	Sabril
	vigabatrin powder pack	Spritam
	vigabatrin tablet	Topamax tablet/sprinkle *
	Aptiom	Trokendi XR
	Banzel	Vimpat/dose pack
		Zonisade
Other		**Other**
clobazam tablet	clobazam suspension	Epidiolex**
Phenobarbital elixir	diacomit	Fintepla
Phenobarbital tablet	diazepam (rectal/device)	Nayzilam
Diastat (rectal)		Onfi
Diastat Acudial (rectal)		Sympazan
Valtoco		Xcopri tablet
		Xcopri titration pak
		Ztalmy[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: 01/10/2023

No PA Required	*PA Required*	
Other	**Other**	
bupropion/SR	bupropion XL (generic Forfivo XL)	Effexor XR *
bupropion XL (generic Wellbutrin XL)	desvenlafaxine ER	Fetzima
mirtazapine/ODT	desvenlafaxine fumarate ER	Forfivo XL
trazodone	desvenlafaxine succinate ER	Khedezla
venlafaxine	maprotiline	Pristiq
venlafaxine ER caps	nefazodone	Remeron/ODT
Wellbutrin XL	venlafaxine ER tabs	(Manual PA) Spravato
	venlafaxine besylate ER	Trintellix
	Aplenzin	Viibryd
	Brintellix	vilazodone[NR]
	Cymbalta	Wellbutrin/SR
	Effexor	(Manual PA) Zulresso
SSRI		**SSRI**
citalopram solution		citalopram capsule
citalopram tablet		fluoxetine tablet
escitalopram solution		fluoxetine DR
escitalopram tablet		fluvoxamine
fluoxetine capsule		paroxetine (generic Brisdelle)
fluoxetine solution		paroxetine CR
fluvoxamine		paroxetine suspension
paroxetine tablet		sertaline capsule/concentrate
sertraline tablet		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	***PA Required***
Serotonin Antagonists	**Serotonin Antagonists**
metoclopramide solution	doxylamine succinate-pyridoxine HCL (AG)
metoclopramide tablet	doxylamine succinate-pyridoxine HCL
ondansetron ODT	granisetron intravenous/oral
ondansetron solution	metoclopramide ODT
ondansetron tablet	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	***PA Required***	
Oral	**Oral**	
clotrimazole	fluconazole suspension	Ancobon
fluconazole tablet	flucytosine	Brexafemme
griseofulvin suspension	griseofulvin micro tablet	Cresemba capsule
nystatin suspension	griseofulvin ultra tabs	Diflucan tablet/suspension
terbinafine	itraconazole/solution	Noxafil suspension
Noxafil tablet	ketoconazole oral	Sporanox
	nystatin oral powder/tablet	Tolsura
	posaconazole	Vfend tablet/suspension
	voriconazole	Vivjoa capsule[NR]
Topical	**Topical**	
clotrimazole-betamethasone cream	butenafine cream	Bensal HP
clotrimazole cream (Rx)	ciclopirox cream/gel/kit	Ciclodan cream/kit/soln
ketoconazole cream	ciclopirox shampoo	Ertaczo
ketoconazole shampoo	ciclopirox solution/suspension	Exelderm cream/solution
miconazole cream	clotrimazole solution	Extina
nystatin cream/ointment	clotrimazole-betamethasone lotion	Fungoid Kit
terbinafine cream	econazole	Jublia
tolnaftate cream/powder	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 cream/gel
	tavaborole	Nizoral shampoo
	tolnaftate solution/spray	Oxistat cream/lotion
	triamazole kit	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

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

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: 01/10/2023

No PA Required

Antihypertensives, Sympatholytics

clonidine tablet (oral)
guanfacine
methyldopa
Catapres-TTS (transderm)

PA Required

Antihypertensives, Sympatholytics

clonidine (transderm)
clonidine ER (generic Nexiclon)
methyldopa HCTZ
Allopurinol[NR]
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
Vyepti

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 differentTriptans in the past 60 days

Antiparkinson's Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/10/2023

No PA Required	***PA Required***
Dopamine Receptor Agonists	**Dopamine Receptor Agonists**
amantadine capsule	apomorphine
amantadine syrup	pramipexole ER
amantadine tablet	ropinirole ER
pramipexole IR	Apokyn
ropinirole IR	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	***PA Required***
Topical Antipsoriatics	**Topical Antipsoriatics**
calcipotriene cream	calcipotriene/betamethasone oint
calcipotriene ointment	calcipotriene/betamethasone susp
calcipotriene solution	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: 01/10/2023

No PA Required	***PA Required***	
Atypical	**Atypical**	
aripiprazole tablet	aripiprazole solution/ODT	Invega
clozapine tablet	asenapine sublingual	Lybalvi
olanzapine tablet	asenapine sublingual (AG)	Nuplazid
quetiapine	clozapine ODT	Rexulti
quetiapine ER	olanzapine ODT	Risperdal tablet/solution/ODT
risperidone	olanzapine/fluoxetine	Saphris
ziprasidone	paliperidone	Secuado patch
Abilify Maintena	Abilify Mycite	Seroquel
Invega Hafyera	Abilify tablet	Seroquel XR
Invega Sustenna	Aristada	Symbyax
Invega Trinza *	Aristada Initio	Versacloz
Latuda	Caplyta	Vraylar
Perseris	Clozaril	Zyprexa
Risperdal Consta	Fanapt	Zyprexa Relprevv
	Geodon	Zyprexa Zydis

* 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)
penciclovir (AG)[NR]
Denavir
Xerese
Zovirax cream
Zovirax ointment

Beta Blockers

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/10/2023

No PA Required

Beta Blockers

atenolol
atenolol/chlorthalidone
carvedilol
labetolol
metoprolol succinate XL
metoprolol tartrate
propranolol ER
propranolol ER (AG)
propranolol HCTZ
propranolol tablet

PA Required

Beta Blockers

acebutolol
betaxolol
bisoprolol/HCTZ
carvedilol ER
carvedilol ER (AG)
metoprolol HCTZ
nadolol
nebivolol
pindolol
propranolol solution
sorine
sotalol/AF
timolol
Betapace/AF
Bystolic
Coreg/CR
Corgard
Corzide
Hemangeol
Inderal/ LA/XL
Innopran XL
Kapspargo 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	***PA Required***
Bile Salts	**Bile Salts**
ursodiol tablet	Bylvay capsule
ursodiol 300mg 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	***PA Required***
Bladder Relaxants	**Bladder Relaxants**
oxybutynin ER	darifenacin ER
oxybutynin IR	tolterodine
oxybutynin syrup	tolterondine ER
oxybutynin tablet	trospium/ER
solifenacin	Detrol LA
Detrol	Ditropan/XL
Toviaz	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	***PA Required***
Bisphosphonates	**Bisphosphonates**
alendronate tablet	alendronate solution
ibandronate	risedronate sodium DR
	Actonel
	Atelvia
	Binosto
	Boniva
	Fosamax/Plus D
Other Related Agents	**Other Related Agents**
raloxifene HCL	calcitonin salmon
	teriparatide*
	Evenity
	Evista
	Forteo *
	Prolia*
	Tymlos*

* History of Bisphosphonates in 12 Months

Botulinum Toxins

Length of Authorization:1 Year

Status Implementation: 5/9/2022
Current Review Date: 5/9/2022

No PA Required

Botulinum Toxins
Dysport

PA Required

Botulinum Toxins
Botox
Myobloc
Xeomin

BPH Agents

Length of Authorization:1 Year

Status Implementation: 10/15/2007
Current Review Date: 10/18/2022

No PA Required

Alpha Blockers, Selective
alfuzosin
tamsulosin HCL

5-Alpha Reductase Inhibitors
finasteride

PDE-5

PA Required

Alpha Blockers, Selective
silodosin
Flomax
Rapaflo

5-Alpha Reductase Inhibitors
dutasteride
dutasteride/tamsulosin
Avodart
Entadfi
Jalyn
Proscar

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)

Beta Agonist Inhalers, Short Acting
ProAir HFA
Proventil HFA
Ventolin HFA

Beta Agonist Nebulizers, Long Acting

Beta Agonist Nebulizers, Short Acting
albuterol nebulizer solution
albuterol nebulizer solution low-dose (accuneb)

PA Required

Beta Agonist Inhalers, Long Acting
Striverdi Respimat

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

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
levalbuterol

Xopenex

Calcium Channel Blockers

Length of Authorization: 1 Year

Status Implementation: 1/15/2007
Current Review Date: 01/10/2023

No PA Required

Dihydropyridines

amlodipine

PA Required

Dihydropyridines

felodipine ER
isradipine
nicardipine
nifedipine/SA
nifedipine ER
nimodipine
nisoldipine
Adalat CC
Katerzia
Norliqva
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

Third Generation

cefdinir capsule, suspension

PA Required

Second Generation

cefaclor tablet ER

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

Colony Stimulating Factors

Granix syringe
Neupogen disp syringe
Neupogen vial
Nyvepria

PA Required

Colony Stimulating Factors

Fulphila
Fylnetra[NR]
Granix vial
Leukine
Neulasta kit
Neulasta syringe
Nivestym syringe
Nivestym vial
Releuko syringe[NR]
Releuko vial[NR]
Stimufend syringe[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	***PA Required***
Contraceptives, Other	**Contraceptives, Other**
medroxyprogesterone acetate disp syringe	etonogestrel/ethinyl estradiol ring
medroxyprogesterone acetate disp syringe (AG)	etonogestrel/ethinyl estradiol ring (AG)
medroxyprogesterone acetate vial	haloette[NR]
medroxyprogesterone acetate vial (AG)	Annovera
Nuvaring	Depo-Provera Disp Syringe
Xulane	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	***PA Required***
COPD Agents	**COPD Agents**
albuterol/ipratropium nebulizer solution	roflumilast[NR]
ipratropium nebulizer solution	Bevespi Aerosphere
Anoro Ellipta	Daliresp
Atrovent HFA	Duaklir Pressair
Combivent Respimat	Incruse Ellipta
Spiriva Handihaler	Lonhala Magnair
Stiolto Respimat	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	***PA Required***	
Cytokine & CAM Antagonists	**Cytokine & CAM Antagonists**	
Enbrel cartridge	Actemra	Otezla
Enbrel kit	Arcalyst	Remicade
Enbrel pen	Avsola	Renflexis
Enbrel syringe	Cibinqo	Rinvoq ER
Enbrel vial	Cimzia	Siliq
Humira kit	Cosentyx	Simponi
Humira pen kit	Entyvio	Simponi Aria
	Enspryng	Skyrizi
	Ilaris	Sotyktu[NR]
	Ilumya syringe	Spevigo[NR]
	Inflectra	Stelara
	Infliximab	Taltz
	Kevzara	Tremfya
	Kineret	Tremfya Autoinjector
	Olumiant	Xeljanz/XR
	Orencia/clickjet/syringe/vial	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	***PA Required***
Enzyme Replacement, Gauchers Disease	**Enzyme Replacement, Gauchers Disease**
Zavesca	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 Epinpen)
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	***PA Required***
Glucagon Agents	**Glucagon Agents**
Baqsimi	diazoxide suspension
Glucagon	Glucagon emergency kit (Lilly)
Glucagon emergency kit (Fresenius)	Gvoke Hypopen
Proglycem suspension	Gvoke syringe
Zegalogue autoinjector	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	***PA Required***
Glucocorticoids	**Glucocorticoids**
budesonide respules	Alvesco
Asmanex	Armonair Digihaler
Flovent HFA	Arnuity Ellipta
Pulmicort Flexhaler	Asmanex HFA
	Flovent Diskus
	Pulmicort respules
	QVAR Redihaler

Glucocorticoid/Beta-Agonist Combo	**Glucocorticoid/Beta-Agonist Combo**
Advair Diskus	budesonide/formoterol funarate
Advair HFA	fluticasone propionate HFA[NR]
Dulera	fluticasone/salmeterol inhaler
Symbicort	fluticason/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	***PA Required***
Glucocorticoids	**Glucocorticoids**
budesonide DR/EC	cortisone
dexamethasone solution/tablet	dexamethasone elixir
hydrocortisone	dexamethasone intensol
methylprednisolone 4mg &32mg tablet	methylprednisolone 8mg, 16mg tab
methylprednisolone tab ds pk	prednisone ODT
prednisolone sodium phosphate	prednisolone sodium phosphate solution (Millipred)
prednisolone solution	prednisolone sodium phosphate solution (Veripred)
prednisone solution	Alkindi Sprinkle
prednisone tab ds pk	Cortef
prednisone tablet	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	***PA Required***
Growth Hormone	**Growth Hormone**
Genotropin cartridge	Humatrope cartridge
Genotropin dis syringe	Humatrope vial
Norditropin pen	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	***PA Required***
H. Pylori Treatment	**H. Pylori Treatment**
Pylera	lansoprazole/amoxicillin/clarithromycin
	Omeclamox-Pak
	Talicia

HAE Treatment

Length of Authorization: 1 Year

Status Implementation: 1/10/2023
Current Review Date: 1/10/2023

No PA Required	***PA Required***
HAE Treatment	**HAE Treatment**
Berniert	icatibant
Cinryze	Haegarda
Firazyr	Orladeyo
Kalbitor	Ruconest
	Takhzyro syringe
	Takhzyro vial

Hemophilia Treatment

Length of Authorization: 1 Year

Status Implementation: 1/10/2023
Current Review Date: 1/10/2023

No PA Required		***PA Required***
Hemophilia Treatment		**Hemophilia Treatment**
Advate	Koate-DVI Kit	
Adynovate	Koate-DVI Vial	
Afstyla	Kogenate FS	
Alphanate	Kovaltry	
Alphanine SD	Novoeight	
Alprolix	Novoseven RT	
Benefix Kit	Nuwiq	
Coagadex	Obizur	
Corifact Kit	Profilnine SD	
Eloctate	Rebinyn	
Esperoct	Recombinate	
Feiba NF	Rixubis	
Hemlibra	Sevenfact	
Hemofil-M	Tretten	
Humate-P Kit	Vonvendi	
Idelvion	Wilate	
Ixinity	Xyntha Kit	
Jivi	Xyntha Solofuse Syringe Kit	

Hepatitis C Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 7/12/2021

No PA Required	***PA Required***
Pegylated Interferons	**Pegylated Interferons**
Pegasys	
Ribavirins	**Ribavirins**
ribavirin	

Hepatitis C Agents, Other

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 7/18/2022

	Clinical PA Required
Other Hepatitis C Agents	**Other Hepatitis C Agents**
No PA Required	***PA Required***
Mavyret	ledipasvir-sofosbuvir (AG) 12 weeks
Mavyret Pellets	ledipasvir-sofosbuvir (AG) 8 weeks
Vosevi *	sofosbuvir/velpatasvir (AG)
	Epclusa
	Harvoni
*Step edit - 2 Claims for Mavyret or 3 claims for a non-preferred last 180 days	Sovaldi
	Viekira Pak
	Zepatier

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 femarate	Stribild	
efavirenz-lamivudine/tenofovir disoproxil fumarate (Symfi)	Sustiva tablet	
efavirenz-lamivudine/tenofovir disoproxil fumarate (Symfi Lo)	Symfi	
emtricitabine	Symfi Lo	
emtricitabine/tenofovir disoproxil femarate	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	***PA Required***
Alpha-Glucosidase Inhibitors	**Alpha-Glucosidase Inhibitors**
acarbose	miglitol
	Precose
Incretin Mimetics/Enhancers	**Incretin Mimetics/Enhancers**
Amylin Analogs	*Amylin Analogs*
n/a	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	*DPP-IV Inhibitors*
Janumet	alogliptin
Janumet XR	algliptin/metformin
Januvia	alogliptin/pioglitazone
Jentadueto	Glyxambi
Tradjenta	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	***PA Required***
GLP-1 Receptor Agonists	*GLP-1 Receptor Agonists*
Bydureon pen	Adlyxin
Byetta	Bydureon Bcise
Ozempic	Mounjaro[NR]
Trulicity	Rybelsus
Victoza	Soliqua
	Tanzeum
	Xultophy
Insulins	**Insulins**
Insulins Long Acting	*Insulins Long Acting*
Lantus vial	insulin degludec pen (U-100)[NR]
Lantus solostar	insulin degludec pen (U-200)[NR]
Levemir pen	insulin degludec[NR]
Levemir vial	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

No PA Required		***PA Required***
Insulins Short Acting		*Insulins Short Acting*
insulin aspart cartridge	Humulin 70/30 vial	Admelog
insulin aspart flexpen	Humulin N 100 U/ML vial	Admelog Solostar
insulin aspart vial	Humulin R 100 U/ML vial	Afrezza
insulin aspart/insulin aspart protamine insulin pen	Humulin 500 U/ML pen	Afrezza cartridge
insulin aspart/insulin aspart protamine insulin vial	Humulin R 500 U/ML vial	Apidra vial/solostar
insulin lispro kwikpen u-100	Novolog 100 U/ML cartridge	Basaglar Tempo Pen U-100[NR]
insulin lispro	Novolog 100 U/ML vial	Fiasp
insulin lispro junior kwikpen (AG)	Novolog 100 U/ML flexpen	Fiasp Flextouch
insulin lispro protamine mix kwikpen (AG)	Novolog mix 70-30 flexpen syringe	Fiasp penfill
Humalog cartridge		Humalog 200 U/ML pen
Humalog Jr Kwikpen		Humalog Tempo Pen U-100[NR]
Humalog 100 U/ML vial		Humulin pen
Humalog 100 U/ML kwikpen		Lyumjev 100 U/ML pen
Humalog mix 50-50 vial		Lyumjev 200 U/ML pen
Humalog mix 50-50 kwikpen		Lyumjev Tempo Pen U-100[NR]
Humalog mix 75-25 vial		Lyumjev vial
Humalog mix 75-25 kwikpen		Myxredlin
Humulin 70/30 pen		Novolin 70/30 pen
		Novolin 70/30 vial
		Novolin vial
		Novolog mix 70-30 vial

Meglitinides	*Meglitinides*
nateglinide	repaglinide/metformin
repaglinide	Prandin
Metformins	*Metformins*
metformin tablet	metformin ER (generic Fortamet)
metformin ER (generic Glucophage XR)	metformin ER (generic for Glumetza)
	Fortamet
	Glucophage/XR
	Glumetza
	Riomet
	Riomet ER Suspension

No PA Required	***PA Required***
Metformins Combinations	*Metformins Combinations*
glyburide/metformin	glipizide/metformin
SGLT2 and Combinations	*SGLT2 and Combinations*
Farxiga*	Invokamet XR
Invokamet*	Segluromet
Invokana*	Steglatro
Jardiance*	Synjardy XR
Xigduo XR*	
Synjardy*	

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

Sulfonylureas	*Sulfonylureas*
glipizide/ER/XL	glimepiride
	glyburide/micronized
	Amaryl
	Glucotrol/XL
	Glynase
TZD	*TZD*
pioglitazone	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 months. Excludes hydrocortisone.

No PA Required	***PA Required***
Immunomodulators, Atopic Dermatitis	**Immunomodulators, Atopic Dermatitis**
Elidel	pimecrolimus cream
Eucrisa	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, Topical	**Immunomodulators, 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	***PA Required***
Steroids	**Steroids**
fluticasone	azelastine/fluticasone
	flunisolide
	mometasone nasal
	Beconase AQ
	Dymista
	Nasonex
	Omnaris
	QNasl
	Ryaltris[NR]
	Sinuva
	Xhance
	Zetonna
Antihistamines & Other	**Antihistamines & Other**
azelastine (generic Astelin)	azeastine (generic Astepro)
ipratropium (nasal)	olopatadine
	Patanase

Leukotriene Modifiers
Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/18/2022

No PA Required	***PA Required***
Leukotriene Modifiers	**Leukotriene Modifiers**
montelukast chewable tablet	montelukast granules
montelukast tablet	zafirlukast/ (AG)
	zileuton ER
	Accolate
	Singulair
	Zyflo/CR

Lipotropics, Other
Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 01/10/2023

No PA Required	***PA Required***
ANGPTL3 Inhibitor	**ANGPTL3 Inhibitor**
	Evkeeza
ACL Inhibitor	**ACL Inhibitor**
	Nexletol
Antihyperlipidemic APOB-100 Synthesis Inhibitor	**Antihyperlipidemic APOB-100 Synthesis Inhibitor**
	Kynamro
Antihyperlipidemic Combinations	**Antihyperlipidemic Combinations**
	Nexlizet
No PA Required	***PA Required***
Bile Acid Resins	**Bile Acid Resins**
cholestyramine light	colesevelam
colestipol tablet	colestipol granules/packet
Prevalite	Colestid tablet/granules/packet
	Questran
	Welchol
Cholesterol Absorption Inhibitors	**Cholesterol Absorption Inhibitors**
ezetimibe	Zetia

Lipotropics, Other - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/10/2023

Fibric Acid Derivatives	**Fibric Acid Derivatives**
fenofibrate tablet (Lofibra)	fenofibrate (Antara,Lipofen,Triglide)
	fenobibric acid (generic
fenofibrate tablet (Tricor)	Fenoglide,Fibricor,Trilipix)
gemfibrozil	gemfibrozil (AG)
	Antara
	Fenoglide
	Lipofen
	Lopid
	Tricor
	Trilipix
	Triglide
MTP Inhibitor	**MTP Inhibitor**
	Juxtapid
Niacins	**Niacins**
	niacin ER
	niacin/ER OTC
	Niacor
	Niaspan
Omega-3 Fatty Acids	**Omega-3 Fatty Acids**
Vascepa	icosapent ethyl
	omega-3 acid ethyl esters
	Lovaza
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: 01/10/2023

Statins	**Statins**
atorvastatin	fluvastatin/ER
lovastatin	Altoprev
pravastatin	Crestor
rousuvastatin	Ezallor sprinkle
simvastatin	Lescol/XL
	Lipitor (failure on Crestor)
	Livalo
	Zocor
	Zypitamag
Statin Combinations	**Statin Combinations**
	amlodipine-atorvastatin
	amlodipine-atorvastatin (AG)
	ezetimibe-simvastatin
	Caduet
	Vytorin

Macrolides/Ketolides

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/18/2022

No PA Required	***PA Required***
Macrolides/Ketolides	**Macrolides/Ketolides**
azithromycin suspension, tablet	azithromycin packet
clarithromycin suspension, tablet	clarithromycin ER
erythromycin base capsule	erythromycin base tablet
E.E.S. 200 suspension	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	***PA Required***
Methotrexate	**Methotrexate**
methotrexate injection	Otrexup Auto Injector
methotrexate PF	Rasuvo Auto Injector
methotrexate tablet	Reditrex
	Trexall
	Xatmep

Movement Disorders

Length of Authorization: 1 Year

Status Implementation: 01/28/2021
Current Review Date: 01/10/2023

No PA Required	***PA Required***
Movement Disorders	**Movement Disorders**
tetrabenazine	Ingrezza Initiation Pack
Austedo	Xenazine
Ingrezza	

Multiple Sclerosis

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 01/10/2023

No PA Required

Multiple Sclerosis

dalfampridine ER
dimethyl fumarate DR
dimethyl fumarate DR (AG)
dimethyl fumarate DR starter pack
Avonex
Avonex pen
Betaseron kit
Copaxone 20mg/ml syringe kit

PA Required

Multiple Sclerosis

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]
Tecfidera
Tecfidera starter pack
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	acetamin-caff-dihydrocodeine	Apadaz
APAP/codeine tablet	benzhydrocodone-acetaminophen	Dilaudid liquid/tablets
hydrocodone/APAP tablet	butalbital cmpd w/codeine	Hycet
hydrocodone/ibuprofen	butorphanol tartrate (nasal)	Ibudone
hydromorphone tablet	codeine oral	Lazanda
morphine concentrate solution	fentanyl (buccal)	Nalocet
morphine IR tablet	hydrocodone/APAP solution	Nucynta
morphine solution	hydromorphone liq/supp	Oxaydo
morphine sulfate solution (AG)	levorphanol	Percocet
oxycodone/APAP tablet	meperidine solution/tablet	Prolate solution
oxycodone tablet	morphine suppositories	Roxicodone
tramadol	oxycodone/ASA	Seglentis[NR]
tramadol/APAP	oxycodone/ibuprofen	
	oxycodone capsule	
	oxycodone conc	
	oxycodone solution	
	oxymorphone	
	panlor	
	pentazocine/naloxone	
	tramadol 100mg	
	tramadol HCL solution[NR]	

Neuropathic Pain

Length of Authorization: 1 Year — Status Implementation: 1/17/2013

Current Review Date: 01/10/2023

No PA Required	***PA Required***
Oral	**Oral**
duloxetine (generic Cymbalta)	duloxetine (generic Irenka)
gabapentin capsule	gabapentin solution
gabapentin tablet	gabapentin solution (AG)
pregabalin capsule	pregabalin ER
Lyrica solution	pregabalin solution
Savella*	Cymbalta
	Drizalma Sprinkle
	Gralise
	Horizant/ER**
	Lyrica**
	Lyrica CR**
	Neurontin
	Savella dose pack

* Diagnosis of Fibromyalgia in the past year and a claim for a preferred agent

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

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

indomenthacin 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.

No PA Required
Allergic Conjunctivitis
cromolyn sodium
olopatadine (generic Patanol & Pataday)
olopatadine OTC
Pazeo

PA Required
Allergic Conjunctivitis
azelastine ophth 0.05%

bepotastine
epinastine
olopatadine (Pazeo)
Alaway
Alocril
Alomide
Alrex
Bepreve
Lastacaft
Zaditor
Zerviate

No PA Required
Antibiotics
bacitracin/polymixin ointment
ciprofloxacin solution
erythromycin ophth
gentamicin drops/ointment
moxifloxacin (Vigamox)
ofloxacin
polymixin/trimethoprim
sulfacetamide solution
tobramycin ophth
Ocuflox
Tobrex ointment

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

No PA Required
Glaucoma
Alpha-2 Adrenergic Agonists
brimonidine 0.2%
Alphagan P

Beta Blockers
timolol 0.25% gel-solution
timolol 0.25% GFS gel-solution
timolol 0.5% gel-solution
timolol 0.5% GFS gel-solution
timolol maleate 0.25% eye drop
timolol maleate 0.5% eye drop
Combigan

PA Required
Glaucoma
Alpha-2 Adrenergic Agonists
apradondine
brimonidine 0.15%
lopidine
Beta Blockers
betaxolol
brimonidine tartrate-timolol[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	*Carbonic Anhydrase Inhibitors*
dorzolamide	brinzolamide
dorzolamide/timolol	dorzolamide/timolol (gen Cosopt PF)
Azopt	Cosopt
Simbrinza	Cosopt PF
	Trusopt
Prostaglandin Agonists	*Prostaglandin Agonists*
latanoprost	bimatoprost
Travatan/Z	tafluprost[NR]
	travoprost
	Lumigan
	Vyzulta
	Xalatan
	Xelpros
	Zioptan
Glaucoma, Other	*Glaucoma, Other*
Phospholine Iodide	Vuity
pilocarpine	
Rhopressa	
Rocklatan	

Ophthalmics, Antibiotic-Steroid Combinations
Length of Authorization: 1 Year — Status Implementation: 1/22/2018
Current Review Date: 10/18/2022

No PA Required	***PA Required***
Antibiotic-Steroid Combinations	**Antibiotics-Steroid Combinations**
neomycin/polymyxin/desamethasone	neomycin/bacitracin/poly/HC
Tobradex suspension	neomycin/polymyxin/HC
Trobradex ointment	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	***PA Required***	
Anti-Inflammatory	**Anti-Inflammatory**	
diclofenac sodium	bromfenac	Dextenza
fluorometholone	dexamethasone	Dexycu
flurbiprofen sodium	difluprednate	Eysuvis
ketorolac ophth 0.5	ketorolac ophth 0.4 (LS)	Flarex
Durezol	loteprednol etabonate	FML
Lotemax drops	loteprednol etabonate gel	FML Forte
Maxidex	prednisolone acetate	FML SOP
Pred Forte	prednisolone sod phosphate	Ilevro
Pred Mild	Acular/LS	Inveltys
	Acuvail	Lotemax gel/ointment
	Bromsite	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	**Ophthalmic Anti-Inflammatory/Immunomodulators**
No PA Required	***PA Required***
Restasis	cyclosporine[NR]
Restasis multidose	cyclosporine (AG)[NR]
Xiidra	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	***PA Required***
Buprenorphine and Related Agents	**Buprenorphine and Related Agents**
buprenorphine SL tablets	buprenorphine/naloxone film
buprenorphine/naloxone SL tab	Probuphine
Suboxone Film	Sublocade
	Zubsolv

No PA Required	***PA Required***
Opiate Dependence, Other	**Opiate Dependence, Other**
naloxone syringe	naloxone nasal spray
naloxone vial	Kloxxado
naltrexone tablet	Lucemyra
Narcan Spray	Vivitrol
	Zimhi[NR]

Otic Antibiotics
Length of Authorization: 1 Year
Status Implementation: 10/15/2007
Current Review Date: 10/18/2022

No PA Required	***PA Required***
Otic Antibiotics	**Otic Antibiotics**
neomycin/polymixin/HC soln/susp	ciprofloxacin/dexamethasone
neomycin/polymixin/HC soln/susp (AG)	ciprofloxacin/dexamethasone (AG)
ofloxacin otic	ciprofloxacin HCL-fluocinolone
Cipro HC	ciprofloxacin otic
Ciprodex	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	***PA Required***
Otic Anti-Infectives & Anesthetics	**Otic Anti-Infectives & Anesthetics**
acetic acid	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	***PA Required***
Otic Anti-Inflammatories	**Otic Anti-Inflammatories**
Dermotic	fluocinolone 0.01% oil
	flac otic oil

Pancreatic Enzymes

Length of Authorization: 1 Year

Status Imlementation: 5/11/2012
Current Review Date: 5/9/2022

No PA Required	***PA Required***
Pancreatic Enzymes	**Pancreatic Enzymes**
Creon	Pertzye
Pancreaze	Viokace
	Zenpep

Phosphate Binders

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 5/9/2022

No PA Required	***PA Required***
Phosphate Binders	**Phosphate Binders**
calcium acetate capsule/gel cap	calcium acetate tablet
Renagel	lanthanum carbonate
Renvela tablets	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	***PA Required***
Pituitary Suppressive Agents, LHRH	**Pituitary Suppressive Agents, LHRH**
Fensolvi	leuprolide acetate
	leuprolide depot[NR]
	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: 01/10/2023

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

Potassium Binders

Length of Authorization: 1 Year

Status Implementation: 7/27/2020
Current Review Date: 5/9/2022

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

Progestins for Cachexia

Length of Authorization: 1 Year

Status Implementation: 1/22/2018
Current Review Date: 5/9/2022

No PA Required	***PA Required***
Progestins for Cachexia	**Progestins for Cachexia**
megestrol suspension (Megace)	megestrol suspension (Megace ES)
megestrol tablets	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	***PA Required***	
Proton Pump Inhibitors	**Proton Pump Inhibitors**	
omeprazole	dexlansoprazole capsules[NR]	Esomep-EZS kit
pantoprazole	esomeprazole capsules/kit	Nexium capsules
Nexium suspension	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: 01/10/2023

No PA Required	***PA Required***
Pulmonary Arterial Hypertension Agents	**Pulmonary Arterial Hypertension Agents**
ambrisentan	bosentan
sildenafil tablet	sildenafil suspension
Ravatio suspension	sildenafil suspension (AG)
Tracleer	tadalafil
	Adcirca
	Adempas
	Alyq
	Letairis
	Opsumit
	Orentram ER
	Revatio tablet
	Tadliq[NR]
	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.

Rosacea Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 01/02/2018
Current Review Date: 7/18/2022

No PA Required	***PA Required***
Finacea gel	azelaic acid
Metrocream	ivermectin
Metrogel	metronidazole cream
	metronidazole gel
	metronidazole lotion
	Epsolay[NR]
	Finacea foam
	Metrolotion
	Mirvaso
	Noritate
	Rosadan kit
	Soolantra
	Zilixi

Sedative Hypnotics

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 01/10/2023

No PA Required	***PA Required***	
Sedative Hypnotics	**Sedative Hypnotics**	
temazepam 15 & 30 mg	doxepin	Ambien/CR
zolpidem	eszopiclone	Belsomra
	estazolam	Dayvigo
	flurazepam	Doral
	ramelteon	Edluar
	temazepam 7.5 & 22.5 mg	Halcion
	zaleplon	Hetlioz
	zolpidem ER	Igalmi
	zolpidem SL	Intermezzo
		Lunesta
		Quviviq
		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	***PA Required***
Skeletal Muscle Relaxants	**Skeletal Muscle Relaxants**
baclofen tablet	baclofen solution (AG)
cyclobenzaprine	chlorzoxazone
methocarbamol	cyclobenzaprine HCL ER
tizanidine tablet	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	***PA Required***
Topical High	**Topical High**
betamethasone dipropionate cream/lotion	amcinonide
betamethasone dipropionate/prop gly cream	betamethasone dipropionate gel, ointment
betamethasone valerate cream, ointment	betamethasone valerate lotion
triamcinolone acetonide cream, lotion, ointment	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	***PA Required***
Topical Low	**Topical Low**
hydrocortisone cream 1% rx	alclometasone diproponate cream
hydrocortisone gel 1% rx	alclometasone dipropionate ointment
hydrocortisone lotion 1% rx	desonide cream
hydrocortisone ointment 1% rx	desonide lotion
	fluocinolone 0.01% oil
	tridesilon
	Aqua-Glycolic HC
	Capex Shampoo
	Derma-Smoothe-FS
	Desonate gel
	Texacort
	Verdeso

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: 01/10/2023

No PA Required

Stimulants and Related Agents*

amphetamine salt combo
atomoxetine
dexmethylphenidate
dextroamphetamine tab
dextroamphetamine-amphetamine
guanfacine ER
methylphenidate IR

modafanil
Adderall XR
Concerta

Focalin XR

Vyvanse capsule

amphetamine salt combo ER
amphetamine sulfate tablet
amphetamine suspension ER
armodafinil
clonidine ER
dexmethylphenidate XR
dextroamphetamine solution/cap ER

dextroamphetamine-amphetamine ER
methamphetamine
methylphenidate CD
methylphenidate ER cap (Aptensio XR)

methylphenidate ER cap (Ritalin LA)

methylphenidate ER 18,27,36,54 mg
methylphenidate ER 18,27,36,54 mg (AG)
methylphenidate ER tablet
methylphenidate solution/chewable
Adzenys XR ODT
Adzenys ER suspension
Aptensio XR

* 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.

PA Required

Stimulants and Related Agents

Azstarys
Cotempla XR ODT
Daytrana
Desoxyn
Dexedrine
Dyanavel XR
Evekeo/ODT

Focalin
Intuniv
Jornay PM

Methylin solution

Mydayis

Nuvigil

Procentra
Provigil
Qelbree
Quillichew ER
Quillivant XR
Relexxii ER
Ritalin/ LA
Strattera
Sunosi
Vyvanse chewable
Wakix
Zelstrym
Zenzedi

* 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 Implmentation: 7/1/2008
Current Review Date: 05/06/2021

No PA Required	***PA Required***
Oral	**Oral**
sulfasalazine/DR	balsalazide
Apriso	budesonide DR
Lialda	mesalamine (generic Asacol HD)
Pentasa	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	**Topical**
Canasa rectal	mesalamine ER
Rowasa rectal	mesalamine kit
	mesalamine rectal
	mesalamine (Canasa rectal)
	SFRowasa
	Uceris rectal

Uterine Disorder Treatment

Length of Authorization: 1 Year

Status Implmentation: 10/14/2020
Current Review Date: 10/18/2022

No PA Required	***PA Required***
Uterine Disorder Treatment	**Uterine Disorder Treatment**
Myfembree	
Oriahnn	
Orilissa	

Vasodilators, Coronary

Length of Authorization: 1 Year

Status Implementation: 1/10/2023
Current Review Date: 1/10/2023

No PA Required	***PA Required***
Vasodilators, Coronary	**Vasodilators, Coronary**
isosorbide dinitrate	isosorbide dinitrate (AG)
isosorbide mononitrate	isosorbide dinit/hydralazine
isosorbide mononitrate SR	isosorbide dinit/hydralazine (AG)
nitroglycerin (transderm)	nitroglycerin (sublingual)
nitroglycerin (transderm) (AG)	nitroglycerin (translingual)
Nitrostat	nitroglycerin (sublingual) (AG)
	nitroglycerin (translingual) (AG)
	Bidi
	Isordil
	Nitro-bid ointment
	Nitro-dur patch
	Nitrolingual spray
	Verquvo

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	***PA Required***
Weight Management Agents	**Weight Management Agents**
Saxenda	orlistat capsule
Wegovy	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.