

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/ProviderDirectorories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx>

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

RI Fee-for-Service Preferred Drug List
Updated October 3, 2023

Acne Agents, Topical Miscellaneous Topicals Retnoids	Antidepressants Antidepressants, Other Antidepressants, SSRI	Bronchodilators Beta Agonist Inhalers, Long Acting Inhalers, Short Acting Nebulizers, Long Acting Nebulizers, Short Acting
Alzheimer's Agents Cholinesterase Inhibitors Miscellaneous Topicals	Antiemetics Serotonin Antagonists NK11 Receptor Antagonist	Calcium Channel Blockers Dihydropyridines Non-Dihydropyridines
Analgesics, Narcotics Long-Acting	Antifungals	Cephalosporins Second Generation Third Generation
Analgesics, Narcotics Short-Acting Fentanyl Oral Products	Antihistamines, Minimally Sedating Antihistamines Antihistamine/Decongestant Combos	Colony Stimulating Factors
Other		Contraceptives, Other COPD Agents Cytokine & CAM Antagonists
Androgenic Agents	Antihypertensives, Sympatholytics	Epinephrine, Self-Injected
Angiotensin Modulators Ace Inhibitors Ace Inhibitor/Diuretic Combo Angiotensin Receptor Blocker Angiotensin II Receptor Blocker/Diuretic Combo Renin Inhibitor Renin Inhibitor/Diuretic Combo	Antihyperuricemics Antimigraine Agents Triptans Other Related Agents	
Angiotensin Modulator/Calcium Channel Blocker Combinations Ace Inhibitor/Calcium Channel Blocker Combos Angiotensin II Receptor Blocker/CCB Combo	Antiparkinson's Agents	Erythropoiesis Stimulating Proteins
Anti-Allergens	Antipsoriatics, Topical	Enzyme Replacement, Gauchers Disease
Antianginal & Anti-Ischemic	Antipsychotics, Atypical	Fluoroquinolones
Antibiotics, GI	Antivirals Herpes Influenza Agents Antivirals Topical	GI Motility Agents
Antibiotics, Inhaled	Beta Blockers	Glucagon Agents
Antibiotics, Tetracyclines	Bile Salts	Glucocorticoids, Inhaled Glucocorticoids Glucocorticoid/Beta-Agonist
Antibiotics, Topical	Bladder Relaxants	Glucocorticoids, Oral
Antibiotics, Vaginal	Bone Resorption Suppression Bisphosphonates Other Related Agents	Growth Hormones
Anticoagulants	Botulinum Toxins	H. Pylori Treatment
Anticonvulsants Carbamazepine Derivatives First Generation Second Generation	BPH Agents Alpha Blockers, Selective 5-Alpha Reductase Inhibitors PDE-5	HAE Treatments Hemophilia Treatment Gene Therapy

Hepatitis C Agents Pegylated Interferons Ribavirins Hepatitis C Agents, Other	Lipotropics, Statins Statins Statin Combo	Progestins for Cachexia Proton Pump Inhibitors
HIV/AIDS	Macrolides/Ketolides	Pulmonary Arterial Hypertension Agents
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	Methotrexate Movement Disorders	Rosacea Agents, Topical Sedative Hypnotics
	Multiple Sclerosis Neuropathic Pain Oral Topical	Skeletal Muscle Relaxants
	NSAIDs and Combination Products Oral Topical	Steroids Topical High Topical Low Topical Medium Topical Very High
SGLT2 Sulfonylureas TZDs TZD/Metformin Combo TZD/Sulfonylurea Combo		Stimulants and Related Agents
Immunomodulators, Asthma	Ophthalmics Allergic Conjunctivitis Antibiotics Glaucoma Alpha-2 Adrenergic Agonists Beta Blockers Carbonic Anhydrase Inhibitors Prostaglandin Agonists Ophthalmic Antibiotic-Steroid Combo	Ulcerative Colitis Oral Topical
Immunomodulators, Atopic Dermatitis	Ophthalmics Anti-Inflammatory Ophthalmics Anti-Inflammatory/Immunomodulators	Uterine Disorder Treatments
Immunomodulators, Topical		Vasodilators, Coronary
Intranasal Rhinitis Steroids Antihistamines		Weight Management Agents
Leukotriene Modifiers	Opiate Dependence Treatments	
	Otic Antibiotics	
	Otic Anti-Infectives & Anesthetics	
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	Otic Anti-Inflammatories	
	Pancreatic Enzymes	
	Phosphate Binders	
	Pituitary Suppressive Agents, LHRH	
	Platelet Inhibitors	
	Potassium Binders	

Acne Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 7/5/2023

No PA Required**Miscellaneous Topicals**

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

PA Required**Miscellaneous Topicals**

clindamcin/benzoyl peroxide (Acanya) w/pump	BP Cleansing Wash
clindamcin/benzoyl peroxide(Benzaclin) clindamcin/benzoyl peroxide(Benzaclin) w/pump	Clindacin Pac Kit
clindamycin phosphate gel, foam, lotion	Clindagel
dapsone gel	Evoclin
erythromycin gel	Klaron
erythromycin med swab	Neuac
erythromycin-benzoly peroxide	Onexton w/pump
sulfacetamide products	Ovace/Ovace Plus
sulfacetamide/sulfur/urea	Rosula
	SSS 10-5
sodium sulfacetamide/sulfur products	Sumadan products
Acnefree clearing system	Sumaxin products
Acne medication gel	Winlevi
Amzeeq	ZMA Clear Cleanser
Avar all formulations	
Benzaclin	
Benzaclin w/pump	
Benzamycin	
Benzefoam	
BP-10-1	

Retinoids and Combinations

tretinoin (generic Retin-A)
 Retin-A gel

Retinoids and Combinations

adapalene	Altreno
adapalene-benzoyl peroxide	Arazlo
clindamycin phos-tretinoin	Atralin
tazarotene	Avita
tazarotene foam	Fabior
tretinoin (Atralin)	Retin-A cream
tretinoin gel(generic Avita/Retin-A)	Retin-A Micro
tretinoin microspheres	Retin-A Micro Pump
tretinoin microspheres gel 0.08% pump ^{NR}	
Acanya	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
Leqembi^{NR}
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
Leqembi^{NR}**Analgesics, Narcotics Long-Acting**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/03/2023

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)**No PA Required****Narcotic Analgesics, L/A**fentanyl transdermal
12,25,20,75,100mg
methadone tabmorphine ER tab
Butrans
Xtampza ER**PA Required****Narcotic Analgesics, L/A**

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

Analgesics Narcotics Short-Acting

Length of Authorization: 1 Year

Status Implementation: 10/15/2009

Current Review Date: 10/03/2023

Some drugs in this class are subject to MME limitations**No PA Required****Fentanyl Oral Products****PA Required****Fentanyl Oral Products**fentanyl (buccal)
Abstral
Actiq
Fentora
Ultracet
Ultram

Analgesics Narcotics Short-Acting - continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2009

Some drugs in this class are subject to MME limitations

Current Review Date: 10/03/2023

Other

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

Other

acetamin-caff-dihydrocodeine
 benzhydrocodone-acetaminophen
 butalbital cmpd w/codeine
 butorphanol tartrate (nasal)
 codeine oral
 fentanyl (buccal)
 hydrocodone/APAP solution
 hydromorphone liq/supp
 levorphanol
 meperidine solution/tablet
 morphine suppositories
 oxycodone/APAP tablet/solution
 oxycodone capsule
 oxycodone conc
 oxycodone solution
 oxymorphone

pentazocine/naloxone
 tramadol 100mg
 tramadol HCL solution
 Dilaudid liquid/tablets
 Hycet
 Ibudone
 Lazanda
 Nalocet
 Nucynta
 Percocet
 Prolate solution
 Roxicodone
 Roxybond
 Seglentis^{NR}

Androgenic Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 5/9/2023

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

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: 01/10/2023

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

amlodipine/olmesartan
amlodipine/valsartan
Entresto

Angiotensin II Receptor

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: 7/05/2023

No PA Required

Anti-Allergens

PA Required

Anti-Allergens

Grastek
Odactra
Oralair
Palforzia
Ragwitek

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: 7/5/2023

No PA Required**Antibiotics, GI**metronidazole tablet
vancomycin capsule
vancomycin capsule (AG)**PA Required****Antibiotics, GI**

metronidazole capsule	Dificid
neomycin	Dificid suspension
nitazoxanide	Firvanq
paromomycin	Flagyl capsule
tinidazole	Flagyl ER
vancomycin solution	Rebyota enema ^{NR}
vancomycin solution (AG) ^{NR}	Solosec
Aemcolo	Tindamax
	Vancocin
	Vowst Capsule ^{NR}
	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: 7/5/2023

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: 7/5/2023

No PA Required**Antibiotics, Tetracyclines**doxycycline hyclate capsule
doxycycline hyclate tablet

doxycycline monohydrate tablet
doxycycline monohydrate 100mg generic capsule
doxycycline monohydrate 50mg generic capsule

minocycline capsules
tetracycline
Morgidox 100mg capsule**PA Required****Antibiotics, Tetracyclines**

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

Antibiotics, Topical

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/5/2023

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: 7/5/2023

No PA Required**Antibiotics, Vaginal**metronidazole
Cleocin Ovules**PA Required****Antibiotics, Vaginal**clindamycin
Cleocin cream
Clindesse
Metrogel
Nuversa
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 capsule*
Xarelto**PA Required****Anticoagulants**fondaparinux
Arixtra
Eliquis starter pack
Fragmin
Lovenox
Pradaxa pellet pack^{NR}
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
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
methsuximide
Celontin
Depakote/ER
Dilantin capsules/suspension
Dilantin chew tab
Felbatol
Mysoline
Phenytek
Zarontin capsules/syrup

Anticonvulsants - continued

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/10/2023

No PA Required**Second Generation**

lacosamide solution
lacosamide tablet
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**

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

Other

clobazam suspension	Sezaby ^{NR}
diacomit	Nayzilam
diazepam (rectal/device)	Onfi
Epidiolex**	Sympazan
Fintepla	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

Antidepressants

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/10/2023

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

PA Required**Other**

bupropion XL (generic Forfivo XL)	Effexo/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	Vilbryd
Auvelity ^{NR}	vilazodone ^{NR}
Brintellix	Wellbutrin/SR
Cymbalta	(Manual PA) Zulresso

SSRI

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

* 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: 5/9/2023

No PA Required**Serotonin Antagonists**

metoclopramide solution

metoclopramide tablet

ondansetron ODT

ondansetron solution

ondansetron tablet

PA Required**Serotonin Antagonists**

doxylamine succinate-pyridoxine HCL
(AG) Anzemet

doxylamine succinate-pyridoxine HCL Bonjesta

granisetron intravenous/oral Diclegis

metoclopramide ODT Sancuso patch

Akynzeo 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: 7/5/2023

No PA Required**Oral**

clotrimazole

fluconazole tablet

griseofulvin suspension

nystatin suspension

terbinafine

Noxafil tablet

PA Required**Oral**

fluconazole suspension Ancobon

flucytosine Brexafemme

griseofulvin micro tablet Cresemba capsule

griseofulvin ultra tabs Diflucan tablet/suspension

itraconazole/solution Noxafil suspension

ketoconazole oral Oravig

nystatin oral powder/tablet Sporanox

posaconazole Tolsura

posaconazole suspension^{NR} Vfend tablet/suspension

voriconazole Vivjoa capsule

Topical

clotrimazole-betamethasone cream

clotrimazole cream (Rx)

ketoconazole cream

ketoconazole shampoo

miconazole nitrate cream

nystatin cream/ointment

terbinafine cream

tolnaftate cream/powder

Topical

butenafine Bensal HP

ciclopirox cream/gel/kit Ciclodan cream/kit/soln

ciclopirox shampoo Ertaczo

ciclopirox solution/suspension Exelderm cream/solution

clotrimazole solution Extina

clotrimazole-betamethasone lotion Fungoid tincture

econazole Jublia

ketoconazole foam Kerydin

luliconazole Lamisil cream/gel

miconazole solution Loprox cream/gel/kit/shampoo

miconazole-zinc-petro Loprox suspension

naftifine Lotrimin

nystatin-triamcinolone cream/ointment Luzu

nystatin powder Mentax

oxiconazole nitrate cream Mycozyl AC (OTC) cream

salicylic acid ointment Naftin cream/gel

sulconazole Nizoral shampoo

tavaborole Oxistat cream/lotion

tolnaftate solution Vusion

Antihistamines, Minimally Sedating

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required**Antihistamines**

cetirizine tab
 cetirizine solution RX
 levocetirizine tablet
 loratadine tablet

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

cetirizine chewable
 desloratadine/ODT
 fexofenadine 60,180mg
 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: 01/10/2023

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 (AG)
 methyl dopa HCTZ
 Catapres tablet (oral)

Antihyperuricemics

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 5/9/2023

No PA Required**Antihyperuricemics**

allopurinol
 probencid
 probencid/colchicine
 Colcrys

PA Required**Antihyperuricemics**

allopurinol 200 mg
 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: 10/03/2023

No PA Required**Other**

Aimovig autoinjector*
 Emgality 120 mg/ml pen*
 Emgality 120 mg/ml syringe*
 Nurtec ODT**

PA Required**Other**

diclofenac potassium powder pack Reyvov
 Ajovy/autoinjector Trudhesa
 Emgality 100 mg/ml syringe Ubrelvy
 Qulipta Vyepti
 Zavzpret

Triptans

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

Triptans

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

*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: 01/10/2023

No PA Required**Dopamine Receptor Agonists**

amantadine capsule
 amantadine syrup
 amantadine tablet
 pramipexole IR
 ropinirole IR

PA Required**Dopamine Receptor Agonists**

apomorphine Kynmobi film
 pramipexole ER Kynmobi titration kit
 ropinirole ER Mirapex*/ER
 Apokyn Neupro
 Dhivy Nourianz
 Gocovri Ogentys
 Inbrija 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: 7/5/2023

No PA Required**Topical Antipsoriatics**calcipotriene cream
calcipotriene ointment
calcipotriene solution**PA Required****Topical Antipsoriatics**

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

Antipsychotics

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 01/10/2023

No PA Required**Atypical**aripiprazole tablet
clozapine tablet
olanzapine tablet
quetiapine
quetiapine ER
risperidone
ziprasidone capsule
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
lurasidone	Risperdal tablet/solution/ODT
olanzapine ODT	Saphris
olanzapine/fluoxetine	Secuado patch
paliperidone	Seroquel
ziprasidone capsule (AG)	Seroquel XR
Abilify Asimtufii ^{NR}	Symbyax
Abilify Mycite	Uzed ^{NR}
Abilify tablet	Versacloz
Aristada	Vraylar
Aristada Initio	Zyprexa
Caplyta	Zyprexa Relprevv
Clozaril	Zyprexa Zydis
Fanapt	

* 4 claims in the last 120 days for Invega Sustenna

Antivirals

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/5/2023

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

Antivirals Topical

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 7/5/2023

No PA Required**Antivirals Topical**

acyclovir ointment

PA Required**Antivirals Topical**acyclovir cream (AG)
penciclovir (AG)
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	Bystolic
betaxolol	Coreg/CR
bisoprolol/HCTZ	Corgard
carvedilol ER	Corzide
carvedilol ER (AG)	Hemangeol
metoprolol HCTZ	Inderal/ LA/XL
nadolol	Innopran XL
nebivolol	Kaspargo sprinkle
pindolol	Lopressor/HCT
propranolol solution	Sotylize
sorine	Tenoretic
sotalol/AF	Tenormin
timolol	Toprol XL
Betapace/AF	Ziac

Bile Salts

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 5/9/2023

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: 10/03/2023

No PA Required**Bladder Relaxants**oxybutynin ER
oxybutynin IR
oxybutynin syrup
oxybutynin tablet
solifenacin
Detrol
Toviaz**PA Required****Bladder Relaxants**

darifenacin ER	Enablex
oxybutynin 2.5mg ^{NR}	Gelnique transdermal
tolterodine	Gelnique gel pump
tolterodine ER	Gemtesa
tropium/ER	Myrbetriq
Detrol LA	Oxytrol
Ditropan/XL	Vesicare
	Vesicare LS

Bone Resorption Suppression

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/9/2023

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

raloxifene HCL

Other Related Agents

calcitonin salmon

teriparatide*

Evenity

Evista

Forteo *

Prolia*

Tymlos*

* History of Bisphosphonates in 12
Months**Botulinum Toxins**

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 10/03/2023

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)**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: 10/03/2023

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: 7/5/2023

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
Xopenex 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

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

Non-Dihydropyridines

diltiazem
verapamil tablet/ER

PA Required

Dihydropyridines

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

Non-Dihydropyridines

diltiazem CD/ER Cartia XT
tiadylt ER Dilt CD/XR
verapamil capsule ER/PM Matzim LA
verapamil capsule ER/PM (AG)^{NR} Taztia XT
Calan/SR Tiazac
Cardizem/CD/LA Verelan/PM

Cephalosporins

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required

Second Generation

cefaclor capsule, suspension
cefprozil tablet, suspension
cefuroxime tablet

PA Required

Second Generation

cefaclor tablet ER

Third Generation

cefdinir capsule, suspension

Third Generation

cefixime capsule/suspension
cefpodoxime suspension
cefpodoxime tablet
Suprax capsules/tablets/chewables
Suprax suspension

Colony Stimulating Factors

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2023

No PA Required

Colony Stimulating Factors

Fylnetra
Neupogen disp syringe
Neupogen vial

PA Required

Colony Stimulating Factors

Fulphila	Nivestym vial
Granix syringe	Nyvepria
Granix vial	Releuko syringe
Leukine	Releuko vial
Neulasta kit	Rolvedon
Neulasta syringe	Stimufend syringe
Nivestym syringe	Udenyca
	Zarxio
	Ziextenzo

Contraceptives, Other

Length of Authorization: 1 Year

Status Implementation: 10/03/2023

Current Review Date: 5/9/2023

No PA Required

Contraceptives, Other

medroxyprogesterone acetate disp
syringe
medroxyprogesterone acetate disp
syringe (AG)
medroxyprogesterone acetate vial

medroxyprogesterone acetate vial (AG)
Nuvaring
Twirla
Zafemy

PA Required

Contraceptives, Other

enilloring vaginal ring

etonogestrel/ethinyl estradiol ring
etonogestrel/ethinyl estradiol ring (AG)

Anovera
Depo-Provera Disp Syringe
Depo-Provera Vial
Depo-Subq Provera 104
Eluryng vaginal ring
Haloette vaginal ring
Nexplanon
Phexxi
Xulane

COPD Agents

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

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**

roflumilast
 tiotropium^{NR}
 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: 7/5/2023

No PA Required**Cytokine & CAM Antagonists**

Enbrel cartridge
 Enbrel kit
 Enbrel pen
 Enbrel syringe
 Enbrel vial
 Humira kit
 Humira pen kit
 Otezla

PA Required**Cytokine & CAM Antagonists**

	Ilaris	Hulio Kit ^{NR}
	Ilumya syringe	Hyrimoz(CF) Kit ^{NR}
	Inflectra	Hyrimoz Pen(CF) Kit ^{NR}
	Infliximab	Idacio Pen Kit ^{NR}
	Actemra	Idacio Kit ^{NR}
	Adalimumab-Adaz(CF) Pen Kit ^{NR}	Kevzara
	Adalimumab-Adaz(CF) Kit ^{NR}	Kineret
	Adalimumab-Fkjp Pen Kit ^{NR}	Olumiant*
	Adalimumab-Fkjp Kit ^{NR}	Orencia/clickjet/syringe/vial
	Amjevita autoinjector	Remicade
	Amjevita syringe	Renflexis
	Arcalyst	Rinvoq ER
	Avsola	Siliq
	Cibinqo	Simponi
	Cimzia	Simponi Aria
	Cosentyx	Skyrizi
	Cosentyx Unoready Pen ^{NR}	Sotyktu
	Cyltezo Pen Kit ^{NR}	Spevigo
	Cyltezo Kit ^{NR}	Stelara
	Entyvio	Taltz
	Enspryng	Tremfya
	Hadlima Pen Kit ^{NR}	Tremfya Autoinjector
	Hadlima Kit ^{NR}	Xeljanz/XR
	Hadlima Pen(CF) Kit ^{NR}	Xeljanz Solution
	Hadlima(CF) Kit ^{NR}	Yuflyma(CF) autoinjector ^{NR}
	Hulio Pen Kit ^{NR}	Yuflyma Kit (CF)NR
		Yusimry

* Manual PA required

Enzyme Replacement, Gauchers Disease

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2023

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: 7/5/2023**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 Adrenadlick)
epinephrine 0.3mg (AG Adrenadlick)
epinephrine 0.3mg auto injector
Auvi-Q
Symjepi**Erythropoiesis Stimulating Proteins**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 5/9/2023**No PA Required****Erythropoiesis Stimulating Proteins**Epogen
Retacrit**PA Required****Erythropoiesis Stimulating Proteins**Aranesp
Aranesp disp syringe
Jesduvroq^{NR}
Mircera
Procrit
Reblozyl**Fluoroquinolones**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/5/2023**No PA Required****Fluoroquinolones**ciprofloxacin tablet
levofloxacin tablet
Cipro suspension**PA Required****Fluoroquinolones**ciprofloxacin suspension
levofloxacin solution
moxifloxacin
ofloxacin
Baxdela
Cipro Tablet**GI Motility Agents**

Length of Authorization: 1 Year

Status Implementation: 9/2/2015
Current Review Date: 5/9/2023**No PA Required****GI Motility Agents**Amitiza
Linzess
Movantik**PA Required****GI Motility Agents**alosetron
lubiprostone
Isbrela
Lotronex
Motegrity
Relistor
Symproic
Trulance
Viberzi**Glucagon Agents**

Length of Authorization: 1 Year

Status Implementation: 7/27/2020
Current Review Date: 5/9/2023**No PA Required****Glucagon Agents**Baqsimi
Glucagon 1mg vial (Lilly)
Glucagon emergency kit (Lilly)
Proglycem suspension
Zegalogue autoinjector**PA Required****Glucagon Agents**diazoxide suspension
Glucagon 1mg vial (Fresenius)
Glucagon emergency kit (Fresenius)
Gvoke Hypopen
Gvoke syringe
Zegalogue syringe

Glucocorticoids, Inhaled

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

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

No PA Required**Glucocorticoids**

budesonide respules
 Asmanex
 Flovent HFA
 Pulmicort Flexhaler

PA Required**Glucocorticoids**

breyna^{NR}
 fluticasone propionate HFA
 Alvesco
 Armonair Digihaler
 Arnuity Ellipta
 Asmanex HFA
 Flovent Diskus
 Pulmicort respules
 QVAR Redihaler

Glucocorticoid/Beta-Agonist Combo

Advair Diskus
 Advair HFA
 Dulera
 Symbicort

Glucocorticoid/Beta-Agonist Combo

budesonide/formoterol funarate
 fluticasone/salmeterol inhaler
 fluticasone/vilanterol
 Airduo Digihaler
 Airduo Respick
 Airsupra HFA^{NR}
 Breo Ellipta
 Breztri Aerosphere
 Trelegy Ellipta
 Wixela inhub

Glucocorticoids, Oral

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required**Glucocorticoids**

budesonide DR/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	Emflaza
	dexamethasone elixir	Hemady
	dexamethasone intensol	Medrol tab DS pk
methylprednisolone 8mg, 16mg tab		Medrol tablet
prednisone ODT		Millipred solution
prednisolone sodium phosphate		
solution (Millipred)		Millipred DP tab DS pk
prednisolone sodium phosphate		
solution (Veripred)		Ortikos capsule ER
Alkindi Sprinkle		Rayos tablet DR
Cortef		Taperdex
Dexpak		Tarpeyo
Dxevo		

Growth Hormone

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 5/9/2023

No PA Required**Growth Hormone**Genotropin cartridge
Genotropin dis syringe
Nutropin AQ Pen**PA Required****Growth Hormone**Humatrope cartridge
Humatrope vial
Ngenla pen^{NR}
Norditropin pen
Omnitrope cartridge
Omnitrope vial
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: 5/9/2023

No PA Required**H. Pylori Treatment**

Pylera

PA Required**H. Pylori Treatment**bismuth/metronid/tetracycline^{NR}
lansoprazole/amoxicillin/clarithromycin
Omeclamox-Pak
Talcia**HAE Treatment**

Length of Authorization: 1 Year

Status Implementation: 1/10/2023

Current Review Date: 1/10/2023

No PA Required**HAE Treatment**Berniert
Cinryze
Firazyr
Kalbitor**PA Required****HAE Treatment**icatibant
Haegarda
Orladeyo
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
<u>Hemophilia Treatment</u>		<u>Hemophilia Treatment</u>
Advate	Koate-DVI Kit	
Adynovate	Koate-DVI Vial	
Afstyla	Kogenate FS	
Alphanate	Kovaltry	
Alphanine SD	Novoeight	
Alprolix	Novoseven RT	
Altuviio	Nuwiq	
Balfaxar ^{NR}	Obizur	
Benefix Kit	Profilnine SD	
Coagadex	Rebinyn	
Corifact Kit	Recombinate	
Eloctate	Rixubis	
Esperoct	Sevenfact	
Feiba NF	Tretten	
Hemlibra	Vonvendi	
Hemofil-M	Wilate	
Humate-P Kit	Xyntha Kit	
Idelvion	Xyntha Solofuse Syringe Kit	
Ixinity		
Jivi		
<u>Gene Therapy</u>		
Hemgenix*	Roctavian*	

* Manual clinical PA Required

[http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirector
ies/Pharmacy/PharmacyPriorAuthorizationProgram.aspx](http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirector
ies/Pharmacy/PharmacyPriorAuthorizationProgram.aspx)

Hepatitis C Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/5/2023

No PA Required	PA Required
<u>Pegylated Interferons</u>	<u>Pegylated Interferons</u>
Pegasys	
<u>Ribavirins</u>	<u>Ribavirins</u>
ribavirin	

Hepatitis C Agents, Other

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/5/2023

No PA Required	PA Required
<u>Other Hepatitis C Agents</u>	<u>Other Hepatitis C Agents</u>
<u>No PA Required</u>	<u>PA Required</u>
Mavyret	ledipasvir-sofosbuvir
Mavyret Pellets	sofosbuvir/velpatasvir
	Epclusa
	Harvoni pellet/tablet
	Sovaldi
	Viekira Pak
	Vosevi
	Zepatier

HIV/AIDS

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 7/5/2023

	No PA Required	PA Required
abacavir	Epivir	Trogarzo
abacavir-lamivudine	Epzicom	
atazanavir sulfate	Evotaz	
cabotegravir ER	Fuzeon	
darunavir	Genvoya	
didanosine capsule	Intelence	
efavirenz	Isentress	
efavir-emtri-tenof	Isentress HD	
efavir-lamiv-tenof	Juluca	
emtricitabine	Kaletra	
emtricitabine-tenof	Lexiva	
etravirine	Norvir	
fosamprenavir calcium	Odefsey	
lamivudine	Pifeltro	
lamivudine-zidovudine	Prezcobix	
lopinavir-ritonavir	Prezista	
maraviroc	Retrovir	
nevirapine	Reyataz	
nevirapine ER	Rukobia	
rilpivirine ER	Selzentry solution/ tablet	
ritonavir	Stribild	
stavudine	Sunlenca	
tenofovir disoproxil fumarate	Sustiva tablet	
zidovudine	Symfi	
Apretude	Symfi Lo	
Aptivus	Symtuza	
Atripla	Temixys	
Biktarvy	Tivicay	
Cabenuva	Tivicay PD	
Cimduo	Triumeq	
Combivir	Triumeq PD	
Complera	Trizivir	
Delstrigo	Truvada	
Descovy	Tybost	
Dovato	Viracept	
Edurant	Viread	
Emtriva	Vocabria tablet	
	Ziagen	

Hypoglycemics

Length of Authorization: 1 Year

No PA Required

Alpha-Glucosidase Inhibitors

acarbose

Incretin Mimetics/Enhancers

Amylin Analogs

n/a

Status Implementation: 5/1/2007

Current Review Date: 5/9/2023

PA Required

Alpha-Glucosidase Inhibitors

miglitol

Precose

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

saxagliptin^{NR}

saxagliptin/metformin ER^{NR}

Glyxambi

Jentadueto XR

Kazano

Kombiglyze ER

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

Rybelsus

Soliqua

Tanzeum

Xultophy

Insulins

Insulins Long Acting

Lantus vial

Lantus solostar

Levemir pen

Levemir vial

insulin glargine pen

insulin glargine vial

Insulins

Insulins Long Acting

insulin degludec pen (U-100)

insulin degludec pen (U-200)

insulin degludec

insulin glargine-YFGN pen

insulin glargine-YFGN vial

Basaglar Kwikpen U-100

Rezvoglar Kwikpen

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: 5/9/2023

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)
Riomet solution

No PA Required

Metformins Combinations

glyburide/metformin

SGLT2 and Combinations

Farxiga*
Invokamet*
Invokana*
Jardiance*
Xigduo XR*
Synjardy*

PA Required

Insulins Short Acting

Admelog
Admelog Solostar
Afrezza
Afrezza cartridge
Apidra vial/solostar
Basaglar Tempo Pen U-100 ^{NR}
Fiasp
Fiasp Flextouch
Fiasp penfill
Fiasp pumpcart ^{NR}
Humalog 200 U/ML pen
Humalog Tempo Pen U-100
Humulin pen
Lyumjev 100 U/ML pen
Lyumjev 200 U/ML pen
Lyumjev Tempo Pen U-100 ^{NR}
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 ER Suspension

PA Required

Metformins Combinations

glipizide/metformin

SGLT2 and Combinations

Inpefa^{NR}
Invokamet XR
Segluromet
Steglatro
Synjardy XR

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

Sulfonylureas

glipizide/ER/XL

Sulfonylureas

glimepiride
glyburide/micronized
Amaryl
Glucotrol/XL
Glynase

TZD

pioglitazone

TZD

Actos

Hypoglycemics - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/9/2023

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

Duetact

Immunomodulators, Asthma

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 7/5/2023

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

Fasenra pen

Fasenra syringe

Xolair syringe

Cinqair

Nucala auto-injector

Nucala syringe

Nucala vial

Tezspire

Tezspire pen

Immunomodulators, Atopic**Dermatitis**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/5/2023

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

Opzelura*

Protopic

* Manual PA required

Immunomodulators, Topical

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 7/5/2023

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

imiquimod (Aldara)

imiquimod (Zyclara)

podofilox

Condylox

Veregen

Zyclara

Intranasal Rhinitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required**Steroids**

fluticasone

Dymista

PA Required**Steroids**

azelastine/fluticasone

flunisolide

mometasone nasal

Beconase AQ

Nasonex (RX)

Omnaris

QNasl

Ryaltris

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: 7/5/2023

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: 01/10/2023

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: 01/10/2023

Fibric Acid Derivativesfenofibrate tablet (Lofibra)
fenofibrate tablet (Tricor)
gemfibrozilfenofibrate (Antara, Fenoglide, Lipofen)
fenofibrate capsule (Lofibra)
fenobibric acid (Fibricor, Trilipix)
gemfibrozil (AG)
Antara
FenoglideLipofen
Lopid
Tricor
Trilipix**MTP Inhibitor****Niacins****Omega-3 Fatty Acids**

Vascepa

PCSK9 Inhibitors**Fibric Acid Derivatives****MTP Inhibitor**

Juxtapid

Niacinsniacin ER
niacin/ER OTC
Niacor
Niaspan**Omega-3 Fatty Acids**icosapent ethyl
omega-3 acid ethyl esters
Lovaza**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

Statinsatorvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin**Statins**fluvastatin/ER
Altoprev
Atorvaliq
Crestor
Ezallor sprinkle
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: 7/5/2023

No PA Required**Macrolides/Ketolides**azithromycin suspension, tablet
clarithromycin suspension, tablet
erythromycin base capsule
erythromycin ethylsuccinate 200
suspension**PA Required****Macrolides/Ketolides**azithromycin packet
clarithromycin ER
erythromycin base tablet
erythromycin ethylsuccinate 400
suspension
erythromycin ES 400 mg tab
E.E.S. 200 suspension
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: 7/5/2023

No PA Required**Methotrexate**methotrexate injection
methotrexate PF
methotrexate tablet**PA Required****Methotrexate**methotrexate PF vial (AG)
Otrexup Auto Injector
Rasuvo Auto Injector
Reditrex
Trexall
Xatmep**Movement Disorders**

Length of Authorization: 1 Year

Status Implementation: 01/28/2021

Current Review Date: 01/10/2023

No PA Required**Movement Disorders**tetrabenazine
Austedo
Ingrezza**PA Required****Movement Disorders**Austedo XR
Austedo XR Titration Pack (Wk 1-4)^{NR}
Ingrezza Initiation Pack
Xenazine**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**

<ul style="list-style-type: none"> glatiramer 20 mg/ml glatiramer 40 mg/ml teriflunomide table^{NR} Ampyra Aubagio Briumvi^{NR} Bafiertam DR Copaxone 40mg/ml Extavia kit Extavia vial Gilenya Kesimpta pen Lemtrada Mavenclad Mayzent dose pack 	<ul style="list-style-type: none"> Mayzent tablet Ocrevus Plegridy Ponvory starter pack Ponvory tablet Rebif Rebif Rebidose Pen Tascenso ODT Tecfidera Tecfidera starter pack Tysabri Vumerity Zeposia capsule Zeposia pack
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Neuropathic Pain

Length of Authorization: 1 Year

Status Implementation: 1/17/2013

Current Review Date: 01/10/2023

No PA Required

Oral

duloxetine (generic Cymbalta)
gabapentin capsule
gabapentin tablet
pregabalin capsule
Lyrica solution
Savella*

PA Required

Oral

duloxetine (generic Irenka)
gabapentin solution
gabapentin solution (AG)
pregabalin ER
pregabalin solution
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

No PA Required

Topical***

capsaicin
Lidoderm

PA Required

Topical***

dermacinrx lidocan patch^{NR}
lidocaine patch
Qutenza Kit
Xyliderm^{NR}
Ztlido

***Step edit failure on one oral NSAID

NSAIDS and Combination Products

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/03/2023

No PA Required

Topical

diclofenac sodium gel (rx)*

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

NSAIDs and Combination Products - continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/03/2023

No PA Required

Oral

celecoxib****
diclofenac potassium
diclofenac sodium
ibuprofen susp/tablet
indomethacin capsule
meloxicam tablet
naproxen tablet
piroxicam
sulindac

PA Required

Oral

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

****A claim for an anticoagulant in the past 30 days or a diagnosis of a gastrointestinal hemorrhage in the past year	*** 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.
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Ophthalmics

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/03/2023

No PA Required

Allergic Conjunctivitis

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

PA Required

Allergic Conjunctivitis

azelastine ophth 0.05%	Alocril
bepotastine	Alomide
epinastine	Alex
olopatadine (RX) (Pazeo)	Bepreve
Alaway	Lastacast
	Zaditor
	Zerviate

Ophthalmics - Continued

No PA Required

Antibiotics

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

PA Required

Antibiotics

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

Ophthalmics - Continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/03/2023

No PA Required

Glaucoma

Alpha-2 Adrenergic Agonists

brimonidine 0.2%
Alphagan P

Beta Blockers

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

Carbonic Anhydrase Inhibitors

dorzolamide
dorzolamide/timolol
Azopt
Simbrinza

Prostaglandin Agonists

latanoprost
Lumigan
Travatan/Z

Glaucoma, Other

Phospholine iodide
pilocarpine
Rhopressa
Rocklatan

Antibiotic-Steroid Combinations

neomycin/polymyxin/desamethasone
Tobradex suspension
Trobradex ointment

PA Required

Glaucoma

Alpha-2 Adrenergic Agonists

apradondine
brimonidine 0.15%
brimonidine 0.1%^{NR}
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

Carbonic Anhydrase Inhibitors

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

Prostaglandin Agonists

bimatoprost
tafluprost
travoprost
lyuzeh^{NR}
Vyzulta
Xalatan
Xelpros
Zioptan

Glaucoma, Other

Vuity

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
Trobradex ointment
Trobradex ST
Zylet

Ophthalmic Anti-Inflammatories

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 10/03/2023

No PA Required**Anti-Inflammatory**

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

PA Required**Anti-Inflammatory**

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

Ophthalmic Anti-Inflammatories/Immunomodulators

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 10/03/2023

Ophthalmic Anti-**Inflammatory/Immunomodulators****No PA Required**

Restasis
 Restasis multidose
 Xiidra

Ophthalmic Anti-**Inflammatory/Immunomodulators****PA Required**

cyclosporine
 cyclosporine (AG)
 Cequa
 Eysuvis
 Miebo
 Tyrvaya
 Verkazia

Opiate Dependence Treatment

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 10/03/2023

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
 Brixadi
 Probuphine
 Sublocade
 Zubsolv

Opiate Dependence Treatment cont.**No PA Required****Opiate Dependence, Other**

naloxone syringe
 naloxone vial
 naltrexone tablet
 Narcan Spray

PA Required**Opiate Dependence, Other**

naloxone nasal spray
 naloxone nasal spray OTC^{NR}
 Narcan spray OTC^{NR}
 Opvee nasal spray^{NR}
 Kloxxado
 Lucemyra
 Vivitrol
 Zimhi^{NR}

Otic Antibiotics	Status Implementation: 10/15/2007
Length of Authorization: 1 Year	Current Review Date: 10/03/2023
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	Status Implementation: 12/02/2019
Length of Authorization: 1 Year	Current Review Date: 10/03/2023
No PA Required	PA Required
Otic Anti-Infectives & Anesthetics	Otic Anti-Infectives & Anesthetics
acetic acid	acetic acid HC

Otic Anti-Inflammatories	Status Implementation: 12/02/2019
Length of Authorization: 1 Year	Current Review Date: 10/03/2023
No PA Required	PA Required
Otic Anti-Inflammatories	Otic Anti-Inflammatories
Dermotic	fluocinolone 0.01% oil
	flac otic oil

Pancreatic Enzymes	Status Implementation: 5/11/2012
Length of Authorization: 1 Year	Current Review Date: 5/9/2023
No PA Required	PA Required
Pancreatic Enzymes	Pancreatic Enzymes
Creon	Pertzye
	Viokace
	Zenpep

Phosphate Binders	Status Implementation: 10/15/2007
Length of Authorization: 1 Year	Current Review Date: 5/9/2023
No PA Required	PA Required
Phosphate Binders	Phosphate Binders
calcium acetate capsule/gel cap	calcium acetate tablet
Renvela tablets	lanthanum carbonate
	sevelamer HCL
	sevelamer HCL (AG)
	sevelamer carbonate powder pack
	sevelamer carbonate tablet
	sevelamer carbonate tablet (AG)
	Auryxia
	Fosrenol powder pack
	Fosrenol tablet chewable
	Phoslyra
	Renagel
	Renvela powder pack
	Velphoro

Pituitary Suppressive Agents, LHRH

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2023

No PA Required

PA Required

Pituitary Suppressive Agents, LHRH

Fensolvi

Pituitary Suppressive Agents, LHRH

leuprolide acetate	Lupron Depot-Ped Kit
leuprolide depot	Supprelin La Kit
Camcevi	Synarel
Eligard	Trelstar
Lupaneta pack	Trelstar La
Lupron Depot	Triptodur Kit
Lupron Depot Kit	
Lupron Depot-Ped	

Platelet Inhibitors

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/10/2023

No PA Required

Platelet Inhibitors

clopidogrel
dipyridamole
prasugrel
Brilinta

PA Required

Platelet Inhibitors

aspirin-dipyridamole
aspirin-dipyridamole ER
Aggrenox
Effient
Plavix

Potassium Binders

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 5/9/2023

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: 5/9/2023

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: 5/9/2023

No PA Required

Proton Pump Inhibitors

omeprazole
pantoprazole
Dexilant
Nexium suspension

PA Required

Proton Pump Inhibitors

dexlansoprazole capsules	Konvomep
esomeprazole capsules/kit	Nexium capsules
esomeprazole magnesium	Prevacid capsules/solutabs
lansoprazole capsules	Prilosec suspension
pantoprazole suspension	Prilosec
rabeprazole/sprinkle	Protonix
Aciphex tablet/sprinkle	Protonix suspension
Esomep-EZS kit	Zegerid

Pulmonary Arterial Hypertension Agents

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/10/2023

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)

No PA Required

Pulmonary Arterial Hypertension Agents

ambrisentan
sildenafil tablet
Ravatio suspension
Tracleer

PA Required

Pulmonary Arterial Hypertension Agents

bosentan	Opsumit
sildenafil suspension	Orentram ER
sildenafil suspension (AG)	Orentram titration kit ^{NR}
tadalafil	Revatio tablet
Adcirca	Tadliq suspension
Adempas	Tracleer suspension
Alyq	Tyvaso
Letairis	Tyvaso DPI
Ligrey	Upravi
	Ventavis

Rosacea Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 01/02/2018

Current Review Date: 7/5/2023

No PA Required

metronidazole cream
metronidazole gel
Finacea gel
Rosadan cream
Rosadan gel

PA Required

azelaic acid
brimonidine gel
ivermectin
metronidazole lotion
Finacea foam
Noritate
Rosadan cream/gel kit
Soolantra
Zilxi

Sedative Hypnotics

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 01/10/2023

No PA Required

Sedative Hypnotics
temazepam 15 & 30 mg
zolpidem tablet

PA Required

Sedative Hypnotics

doxepin	Dayvigo
eszopiclone	Doral
estazolam	Eduar
quazepam	Halcion
ramelteon	Hetlioz
tasimelteon	Igalmi
temazepam 7.5 & 22.5 mg	Intermezzo
zaleplon	Lunesta
zolpidem capsule	Quviviq
zolpidem ER	Restoril
zolpidem SL	Rozerem
Ambien/CR	Silenor
Belsomra	

**triazolam - no longer covered by RI Medicaid

Skeletal Muscle Relaxants

Length of Authorization: 1 Year

Status Implementation: 7/6/2009

Current Review Date: 10/03/2023

No PA Required**Skeletal Muscle Relaxants**

baclofen tablet
 cyclobenzaprine
 methocarbamol
 tizanidine capsule
 tizanidine tablet

PA Required**Skeletal Muscle Relaxants**

baclofen solution/suspension
 chlorzoxazone
 cyclobenzaprine HCL ER
 dantrolene
 metaxalone
 orphenadrine ER/compound
 Amrix
 Dantrium
 Fexmid
 Fleqsuvy
 Lorzone
 Lyvispah
 Metaxall
 Norgesic Forte
 Zanaflex

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

Steroids

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/5/2023

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	halcinonide cream
betamethasone dipropionate gel, ointment		triamcinolone spray
betamethasone valerate lotion		Diprolene
	desoximetasone	Halog
diflorasone diacetate		Kenalog aerosol
fluocinonide cream, gel, ointment, solution		Topicort
fluocinonide E cream		Vanos

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/5/2023

No PA Required**Topical Low**

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

PA Required**Topical Low**

alclometasone diproponate cream
 alclometasone dipropionate ointment
 desonide cream
 desonide lotion
 fluocinolone 0.01% oil
 tridesilon
 Aqua-Glycolic HC
 Derma-Smoothe-FS
 Hydroxym gel^{NR}
 Texacort

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/5/2023

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	Beser / Beser Kit
clacortolone	Cloderm
fluocinolone acetonide cream	Cordran tape/ointment
fluocinolone acetonide ointment	Dermatop cream, ointment
fluocinolone acetonide solution	Elocon cream, ointment, solution
flurandrenolide	Luxiq foam
fluticasone propionate lotion	Oralene
hydrocortisone valerate cream	Pandel
hydrocortisone valerate ointment	Prednicarbate cream
hydrocortisone butyrate cream, emollient, lotion, ointment, solution	Prednicarbate ointment
triamcinolone paste (dental)	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

PA Required

Topical Very High

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

Stimulants and Related Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/10/2023

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

amphetamine salt combo	amphetamine salt combo ER	Desoxyn
atomoxetine	amphetamine sulfate tablet	Dexedrine
dexmethylphenidate	armodafinil	Dyanavel XR
dextroamphetamine tab	clonidine ER	Evekeo/ODT
dextroamphetamine-amphetamine	dexmethylphenidate XR	Focalin
guanfacine ER	dextroamphetamine solution/cap ER	Intuniv
methylphenidate IR	dextroamphetamine-amphetamine ER	Jornay PM
modafanil	lisdexamfetamine capsule ^{NR}	Methylin solution
Adderall XR	lisdexamfetamine chewable tablet ^{NR}	Mydayis
Concerta	methamphetamine	Nuvigil
Focalin XR	methylphenidate CD	Procentra
Vyvanse capsule	methylphenidate ER cap (Aptensio XR)	Provigil
	methylphenidate ER cap (Ritalin LA)	Qelbree
	methylphenidate ER 18,27,36,54 mg	Quillichew ER
	methylphenidate ER 18,27,36,54 mg (AG)	Quillivant XR
	methylphenidate ER tablet	Relexxii ER
	methylphenidate ER tab (gen Relexxii)	Ritalin/ LA
	methylphenidate solution/chewable	Strattera
	Adzenys XR ODT	Sunosi
	Aptensio XR	Vyvanse chewable
	Azstarys	Wakix
	Cotempla XR ODT	Zelstryl
	Daytrana	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: 5/9/2023

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

sulfasalazine/DR	balsalazide	Asacol HD
Apriso	budesonide DR	Azulfidine/DR
Lialda	mesalamine (generic Asacol HD)	Colazal
Pentasa	mesalamine ER (generic Apariso)	Delzicol
	mesalamine ER (generic Pentasa)	Dipentum
	mesalamine AG (generic Lialda)	Giazo
	mesalamine (generic Lialda)	Ortikos capsule ER
	mesalamine DR (generic Delzicol)	Uceris oral

Ulcerative Colitis - Continued

Topical

mesalamine (Canasa rectal)
SFRowasa

Topical

budesonide rectal
mesalamine ER
mesalamine kit
mesalamine rectal
Canasa rectal
Rowasa rectal
Uceris rectal

Uterine Disorder Treatment

Length of Authorization: 1 Year

Status Implementation: 10/14/2020
Current Review Date: 10/03/2023

No PA Required

Uterine Disorder Treatment

Myfembree
OriaHnn
Orilissa

PA Required

Uterine Disorder Treatment

Vasodilators, Coronary

Length of Authorization: 1 Year

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

No PA Required

Vasodilators, Coronary

isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate SR
nitroglycerin (transderm)
nitroglycerin (transderm) (AG)
Nitrostat

PA Required

Vasodilators, Coronary

isosorbide dinitrate (AG)
isosorbide dinit/hydralazine
isosorbide dinit/hydralazine (AG)
nitroglycerin (sublingual)
nitroglycerin (translingual)
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: 10/03/2023
Current Review Date: 5/9/2023

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)

No PA Required

Weight Management Agents

Contrave
Saxenda
Wegovy

PA Required

Weight Management Agents

orlistat capsule
Imcivree
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.