

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

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/ProviderDirectorie s/Pharmacy/PharmacyPriorAuthorizationProgram.aspx>

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

^{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.

RI Medicaid Fee-for-Service Preferred Drug List
Updated May 21, 2024

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

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

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) Cabtreo^{NR}
 clindamcin/benzoyl peroxide(Benzaclin) w/pump Clindacin Pac Kit
 clindamcin/benzoyl peroxide(Onexton) w/pump Clindagel
 clindamycin phosphate gel, foam, lotion Evoclin
 dapsone gel Klaron
 erythromycin gel Neuc
 erythromycin med swab Onexton w/pump
 erythromycin-benzoyl peroxide Ovace/Ovace Plus
 sulfacetamide products Rosula
 sulfacetamide/sulfur/urea 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} Ziana
 Acanya

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 compd 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
 Roxycodone
 Roxybond
 Seglentis^{NR}

Androgenic Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 5/21/2024

No PA Required**Androgenic Agents**

testosterone gel pump (AndroGel)
 Androderm
 AndroGel gel pump

PA Required**Androgenic Agents**

testosterone 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: 01/17/2024

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: 01/17/2024

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: 01/17/2024

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
amlodipine/valsartan HCTZ
Entresto

Angiotensin II Receptor

olmesartan/amlodipine 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: 01/17/2024

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	Firvanq
neomycin	Flagyl capsule
nitazoxanide	Flagyl ER
paromomycin	Likmez suspension ^{NR}
tinidazole	
vancomycin solution	Rebyota enema ^{NR}
vancomycin solution (AG) ^{NR}	Solosec
Aemcolo	Tindamax
Dificid	Vancocin
Dificid suspension	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
Nuessa
Vandazole
Xaciat**Anticoagulants**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/17/2024

No PA Required**Anticoagulants**enoxaparin
warfarin
Eliquis tablet
Pradaxa capsule*
Xarelto**PA Required****Anticoagulants**fondaparinux
Arixtra
Eliquis starter pack
Fragmin
Lovenox
Pradaxa pellet pack
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: 01/17/2024

No PA Required**carbamazepine derivatives**carbamazepine chewable tablet
carbamazepine tablet
oxcarbazepine tablet
Carbatrol
Epilex
Tegretol suspension
Tegretol XR
Trileptal suspension**PA Required****carbamazepine derivatives**carbamazepine ER (generic Carbatrol)
carbamazepine XR
carbamazepine suspension
oxcarbazepine suspension
Epilex
Oxtellar XR
Tegretol tablet/chewable tablet
Trileptal tablet

Anticonvulsants - continued

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/17/2024

No PA Required

First Generation

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

Second Generation

lacosamide solution
lacosamide tablet
lamotrigine tablets/disper tab
levetiracetam tablet/solution
topiramate tablet/sprinkle
zonisamide
Gabitril

Other

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

PA Required

First Generation

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

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	Motpoly XR
topirmate ER	Qudexy XR
vigabatrin powder pack	Sabril
vigabatrin tablet	Spritam
Aptiom	Topamax tablet/sprinkle *
Banzel	Trokendi XR
	Vimpat/dose pack
	Zonisade

Other

clobazam suspension	Sezaby
diacomit	Onfi
diazepam (rectal/device)	Sympazan
Epidiolex**	Xcopri tablet
Fintepla	Xcopri titration pak
Libervant Film ^{NR}	Ztalmy

** 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: 01/17/2024

No PA Required**Other**

bupropion/SR
 bupropion XL (generic Wellbutrin XL)
 mirtazapine/ODT
 trazodone
 venlafaxine
 venlafaxine ER caps
 Wellbutrin XL

PA Required**Other**

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

SSRI

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

SSRI

citalopram capsule	Celexa
fluoxetine DR	Lexapro(failure of citalopram)
fluvoxamine	Paxil/CR
paroxetine (generic Brisdelle)	Pexeva
paroxetine CR	Prozac
paroxetine suspension	Zoloft
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: 5/21/2024

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	Cresamba 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

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**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: 01/17/2024

No PA Required**Antihypertensives, Sympatholytics**

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

PA Required**Antihypertensives, Sympatholytics**

clonidine ER (generic Nexiclon)
 methyldopa (AG)
 methyldopa HCTZ
 Catapres tablet (oral)

Antihyperuricemics

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 5/21/2024

No PA Required**Antihyperuricemics**

allopurinol
 colchicine tablet
 colchicine tablet (AG)
 probencid
 probencid/colchicine

PA Required**Antihyperuricemics**

allopurinol 200 mg
 colchicine capsule
 febuxostat
 Colcrys
 Gloperba
 Krystexxa
 Mitigare
 Uloric
 Zylprim

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	Reyvow
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

pramipexole ER

ropinirole ER

Apokyn

Dhivy

Gocovri

Inbrija

Kynmobi film

Kynmobi titration kit

Mirapex*/ER

Neupro

Nourianz

Ogentys

Osmolex ER

* Diagnosis of Parkinson's in the past 12 months or Diagnosis of Restless Leg Syndrome in the past 12 months and a claim for ropinirole in the past 90 days

Antipsoriatics, Topical

Length of Authorization: 1 Year

Status Implementation: 5/4/2009

Current Review Date: 7/5/2023

No PA Required**Topical Antipsoriatics**

calcipotriene cream

calcipotriene ointment

calcipotriene solution

PA Required**Topical Antipsoriatics**

calcipotriene/betamethasone oint

calcipotriene/betamethasone susp

calcitriol ointment

Dovonex cream

Duobrii

Enstilar foam

Sorilux

Taclonex ointment

Taclonex scalp

Vtama

Zoryve

Antipsychotics

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 01/17/2024

No PA Required**Atypical**

aripiprazole tablet

clozapine tablet

lurasidone

olanzapine tablet

quetiapine

quetiapine ER

risperidone

ziprasidone capsule

Abilify Asimtufii

Abilify Maintena

Aristada

Invega Hafyera

Invega Sustenna

Invega Trinza *

Perseris

Risperdal Consta

Uzedy

PA Required**Atypical**

aripiprazole solution/ODT

asenapine sublingual

asenapine sublingual (AG)

clozapine ODT

olanzapine ODT

olanzapine/fluoxetine

paliperidone

risperidone (gen Risperdal Consta)^{NR}

risperidone ODT

ziprasidone capsule (AG)

Abilify Mycite

Abilify tablet

Aristada Initio

Caplyta

Clozaril

Fanapt

Invega

Latuda

Lybalvi

Nuplazid

Rexulti

Rexulti tritration pack^{NR}

Risperdal tablet/solution/ODT

Saphris

Secuado patch

Seroquel

Seroquel XR

Symbyax

Versacloz

Vraylar

Zyprexa

Zyprexa Relprevv

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: 7/5/2023

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: 01/17/2024

No PA Required**Beta Blockers**atenolol
atenolol/chlorthalidone
carvedilol
labetolol
metoprolol succinate XL
metoprolol tartrate
nadolol
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
nebivolol	Innopran XL
pindolol	Kapsargo sprinkle
propranolol solution	Lopressor/HCT
sorine	Sotylize
sotalol/AF	Tenoretic
timolol	Tenormin
Betapace/AF	Toprol XL
	Ziac

Bile Salts

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 5/21/2024

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

Bone Resorption Suppression

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/21/2024

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*

Teriparatide* (Brand)

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
tadalafil
Cialis**PDE-5****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 ActingProAir HFA
Proventil HFA
Ventolin HFA
Xopenex HFA**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****Beta Agonist Nebulizers, Long Acting**arformoterol tartrate
arformoterol tartrate (AG)
formoterol fumarate (AG)
Brovana (step edit for failure of long acting inhaler and corticoid steroid)
Perforomist (step edit for failure of long acting inhaler and corticoid steroid)**Beta Agonist Nebulizers, Short Acting**albuterol nebulizer solution
albuterol nebulizer solution low-dose (accuneb)**Beta Agonist Nebulizers, Short Acting**levalbuterol
Xopenex

Calcium Channel Blockers

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/17/2024

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

verapamil capsule ER/PM (AG)^{NR}

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: 7/5/2023

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

cefepodoxime suspension

cefepodoxime tablet

Suprax capsules/tablets/chewables

Suprax suspension

Colony Stimulating Factors

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/21/2024

No PA Required**Colony Stimulating Factors**

Fulphila
 Neupogen disp syringe
 Neupogen vial

PA Required**Colony Stimulating Factors**

Fylnetra
 Granix syringe
 Granix vial
 Leukine
 Neulasta kit
 Neulasta syringe
 Nivestym syringe

Nivestym vial
 Nyvepria
 Releuko syringe
 Releuko vial
 Rolvedon
 Stimufend syringe
 Udenyca
 Udenyca Onbody
 Zarxio
 Ziextenzo

Contraceptives, Other

Length of Authorization: 1 Year

Status Implementation: 10/03/2023

Current Review Date: 5/21/2024

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)
 Annovera
 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	Hadlima(CF) Kit ^{NR}
Ilumya syringe	Hulio Pen Kit ^{NR}
Inflectra	Hulio Kit ^{NR}
Infliximab	Hyrimoz(CF) Kit ^{NR}
abrilada(CF) Kit ^{NR}	Hyrimoz Pen(CF) Kit ^{NR}
abrilada(CF) Pen Kit ^{NR}	Idacio Pen Kit ^{NR}
Actemra	Idacio Kit ^{NR}
adalimumab-aacf(CF) Pen Kit ^{NR}	Kevzara
adalimumab-aaty(CF) Kit ^{NR}	Kineret
adalimumab-aaty(CF) Pen Kit ^{NR}	Litfulo ^{NR}
adalimumab-adaz(CF) Pen Kit ^{NR}	Olumiant*
adalimumab-adaz(CF) Kit ^{NR}	OmvoH Vial ^{NR}
adalimumab-adbm(CF) Kit ^{NR}	OmvoH Pen ^{NR}
adalimumab-adbm (CF) Pen Kit ^{NR}	Orencia/clickjet/syringe/vial
adalimumab-fkjp Pen Kit ^{NR}	Remicade
adalimumab-fkjp Kit ^{NR}	Renflexis
adalimumab-ryvk(CF) Kit ^{NR}	Rinqo ER
amjevita autoinjector	Siliq
amjevita (CF) Kit ^{NR}	Simlandi(CF) Kit 100mg/ml ^{NR}
Amjevita Pen(CF) Kit ^{NR}	Simponi
amjevita syringe	Simponi Aria
Arcalyst	Skyrizi
Avsola	Sotyktu
Bimzelx Syringe ^{NR}	Spevigo
Bimzelx Pen ^{NR}	Spevigo Syringe ^{NR}
Cibinqo	Stelara
Cimzia	Taltz
Cosentyx	Tofidence ^{NR}
Cosentyx Unoready Pen ^{NR}	Tremfya
Cosentyx Vial ^{NR}	Tremfya Autoinjector
Cyltezo Pen Kit ^{NR}	Tyenne vial ^{NR}
Cyltezo Kit ^{NR}	Velsipity ^{NR}
Entyvio	Xeljanz/XR
Entyvio Pen ^{NR}	Xeljanz Solution
Enspryng	Yuflyma(CF) Autoinjector ^{NR}
Hadlima Pen Kit ^{NR}	Yuflyma Kit (CF)NR
Hadlima Kit ^{NR}	Yusimry
Hadlima Pen(CF) Kit ^{NR}	Zymfentra Pen ^{NR}
	Zymfentra Syringe ^{NR}

* Manual PA required

Enzyme Replacement, Gauchers Disease

Length of Authorization:1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/21/2024

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

Zavesca

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

miglustat
 miglustat (AG)
 Cerdelga
 Yargesa

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 Adrenaclick)

epinephrine 0.3mg (AG Adrenaclick)

epinephrine 0.3mg auto injector

Auvi-Q

Symjepi

Erythropoiesis Stimulating Proteins

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 5/21/2024

No PA Required**Erythropoiesis Stimulating Proteins**

Epogen

Retacrit

PA Required**Erythropoiesis Stimulating Proteins**

Aranesp

Aranesp disp syringe

Jesduvroq

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: 5/21/2024

No PA Required**GI Motility Agents**

lubiprostone

Amitiza

Linzess

Relistor

Trulance

PA Required**GI Motility Agents**

alosetron

Isbrela

Lotronex

Motegrity

Movantik

Symproic

Viberzi

Glucagon Agents

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 5/21/2024

No PA Required**Glucagon Agents**

Baqsimi

Glucagon 1mg vial (Lilly)

Glucagon emergency kit (Lilly)

Proglycem suspension

Zegalogue autoinjector

Zegalogue syringe

PA Required**Glucagon Agents**

diazoxide suspension

Glucagon 1mg vial (Fresenius)

Glucagon emergency kit (Fresenius)

Gvoke Hypopen

Gvoke 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**

breyne^{NR}
 fluticasone propionate HFA
 fluticasone (Flovent Diskus)(AG)^{NR}
 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 Respiclick
 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
deflazacort tablet ^{NR}	Eohilia suspension ^{NR}
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: 5/21/2024

No PA Required

Growth Hormone

Genotropin cartridge
Genotropin dis syringe
Nutropin AQ Pen

PA Required

Growth Hormone

Humatrope cartridge	Omnitrope vial
Humatrope vial	Saizen vial
Ngenla pen	Serostim vial
Norditropin pen	Skytrofa
Omnitrope cartridge	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: 5/21/2024

No PA Required

H. Pylori Treatment

Pylera

PA Required

H. Pylori Treatment

bismuth/metronid/tetracycline
lansoprazole/amoxicillin/clarithromycin
Omeclamox-Pak
Talicia

HAE Treatment

Length of Authorization: 1 Year

Status Implementation: 1/10/2023

Current Review Date: 01/17/2024

No PA Required

HAE Treatment

icatibant
sajazir
Berniert
Cinryze
Kalbitor

PA Required

HAE Treatment

Firazyr
Haegarda
Orladeyo
Ruconest
Takhzyro syringe
Takhzyro vial

Hemophilia Treatment

Length of Authorization: 1 Year

Status Implementation: 1/10/2023

Current Review Date: 01/17/2024

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	
Altuviiio	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/ProviderDirectories/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**Pegylated Interferons**

Pegasys

Ribavirins

ribavirin

PA Required**Pegylated Interferons****Ribavirins****Hepatitis C Agents, Other**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/5/2023

Clinical PA Required + Trial of Preferred Agent**Other Hepatitis C Agents****No PA Required**

Mavyret

Mavyret Pellets

Other Hepatitis C Agents**PA Required**

ledipasvir-sofosbuvir

sofosbuvir/velpatasvir

Eplusa

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	
darunavir propylene glycolate ^{NR}	Intelence	
didanosine capsule	Isentress	
efavirenz	Isentress HD	
efavir-emtri-tenof	Juluca	
efavir-lamiv-tenof	Kaletra	
emtricitabine	Lexiva	
emtricitabine-tenof	Norvir	
etravirine	Odefsey	
fosamprenavir calcium	Pifeltro	
lamivudine	Prezcobix	
lamivudine-zidovudine	Prezista	
lopinavir-ritonavir	Retrovir	
maraviroc	Reyataz	
nevirapine	Rukobia	
nevirapine ER	Selzentry solution/ tablet	
rilpivirine ER	Stribild	
ritonavir	Sunlenca	
stavudine	Sustiva tablet	
tenofovir disoproxil fumarate	Symfi	
zidovudine	Symfi Lo	
Apretude	Symtuza	
Aptivus	Temixys	
Atripla	Tivicay	
Biktarvy	Tivicay PD	
Cabenuva	Triumeq	
Cimduo	Triumeq PD	
Combivir	Trizivir	
Complera	Truvada	
Delstrigo	Tybost	
Descovy	Viracept	
Dovato	Viread	
Edurant	Vocabria tablet	
Emtriva	Ziagen	

Hypoglycemics

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/21/2024

No PA Required**Alpha-Glucosidase Inhibitors**

acarbose

Incretin Mimetics/Enhancers**Amylin Analogs**

n/a

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

saxagliptin/metformin ER

sitagliptin (AG) (Zituvio)^{NR}

Glyxambi

Jentadueto XR

Kazano

Kombiglyze ER

Nesina

Onglyza

Oseni

Q-tern

Steglujan

Trijardy XR

Zituvio

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: 5/21/2024

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*

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

Sulfonylureas

glipizide/ER/XL

TZD

pioglitazone

PA Required

Insulins Short Acting

	Admelog
	Admelog Solostar
	Afrezza
	Afrezza cartridge
	Apidra vial/solostar
	Basaglar Tempo Pen U-100
	Fiasp
	Fiasp Flextouch
	Fiasp penfill
	Fiasp pumpcart
	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
	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
Invokamet XR
Segluromet
Steglatro
Synjardy XR

Sulfonylureas

glimepiride
glyburide/micronized
Amaryl
Glucotrol/XL
Glynase

TZD

Actos

Hypoglycemics - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/21/2024

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

Cinqair

Fasenra syringe

Nucala auto-injector

Zolair Autoinjector

Nucala syringe

Xolair 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, Atopic DermatitisImmunomodulators, Atopic Dermatitis

Elidel

pimecrolimus cream

Eucrisa

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

podofilox gel^{NR}

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: 01/17/2024

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: 01/17/2024

Fibric Acid Derivativesfenofibrate tablet (Lofibra)
fenofibrate tablet (Tricor)
gemfibrozilfenofibrate (Antara, Fenoglide, Lipofen)
fenofibrate capsule (Lofibra)
fenofibric acid (Fibracor, Trilipix)
gemfibrozil (AG)
Antara
Fenoglide**Fibric Acid Derivatives**Lipofen
Lopid
Tricor
Trilipix**MTP Inhibitor****Niacins****Omega-3 Fatty Acids**omega-3 acid ethyl esters
Vascepa**MTP Inhibitor**

Juxtapid

Niacinsniacin ER
niacin/ER OTC
Niacor
Niaspan**Omega-3 Fatty Acids**icosapent ethyl
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

Statinsatorvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin**Statins**fluvastatin/ER
pitavastatin^{NR}
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)
Jylamvo solution^{NR}
Otrexup Auto Injector
Rasuvo Auto Injector
Reditrex
Trexall
Xatmep**Movement Disorders**

Length of Authorization: 1 Year

Status Implementation: 01/28/2021

Current Review Date: 01/17/2024

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

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 01/17/2024

No PA Required**Multiple Sclerosis**dalfampridine ER
dimethyl fumarate DR
dimethyl fumarate DR (AG)
dimethyl fumarate DR starter pack
fingolimod
teriflunomide tablet
Avonex
Avonex pen
Betaseron kit
Copaxone 20mg/ml syringe kit**PA Required****Multiple Sclerosis**

glatiramer 20 mg/ml	Mayzent tablet
glatiramer 40 mg/ml	Ocrevus
Ampyra	Plegridy
Aubagio	Ponvory starter pack
Briumvi ^{NR}	Ponvory tablet
Bafiertam DR	Rebif
Copaxone 40mg/ml	Rebif Rebidose Pen
Extavia kit	Tascenso ODT
Extavia vial	Tecfidera
Gilenya	Tecfidera starter pack
Kesimpta pen	Tysabri
Lemtrada	Vumerity
Mavenclad	Zeposia capsule
Mayzent dose pack	Zeposia pack

Neuropathic Pain

Length of Authorization: 1 Year

Status Implementation: 1/17/2013

Current Review Date: 01/17/2024

No PA Required**Oral**

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

PA Required**Oral**

duloxetine (generic Irenka)
 gabapentin ER (generic Gralise)^{NR}
 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 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**Topical*****

capsaicin
 Lidoderm

***Step edit failure on one oral NSAID

PA Required**Topical*****

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

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
diclofenac sodium	oxaprozin
ibuprofen susp/tablet	tolmetin sodium tablet
indomethacin capsule	Arthrotec
meloxicam tablet	Celebrex***
naproxen tablet	Daypro
piroxicam	Duexis
sulindac	Feldene
	Inflammacin Kit
	Lofena tablet
	Nalfon
	Naprelan
	Naprosyn
	Relafen DS
	Sprix
	Vimovo
	Vivlodex
	Zipsor
	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.

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
loteprednol ^{NR}	Bepreve
olopatadine (RX) (Pazeo)	Lastacaft
Alaway	Zaditor
	Zerviate

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/dexamethasone

Tobradex suspension

Tobradex 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}

Vyulta

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

Tobradex ointment

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

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
 Vevye^{NR}

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
<u>Otic Antibiotics</u>	<u>Otic Antibiotics</u>
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
<u>Otic Anti-Infectives & Anesthetics</u>	<u>Otic Anti-Infectives & Anesthetics</u>
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
<u>Otic Anti-Inflammatories</u>	<u>Otic Anti-Inflammatories</u>
Dermotic	fluocinolone 0.01% oil
	flac otic oil

Pancreatic Enzymes	Status Implementation: 5/11/2012
Length of Authorization: 1 Year	Current Review Date: 5/21/2024
No PA Required	PA Required
<u>Pancreatic Enzymes</u>	<u>Pancreatic Enzymes</u>
Creon	Pertzye
	Viokace
	Zenpep

Phosphate Binders	Status Implementation: 10/15/2007
Length of Authorization: 1 Year	Current Review Date: 5/21/2024
No PA Required	PA Required
<u>Phosphate Binders</u>	<u>Phosphate Binders</u>
calcium acetate capsule/gel cap	calcium acetate tablet
Renvela powder pack	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
	Renagel
	Xphozah
	Velphoro

Pituitary Suppressive Agents, LHRH

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/21/2024

No PA Required**Pituitary Suppressive Agents, LHRH**

Fensolvi

PA Required**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: 01/17/2024

No PA Required**Platelet Inhibitors**

clopidrogel
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: 5/21/2024

No PA Required**Potassium Binders**

Lokelma
sodium polystyrene sulfonate

PA Required**Potassium Binders**

Lokelma unit dose
Veltassa

Progestins for Cachexia

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 5/21/2024

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: 5/21/2024

No PA Required**Proton Pump Inhibitors**

omeprazole
pantoprazole
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
Dexilant	Zegerid
Esomep-EZS kit	

Pulmonary Arterial Hypertension Agents

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/17/2024

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)**No PA Required****Pulmonary Arterial Hypertension Agents****Agents**

ambrisentan
 sildenafil tablet
 Ravatio suspension
 Tracleer

PA Required**Pulmonary Arterial Hypertension Agents**

bosentan	Opsumit
sildenafil suspension	Opsynvi tablet ^{NR}
sildenafil suspension (AG)	Orentram ER
tadalafil	Orentram titration kit ^{NR}
Adcirca	Revatio tablet
Adempas	Tadliq suspension
Alyq	Tracleer suspension
Letairis	Tyvaso
Ligrey	Tyvaso DPI
	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: 01/17/2024

No PA Required

Sedative Hypnotics
 temazepam 15 & 30 mg
 zolpidem tablet

PA Required**Sedative Hypnotics**

doxepin	Dayvigo
eszopiclone	Doral
estazolam	Edluar
quazepam	Halcion
ramelteon	Hetioz
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

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

PA Required**Skeletal Muscle Relaxants**

baclofen solution/suspension
 chlorzoxazone
 cyclobenzaprine HCL ER
 dantrolene
 metaxalone
 orphenadrine ER/compound
 Amrix
 Baclofen solution (brand)^{NR}
 Dantrium
 Fexmid
 Fleqsuvy
 Lorzone
 Lyvispah
 Metaxall
 Norgesic Forte
 Zanaflex

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

Stimulants and Related Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/17/2024

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

amphetamine salt combo
atomoxetine
clonidine ER
dexamethylphenidate

dexamethylphenidate ER
dextroamphetamine tab
dextroamphetamine-amphetamine
guanfacine ER
methylphenidate IR

methylphenidate solution
modafanil
Adderall XR

Concerta
Focalin XR

Vyvanse capsule

amphetamine salt combo ER
amphetamine sulfate tablet
armodafinil
dextroamphetamine solution/cap ER

dextroamphetamine-amphetamine ER
lisdexamfetamine capsule
lisdexamfetamine chewable tablet
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 ER tab (gen Relexxii)
methylphenidate chewable
Adzenys XR ODT
Aptensio XR
Azstarys
Cotempla XR ODT
Daytrana

PA Required**Stimulants and Related Agents**

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
Zelstryl
Zenedi

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

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

Ulcerative Colitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2008

Current Review Date: 5/21/2024

No PA Required**Oral**

sulfasalazine/DR
Apriso
Lialda
Pentasa

PA Required**Oral**

balsalazide
budesonide DR
mesalamine (generic Asacol HD)
mesalamine ER (generic Apariso)
mesalamine ER (generic Pentasa)
mesalamine AG (generic Lialda)
mesalamine (generic Lialda)
mesalamine DR (generic Delzicol)

Asacol HD
Azulfidine/DR
Colazal
Delzicol
Dipentum
Giazo
Ortikos capsule ER
Uceris oral

Ulcerative Colitis - Continued**Topical**

mesalamine (Canasa rectal)
SFRowasa
Uceris rectal

Topical

budesonide rectal
mesalamine ER
mesalamine kit
mesalamine rectal
Canasa rectal
Rowasa 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: 01/17/2024

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: 5/21/2024

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)**No PA Required****Weight Management Agents**

Saxenda

Wegovy

PA Required**Weight Management Agents**

orlistat capsule

Imcivree

Xenical

Zepbound