

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/ProviderDirectories/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 October 1, 2024**

[Acne Agents, Topical](#)

Miscellaneous Topicals
Retinoids

[Alzheimer's Agents](#)

Cholinesterase Inhibitors
Miscellaneous Topicals

[Analgesics, Narcotics Long-Acting](#)

Analgesics, Narcotics Short-Acting
[Fentanyl Oral Products](#)

[Other](#)

[Androgenic Agents](#)

Angiotensin Modulators

[Ace Inhibitors](#)
[Ace Inhibitor/Diuretic Combo](#)
[Angiotensin Receptor Blocker](#)
[Ang II Recep/Blocker/Diuretic Combo](#)
[Renin Inhibitor](#)
[Renin Inhibitor/Diuretic Combo](#)

[Angiotensin Modulator/Calcium Channel Blocker Combinations](#)

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

[Anti-Allergens](#)

[Antianginal & Anti-Ischemic](#)

[Antibiotics, GI](#)

[Antibiotics, Inhaled](#)

[Antibiotics, Tetracyclines](#)

[Antibiotics, Topical](#)

[Antibiotics, Vaginal](#)

[Anticoagulants](#)

Anticonvulsants

[Carbamazepine Derivatives](#)
[First Generation](#)
[Second Generation](#)
[Other](#)

[Antidepressants](#)

Antidepressants, Other
Antidepressants, SSRI

[Antiemetics](#)

Serotonin Antagonists
NK1 Receptor Antagonist

[Antifungals](#)

[Antihistamines, Minimally Sedating](#)

Antihistamines
Antihistamine/Decongestant
Combos

[Antihypertensives, Sympatholytics](#)

[Antihyperuricemics](#)

[Antimigraine Agents](#)

Triptans
Other Related Agents

[Antiparkinson's Agents](#)

[Antipsoriasis, Topical](#)

[Antipsychotics, Atypical](#)

[Antivirals](#)

Herpes
Influenza Agents
[Antivirals Topical](#)

[Beta Blockers](#)

[Bile Salts](#)

[Bladder Relaxants](#)

[Bone Resorption Suppression](#)

Bisphosphonates
Other Related Agents

[Botulinum Toxins](#)

[BPH Agents](#)

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

[Bronchodilators](#)

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

[Calcium Channel Blockers](#)

Dihydropyridines
Non-Dihydropyridines

[Cephalosporins](#)

Second Generation
Third Generation

[Colony Stimulating Factors](#)

[Contraceptives, Other](#)

[COPD Agents](#)

[Cytokine & CAM Antagonists](#)

[Enzyme Replacement, Gauchers Disease](#)

[Epinephrine, Self-Injected](#)

[Erythropoiesis Stimulating Proteins](#)

[Fluoroquinolones](#)

[GI Motility Agents](#)

[Glucagon Agents](#)

[Glucocorticoids, Inhaled](#)

Glucocorticoids
Glucocorticoid/Beta-Agonist

[Glucocorticoids, Oral](#)

[Growth Hormones](#)

[H. Pylori Treatment](#)

[HAE Treatments](#)

[Hemophilia Treatment](#)

Gene Therapy

[Hepatitis C Agents](#)

Pegylated Interferons
Ribavirins
Hepatitis C Agents, Other

[HIV/AIDS](#)

Hypoglycemics

[Alpha-Glucosidase Inhibitors](#)
[Incretin Mimetics/Enhancers](#)
[Amylin Analogs](#)
[DPP-IV Inhibitors](#)
[GLP-1 Receptor Agonists](#)
[Insulins, Long Acting](#)
[Insulins, Short Acting](#)
[Meglitinides](#)
[Metformins](#)
[Metformin Combos](#)

[SGLT2](#)
[Sulfonylureas](#)
[TZDs](#)
[TZD/Metformin Combo](#)
[TZD/Sulfonylurea Combo](#)

[Immunomodulators, Asthma](#)

[Immunomodulators, Atopic Dermatitis](#)

[Immunomodulators, Topical](#)

[Intranasal Rhinitis](#)

Steroids
Antihistamines

[Leukotriene Modifiers](#)

Lipotropics, Other

[ACL Inhibitor](#)
[ANGPTL3 Inhibitor](#)
[Antihyperlipidemic APOB-100
Synthesis Inhibitor](#)
[Antihyperlipidemic Combinations](#)
[Bile Acid Resins](#)
[Cholesterol Absorption Inhibitors](#)
[Fibric Acid Derivatives](#)
[Niacins](#)
[Omega-3 Fatty Acids](#)
[MTP Inhibitor](#)

[Lipotropics, Statins](#)

Statins
Statin Combo

[Macrolides/Ketolides](#)

[Methotrexate](#)

[Movement Disorders](#)

[Multiple Sclerosis](#)
[Neuropathic Pain](#)

Oral
Topical

NSAIDs and Combination Products

[Oral](#)
[Topical](#)

[Ophthalmics](#)

Allergic Conjunctivitis
Antibiotics
Antibiotic-Steroid Combo
Anti-Inflammatories
Anti-
Inflammatory/Immunomodulators

[Ophthalmics, Glaucoma](#)

Alpha-2 Adrenergic Agonists
Beta Blocker and Combinations
Carbonic Anhydrase Inhibitors
Other
Prostaglandin Agonists

[Opiate Dependence Treatments](#)

[Otic Antibiotics](#)

[Otic Anti-Infectives & Anesthetics](#)

[Otic Anti-Inflammatories](#)

[Pancreatic Enzymes](#)

[Phosphate Binders](#)

[Pituitary Suppressive Agents, LHRH](#)

[Platelet Inhibitors](#)

[Potassium Binders](#)

[Progestins for Cachexia](#)

[Proton Pump Inhibitors](#)

[Pulmonary Arterial Hypertension Agents](#)

[Rosacea Agents, Topical](#)

[Sedative Hypnotics](#)

[Skeletal Muscle Relaxants](#)

Steroids

[Topical High](#)
[Topical Low](#)
[Topical Medium](#)

[Topical Very High](#)

[Stimulants and Related Agents](#)

[Ulcerative Colitis](#)

Oral

Topical

[Uterine Disorder Treatments](#)

[Vasodilators, Coronary](#)

[Weight Management Agents](#)

Acne Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 7/2/2024

No PA Required**Miscellaneous Topicals**

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

PA Required**Miscellaneous Topicals**

clindamcin/benzoyl peroxide (Acanya) w/pump BP Cleansing Wash
 clindamcin/benzoyl peroxide(Benzaclin) Cabtreo
 clindamcin/benzoyl peroxide(Benzaclin) w/pump Cleocin-T lotion
 clindamcin/benzoyl peroxide(Onexton) w/pump Clindacin Pac Kit
 clindamycin phosphate foam 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
 sodium sulfacetamide/sulfur products SSS 10-5
 Acnefree clearing system Sumadan products
 Acne medication gel Sumaxin products
 Amzeeq Winlevi
 Avar all formulations ZMA Clear Cleanser
 Benzaclin
 Benzaclin w/pump
 Benzamycin
 Benzefoam
 BP-10-1

Retinoids and Combinations

Retin-A cream
 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 Micro
 tretinoin cream Retin-A Micro Pump
 tretinoin gel(generic Avita/Retin-A) Ziana
 tretinoin microspheres
 tretinoin microspheres gel 0.08% pump
 Acanya

[Return to Index](#)

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

PA Required

Cholinesterase Inhibitors

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

NMDA Receptor Antagonist and Combinations

memantine tablet
memantine tablet dose pack

NMDA Receptor Antagonist and Combinations

memantine ER
memantine solution
Namenda dose pack
Namenda tablet
Namenda XR
Namzaric
Namzaric dose pack

Amyloid Beta-directed Antibody

Aduhelm
Kisunla^{NR}
Leqembi^{NR}

Analgesics, Narcotics Long-Acting

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/1/2024

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

No PA Required

Narcotic Analgesics, L/A

fentanyl transdermal 12,25,20,75,100mg
methadone tab

morphine 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	Morphabond ER
morphine ER cap	MS Contin
morphine ER (Avinza)	Nucynta ER
oxycodone HCL ER	OxyContin
oxymorphone ER	Zohydro ER
tramadol ER/SR 24H	

Analgesics Narcotics Short-Acting

Length of Authorization: 1 Year

Status Implementation: 10/15/2009

Current Review Date: 10/1/2024

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

[Return to Index](#)

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: 10/1/2024

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 50mg
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: 5/21/2024

No PA Required

Androgenic Agents

testosterone gel pump (Androgel)
Androderm
Androgel gel pump

PA Required

Androgenic Agents

testosterone
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

[Return to Index](#)

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

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
valsartan solution
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

[Return to Index](#)

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
Entresto sprinkle cap^{NR}
Exforge/HCT
Tribenzor
Twynsta

Anti-Allergens

Length of Authorization: 1 Year

Status Implementation: 7/5/2017

Current Review Date: 7/2/2024

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

[Return to Index](#)

Antibiotics, GI

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/2/2024

No PA Required**Antibiotics, GI**

metronidazole tablet

neomycin

tinidazole

vancomycin capsule

PA Required**Antibiotics, GI**

metronidazole capsule

nitazoxanide

paromomycin

vancomycin solution

vancomycin solution (AG)

Aemcolo

Dificid

Dificid suspension

Firvanq

Flagyl capsule

Flagyl ER

Likmez suspension^{NR}

Rebyota enema

Solosec

Vancocin

Vowst Capsule

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: 7/2/2024

No PA Required**Antibiotics, Inhaled**

Bethkis

Kitabis Pak

PA Required**Antibiotics, Inhaled**

tobramycin pak (AG)

tobramycin solution

Arikayce

Cayston

Tobi

Tobi Podhaler

Antibiotics, Tetracyclines

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/2/2024

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

doxycycline hyclate tablet DR

doxycycline monohydrate 50mg brand capsule

doxycycline monohydrate 150mg capsule

doxycycline monohydrate 75mg capsule

doxycycline monohydrate suspension

minocycline ER/tablet

Doryx

Doryx/MPC

Lymepak

Minolira ER

Morgidox kit

Nuzyra

Solodyn

Vibramycin capsule

Vibramycin syrup

[Return to Index](#)

Antibiotics, Topical	Status Implementation: 7/1/2013
Length of Authorization: 1 Year	Current Review Date: 7/2/2024
No PA Required	PA Required
Antibiotics, Topical	Antibiotics, Topical
mupirocin ointment	gentamicin cream
	gentamicin ointment
	mupirocin cream
	Centany
	Centany AT Kit
	Xepi

Antibiotics, Vaginal	Status Implementation: 7/1/2013
Length of Authorization: 1 Year	Current Review Date: 7/2/2024
No PA Required	PA Required
Antibiotics, Vaginal	Antibiotics, Vaginal
metronidazole	clindamycin
Cleocin Ovules	metronidazole gel (generic Nuvessa)
	Cleocin cream
	Clindesse
	Metrogel
	Nuvessa
	Vandazole
	Xaciato

Anticoagulants	Status Implementation: 1/15/2008
Length of Authorization: 1 Year	Current Review Date: 01/17/2024
No PA Required	PA Required
Anticoagulants	Anticoagulants
enoxaparin	fondaparinux
warfarin	Arixtra
Eliquis tablet	Eliquis starter pack
Pradaxa capsule*	Fragmin
Xarelto	Lovenox
	Pradaxa pellet pack
	Savaysa
	Xarelto dose pack

* Diagnosis of Atrial Fibrillation in the past year.

Anticonvulsants	Status Implementation: 1/15/2008
Length of Authorization: 1 Year	Current Review Date: 01/17/2024
No PA Required	PA Required
carbamazepine derivatives	carbamazepine derivatives
carbamazepine chewable tablet	carbamazepine ER (generic Carbatrol)
carbamazepine tablet	carbamazepine XR
oxcarbazepine tablet	carbamazepine suspension
Carbatrol	oxcarbazepine suspension
Epitol	Equetro
Tegretol suspension	Oxtellar XR
Tegretol XR	Tegretol tablet/chewable tablet
Trileptal suspension	Trileptal tablet

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

Other

clobazam tablet
 phenobarbital elixir
 phenobarbital tablet
 Diastat (rectal)
 Diastat Acudial (rectal)
 Nayzilam
 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	Libervant film
topirimate ER	Motpoly XR
vigabatrin powder pack	Qudexy XR
vigabatrin tablet	Sabril
vigadrone	Spritam
Aptiom	Topamax tablet/sprinkle *
Banzel	Trokendi XR
	Vigafyde solution ^{NR}
	Vigpoder powder pack ^{NR}
	Vimpat/dose pack
	Zonisade

Other

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

** 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	Khedezia
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 *	Zurzuvae ^{NR}

SSRI

citalopram solution
 citalopram tablet
 escitalopram solution
 escitalopram tablet
 fluoxetine capsule
 fluoxetine solution
 fluoxetine tablet 10&20mg
 fluvoxamine
 paroxetine tablet
 sertraline tablet

SSRI

citalopram capsule	Celexa
fluoxetine 60mg tablet	Lexapro(failure of citalopram)
fluoxetine DR	Paxil/CR
fluvoxamine	Prozac
paroxetine (generic Brisdelle)	Zoloft
paroxetine CR	
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: 5/21/2024

No PA Required**Serotonin Antagonists**

metoclopramide solution
 metoclopramide tablet
 ondansetron ODT
 ondansetron solution
 ondansetron tablet

PA Required**Serotonin Antagonists**

doxylamine succinate/vitamin B6	Diclegis
granisetron	Gimoti nasal spray
ondansetron ODT (16mg) ^{NR}	Sancuso
Akynzeo	Sustol
Anzemet	
Bonjesta	

NK1 Receptor Antagonist**NK1 Receptor Antagonist**

aprepitant capsule
 aprepitant packet
 fosaprepitant
 Emend
 Focinvez via^{NR}

Antifungals

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/2/2024

No PA Required**Oral**

clotrimazole
 fluconazole tablet
 griseofulvin suspension
 nystatin suspension
 terbinafine

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	Noxafil tablet
nystatin tablet	Oravig
posaconazole	Sporanox
posaconazole suspension	Tolsura
voriconazole	Vfend tablet/suspension
	Vivjoa capsule

Topical

clotrimazole-betamethasone cream
 clotrimazole cream (Rx)
 ketoconazole cream
 ketoconazole shampoo
 miconazole nitrate cream
 nystatin cream/ointment
 terbinafine cream
 tolnaftate 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	Lamisil cream/gel
luliconazole	Loprox cream/gel/kit
miconazole solution	Loprox suspension
miconazole-zinc-petro	Lotrimin
naftifine	Luzu
nystatin-triamcinolone cream/ointment	Mycozyl AC (OTC) cream
nystatin powder	Naftin cream/gel
oxiconazole nitrate cream	Nizoral shampoo
salicylic acid ointment	Oxistat lotion
sulconazole	Vusion
tavaborole	
tolnaftate solution	

Antihistamines, Minimally Sedating

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/2/2024

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

[Return to Index](#)

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)
 Nexiclon XR

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
 Zyloprim

Antimigraine Agents

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/1/2024

No PA Required**Other**

Aimovig autoinjector*
 Emgality 120 mg/ml pen*
 Emgality 120 mg/ml syringe*
 Qulipta*
 Ubrelvy*

PA Required**Other**

diclofenac potassium powder pack	Reyvow
Ajovy/autoinjector	Vyepti
Emgality 100 mg/ml syringe	Zavzpret
Nurtec ODT	

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	Relpax
sumatriptan kit	Tosymra
sumatriptan kit (AG)	Zembrace
sumatriptan nasal (AG)	Zomig (oral, nasal, ZMT)
sumatriptan/naproxen	
zolmitriptan spray (AG)	
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)

[Return to Index](#)

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	Nouriaz
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: 7/2/2024

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: 01/17/2024

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	Latuda
asenapine sublingual	Lybalvi
asenapine sublingual (AG)	Nuplazid
clozapine ODT	Rexulti
olanzapine ODT	Rexulti tritration pack ^{NR}
olanzapine/fluoxetine	Risperdal tablet/solution/ODT
paliperidone	Saphris
risperidone (gen Risperdal Consta) ^{NR}	Secuado patch
risperidone ODT	Seroquel
ziprasidone capsule (AG)	Seroquel XR
Abilify Mycite	Symbyax
Abilify tablet	Versacloz
Aristada Initio	Vraylar
Caplyta	Zyprexa
Clozaril	Zyprexa Relprevv
Fanapt	Zyprexa Zydis
Invega	

* 4 claims in the last 120 days for Invega Sustenna

[Return to Index](#)

Antivirals Oral

Status Implementation: 10/15/2007

Length of Authorization: 1 Year

Current Review Date: 7/2/2024

No PA Required**Herpes**acyclovir capsule
acyclovir tablet
valacyclovir**PA Required****Herpes**acyclovir suspension
famciclovir
Sitavig
Valtrex**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: 7/2/2024

No PA Required**Antivirals Topical**

acyclovir ointment

PA Required**Antivirals Topical**acyclovir cream
penciclovir
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	Kaspargo 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
Iqirvo tablet^{NR}
Livdelzi capsule^{NR}
Livmarli
Ocaliva
Reltone
Urso
Urso Forte**Bladder Relaxants**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/1/2024

No PA Required**Bladder Relaxants**darifenacin ER
oxybutynin ER
oxybutynin IR
oxybutynin syrup
oxybutynin tablet
solifenacin
trospium
Detrol
Myrbetriq**PA Required****Bladder Relaxants**

mirabegron ER	Gelnique transdermal
oxybutynin 2.5mg	Gelnique gel pump
tolterodine	Gemtesa
tolterodine ER	Oxytrol
trospium ER	Toviaz
Detrol LA	Vesicare
Enablex	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 Agentscalcitonin 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: 10/1/2024

[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: 10/1/2024

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
Proscar**PDE-5****PDE-5**tadalafil
Cialis**Bronchodilators, Beta Agonist**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/2/2024

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 Actingalbuterol 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

[Return to Index](#)

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
nisoldipineAdalat CC
Katerzia
Norliqva
Norvasc
Nymalize solution
Nymalize syringe
Procardia/XL
Sular**Non-Dihydropyridines**diltiazem
verapamil tablet/ER**Non-Dihydropyridines**diltiazem CD/ER
tiadyt ER
verapamil capsule ER/PM
verapamil capsule ER/PM (AG)^{NR}
Calan/SR
Cardizem/CD/LACartia 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: 7/2/2024

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 Generationcefixime capsule/suspension
cefpodoxime suspension
cefpodoxime tablet

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: 7/2/2024

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
 Bevespi Aerosphere
 Daliresp
 Duaklir Pressair
 Incruse Ellipta
 Ohtuvayre^{NR}
 Spiriva Respimat
 Tudorza pressair
 Yupelri

[Return to Index](#)

Cytokine & CAM Antagonists

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/2/2024

No PA Required**Cytokine & CAM Antagonists**

Enbrel
Humira kit
Humira pen kit
Otezla

PA Required**Cytokine & CAM Antagonists**

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

* 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

[Return to Index](#)

Epinephrine, Self-Injected

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/2/2024

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

Vafseo tablet^{NR}**Fluoroquinolones**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/2/2024

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

[Return to Index](#)

Glucocorticoids, Inhaled

Length of Authorization: 1 Year

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

No PA Required**Glucocorticoids**

budesonide respules
 fluticasone propionate HFA
 Alvesco
 Arnuity Ellipta
 Asmanex
 Asmanex HFA
 Flovent HFA
 Pulmicort Flexhaler
 QVAR Redihaler

Glucocorticoid/Beta-Agonist Combo

Advair Diskus
 Advair HFA
 Dulera
 Symbicort

PA Required**Glucocorticoids**

fluticasone propionate diskus
 Armonair Digihaler
 Breyna
 Flovent Diskus
 Pulmicort respules

Glucocorticoid/Beta-Agonist Combo

budesonide/formoterol funarate
 fluticasone/salmeterol (Advair Diskus)
 fluticasone/salmeterol (Airduo Aerospa)
 fluticasone/salmeterol HFA
 fluticasone/vilanterol
 Airduo Digihaler
 Airduo Respiclick
 Airsupra HFA
 Breo Ellipta
 Breyna
 Breztri Aerosphere
 Trelegy Ellipta
 Wixela inhub

Glucocorticoids, Oral

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/2/2024

No PA Required**Glucocorticoids**

budesonide DR/EC
 dexamethasone solution/tablet
 hydrocortisone
 methylprednisolone 4mg
 methylprednisolone tab ds pk
 prednisolone sodium phosphate

 prednisolone solution

 prednisone solution
 prednisone tab ds pk
 prednisone tablet

PA Required**Glucocorticoids**

<p>cortisone dexamethasone elixir dexamethasone intensol methylprednisolone 8mg, 16mg tab methylprednisolone 32mg tablet prednisone ODT prednisolone sodium phosphate solution (Millipred) prednisolone sodium phosphate solution (Veripred) Alkindi Sprinkle Cortef Dexpak Dxevo</p>	<p>Eohilia suspension Hemady Medrol tab DS pk Medrol tablet Millipred solution Millipred DP tab DS pk Rayos tablet DR Taperdex Tarpeyo</p>
--	--

[Return to Index](#)

Growth Hormone

Status Implementation: 5/15/2008

Length of Authorization: 1 Year

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
Humatrope vial
Ngenla pen
Norditropin pen
Omnitrope cartridgeOmnitrope vial
Saizen vial
Serostim vial
Skytrofa
Zomacton vial
Zorbitive 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
Talcia
Voquezna tab/dual pak/triple pak**HAE Treatment**

Length of Authorization: 1 Year

Status Implementation: 1/10/2023

Current Review Date: 01/17/2024

No PA Required**HAE Treatment**icatibant
Berniert
Cinryze
Kalbitor
Sajazir**PA Required****HAE Treatment**Firazyr
Haegarda
Orladeyo
Ruconest
Takhzyro syringe
Takhzyro vial[Return to Index](#)

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	Jivi
Adynovate	Koate-DVI Kit
Afstyla	Koate-DVI Vial
Alphanate	Kogenate FS
Alphanine SD	Kovaltry
Alprolix	Novoeight
Altuviiio	Novoseven RT
Balfaxar ^{NR}	Nuwiq
Benefix Kit	Obizur
Beqvez ^{NR}	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	
<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: 7/2/2024

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: 7/2/2024

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
	Vosevi
	Zepatier

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

alglipitin/metformin

alogliptin/pioglitazone

saxagliptin

saxagliptin/metformin ER

sitagliptin (AG) (Zituvio)^{NR}sitagliptin-metformin (AG)(Zituvimet)^{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**liraglutide(AG)^{NR}

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)

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 solution

PA Required

Metformins Combinations

glipizide/metformin

SGLT2 and Combinations

Inpefa
 Invokamet XR
 Segluromet
 Steglatro
 Synjardy XR

Sulfonylureas

glimepiride
glyburide/micronized
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: 7/2/2024

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

Fasenra pen

Cinqair

Fasenra syringe

Nucala auto-injector

Xolair 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: 7/2/2024

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

Adbry autoinjector^{NR}

Dupixent

Dupixent pen

Opzelura*

Protopic

Zoryve 0.15% cream^{NR}

Zoryve foam

* Manual PA required

Immunomodulators, Topical

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 7/2/2024

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

imiquimod (Aldara)

imiquimod (Zyclara)

podofilox

podofilox gel

podofilox solution

Condylox

Veregen

Zyclara

Intranasal Rhinitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/2/2024

No PA Required**Steroids**fluticasone
Dymista
Nasonex OTC**PA Required****Steroids**azelastine/fluticasone
flunisolide
mometasone nasal
Beconase AQ
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: 7/2/2024

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 Derivatives

fenofibrate tablet (Lofibra)
fenofibrate tablet (Tricor)
gemfibrozil

fenofibrate (Antara, Fenoglide, Lipofen)
fenofibrate capsule (Lofibra)
fenobibric acid (Fibracor, Trilipix)
gemfibrozil (AG)
Antara
Fenoglide

Lipofen
Lopid
Tricor
Trilipix

Fibric Acid Derivatives

MTP Inhibitor

Niacins

Omega-3 Fatty Acids

omega-3 acid ethyl esters
Vascepa

MTP Inhibitor

Juxtapid

Niacins

niacin ER
niacin/ER OTC
Niacor
Niaspan

Omega-3 Fatty Acids

icosapent ethyl
Lovaza

PCSK9 Inhibitors

PCSK9 Inhibitors

Leqvio*
Praluent pen/syringe*
Repatha*

* Manual PA required

Lipotropics, Statins

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/17/2024

Statins

atorvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

Statins

fluvastatin/ER
pitavastatin
Altoprev
Atorvaliq
Crestor
Ezallor sprinkle
Flolipid
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: 7/2/2024

No PA Required

Macrolides/Ketolides

azithromycin suspension, tablet
clarithromycin tablet
erythromycin base capsule
erythromycin ethylsuccinate 200 suspension

PA Required

Macrolides/Ketolides

azithromycin packet
clarithromycin ER
clarithromycin suspension

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: 7/2/2024

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
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 Titration Kit^{NR}
Austedo XR Titration Pack (Wk 1-4)^{NR}
Ingrezza
Ingrezza Initiation Pack
Ingrezza Sprinkle
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

[Return to Index](#)

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

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: 10/1/2024

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	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.

[Return to Index](#)

NSAIDs and Combination Products - Continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/1/2024

No PA Required**Topical**

diclofenac sodium gel (rx)*

PA Required**Topical**diclofenac epolamine
pump)
diclofex DC
Flector
Licart Patch
Pennsaid
Pennsaid solution packet

* Failure of an oral NSAID

Ophthalmics

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/1/2024

No PA Required**Allergic Conjunctivitis**cromolyn sodium
olopatadine (RX)**PA Required****Allergic Conjunctivitis**azelastine ophth 0.05%
bepotastine
epinastine
loteprednol
Alocril
Alomide
Alrex
Bepreve
Zerviate**No PA Required****Antibiotics**bacitracin/polymyxin ointment
ciprofloxacin solution
erythromycin ophth
gentamicin drops/ointment
moxifloxacin (Vigamox)
ofloxacin
polymyxin/trimethoprim
tobramycin ophth
Ocuflox
Tobrex ointment**PA Required****Antibiotics**bacitracin ointment
gatifloxacin
moxifloxacin (Moxeza)
moxifloxacin HCL-BSS
neomycin/bacitracin/polymyxin oint
neomycin-polymyxin-gramicidin
sulfacetamide ointment
sulfacetamide solution
Azasite
Besivance
Bleph-10
Ciloxan Ointment
Moxeza
Natacyn
Vigamox**Antibiotic-Steroid Combinations**neomycin/polymyxin/dexamethasone
tobramycin/dexamethasone suspension
Tobradex suspension
Tobradex ointment**Antibiotics-Steroid Combinations**neomycin/bacitracin/poly/HC
neomycin/polymyxin/HC
sulfacetamide/prednisolone
Maxitrol drops suspension
Maxitrol ointment
Tobradex ST
Zylet**No PA Required****Anti-Inflammatory**diclofenac
fluorometholone
flurbiprofen sodium
ketorolac ophth 0.5%
Lotemax drops
Maxidex
Pred Forte
Pred Mild**PA Required****Anti-Inflammatory**bromfenac
bromfenac(AG) (Bromsite)
bromfenac (Bromsite)
bromfenac(AG)(Prolensa)
bromfenac (Prolensa)
dexamethasone
difluprednate
ketorolac ophth 0.4% (LS)
loteprednol etabonate
loteprednol etabonate gel
prednisolone acetate
prednisolone sod phosphate
Acular/LS
Acuvail
Bromsite
Durezol
Eysuvis
Flarex
FML
FML Forte
Ilevro
Inveltys
Lotemax gel/ointment
Nevanac
Prolensa[Return to Index](#)

Ophthalmics - continued

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 10/1/2024

Inflammatory/Immunomodulators

No PA Required

Restasis
Restasis multidose
Xiidra

Inflammatory/Immunomodulators

PA Required

cyclosporine
cyclosporine (AG)
Cequa
Eysuvis
Miebo
Tyrvaya
Verkazia
Vevye

Ophthalmics - Glaucoma

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/1/2024

No PA Required

Alpha-2 Adrenergic Agonists

brimonidine 0.2%
Alphagan P

PA Required

Alpha-2 Adrenergic Agonists

apradondine
brimonidine 0.15%
brimonidine 0.1%^{NR}
lopidine

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

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

dorzolamide
dorzolamide/timolol
Azopt
Simbrinza

Carbonic Anhydrase Inhibitors

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

Prostaglandin Agonists

latanoprost
Lumigan
Travatan/Z

Prostaglandin Agonists

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

Other

Phospholine Iodide
pilocarpine
Rhopressa
Rocklatan

Other

Vuity

Opiate Dependence Treatment

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 7/2/2024

No PA Required**Buprenorphine and Related Agents**

buprenorphine SL tablet
 buprenorphine/naloxone SL tab
 Brixadi weekly/monthly
 Sublocade
 Suboxone Film

PA Required**Buprenorphine and Related Agents**

buprenorphine/naloxone film
 Zubsolv

No PA Required**Opiate Dependence, Other**

naloxone syringe
 naloxone vial
 naltrexone tablet
 Narcan Spray/OTC

PA Required**Opiate Dependence, Other**

lofexidine tablet^{NR}
 naloxone nasal spray
 Opvee nasal spray
 Kloxxado
 Lucemyra
 Rextovy spray
 Vivitrol
 Zimhi

Otic Antibiotics

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/1/2024

No PA Required**Otic Antibiotics**

neomycin/polymixin/HC soln/susp
 neomycin/polymixin/HC soln/susp (AG)
 ofloxacin otic
 Cipro HC

PA Required**Otic Antibiotics**

ciprofloxacin/dexamethasone
 ciprofloxacin/dexamethasone (AG)
 ciprofloxacin HCL-fluocinolone
 ciprofloxacin otic
 Ciprodex
 Coly-mycin S
 Corisporin-TC
 Otioprio
 Otovel

Otic Anti-Infectives & Anesthetics

Length of Authorization: 1 Year

Status Implementation: 12/02/2019

Current Review Date: 10/1/2024

No PA Required**Otic Anti-Infectives & Anesthetics**

acetic acid

PA Required**Otic Anti-Infectives & Anesthetics**

hydrocortisone-acetic acid solution

Otic Anti-Inflammatories

Length of Authorization: 1 Year

Status Implementation: 12/02/2019

Current Review Date: 10/1/2024

No PA Required**Otic Anti-Inflammatories**

Dermotic

PA Required**Otic Anti-Inflammatories**

fluocinolone 0.01% oil
 Flac otic oil

Pancreatic Enzymes

Length of Authorization: 1 Year

Status Implementation: 5/11/2012

Current Review Date: 5/21/2024

No PA Required**Pancreatic Enzymes**

Creon

PA Required**Pancreatic Enzymes**

Pertzye
 Viokace
 Zenpep

Phosphate Binders

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 5/21/2024

No PA Required

Phosphate Binders

calcium acetate capsule/gel cap
Renvela powder pack
Renvela tablets

PA Required

Phosphate Binders

calcium acetate tablet
lanthanum carbonate
sevelamer HCL
sevelamer HCL (AG)
sevelamer carbonate powder pack
sevelamer carbonate tablet
sevelamer carbonate tablet (AG)
Auryxia
Fosrenol powder pack
Fosrenol tablet chewable
Phoslyra
Velphoro
Xphozah

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
leuprolide depot
Camcevi
Eligard
Lupron Depot
Lupron Depot Kit
Lupron Depot-Ped
Lupron Depot-Ped Kit
Supprelin La Kit
Synarel
Trelstar
Trelstar La
Triptodur Kit/Vial

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 ER
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)

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	Konvomop
esomeprazole capsules/kit	Nexium capsules
esomeprazole magnesium	Prevacid capsules/solutabs
lansoprazole capsules	Prilosec suspension
pantoprazole suspension	Prilosec
rabeprazole	Protonix
Aciphex tablet	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

ambrisentan
sildenafil tablet
Ravatio suspension
Tracleer

PA Required

Pulmonary Arterial Hypertension Agents

bosentan	Opsumit
sildenafil suspension	Opsynvi tablet
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: 7/2/2024

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

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	Hetlioz
tasimelteon	Igalmi
temazepam 7.5 & 22.5 mg	Intermezzo
zaleplon	Lunesta
zolpidem capsule	Quviviq
zolpidem ER	Restoril
zolpidem SL	Rozerem
Ambien/CR	
Belsomra	

**triazolam - no longer covered by RI Medicaid

Skeletal Muscle Relaxants

Length of Authorization: 1 Year

Status Implementation: 7/6/2009

Current Review Date: 10/1/2024

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
tanlor
Amrix
Dantrium
Fexmid
Fleqsuvy
Lorzone
Lyvispah
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: 7/2/2024

No PA Required**Topical High**betamethasone dipropionate cream/lotion
betamethasone dipropionate/prop gly
cream
betamethasone valerate cream
fluciclonide cream, ointment, solution
triamcinolone acetonide cream, lotion,
ointment**PA Required****Topical High**

amcinonide	halcinonide cream
betamethasone dipropionate gel, ointment	halcinonide solution ^{NR}
betamethasone valerate lotion	triamcinolone spray
betamethasone valerate ointment	Diprolene
desoximetasone	Halog
diflorasone diacetate	Kenalog aerosol
fluciclonide emollient,gel	Topicort
fluciclonide E cream	Vanos

[Return to Index](#)

Stimulants and Related Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/17/2024

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

amphetamine salt combo tablet
atomoxetine
clonidine ER
dexmethylphenidate
dexmethylphenidate 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
methylphenidate ER tab(Aptension XR)
methylphenidate ER tab (Relexxii)
methylphenidate chewable
Adzenys XR ODT
Aptensio XR
Azstarys
Cotempla XR ODT
Daytrana

Dexedrine
Dyanavel XR
Evekeo/ODT
Focalin
Intuniv
Jornay PM
Methylin solution
Mydayis
Nuvigil

Procentra
Provigil
Qelbree
Quillichew ER

Quillivant XR
Relexxii ER
Ritalin/ LA
Strattera
Sunosi
Vyvanse chewable
Wakix
Zelstrym
Zenzedi

Ulcerative Colitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2008

Current Review Date: 5/21/2024

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

sulfasalazine/DR
Apriso
Lialda
Pentasa

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)

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

Topical

mesalamine (Canasa rectal)
SFRowasa
Uceris rectal

Topical

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

[Return to Index](#)

Uterine Disorder Treatment

Length of Authorization: 1 Year

Status Implementation: 10/14/2020

Current Review Date: 10/1/2024

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
Zepbound vial^{NR}

[Return to Index](#)