

**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](#)

<sup>NR</sup> 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 January 14, 2025**

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 NK1 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	Second Generation Third Generation
Other	Antihistamine/Decongestant Combos	Colony Stimulating Factors
Androgenic Agents	Antihypertensives, Sympatholytics	Contraceptives, Other
Angiotensin Modulators Ace Inhibitors Ace Inhibitor/Diuretic Combo Angiotensin Receptor Blocker Ang II Recep/Blocker/Diuretic Combo Renin Inhibitor Renin Inhibitor/Diuretic Combo	Antihyperuricemics  Antimigraine Agents Triptans Other Related Agents	COPD Agents Cytokine & CAM Antagonists Enzyme Replacement, Gauchers Disease
Angiotensin Modulator/Calcium Channel Blocker Combinations Ace Inhibitor/Calcium Channel Blocker Combos Angiotensin II Receptor Blocker/CCB Combo	Antipsoriatics, Topical  Antipsychotics, Atypical	Epinephrine, Self-Injected Erythropoiesis Stimulating Proteins
Anti-Allergens	Antivirals Herpes	Fluoroquinolones
Antianginal & Anti-Ischemic	Influenza Agents Antivirals Topical	GI Motility Agents
Antibiotics, GI	Beta Blockers	Glucagon Agents
Antibiotics, Inhaled	Bile Salts	Glucocorticoids, Inhaled Glucocorticoids Glucocorticoid/Beta-Agonist
Antibiotics, Tetracyclines	Bladder Relaxants	Glucocorticoids, Oral
Antibiotics, Topical	Bone Resorption Suppression Bisphosphonates Other Related Agents	Growth Hormones
Antibiotics, Vaginal	Botulinum Toxins	H. Pylori Treatment
Anticoagulants	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	
Hepatitis C Agents, Other		
HIV/AIDS	Macrolides/Ketolides	Proton Pump Inhibitors
	Methotrexate	Pulmonary Arterial Hypertension Agents
Hypoglycemics		
Alpha-Glucosidase Inhibitors	Movement Disorders	Rosacea Agents, Topical
Incretin Mimetics/Enhancers		
Amylin Analogs	Multiple Sclerosis	Sedative Hypnotics
DPP-IV Inhibitors	Neuropathic Pain	
GLP-1 Receptor Agonists	Oral	Skeletal Muscle Relaxants
Insulins, Long Acting	Topical	
Insulins, Short Acting		Steroids
Meglitinides	NSAIDs and Combination Products	Topical High
Metformins	Oral	Topical Low
Metformin Combos	Topical	Topical Medium
SGLT2		Topical Very High
Sulfonylureas	Ophthalmics	
TZDs	Allergic Conjunctivitis	Stimulants and Related Agents
TZD/Metformin Combo	Antibiotics	
TZD/Sulfonylurea Combo	Antibiotic-Steroid Combo	Ulcerative Colitis
	Anti-Inflammatories	Oral
Immunomodulators, Asthma	Anti-Inflammatory/Immunomodulators	Topical
	Ophthalmics, Glaucoma	
Immunomodulators, Atopic Dermatitis	Alpha-2 Adrenergic Agonists	Uterine Disorder Treatments
	Beta Blocker and Combinations	
Immunomodulators, Topical	Carbonic Anhydrase Inhibitors	Vasodilators, Coronary
	Other	
Intranasal Rhinitis	Prostaglandin Agonists	Weight Management Agents
Steroids		
Antihistamines	Opiate Dependence Treatments	
Leukotriene Modifiers	Otic Antibiotics	
Lipotropics, Other	Otic Anti-Infectives & Anesthetics	
ACL Inhibitor		
ANGPTL3 Inhibitor	Otic Anti-Inflammatories	
Antihyperlipidemic APOB-100 Synthesis	Pancreatic Enzymes	
Antihyperlipidemic Combinations		
Bile Acid Resins	Phosphate Binders	
Cholesterol Absorption Inhibitors		
Fibric Acid Derivatives	Pituitary Suppressive Agents, LHRH	
Niacins		
Omega-3 Fatty Acids	Platelet Inhibitors	
MTP Inhibitor		

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

**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	Differin cream/lotion/gel pump
tretinoin (Atralin)	Epiduo Forte gel pump
tretinoin cream	Fabior
tretinoin gel(generic Avita/Retin-A)	Retin-A Micro
tretinoin microspheres	Retin-A Micro Pump
tretinoin microspheres gel 0.08% pump	Twynéo
Acanya	Ziana
Aklief	

**Alzheimer's Agents**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/14/2025

**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 (discontinued)  
Namenda tablet (discontinued)  
Namenda XR (discontinued)  
Namzaric  
Namzaric dose pack**Amyloid Beta-directed Antibody**

Aduhelm (discontinued)

Kisunla  
Leqembi**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**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)	OxyContin
oxycodone HCL ER	Zohydro ER
oxymorphone ER	
tramadol ER/SR 24H	

**Analgesics Narcotics Short-Acting**

Length of Authorization: 1 Year

Status Implementation: 10/15/2009

**Some drugs in this class are subject to MME limitations**

Current Review Date: 10/1/2024

**No PA Required****Fentanyl Oral Products****PA Required****Fentanyl Oral Products**fentanyl (buccal)  
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: 10/1/2024

**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 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 75mg<sup>NR</sup>  
 tramadol 100mg  
 tramadol HCL solution  
 Dilaudid liquid/tablets  
 Dsuvia  
 Fioricet with codeine  
 Nalocet  
 Percocet  
 Prolate solution  
 Prolate tablet  
 Roxicodone  
 Roxybond  
 Seglenti<sup>NR</sup>

**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) 1.62%  
 AndroGel gel pump 1.62%

**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: 01/14/2025

**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: 01/14/2025

**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 (discontinued)

**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 HCTZ (discontinued)

**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: 01/14/2025

**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  
sacubitril/valsartan tablet  
telmisartan/amlodipine  
Azor  
Entresto sprinkle cap  
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: 01/14/2025

**No PA Required**

**Antianginal & Anti-Ischemic Agents**

ranolazine ER

**PA Required**

**Antianginal & Anti-Ischemic Agents**

Aspruzo Sprinkle ER



**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	Firvanq
nitazoxanide	Flagyl capsule
paromomycin	Flagyl ER
vancomycin solution	Likmez suspension <sup>NR</sup>
vancomycin solution (AG)	Rebyota enema
Aemcolo	Solosec
Dificid	Vancocin
Dificid suspension	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	Doryx/MPC
doxycycline hyclate tablet DR	Lymepak
doxycycline monohydrate 50mg brand capsule	Morgidox kit
doxycycline monohydrate 150mg capsule	Nuzyra
doxycycline monohydrate 75mg capsule	Oracea
doxycycline monohydrate suspension	Solodyn
minocycline ER/tablet	
Doryx	

**Antibiotics, Topical**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/2/2024

**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: 7/2/2024

**No PA Required****Antibiotics, Vaginal**metronidazole  
Cleocin Ovules**PA Required****Antibiotics, Vaginal**clindamycin  
metronidazole gel (generic Nuvessa)  
Cleocin cream  
Clindesse  
Metrogel  
Nuvessa  
Vandazole  
Xaciato**Anticoagulants**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/14/2025

**No PA Required****Anticoagulants**enoxaparin  
warfarin  
Eliquis tablet  
Xarelto**PA Required****Anticoagulants**fondaparinux  
Arixtra  
Eliquis starter pack  
Fragmin  
Lovenox  
Pradaxa capsule\*  
Pradaxa pellet pack\*  
Savaysa  
Xarelto dose pack

\* Diagnosis of Atrial Fibrillation in the past year and a claim for a preferred agent

**Anticonvulsants**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/14/2025

**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  
Equetro  
Oxtellar XR  
Tegretol tablet/chewable tablet  
Trileptal tablet

**Anticonvulsants - continued**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/14/2025

**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  
diazepam rectal (AG)  
diazepam rectal device (AG)  
phenobarbital elixir  
phenobarbital tablet  
Nayzilam  
Valtoco

**PA Required****First Generation**

divalproex sprinkles  
felbamate  
methsuximide  
phenytoin ext capsule (gen Phenytek)  
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
topiramate ER	Motpoly XR
vigabatrin powder pack	Qudexy XR
vigabatrin tablet	Sabril
vigadrone	Spritam
Aptiom	Topamax tablet/sprinkle *
Banzel	Trokendi XR
	Vigafyde solution <sup>NR</sup>
	Vigoder powder pack <sup>NR</sup>
	Vimpat/dose pack
	Zonisade

**Other**

clobazam suspension	Sezaby
diacomit	Onfi
Diastat (rectal)	Sympazan
Epidiolex**	Xcopri tablet
Fintepla	Xcopri titration pak
Libervant Film	Ztalmy

\*\* DX of Lennox-Gastaut or Dravet

\* Diagnosis of epilepsy, convulsions or seizure disorder and a claim for Keppra or Topamax in the past 60 days or a claim for a preferred agent in the past 90 days

**Antidepressants**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/14/2025

**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 Khedezla  
 maprotiline Pristiq  
 nefazodone Remeron/ODT  
 venlafaxine ER tabs (Manual PA) Spravato  
 venlafaxine besylate ER Trintellix  
 Aplenzin Viibryd  
 Auvelity vilazodone  
 Brintellix Wellbutrin/SR  
 Cymbalta Zurzuvae  
 Effexor XR \*

**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 (discontinued)  
 paroxetine (generic Brisdelle) Zoloft  
 paroxetine CR  
 paroxetine suspension  
 sertraline 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)<sup>NR</sup> Sancuso  
 Akynzeo Sustol  
 Anzemet  
 Bonjesta

**NK1 Receptor Antagonist****NK1 Receptor Antagonist**

aprepitant capsule  
 aprepitant packet  
 fosaprepitant  
 Emend  
 Focinvez vial<sup>NR</sup>

**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
tavaborole	Vusion
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

**Antihypertensives, Sympatholytics**

Length of Authorization: 1 Year

Status Implementation: 1/3/2014

Current Review Date: 01/14/2025

**No PA Required****Antihypertensives, Sympatholytics**

clonidine patch  
 clonidine (AG) patch  
 clonidine tablet (oral)  
 guanfacine  
 methyldopa

**PA Required****Antihypertensives, Sympatholytics**

clonidine ER (generic Nexiclon)  
 methyldopa (AG)  
 methyldopa HCTZ  
 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)

**Antiparkinson's Agents**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/14/2025

**No PA Required****Dopamine Receptor Agonists**

amantadine capsule  
 amantadine syrup  
 amantadine tablet  
 pramipexole IR  
 ropinirole IR

**PA Required****Dopamine Receptor Agonists**

apomorphine	Inbrija
pramipexole ER	Neupro
ropinirole ER	Nourianz
Apokyn	Ogentys
Dhivy	Osmolex ER
Gocovri	Vyalev <sup>NR</sup>

**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	Vectical
Duobrii	Vtama
Enstilar foam	Zoryve

**Antipsychotics**

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 01/14/2025

**No PA Required****Antipsychotics**

aripiprazole tablet  
 clozapine tablet  
 lurasidone  
 olanzapine tablet  
 quetiapine  
 quetiapine ER  
 risperidone solution/tablet  
 ziprasidone capsule  
 ziprasidone capsule (AG)  
 Abilify Asimtufii  
 Abilify Maintena  
 Aristada  
 Invega Hafyera  
 Invega Sustenna  
 Invega Trinza \*  
 Perseris  
 Risperdal Consta  
 Uzedy

**PA Required****Antipsychotics**

aripiprazole solution/ODT	Invega
asenapine sublingual	Latuda
asenapine sublingual (AG)	Lybalvi
clozapine ODT	Nuplazid
olanzapine ODT	Opipza film
olanzapine/fluoxetine	Rexulti
paliperidone	Rexulti tritration pack <sup>NR</sup>
risperidone ER IM	Risperdal tablet/solution/ODT
risperidone ODT	Saphris
Abilify Mycite	Secuado patch
Abilify tablet	Seroquel
Aristada Initio	Seroquel XR
Caplyta	Symbyax
Clozaril	Versacloz
Cobefny	Vraylar
Cobefny start pack	Zyprexa
Erzofri	Zyprexa Relprevv
Fanapt	Zyprexa Zydis

\* 4 claims in the last 120 days for Invega Sustenna

**Antivirals Oral**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

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: 01/14/2025

**No PA Required****Beta Blockers**atenolol  
atenolol/chlorthalidone  
carvedilol  
labetolol  
metoprolol succinate XL  
metoprolol tartrate  
nadolol  
propranolol ER  
propranolol ER (AG)  
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 HCTZ	Lopressor/HCT
propranolol solution	Sotylize
sorine	Tenoretic
sotalol/AF	Tenormin
timolol	Toprol XL
Betapace/AF	Ziac (discontinued)



**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<sup>NR</sup>  
Livdelzi capsule<sup>NR</sup>  
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 tablet  
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  
Fosamax/Plus D**Other Related Agents**

raloxifene HCL

**Other Related Agents**calcitonin salmon  
teriparatide\* (Forteo)  
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 Inhibitors**dutasteride  
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 Acting**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

**Calcium Channel Blockers**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/14/2025

**No PA Required****Dihydropyridines**

amlodipine

**PA Required****Dihydropyridines**

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

**Non-Dihydropyridines**

diltiazem

verapamil tablet/ER

**Non-Dihydropyridines**

diltiazem CD/ER	Cartia XT
tiadylt ER	Dilt CD/XR
verapamil capsule ER/PM	Matzim LA
verapamil capsule ER/PM (AG)	Taztia XT
verapamil capsule SR (AG) <sup>NR</sup>	Tiazac
Cardizem/CD/LA	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 Generation**

cefixime 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	Nivestym vial
Granix syringe	Nyvepria
Granix vial	Releuko syringe
Leukine	Releuko vial
Neulasta kit	Rolvedon
Neulasta syringe	Stimufend syringe
Nivestym 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<sup>NR</sup>  
Spiriva Respimat  
Tudorza pressair  
Yupelri

**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 <sup>NR</sup>	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 <sup>NR</sup>
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 pen/vial
Entyvio Pen	Tremfya Autoinjector
Enspryng	Tyenne Autoinjector
Hadlima Pen Kit	Tyenne Syringe
Hadlima Kit	Tyenne Vial
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)
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

**Epinephrine, Self-Administered**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/2/2024

**No PA Required****Epinephrine, Self-Administered**epinephrine 0.15mg (AG Epipen Jr)  
epinephrine 0.3mg (AG Epipen)  
Epipen  
Epipen Jr**PA Required****Epinephrine, Self-Administered**epinephrine 0.15mg (AG Adrenaclick)  
epinephrine 0.3mg (AG Adrenaclick)  
epinephrine 0.3mg auto injector  
Auvi-Q  
Neffy spray<sup>NR</sup>**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<sup>NR</sup>**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  
prucalopride tablet<sup>NR</sup>  
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: 7/2/2024

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

**PA Required****Glucocorticoids**

fluticasone propionate diskus  
 Armonair Digihaler  
 Flovent Diskus  
 Pulmicort respules

**Glucocorticoid/Beta-Agonist Combo**

Advair Diskus  
 Advair HFA  
 Dulera  
 Symbicort

**Glucocorticoid/Beta-Agonist Combo**

budesonide/formoterol funarate  
 fluticasone/salmeterol (Advair Diskus)  
 fluticasone/salmeterol (Airduo Aerospans)  
 fluticasone/salmeterol HFA  
 fluticasone/vilanterol  
 Airduo Digihaler  
 Airduo Resplick  
 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**

cortisone  
 dexamethasone elixir  
 dexamethasone intensol  
 methylprednisolone 8mg, 16mg tab  
 methylprednisolone 32mg tablet  
 prednisolone ODT  
 prednisolone sodium phosphate  
 solution (Millipred)  
 prednisolone sodium phosphate  
 solution (Veripred)  
 Alkindi Sprinkle  
 Cortef

Eohilia suspension  
 Hemady  
 Medrol tab DS pk  
 Medrol tablet  
 Millipred solution  
 Millipred DP tab DS pk  
  
 Rayos tablet DR  
  
 Taperdex  
 Tarpeyo

**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	Serostim vial
Ngenla pen	Skytrofa
Norditropin pen	Sogroya
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  
Voquezna tab/dual pak/triple pak**HAE Treatment**

Length of Authorization: 1 Year

Status Implementation: 1/10/2023

Current Review Date: 01/14/2025

**No PA Required****HAE Treatment**icatibant  
Berniert  
Cinryze  
Kalbitor  
Sajazir**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: 01/14/2025

<b>No PA Required</b>		<b>PA Required</b>
<b><u>Hemophilia Treatment</u></b>		<b><u>Hemophilia Treatment</u></b>
Advate	Ixinity	
Adynovate	Jivi	
Afstyla	Koate-DVI Kit	
Alphanate	Koate-DVI Vial	
Alphanine SD	Kovaltry	
Alprolix	Novoeight	
Altuviiiio	Novoseven RT	
Balfaxar	Nuwiq	
Benefix Kit	Obizur	
Beqvez	Profilnine SD	
Coagadex	Rebinyn	
Corifact Kit	Recombinate	
Eloctate	Rixubis	
Esperoct	Sevenfact	
Feiba NF	Tretten	
Hemlibra	Vonvendi	
Hemofil-M	Wilate	
Humate-P Kit	Xyntha Kit	
Hympavzi pen	Xyntha Solofuse Syringe Kit	
Idelvion		
<b><u>Gene Therapy</u></b>		
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

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

**Hepatitis C Agents, Other**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/2/2024

<b>Clinical PA Required + Trial of Preferred Agent</b>	
<b><u>Other Hepatitis C Agents</u></b>	<b><u>Other Hepatitis C Agents</u></b>
<b>No PA Required</b>	<b>PA Required</b>
Mavyret	ledipasvir-sofosbuvir
Mavyret Pellets	sofosbuvir/velpatasvir
	Epclusa
	Harvoni pellet/tablet
	Sovaldi
	Vosevi
	Zepatier

**HIV/AIDS**

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 7/2/2024

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

**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)<sup>NR</sup>sitagliptin-metformin (AG)(Zituvimet)<sup>NR</sup>

Glyxambi

Jentadueto XR

Kazano

Kombiglyze ER

Nesina

Onglyza

Oseni

Q-tern

Steglujan

Trijardy XR

Zituvimet<sup>NR</sup>Zituvimet XR<sup>NR</sup>

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**exenatide pen (generic Byetta)<sup>NR</sup>liraglutide(AG)<sup>NR</sup>

Adlyxin

Bydureon Bcise

Mounjaro

Rybelsus

Soliqua

Tanzeum

Xultophy

**No PA Required****Insulins****Insulins Long Acting**

Lantus vial

Lantus solostar

insulin glargine pen

insulin glargine vial

**PA Required****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

Levemir pen

Levemir vial

Rezvoglar Kwikpen

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  
 insulin aspart flexpen  
 insulin aspart vial  
 insulin aspart/insulin aspart protamine  
 insulin pen  
 insulin aspart/insulin aspart protamine  
 insulin vial  
 insulin lispro kwikpen u-100  
 insulin lispro  
 insulin lispro junior kwikpen (AG)  
  
 insulin lispro protamine mix kwikpen (AG)  
 Fiasp  
 Fiasp Flextouch  
 Fiasp penfill  
 Humulin 70/30 pen  
 Humulin 70/30 vial  
 Humulin N 100 U/ML vial  
 Humulin R 100 U/ML vial  
 Humulin 500 U/ML pen  
 Humulin R 500 U/ML vial

**PA Required**

Insulins Short Acting

Admelog Humalog 200 U/ML pen  
 Admelog Solostar Humalog Tempo Pen U-100  
 Afrezza Humulin pen  
  
 Afrezza cartridge Lyumjev 100 U/ML pen  
  
 Apidra vial/solostar Lyumjev 200 U/ML pen  
 Basaglar Tempo Pen U-100 Lyumjev Tempo Pen U-100  
 Fiasp pumpcart Lyumjev vial  
 Humalog cartridge Myxredlin  
  
 Humalog Jr Kwikpen Novolin 70/30 pen  
 Humalog 100 U/ML vial Novolin 70/30 vial  
 Humalog 100 U/ML kwikpen Novolin vial  
 Humalog mix 50-50 vial Novolog 100 U/ML cartridge  
 Humalog mix 50-50 kwikpen Novolog 100 U/ML vial  
 Humalog mix 75-25 vial Novolog 100 U/ML flexpen  
 Humalog mix 75-25 kwikpen Novolog mix 70-30 flexpen syringe  
 Novolog mix 70-30 vial

Meglitinides

nateglinide  
repaglinide

Meglitinides

repaglinide/metformin  
Prandin

Metformins

metformin tablet  
metformin ER (generic Glucophage XR)

Metformins

metformin ER (generic Fortamet)  
metformin ER (generic for Glumetza)  
Fortamet  
Glucophage/XR  
Glumetza  
Riomet solution

**No PA Required**

Metformins Combinations

glyburide/metformin

**PA Required**

Metformins Combinations

glipizide/metformin

SGLT2 and Combinations

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

SGLT2 and Combinations

Inpefa  
Invokamet XR  
Segluromet  
Steglatro  
Synjardy XR

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

Sulfonylureas

glipizide/ER/XL

Sulfonylureas

glimepiride  
glyburide/micronized  
Glucotrol/XL  
Glynase

TZD

pioglitazone

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: 01/14/2025

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

pimecrolimus cream

Adbry

tacrolimus

Adbry autoinjector

Elidel

Dupixent

Eucrisa

Dupixent pen

Ebglyss pen<sup>NR</sup>Ebglyss syringe<sup>NR</sup>

Nemluvio pen

Opzelura\*

Protopic (discontinued)

Zoryve 0.15% cream

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**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: 01/14/2025

**No PA Required****ANGPTL3 Inhibitor****ACL Inhibitor****Antihyperlipidemic APOB-100****Synthesis Inhibitor****Antihyperlipidemic Combinations****No PA Required****Bile Acid Resins**cholestyramine/aspartame  
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  
cholestyramine/sucrose  
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: 01/14/2025

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

omega-3 acid ethyl esters

**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: 01/14/2025

**Statins**atorvastatin  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin**Statins**fluvastatin/ER  
pitavastatin  
Atoprev  
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<sup>NR</sup>  
Otrexup Auto Injector  
Rasuvo Auto Injector  
Trexall  
Xatmep

**Movement Disorders**

Length of Authorization: 1 Year

Status Implementation: 01/28/2021

Current Review Date: 01/14/2025

**No PA Required**

**Movement Disorders**

tetrabenazine  
Austedo  
Austedo XR

**PA Required**

**Movement Disorders**

Austedo Titration Kit  
Austedo XR Titration Pack (Wk 1-4)  
Ingrezza  
Ingrezza Initiation Pack  
Ingrezza Sprinkle  
Xenazine

**Multiple Sclerosis**

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 01/14/2025

**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  
Copaxone 20mg/ml syringe kit  
Kesimpta pen

**PA Required**

**Multiple Sclerosis**

glatiramer 20 and 40 mg/ml	Ocrevus
Ampyra	Ocrevus Zunovo <sup>NR</sup>
Aubagio	Plegridy
Bafiertam DR	Ponvory starter pack
Betaseron kit	Ponvory tablet
Briumvi	Rebif
Copaxone 40mg/ml	Rebif Rebidose Pen
Gilenya	Tascenso ODT
Lemtrada	Tecfidera
Mavenclad	Tecfidera starter pack
Mayzent dose pack	Tysabri
Mayzent tablet	Vumerity
	Zeposia capsule
	Zeposia pack



**Neuropathic Pain**

Length of Authorization: 1 Year

Status Implementation: 1/17/2013

Current Review Date: 01/14/2025

**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)<sup>NR</sup>  
 gabapentin solution  
 gabapentin solution (AG)  
 pregabalin ER  
 pregabalin solution  
 Cymbalta  
 Drizalma Sprinkle  
 Gralise  
 Horizant/ER\*\*  
 Lyrica\*\*  
 Lyrica CR\*\*  
 Neurontin

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

Savella dose pack

\*\* 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<sup>NR</sup>  
 lidocaine patch  
 Lidocan II<sup>NR</sup>  
 Qutenza Kit  
 Xyliderm<sup>NR</sup>  
 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 tablet
diclofenac SR	naproxen sodium CR tablet
diclotral	naproxen sodium ER tablet
diflunisal	naproxen suspension
etodolac	oxaprozin
fenoprofen	tolmetin sodium tablet
flurbiprofen	Arthrotec
ibuprofen-famotidine	Celebrex***
indomethacin capsule ER	Daypro
ketoprofen/ER	Dolobid <sup>NR</sup>
ketorolac (oral)	Feldene
ketorolac (AG Sprix)	Lofena tablet
meclofenamate	Nalfon
mefenamic acid	Naprelan
meloxicam capsule	Naprosyn
nabumetone	Relafen DS
naproxen DR tablet	Vimovo
naproxen-esomeprazole DR	

\*\*\*\*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.

**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  
Diclogen kit<sup>NR</sup>  
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%      Alocril  
bepotastine      Alomide  
epinastine      Alrex  
loteprednol      Bepreve  
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  
moxifloxacin (Moxeza)      Ciloxan Ointment  
moxifloxacin HCL-BSS      Moxeza  
neomycin/bacitracin/polymixin oint      Natacyn  
neomycin-polymixin-gramicidin      Vigamox  
sulfacetamide ointment  
sulfacetamide solution  
Azasite**Antibiotic-Steroid Combinations**neomycin/polymyxin/desamethasone  
tobramycin/dexamethasone suspension  
Tobradex suspension  
Trobradex 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 Mild**PA Required****Anti-Inflammatory**bromfenac      Acuvail  
bromfenac(AG) (Bromsite)      Bromsite  
bromfenac (Bromsite)      Durezol  
bromfenac(AG)(Prolensa)      Eysuvis  
bromfenac (Prolensa)      Flarex  
dexamethasone      FML  
difluprednate      FML Forte  
ketorolac ophth 0.4% (LS)      Ilevro  
loteprednol etabonate      Inveltys  
loteprednol etabonate gel      Lotemax gel/ointment  
prednisolone acetate      Nevanac  
prednisolone sod phosphate      Prolensa  
Acular/LS

**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%<sup>NR</sup>  
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<sup>NR</sup>  
carteolol  
levobunolol  
timolol (generic Betimol)<sup>NR</sup>  
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  
lyuzeh<sup>NR</sup>  
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<sup>NR</sup>  
 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  
 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

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: 01/14/2025

**No PA Required****Platelet Inhibitors**

clopidogrel

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)

**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	Konvomep
esomeprazole capsules/kit	Nexium capsules
esomeprazole magnesium	Prevacid capsules/solutabs
lansoprazole capsules	Prilosec suspension
pantoprazole suspension	Prilosec
rabeprazole	Protonix
Dexilant	Protonix suspension
Esomep-EZS kit	Zegerid

**Pulmonary Arterial Hypertension (PAH) Agents**

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/14/2025

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)**No PA Required****PAH Agents**ambrisentan  
bosentan  
sildenafil suspension  
sildenafil suspension (AG)  
sildenafil tablet**PA Required****PAH Agents**

tadalafil	Ravatio suspension
Adcirca	Revatio tablet
Adempas	Tadliq suspension
Alyq	Tracleer suspension
Letairis	Tracleer tablet
Ligrey	Tyvaso
Opsumit	Tyvaso DPI
Opsynvi tablet	Upravi
Orentram ER	Ventavis
Orentram titration kit	

**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  
Rosadan cream  
Rosadan gel**PA Required**azelaic acid  
brimonidine gel  
ivermectin  
metronidazole lotion  
Epsolay  
Finacea foam  
Metrocream  
Metrogel  
Mirvaso gen pump  
Noritate  
Rosadan cream/gel kit  
Soolantra cream

**Sedative Hypnotics**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 01/14/2025

**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  
fluocinonide cream, ointment, solution  
triamcinolone acetonide cream, lotion,  
ointment**PA Required****Topical High**

amcinonide	halcinonide cream
betamethasone dipropionate gel, ointment	halcinonide solution <sup>NR</sup>
betamethasone valerate lotion	triamcinolone spray
betamethasone valerate ointment	Diprolene
desoximetasone	Halog
diflorasone diacetate	Kenalog aerosol
fluocinonide emollient,gel	Topicort
fluocinonide E cream	Vanos





**Stimulants and Related Agents**

Length of Authorization: 1 Year

[Clinical prior authorization required for age greater than 21](#)

Status Implementation: 1/15/2008

Current Review Date: 01/14/2025

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

amphetamine salt combo tablet

amphetamine salt combo ER

atomoxetine

clonidine ER

dexmethylphenidate

dexmethylphenidate ER

dextroamphetamine tab

dextroamphetamine-amphetamine ER

guanfacine ER

methylphenidate ER (Concerta)

methylphenidate IR

methylphenidate solution

modafanil

Focalin XR

Vyvanse capsule

amphetamine sulfate tablet

armodafinil

dextroamphetamine solution/cap ER

dextroamphet-amph ER(Mydayis)

lisdexamfetamine capsule

lisdexamfetamine chewable tablet

methamphetamine

methylphenidate CD

methylphenidate ER cap (Aptensio XR)

methylphenidate ER cap (Ritalin LA)

methylphenidate ER tab(Aptension XR)

methylphenidate ER tab (Relexxii)

methylphenidate chewable

Adderall XR

Adzenys XR ODT

Aptensio XR

Azstarys

Concerta

Cotempla XR ODT

Daytrana

**PA Required****Stimulants and Related Agents**

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 (discontinued)

Sunosi

Vyvanse chewable

Wakix

Zelstryl

Zenzedi

**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)

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

**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: 01/14/2025

**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<sup>NR</sup>