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 June 2, 2025

Acne Agents, Topical
- Miscellaneous Topicals
- Retnoids

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
- NKI1 Receptor Antagonist

Antifungals

Antihistamines, Minimally Sedating
- Antihistamines
- Antihistamine/Decongestant Combos

Antihypertensives, Sympatholytics

Antihyperuricemics

Antimigraine Agents
- Triptans
- Other Related Agents

Antiparkinson's Agents

Antipsoriatics, Topical

Antipsychotics, Atypical

Antivirals
- Herpes
- Influenza Agents

Antivirals Topical

Beta Blockers

Bile Salts

Bladder Relaxants

Bone Resorption Suppression
- Bisphosphonates
- Other Related Agents

Botulinum Toxins

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

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

Calcium Channel Blockers
- Dihydropyridines
- Non-Dihydropyridines

Cephalosporins
- Second Generation
- Third Generation

Colony Stimulating Factors

Contraceptives, Other

COPD Agents

Cytokine & CAM Antagonists

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
  - 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 & Select Agents
  - 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
- Sickle Cell Anemia Treatments
- 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	***PA Required***	
Miscellaneous Topicals	**Miscellaneous Topicals**	
clindamycin/benzoyl peroxide (generic Duac)	clindamcin/benzoyl peroxide (Acanya) w/pump	Benzamycin
clindamycin phosphate gel	clindamcin/benzoyl peroxide(Benzaclin)	Benzefoam
clindamycin phosphate lotion	clindamcin/benzoyl peroxide(Benzaclin) w/pump	BP-10-1
clindamycin phosphate med swab	clindamcin/benzoyl peroxide(Onexton) w/pump	BP Cleansing Wash
clindamycin phosphate solution	clindamycin phosphate foam	Cabtreo
erythromycin solution	dapsone gel	Cleocin-T lotion
Clindacin P	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	Sirvana Gel[NR]
	Aklief	SSS 10-5
	Amzeeq	Sumadan products
	Avar all formulations	Sumaxin products
	Benzaclin	Winlevi
	Benzaclin w/pump	ZMA Clear Cleanser

Retinoids and Combinations	**Retinoids and Combinations**	
Retin-A cream	adapalene	Altreno
Retin-A gel	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	Twyneo
	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

NMDA Receptor Antagonist and Combinations

memantine tablet
memantine tablet dose pack

PA Required

Cholinesterase Inhibitors

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

NMDA Receptor Antagonist and Combinations

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

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)
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 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 75mg[NR]
tramadol 100mg
tramadol HCL solution
Dilaudid liquid/tablets
Dsuvia
Fioricet with codeine
Nalocet
Percocet
Prolate solution
Prolate tablet
Roxicodone
Roxybond
Seglentis[NR]

Androgenic Agents

Length of Authorization: 1 Year — Status Implementation: 10/15/2008

Current Review Date: 6/2/2025

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

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

Angiotensin II Receptor

amlodipine/olmesartan
amlodipine/valsartan
amlodipine/valsartan HCTZ
Entresto

PA Required

Ace Inhibitor/Calcium Channel Blocker Combo

trandolapril/verapamil ER
Lotrel

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

Aspruzyo Sprinkle ER

Antibiotics, GI

Length of Authorization: 1 Year

Status Implementation: 7/1/2013
Current Review Date: 7/2/2024

No PA Required	***PA Required***	
Antibiotics, GI	**Antibiotics, GI**	
metronidazole tablet	metronidazole capsule	Firvanq
neomycin	metronidazole 125mg tablet[NR]	Flagyl capsule
tinidazole	nitazoxanide	Flagyl ER
vancomycin capsule	paromomycin	Likmez suspension[NR]
	vancomycin solution	Rebyota enema
	vancomycin solution (AG)	Solosec
	Aemcolo	Vancocin
	Dificid	Vowst Capsule
	Dificid suspension	Xifaxan *

* Diagnosis of Hepatic Encephalopathy and 1 paid claim for lactulose in the past 30 days or inadequate respone or contraindication to lactulose documented

Antibiotics, Inhaled

Length of Authorization: 1 Year

Status Implementation: 5/11/2012
Current Review Date: 7/2/2024

No PA Required	***PA Required***
Antibiotics, Inhaled	**Antibiotics, Inhaled**
Bethkis	tobramycin pak (AG)
Kitabis Pak	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	***PA Required***	
Antibiotics, Tetracyclines	**Antibiotics, Tetracyclines**	
doxycycline hyclate capsule	demeclycycline	Doryx/MPC
doxycycline hyclate tablet	doxycycline hyclate tablet DR	Lymepak
doxycycline monohydrate tablet	doxycycline monohydrate 50mg brand capsule	Morgidox kit
doxycycline monohydrate 100mg generic capsule	doxycycline monohydrate 150mg capsule	Nuzyra
doxycycline monohydrate 50mg generic capsule	doxycycline monohydrate 75mg capsule	Oracea
minocycline capsules	doxycycline monohydrate suspension	Solodyn
tetracycline	minocycline ER/tablet	
Morgidox 100mg capsule	Doryx	

Antibiotics, Topical

Length of Authorization: 1 Year

Status Implementation: 7/1/2013
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

Length of Authorization: 1 Year

Status Implementation: 7/1/2013
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

Length of Authorization: 1 Year

Status Implementation: 1/15/2008
Current Review Date: 01/14/2025

No PA Required	*PA Required*
Anticoagulants	**Anticoagulants**
enoxaparin	fondaparinux
warfarin	rivaroxaban (Xarelto)[NR]
Eliquis tablet	Arixtra
Xarelto	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	*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

Anticonvulsants - continued

Length of Authorization: 1 Year

Status Implementation: 1/15/2008
Current Review Date: 01/14/2025

No PA Required	***PA Required***	
First Generation	**First Generation**	
divalproex tablet/ER	divalproex sprinkles	
ethosuximide	felbamate	
phenytoin capsule/suspension	methsuximide	
phenytoin chew tab	phenytoin ext capsule (gen Phenytek)	
primidone	Celontin	
valproic acid capsules/syrup	Depakote/ER	
Depakote Sprinkle	Dilantin capsules/suspension	
	Dilantin chew tab	
	Felbatol	
	Mysoline	
	Phenytek	
	Zarontin capsules/syrup	
Second Generation	**Second Generation**	
lacosamide solution	eslicarbazepine acetate tab[NR]	Briviact
lacosamide tablet	lamotrigine unit dose soln	Elepsia XR
lamotrigine tablets/disper tab	lamotrigine XR	Eprontia
levetiracetam tablet/solution	lamotrigine ODT	Fycompa
topiramate tablet/sprinkle	levetiracetam (Spritam)(AG)[NR]	Keppra/XR *
zonisamide	levetiracetam ER	Lamictal/ODT/XR/DS
	rufinamide suspension	Libervant film
	rufinamide tablet	Motpoly XR
	tiagabine	Qudexy XR
	topirmate ER	Sabril
	vigabatrin powder pack	Spritam
	vigabatrin tablet	Topamax tablet/sprinkle *
	vigadrone	Trokendi XR
	Aptiom	Vigafyde solution[NR]
	Banzel	Vigpoder powder pack[NR]
		Vimpat/dose pack
		Zonisade
Other	**Other**	
clobazam tablet	clobazam suspension	Sezaby
diazepam rectal (AG)	diacomit	Onfi
diazepam rectal device (AG)	Diastat (rectal)	Sympazan
phenobarbital elixir	Epidiolex**	Xcopri tablet
phenobarbital tablet	Fintepla	Xcopri titration pak
Nayzilam	Libervant Film	Ztalmy
Valtoco		

** 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	***PA Required***	
Other	**Other**	
bupropion/SR	bupropion XL (generic Forfivo XL)	Fetzima
bupropion XL (generic Wellbutrin XL)	desvenlafaxine ER	Fetzima dose pack
mirtazapine/ODT	desvenlafaxine fumarate ER	Forfivo XL
trazodone	desvenlafaxine succinate ER	Khedezla
venlafaxine	maprotiline	Pristiq
venlafaxine ER caps	nefazodone	Raldesy solution[NR]
Wellbutrin XL	venlafaxine ER tabs	Remeron/ODT
	venlafaxine besylate ER	(Manual PA) Spravato
	Aplenzin	Trintellix
	Auvelity	Viibryd
	Brintellix	vilazodone
	Cymbalta	Wellbutrin/SR
	Effexor XR *	Zurzuvae
SSRI	**SSRI**	
citalopram solution	citalopram capsule	Celexa
citalopram tablet	fluoxetine 60mg tablet	Lexapro(failure of citalopram)
escitalopram solution	fluoxetine DR	Paxil/CR
escitalopram tablet	fluvoxamine	Prozac (discontinued)
fluoxetine capsule	paroxetine (generic Brisdelle)	Zoloft
fluoxetine solution	paroxetine CR	
fluoxetine tablet 10&20mg	paroxetine suspension	
fluvoxamine	sertaline capsule/concentrate	
paroxetine tablet		
sertraline tablet		

* 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: 6/2/2025

No PA Required	***PA Required***	
Serotonin Antagonists	**Serotonin Antagonists**	
metoclopramide solution	doxylamine succinate/vitamin B6	Diclegis
metoclopramide tablet	granisetron	Gimoti nasal spray
ondansetron ODT	ondansetron ODT (16mg)[NR]	Sancuso
ondansetron solution	Akynzeo	Sustol
ondansetron tablet	Anzemet	
	Bonjesta	

NK1 Receptor Antagonist	**NK1 Receptor Antagonist**	
		aprepitant capsule
		aprepitant packet
		fosaprepitant
		Emend
		Focinvez vial[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

Topical

clotrimazole-betamethasone cream
clotrimazole cream (Rx)
ketoconazole cream
ketoconazole shampoo
miconazole nitrate cream
nystatin cream/ointment
terbinafine cream
tolnaftate powder

PA Required

Oral

fluconazole suspension
flucytosine
griseofulvin micro tablet
griseofulvin ultra tabs
itraconazole/solution
ketoconazole oral
nystatin tablet
posaconazole
posaconazole suspension
voriconazole
Ancobon
Brexafemme
Cresemba capsule
Diflucan tablet/suspension
Fulvicin P-G[NR]
Noxafil suspension
Noxafil tablet
Oravig
Sporanox
Tolsura
Vfend tablet/suspension
Vivjoa capsule

Topical

butenafine
ciclopirox cream/gel/kit
ciclopirox shampoo
ciclopirox solution/suspension
clotrimazole solution
clotrimazole-betamethasone lotion
clotrimazole solution OTC[NR]
econazole
ketoconazole foam
luliconazole
miconazole solution
miconazole-zinc-petro
naftifine
nystatin-triamcinolone cream/ointment
nystatin powder
oxiconazole nitrate cream
salicylic acid ointment
tavaborole
tolnaftate solution
Bensal HP
Ciclodan cream/kit/soln
Ertaczo
Exelderm cream/solution
Extina
Fungoid tincture
Jublia
Lamisil cream/gel
Loprox cream/gel/kit
Loprox suspension
Lotrimin
Luzu
Mycozyl AC (OTC) cream
Naftin cream/gel
Nizoral shampoo
Oxistat lotion
Vusion

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

Antihistamine/Decongestant Combinations

PA Required

Antihistamines

cetirizine chewable
desloratadine/ODT
fexofenadine 60,180mg
fexofenadine suspension
levocetirizine solution
loratadine ODT /solution/soft gel
Clarinex (tab, syrup, rapdis)

Antihistamine/Decongestant Combinations

cetirizine-D
fexofenadine-D
loratadine-D 12/24 hour tablets
Clarinex-D 12 hour tablet
Semprex-D

Antihypertensives, Sympatholytics

Length of Authorization: 1 Year

Status Implementation: 1/3/2014
Current Review Date: 01/14/2025

No PA Required	*PA Required*
Antihypertensives, Sympatholytics	**Antihypertensives, Sympatholytics**
clonidine patch	clonidine ER (generic Nexiclon)
clonidine (AG) patch	methyldopa (AG)
clonidine tablet (oral)	methyldopa HCTZ
guanfacine	Nexiclon XR
methyldopa	

Antihyperuricemics

Length of Authorization: 1 Year

Status Implementation: 5/27/2015
Current Review Date: 6/2/2025

No PA Required	*PA Required*
Antihyperuricemics	**Antihyperuricemics**
allopurinol	allopurinol 200 mg
colchicine tablet	colchicine capsule
colchicine tablet (AG)	febuxostat
probencid	Colcrys
probencid/colchicine	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	*PA Required*	
Other	**Other**	
Aimovig autoinjector*	diclofenac potassium powder pack	Migranal (nasal)
Emgality 120 mg/ml pen*	dihydroergotamine mesylate (nasal)	Nurtec ODT
Emgality 120 mg/ml syringe*	Ajovy/autoinjector	Reyvow
Qulipta*	Elyxyb	Symbravo[NR]
	Emgality 100 mg/ml syringe	Vyepti
Ubrelvy**		Zavzpret

Triptans	**Triptans**	
rizatriptan tablet/ODT	almotriptan malate	zolmitriptan spray (AG)
sumatriptan (oral, vial)	dihydroergotamine mesylate	zolmitriptan tablet/ODT
Imitrex (nasal)	eletriptan	Frova
	frovatriptan	Imitrex (oral, subcutaneous)
	naratriptan	Migranow
	sumatriptan kit	Relpax
	sumatriptan kit (AG)	Tosymra
	sumatriptan nasal (AG)	Zembrace
	sumatriptan/naproxen	Zomig (oral, nasal, ZMT)

*Step Therapy - 2 claims for 2 different agents, in 2 six week timeframes (agents from the Beta Blocker, Calcium Channel Blocker, SSRI Antidepressant, or Tricyclic Antidepressant class are appropriate)

** Step Therapy - 1 claim for each of 2 different Triptans in the past 60 days

Antiparkinson's Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008
Current Review Date: 01/14/2025

No PA Required	*PA Required*	
Dopamine Receptor Agonists	**Dopamine Receptor Agonists**	
amantadine capsule	apomorphine	Inbrija
amantadine syrup	pramipexole ER	Neupro
amantadine tablet	ropinirole ER	Nourianz
pramipexole IR	Apokyn	Onapgo[NR]
ropinirole IR	Dhivy	Ogentys
	Gocovri	Osmolex ER
		Vyalev[NR]

Antipsoriatics, Topical

Length of Authorization: 1 Year

Status Implementation: 5/4/2009
Current Review Date: 7/2/2024

No PA Required	*PA Required*	
Topical Antipsoriatics	**Topical Antipsoriatics**	
calcipotriene cream	calcipotriene/betamethasone oint	Sorilux
calcipotriene ointment	calcipotriene/betamethasone susp	Taclonex ointment
calcipotriene solution	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	*PA Required*	
Antipsychotics	**Antipsychotics**	
aripiprazole tablet	aripiprazole solution/ODT	Invega
clozapine tablet	asenapine sublingual	Latuda
lurasidone	asenapine sublingual (AG)	Lybalvi
olanzapine tablet	clozapine ODT	Nuplazid
quetiapine	olanzapine ODT	Opipza film
quetiapine ER	olanzapine/fluoxetine	Rexulti
risperidone solution/tablet	paliperidone	Rexulti tritration pack[NR]
ziprasidone capsule	risperidone ER IM	Risperdal tablet/solution/ODT
ziprasidone capsule (AG)	risperidone ODT	Saphris
Abilify Asimtufii	Abilify Mycite	Secuado patch
Abilify Maintena	Abilify tablet	Seroquel
Aristada	Aristada Initio	Seroquel XR
Invega Hafyera	Caplyta	Symbyax
Invega Sustenna	Clozaril	Versacloz
Invega Trinza *	Cobenfy	Vraylar
Perseris	Cobenfy start pack	Zyprexa
Risperdal Consta	Erzofri	Zyprexa Relprevv
Uzedy	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	***PA Required***
Herpes	**Herpes**
acyclovir capsule	acyclovir suspension
acyclovir tablet	famciclovir
valacyclovir	Sitavig
	Valtrex
Influenza Agents	**Influenza Agents**
oseltamivir capsule	rimantadine
oseltamivir suspension	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	***PA Required***
Antivirals Topical	**Antivirals Topical**
acyclovir ointment	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	***PA Required***	
Beta Blockers	**Beta Blockers**	
atenolol	acebutolol	Bystolic
atenolol/chlorthalidone	betaxolol	Coreg/CR
carvedilol	bisoprolol/HCTZ	Corgard
labetolol	carvedilol ER	Corzide
metoprolol succinate XL	carvedilol ER (AG)	Hemangeol
metoprolol tartrate	metoprolol HCTZ	Inderal/ LA/XL
nadolol	nebivolol	Innopran XL
propranolol ER	pindolol	Kapspargo sprinkle
propranolol ER (AG)	propranolol HCTZ	Lopressor/HCT
propranolol tablet	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: 6/2/2025

No PA Required	*PA Required*
Bile Salts	**Bile Salts**
ursodiol tablet	Bylvay capsule
ursodiol 300mg capsule	Bylvay pellet
	Chenodal
	Cholbam
	Ctexli[NR]
	Iqirvo tablet
	Livdelzi capsule
	Livmarli solution
	Livmarli tablet[NR]
	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	*PA Required*	
Bladder Relaxants	**Bladder Relaxants**	
darifenacin ER	mirabegron ER	Gelnique transdermal
oxybutynin ER	oxybutynin 2.5mg	Gelnique gel pump
oxybutynin IR	tolterodine	Gemtesa
oxybutynin syrup	tolterondine ER	Oxytrol
oxybutynin tablet	trospium ER	Toviaz
solifenacin	Detrol LA	Vesicare
trospium	Enablex	Vesicare LS
Detrol tablet		
Myrbetriq		

Bone Resorption Suppression

Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 6/2/2025

No PA Required	*PA Required*
Bisphosphonates	**Bisphosphonates**
alendronate tablet	alendronate solution
ibandronate	risedronate sodium DR
	Actonel
	Atelvia
	Binosto
	Fosamax/Plus D
Other Related Agents	**Other Related Agents**
raloxifene HCL	calcitonin salmon
	teriparatide* (Forteo)
	Evenity
	Evista
	Forteo *
	Jubbonti syringe[NR]*
	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	*PA Required*
Botulinum Toxins	**Botulinum Toxins**
Dysport	Botox
	Myobloc
	Xeomin

BPH Agents

Length of Authorization:1 Year

Status Implementation: 10/15/2007
Current Review Date: 10/1/2024

No PA Required	*PA Required*
Alpha Blockers, Selective	**Alpha Blockers, Selective**
alfuzosin	silodosin
tamsulosin HCL	Flomax
	Rapaflo
5-Alpha Reductase Inhibitors	**5-Alpha Reductase Inhibitors**
finasteride	dutasteride
	dutasteride/tamsulosin
	finasteride/tadalafil capsule[NR]
	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	*PA Required*
Beta Agonist Inhalers, Long Acting	**Beta Agonist Inhalers, Long Acting**
Serevent (step edit-use of inhaled corticosteroid in past 45 days)	Striverdi Respimat
Beta Agonist Inhalers, Short Acting	**Beta Agonist Inhalers, Short Acting**
Proventil HFA	albuterol HFA (Proair,Ventolin,Proventil)
Ventolin HFA	albuterol HFA (AG) (Proventil)
Xopenex HFA	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	**Beta Agonist Nebulizers, Short Acting**
albuterol nebulizer solution	levalbuterol
albuterol nebulizer solution low-dose (accuneb)	

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

Non-Dihydropyridines

diltiazem
verapamil tablet/ER

Non-Dihydropyridines

diltiazem CD/ER
tiadylt ER
verapamil capsule ER/PM
verapamil capsule ER/PM (AG)
verapamil capsule SR (AG)[NR]
Cardizem/CD/LA
Cartia XT
Dilt CD/XR
Matzim LA
Taztia XT
Tiazac
Verelan/PM

Cephalosporins

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/2/2024

No PA Required

Second Generation

cefaclor capsule, suspension
cefprozil tablet, suspension
cefuroxime tablet

Third Generation

cefdinir capsule, suspension

PA Required

Second Generation

cefaclor tablet ER

Third Generation

cefixime capsule/suspension
cefpodoxime suspension
cefpodoxime tablet

Colony Stimulating Factors

Length of Authorization: 1 Year

Status Implementation: 5/9/2022
Current Review Date: 6/2/2025

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
Ryzneuta syringe[NR]
Stimufend syringe
Udenyca
Udenyca Onbody
Zarxio
Ziextenzo

Contraceptives, Other

Length of Authorization: 1 Year

Status Implementation: 10/03/2023
Current Review Date: 6/2/2025

No PA Required

Contraceptives, Other

medroxyprogesterone acetate disp syringe
medroxyprogesterone acetate disp syringe (AG)
medroxyprogesterone acetate vial
medroxyprogesterone acetate vial (AG)
Nexplanon
Nuvaring
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
Phexxi
Twirla
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
tioptropium
umeclidinium/vilanterol (AG) inhalation[NR]
Bevespi Aerosphere
Daliresp
Duaklir Pressair
Incruse Ellipta
Ohtuvayre[NR]
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
abrilada(CF) Pen Kit
adalimumab-aacf(CF) Kit[NR]
adalimumab-aacf(CF) Pen Kit
adalimumab-aaty(CF) Kit
adalimumab-aaty(CF) Pen Kit
adalimumab-adaz(CF) Pen Kit
adalimumab-adaz(CF) Kit
adalimumab-adbm(CF) Kit
adalimumab-adbm (CF) Pen Kit
adalimumab-fkjp Pen Kit
adalimumab-fkjp Kit
adalimumab-ryvk(CF) Kit
ustekinumab syringe[NR]
ustekinumab vial[NR]
ustekinumab-aekn syringe[NR]
ustekinumab-ttwe syringe[NR]
ustekinumab-ttwe vial[NR]
Actemra
Amjevita
Arcalyst
Avsola
Bimzelx Syringe
Bimzelx Pen
Cibinqo
Cimzia
Cosentyx
Cosentyx Unoready Pen
Cosentyx Vial
Cyltezo Pen Kit
Cyltezo Kit
Entyvio
Entyvio Pen
Enspryng
Hadlima Pen Kit
Hadlima Kit
Hadlima Pen(CF) Kit
Hadlima(CF) Kit
Hulio Pen Kit
Hulio Kit
Hyrimoz(CF) Kit
Hyrimoz Pen(CF) Kit
Idacio Pen Kit
Idacio Kit
Ilaris
Ilumya syringe
Inflectra
Infliximab
Kevzara
Kineret
Litfulo
Olumiant
Omvoh Vial/syringe
Omvoh Pen
Orencia/clickjet/syringe/vial
Otulfi syringe[NR]
Otulfi vial[NR]
Pyzchiva syringe[NR]
Pyzchiva vial[NR]
Remicade
Renflexis
Rinvoq ER
Rinvoq LQ solution[NR]
Selardsi syringe[NR]
Selardsi vial[NR]
Siliq
Simlandi(CF) Kit 100mg/ml
Simponi
Simponi Aria
Skyrizi
Sotyktu
Spevigo
Spevigo Syringe
Stelara
Steqeyma syringe[NR]
Steqeyma vial[NR]
Taltz
Tofidence
Tremfya Autoinjector[NR]
Tremfya pen induction PK-Crohn[NR]
Tremfya pen/vial[NR]
Tyenne Autoinjector
Tyenne Syringe
Tyenne Vial
Velsipity
Xeljanz/XR
Xeljanz Solution
Yesintek syringe[NR]
Yesintek vial[NR]
Yuflyma(CF) Autoinjector
Yuflyma Kit (CF)
Yusimry
Zymfentra Pen
Zymfentra Syringe

Enzyme Replacement, Gauchers Disease

Length of Authorization:1 Year

Status Implementation: 5/9/2022
Current Review Date: 6/2/2025

No PA Required	*PA Required*
Enzyme Replacement, Gauchers Disease	**Enzyme Replacement, Gauchers Disease**
Zavesca	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	*PA Required*
Epinephrine, Self-Administered	**Epinephrine, Self-Administered**
epinephrine 0.15mg (AG Epipen Jr)	epinephrine 0.15mg (AG Adrenaclick)
epinephrine 0.3mg (AG Epipen)	epinephrine 0.3mg (AG Adrenaclick)
Epipen	epinephrine 0.3mg auto injector
Epipen Jr	Auvi-Q
	Neffy spray[NR]

Erythropoiesis Stimulating Proteins

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 6/2/2025

No PA Required	*PA Required*
Erythropoiesis Stimulating Proteins	**Erythropoiesis Stimulating Proteins**
Epogen	Aranesp
Retacrit	Aranesp disp syringe
	Jesduvroq
	Mircera
	Procrit
	Reblozyl
	Vafseo tablet

Fluoroquinolones

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/2/2024

No PA Required	*PA Required*
Fluoroquinolones	**Fluoroquinolones**
ciprofloxacin tablet	ciprofloxacin suspension
levofloxacin tablet	levofloxacin solution
Cipro suspension	moxifloxacin
	ofloxacin
	Baxdela
	Cipro Tablet

GI Motility Agents

Length of Authorization: 1 Year

Status Implementation: 9/2/2015
Current Review Date: 6/2/2025

No PA Required	*PA Required*
GI Motility Agents	**GI Motility Agents**
lubiprostone	alosetron
Linzess	prucalopride tablet
Relistor syringe/vial	Amitiza
Trulance	Isbrela
	Lotronex
	Motegrity
	Movantik
	Relistor tablet
	Symproic
	Viberzi

Glucagon Agents

Length of Authorization: 1 Year

Status Implementation: 7/27/2020
Current Review Date: 6/2/2025

No PA Required	*PA Required*
Glucagon Agents	**Glucagon Agents**
Baqsimi	diazoxide suspension
Glucagon 1mg vial (Lilly)	Glucagon 1mg vial (Fresenius)
Glucagon emergency kit (Lilly)	Glucagon emergency kit (Fresenius)
Proglycem suspension	Gvoke Hypopen
Zegalogue autoinjector	Gvoke syringe
Zegalogue 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	*PA Required*
Glucocorticoids	**Glucocorticoids**
budesonide respules	fluticasone propionate diskus
fluticasone propionate HFA	Armonair Digihaler
Alvesco	Flovent Diskus
Arnuity Ellipta	Pulmicort respules
Asmanex	
Asmanex HFA	
Flovent HFA	
Pulmicort Flexhaler	
QVAR Redihaler	
Glucocorticoid/Beta-Agonist Combo	**Glucocorticoid/Beta-Agonist Combo**
Advair Diskus	budesonide/formoterol funarate
Advair HFA	fluticasone/salmeterol (Advair Diskus)
Dulera	fluticasone/salmeterol (Airduo Aerospan)
Symbicort	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	*PA Required*	
Glucocorticoids	**Glucocorticoids**	
budesonide DR/EC	cortisone	Eohilia suspension
dexamethasone solution/tablet	dexamethasone elixir	Hemady
hydrocortisone	dexamethasone intensol	Medrol tab DS pk
methylprednisolone 4mg	methylprednisolone 8mg, 16mg tab	Medrol tablet
methylprednisolone tab ds pk	methylprednisolone 32mg tablet	Millipred solution
prednisolone sodium phosphate	prednisolone ODT	Millipred DP tab DS pk
prednisolone solution	prednisolone sodium phosphate solution (Millipred)	Rayos tablet DR
prednisone solution	prednisolone sodium phosphate solution (Veripred)	Taperdex
prednisone tab ds pk	Alkindi Sprinkle	Tarpeyo
prednisone tablet	Cortef	

Growth Hormone

Length of Authorization: 1 Year

Status Implementation: 5/15/2008
Current Review Date: 6/2/2025

No PA Required	***PA Required***	
Growth Hormone	**Growth Hormone**	
Genotropin cartridge	Humatrope cartridge	Omnitrope vial
Genotropin dis syringe	Humatrope vial	Serostim vial
Norditropin pen	Ngenla pen	Skytrofa
	Nutropin AQ 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: 6/2/2025

No PA Required	***PA Required***
H. Pylori Treatment	**H. Pylori Treatment**
Pylera	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	***PA Required***
HAE Treatment	**HAE Treatment**
icatibant	Firazyr
Berniert	Haegarda
Cinryze	Orladeyo
Kalbitor	Ruconest
Sajazir	Takhzyro syringe
	Takhzyro vial

Hemophilia Treatment

Length of Authorization: 1 Year

Status Implementation: 1/10/2023
Current Review Date: 01/14/2025

No PA Required		***PA Required***
Hemophilia Treatment		**Hemophilia Treatment**
Advate	Idelvion	
Adynovate	Ixinity	
Afstyla	Jivi	
Alhemo[NR]	Koate-DVI Kit	
Alphanate	Koate-DVI Vial	
Alphanine SD	Kovaltry	
Alprolix	Novoeight	
Altuviiio	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	
	Gene Therapy	
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***
Pegylated Interferons	**Pegylated Interferons**
Pegasys	
Ribavirins	**Ribavirins**
ribavirin	

Hepatitis C Agents, Other

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 7/2/2024

Clinical PA Required + Trial of Preferred Agent

Other Hepatitis C Agents	**Other Hepatitis C Agents**
No PA Required	***PA Required***
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

No PA Required		***PA Required***
abacavir	Epivir	Trogarzo
abacavir-lamivudine	Epzicom	
atazanavir sulfate	Evotaz	
cabotegravir ER	Fuzeon	
darunavir	Genvoya	
didanosine capsule	Intelence	
efavirenz	Isentress	
efavir-emtri-tenof	Isentress HD	
efavir-lamiv-tenof	Juluca	
emtricitabine	Kaletra	
emtricitabine-tenof	Lexiva	
etravirine	Norvir	
fosamprenavir calcium	Odefsey	
lamivudine	Pifeltro	
lamivudine-zidovudine	Prezcobix	
lopinavir-ritonavir	Prezista	
maraviroc	Retrovir	
nevirapine	Reyataz	
nevirapine ER	Rukobia	
rilpivirine ER	Selzentry solution/ tablet	
ritonavir	Stribild	
stavudine	Sunlenca	
tenofovir disoproxil fumarate	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: 6/2/2025

No PA Required	***PA Required***
Alpha-Glucosidase Inhibitors	**Alpha-Glucosidase Inhibitors**
acarbose	miglitol
	Precose
Incretin Mimetics/Enhancers	**Incretin Mimetics/Enhancers**
Amylin Analogs	*Amylin Analogs*
n/a	Symlin/pen (History of use of mealtime Insulin)

Clinical Criteria for DPP-IV Inhibitors - History of either metformin or TZD therapy in the past 90 days

DPP-IV Inhibitors	*DPP-IV Inhibitors*
Janumet	alogliptin
Janumet XR	algliptin/metformin
Januvia	alogliptin/pioglitazone
Jentadueto	saxagliptin
Tradjenta	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
	Zituvimet[NR]
	Zituvimet XR[NR]
	Zituvio

Clinical Criteria for GLP-1 Receptor Agonists - History of either metformin or TZD therapy in the past 90 days

No PA Required	***PA Required***
GLP-1 Receptor Agonists	*GLP-1 Receptor Agonists*
Bydureon pen	exenatide pen (generic Byetta)[NR]
Byetta	liraglutide(AG)[NR]
Ozempic	Adlyxin
Trulicity	Bydureon Bcise
Victoza	Mounjaro
	Rybelsus
	Soliqua
	Tanzeum
	Xultophy

No PA Required	***PA Required***
Insulins	**Insulins**
Insulins Long Acting	*Insulins Long Acting*
Lantus vial	insulin degludec pen (U-100)
Lantus solostar	insulin degludec pen (U-200)
	insulin degludec
	insulin glargine pen
	insulin glargine vial
	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: 6/2/2025

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
Admelog Solostar
Afrezza

Afrezza cartridge

Apidra vial/solostar
Basaglar Tempo Pen U-100
Fiasp pumpcart
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

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 100 U/ML cartridge
Novolog 100 U/ML vial
Novolog 100 U/ML flexpen
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

SGLT2 and Combinations

Farxiga*
Jardiance*
Xigduo XR*
Synjardy*

PA Required

Metformins Combinations

glipizide/metformin

SGLT2 and Combinations

Inpefa
Invokamet
Invokana
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: 6/2/2025

No PA Required	***PA Required***
The use of single agents are preferred in these sub categories	
TZD/Metformin Combinations	*TZD/Metformin Combinations*
	pioglitazone-metformin
	Actoplus Met
	Actoplus Met XR
TZD/Sulfonylurea Combinations	*TZD/Sulfonylurea Combinations*
	pioglitazone-glimepride
	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, Asthma	**Immunomodulators, 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 Dermatitis	**Immunomodulators, Atopic Dermatitis**
pimecrolimus cream	Adbry
tacrolimus	Adbry autoinjector
Elidel	Dupixent
Eucrisa	Dupixent pen
	Ebglyss pen[NR]
	Ebglyss syringe[NR]
	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, Topical	**Immunomodulators, 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	*PA Required*
Steroids	**Steroids**
fluticasone	azelastine/fluticasone
Dymista	flunisolide
Nasonex OTC	mometasone nasal
	Beconase AQ
	Omnaris
	QNasl
	Ryaltris
	Sinuva
	Xhance
	Zetonna
Antihistamines & Other	**Antihistamines & Other**
azelastine (generic Astelin)	azeastine (generic Astepro)
ipratropium (nasal)	olopatadine

Leukotriene Modifiers

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/2/2024

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

Lipotropics, Other

Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 01/14/2025

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

* Manual PA required

Lipotropics, Other - Continued
Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 01/14/2025

Fibric Acid Derivatives	**Fibric Acid Derivatives**	
fenofibrate tablet (Lofibra)	fenofibrate (Antara,Fenoglide,Lipofen)	Lipofen
fenofibrate tablet (Tricor)	fenofibrate capsule (Lofibra)	Lopid
gemfibrozil	fenobibric acid (Fibricor,Trilipix)	Tricor
	Antara	Trilipix
	Fenoglide	

MTP Inhibitor	**MTP Inhibitor**
	Juxtapid

Niacins	**Niacins**
	niacin ER
	niacin/ER OTC
	Niacor
	Niaspan

Omega-3 Fatty Acids	**Omega-3 Fatty Acids**
omega-3 acid ethyl esters	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	**Statins**	
atorvastatin	fluvastatin/ER	Flolipid
lovastatin	pitavastatin	Lescol/XL
pravastatin	Altoprev	Lipitor
rosuvastatin	Atorvaliq	Livalo
simvastatin	Ezallor sprinkle	Zocor
		Zypitamag

Statin Combinations	**Statin Combinations***
	amlodipine-atorvastatin
	amlodipine-atorvastatin (AG)
	ezetimibe-simvastatin
	Caduet
	Vytorin

* 1 paid claim for a statin in the past 90 days

Macrolides/Ketolides

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/2/2024

No PA Required	***PA Required***
Macrolides/Ketolides	**Macrolides/Ketolides**
azithromycin suspension, tablet	azithromycin packet
clarithromycin tablet	clarithromycin ER
erythromycin base capsule	clarithromycin suspension
erythromycin ethylsuccinate 200 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	***PA Required***
Methotrexate	**Methotrexate**
methotrexate injection	methotrexate PF vial (AG)
methotrexate PF	Jylamvo solution[NR]
methotrexate tablet	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	***PA Required***
Movement Disorders	**Movement Disorders**
tetrabenazine	Austedo Titration Kit
Austedo	Austedo XR Titration Pack (Wk 1-4)
Austedo XR	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	***PA Required***	
Multiple Sclerosis	**Multiple Sclerosis**	
dalfampridine ER	glatiramer 20 and 40 mg/ml	Ocrevus
dimethyl fumarate DR	Ampyra	Ocrevus Zunovo[NR]
dimethyl fumarate DR (AG)	Aubagio	Plegridy
dimethyl fumarate DR starter pack	Bafiertam DR	Ponvory starter pack
fingolimod	Betaseron kit	Ponvory tablet
teriflunomide tablet	Briumvi	Rebif
Avonex	Copaxone 40mg/ml	Rebif Rebidose Pen
Avonex pen	Gilenya	Tascenso ODT
Copaxone 20mg/ml syringe kit	Lemtrada	Tecfidera
Kesimpta pen	Mavenclad	Tecfidera starter pack
	Mayzent dose pack	Tysabri
	Mayzent tablet	Vumerity
		Zeposia capsule
		Zeposia pack

Neuropathic Pain & Select Agents

Length of Authorization: 1 Year

Status Implementation: 1/17/2013
Current Review Date: 01/14/2025

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

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

the past year and a claim for Lyrica or Savella in the past 60 days OR Diagnosis of Diabetic Peripheral Neuropathy or Post Herpetic Neuralgia

No PA Required		***PA Required***
Topical* **		**Topical*** **
capsaicin		dermacinrx lidocan patch[NR]
Lidoderm	***Step edit failure on one oral NSAID	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	***PA Required***	
Oral	**Oral**	
celecoxib****	diclofenac sodium misoprostol	naproxen sodium tablet
diclofenac potassium	diclofenac SR	naproxen sodium CR tablet
diclofenac sodium	diclotral	naproxen sodium ER tablet
ibuprofen susp/tablet	diflunisal	naproxen suspension
indomethacin capsule	etodolac	oxaprozin
meloxicam tablet	fenoprofen	tolmetin sodium tablet
naproxen tablet	flurbiprofen	Arthrotec
piroxicam	ibuprofen-famotidine	Celebrex***
sulindac	indomenthacin capsule ER	Daypro
	ketoprofen/ER	Dolobid[NR]
	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 hemmorhage 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	***PA Required***
Topical	**Topical**
diclofenac sodium gel (rx)*	diclofenac epolamine pump)
	diclofex DC
	Diclogen kit[NR]
	Pennsaid
	Pennsaid solution packet
	Tresni (rectal)[NR]

* 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	***PA Required***	
Allergic Conjunctivitis	**Allergic Conjunctivitis**	
cromolyn sodium	azelastine ophth 0.05%	Alocril
olopatadine (RX)	bepotastine	Alomide
	epinastine	Alrex
	loteprednol	Bepreve
		Zerviate

No PA Required	***PA Required***	
Antibiotics	**Antibiotics**	
bacitracin/polymixin ointment	bacitracin ointment	Besivance
ciprofloxacin solution	gatifloxacin	Bleph-10
erythromycin ophth	moxifloxacin (Moxeza)	Ciloxan Ointment
gentamicin drops/ointment	moxifloxacin HCL-BSS	Moxeza
moxifloxacin (Vigamox)	neomycin/bacitracin/polymixin oint	Natacyn
ofloxacin	neomycin-polymixin-gramicidin	Vigamox
polymixin/trimethoprim	sulfacetamide ointment	
tobramycin ophth	sulfacetamide solution	
Ocuflox	Azasite	
Tobrex ointment		

Antibiotic-Steroid Combinations	**Antibiotics-Steroid Combinations**
neomycin/polymyxin/desamethasone	neomycin/bacitracin/poly/HC
tobramycin/dexamethasone suspension	neomycin/polymyxin/HC
Tobradex suspension	sulfacetamide/prednisolone
Trobradex ointment	Maxitrol drops suspension
	Maxitrol ointment
	Tobradex ST
	Zylet

No PA Required	***PA Required***	
Anti-Inflammatory	**Anti-Inflammatory**	
diclofenac	bromfenac	Acuvail
fluorometholone	bromfenac(AG) (Bromsite)	Bromsite
flurbiprofen sodium	bromfenac (Bromsite)	Durezol
ketorolac ophth 0.5%	bromfenac(AG)(Prolensa)	Eysuvis
Lotemax drops	bromfenac (Prolensa)	Flarex
Maxidex	dexamethasone	FML
Pred Mild	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

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

Carbonic Anhydrase Inhibitors
dorzolamide
dorzolamide/timolol
Azopt
Simbrinza

Prostaglandin Agonists
latanoprost
Lumigan
Travatan/Z

Other
Phospholine Iodide
pilocarpine
Rhopressa
Rocklatan

PA Required
Alpha-2 Adrenergic Agonists
apradondine
brimonidine 0.15%
brimonidine 0.1%[NR]
lopidine

Beta Blockers
betaxolol
brimonidine tartrate-timolol[NR]
carteolol
levobunolol
timolol (generic Betimol)[NR]
timolol 0.5% drop (generic Istalol)
timolol maleate 0.5% drop (AG Istalol)
Akbeta
Betimol
Betopic S
Istalol
Ocupress
Timoptic/XE

Carbonic Anhydrase Inhibitors
brinzolamide
dorzolamide/timolol (gen Cosopt PF)
Cosopt
Cosopt PF

Prostaglandin Agonists
bimatoprost
tafluprost
travoprost
Iyuzeh[NR]
Vyzulta
Xalatan
Xelpros
Zioptan

Other
pilocarpine[NR] (generic Vuity)
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
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 Imlementation: 5/11/2012
Current Review Date: 6/2/2025

No PA Required
Pancreatic Enzymes
Creon
Viokace
Zenpep

PA Required
Pancreatic Enzymes
Pertzye

Phosphate Binders
Length of Authorization: 1 Year
Status Implementation: 10/15/2007
Current Review Date: 6/2/2025

No PA Required
Phosphate Binders
calcium acetate capsule/gel cap
sevelamer carbonate powder pack
sevelamer carbonate tablet

PA Required
Phosphate Binders
calcium acetate tablet
ferric citrate[NR]
lanthanum carbonate
sevelamer HCL
sevelamer HCL (AG)
sevelamer carbonate tablet (AG)
Auryxia
Fosrenol powder pack
Fosrenol tablet chewable
Renvela powder pack
Renvela tablets
Velphoro
Xphozah

Pituitary Suppressive Agents, LHRH
Length of Authorization: 1 Year
Status Implementation: 5/9/2022
Current Review Date: 6/2/2025

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
clopidrogel
dipyridamole
prasugrel
Brilinta

PA Required
Platelet Inhibitors
aspirin-dipyridamole ER
ticagrelor[NR]
Effient
Plavix

Potassium Binders
Length of Authorization: 1 Year
Status Implementation: 7/27/2020
Current Review Date: 6/2/2025

No PA Required
Potassium Binders
Lokelma
sodium polystyrene sulfonate powder

PA Required
Potassium Binders
sodium polystyrene sulfonate susp[NR]
Lokelma unit dose
Veltassa

Progestins for Cachexia

Length of Authorization: 1 Year

Status Implementation: 1/22/2018
Current Review Date: 6/2/2025

No PA Required	***PA Required***
Progestins for Cachexia	**Progestins for Cachexia**
megestrol suspension (Megace)	megestrol suspension (Megace ES)

Proton Pump Inhibitors

Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 6/2/2025

No PA Required	***PA Required***	
Proton Pump Inhibitors	**Proton Pump Inhibitors**	
omeprazole	dexlansoprazole capsules	Konvomep
pantoprazole	esomeprazole capsules/kit	Nexium capsules
Nexium suspension	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	***PA Required***	
PAH Agents	**PAH Agents**	
ambrisentan	tadalafil	Ravatio suspension
bosentan	Adcirca	Revatio tablet
sildenafil suspension	Adempas	Tadliq suspension
sildenafil suspension (AG)	Alyq	Tracleer suspension
sildenafil tablet	Letairis	Tracleer tablet
	Ligrey	Tyvaso
	Opsumit	Tyvaso DPI
	Opsynvi tablet	Uptravi
	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	***PA Required***
metronidazole cream	azelaic acid
metronidazole gel	brimonidine gel
Rosadan cream	ivermectin
Rosadan gel	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	***PA Required***	
Sedative Hypnotics	**Sedative Hypnotics**	
temazepam 15 & 30 mg	doxepin 3 & 6mg	Dayvigo
zolpidem tablet	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

Sickle Cell Anemia Treatments

Length of Authorization: 1 Year

Status Implementation: 06/2/2025
Current Review Date: 06/2/2025

No PA Required	***PA Required***
Sickle Cell Anemia Treatments	**Sickle Cell Anemia Treatments**
hydroxyurea	glutamine powder pack
Adakveo	Droxia
Casgevy	
Endari	
Lyfgenia	
Siklos (Age limit 2-17 yoa)	

Skeletal Muscle Relaxants

Length of Authorization: 1 Year

Status Implementation: 7/6/2009
Current Review Date: 10/1/2024

No PA Required	***PA Required***
Skeletal Muscle Relaxants	**Skeletal Muscle Relaxants**
baclofen tablet	baclofen solution/suspension
cyclobenzaprine	chlorzoxazone
methocarbamol	cyclobenzaprine HCL ER
tizanidine capsule	dantrolene
tizanidine tablet	metaxalone
	orphenadrine ER/compound
	tanlor
	Amrix
	Dantrium
	Fexmid
**carisoprodol and Soma - no longer covered by RI Medicaid	Fleqsuvy
	Lorzone
	Lyvispah
	Norgesic Forte
	Zanaflex

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

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013
Current Review Date: 7/2/2024

No PA Required

Topical Low

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

PA Required

Topical Low

alclometasone diproponate cream
alclometasone dipropionate ointment
desonide cream
desonide lotion
desonide ointment
hydrocortisone lotion complete kit
hydrocortisone solution[NR]
tridesilon
Aqua-Glycolic HC
Capex shampoo
Derma-Smoothe-FS
Hydroxym gel
Texacort

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013
Current Review Date: 7/2/2024

No PA Required

Topical Medium

fluticasone propionate cream
fluticasone propionate ointment
mometasone furoate cream
mometasone furoate ointment
mometasone furoate solution

PA Required

Topical Medium

betamethasone valerate foam
clocortolone
fluocinolone acetonide cream
fluocinolone acetonide ointment
fluocinolone acetonide solution
flurandrenolide
fluticasone propionate lotion
hydrocortisone valerate cream
hydrocortisone valerate ointment
hydrocortisone butyrate cream, emollient,lotion, ointment, solution
triamcinolone paste (dental)
Beser / Beser Kit
Cloderm
Cordran tape/ointment
Dermatop cream, ointment
Elocon cream, ointment, solution
Oralone
Pandel
Prednicarbate cream
Prednicarbate ointment
Synalar cream & ointment kit, solution
Synalar TS kit

No PA Required

Topical Very High

clobetasol propionate cream
clobetasol propionate ointment
clobetasol solution
halobetasol propionate cream
halobetasol propionate ointment

PA Required

Topical Very High

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

Stimulants and Related Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Clinical prior authorization required for age greater than 21

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

PA Required

Stimulants and Related Agents

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

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
Zelstrym
Zenzedi

Ulcerative Colitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2008

Current Review Date: 6/2/2025

No PA Required

Oral

mesalamine AG (generic Lialda)
mesalamine (generic Lialda)
sulfasalazine/DR
Apriso
Pentasa

PA Required

Oral

balsalazide
budesonide DR
mesalamine (generic Asacol HD)
mesalamine ER (generic Apariso)
mesalamine ER (generic Pentasa)
mesalamine DR (generic Delzicol)
Azulfidine/DR

Colazal
Delzicol
Dipentum
Giazo
Lialda
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	***PA Required***
Vasodilators, Coronary	**Vasodilators, Coronary**
isosorbide dinitrate	isosorbide dinitrate (AG)
isosorbide mononitrate	isosorbide dinit/hydralazine
isosorbide mononitrate SR	isosorbide dinit/hydralazine (AG)
nitroglycerin (transderm)	nitroglycerin (sublingual)
nitroglycerin (transderm) (AG)	nitroglycerin (translingual)
Nitrostat	nitroglycerin (sublingual) (AG)
	nitroglycerin (translingual) (AG)
	Bidi
	Isordil
	Nitro-bid ointment
	Nitro-dur patch
	Nitrolingual spray
	Verquvo

Weight Management Agents

Length of Authorization: 1 Year

Status Implementation: 10/03/2023
Current Review Date: 6/2/2025

Clinical Prior Authorization Required for Entire Class/Manual PA

No PA Required	***PA Required***
Weight Management Agents	**Weight Management Agents**
Wegovy	orlistat capsule
	phentermine/topiramate[NR]
	Imcivree
	Saxenda
	Vykat XR tablet[NR]
	Xenical
	Zepbound
	Zepbound vial