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 July 10, 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: 7/10/2025

Preferred	**Non-Preferred**	
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

Preferred	Non-Preferred
No PA Required	***PA Required***
Cholinesterase Inhibitors	**Cholinesterase Inhibitors**
donepezil 5 and 10 mg tablet	donepezil 23 mg
donepezil ODT	galantamine ER
rivastigmine capsule	galantamine solution
Exelon Patch	galantamine tablet
	rivastigmine transdermal
	Adlarity
	Aricept/23
NMDA Receptor Antagonist and Combinations	**NMDA Receptor Antagonist and Combinations**
memantine tablet	memantine ER
memantine tablet dose pack	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

Preferred	Non-Preferred	
Narcotic Analgesics, L/A	**Narcotic Analgesics, L/A**	
fentanyl transdermal 12,25,20,75,100mg	buprenorphine (buccal)	Arymo ER
methadone tab	buprenorphine transdermal	Belbuca
morphine ER tab	fentanyl transdermal 37.5,62.5,87.5mg	Conzip ER
Butrans	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
Current Review Date: 10/1/2024

Some drugs in this class are subject to MME limitations

Preferred	Non-Preferred
No PA Required	***PA Required***
Fentanyl Oral Products	**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

Preferred		Non-Preferred	
Other		**Other**	
APAP/codeine elixir	acetamin-caff-dihydrocodeine	pentazocine/naloxone	
APAP/codeine tablet	benzhydrocodone-acetaminophen	tramadol 75mg[NR]	
hydrocodone/APAP tablet	butalbital cmpd w/codeine	tramadol 100mg	
hydrocodone/ibuprofen	butorphanol tartrate (nasal)	tramadol HCL solution	
hydromorphone tablet	codeine oral	Dilaudid liquid/tablets	
morphine concentrate solution	fentanyl (buccal)	Dsuvia	
morphine IR tablet	hydrocodone/APAP solution	Fioricet with codeine	
morphine solution	hydromorphone liq/supp	Nalocet	
morphine sulfate solution (AG)	levorphanol	Percocet	
oxycodone/APAP tablet	meperidine solution/tablet	Prolate solution	
oxycodone tablet	morphine suppositories	Prolate tablet	
tramadol 50mg	oxycodone/APAP tablet/solution	Roxicodone	
tramadol/APAP	oxycodone capsule	Roxybond	
	oxycodone conc	Seglentis[NR]	
	oxycodone solution		
	oxymorphone		

Androgenic Agents

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

Current Review Date: 6/2/2025

Preferred	Non-Preferred
No PA Required	***PA Required***
Androgenic Agents	**Androgenic Agents**
testosterone gel pump (Androgel) 1.62%	testosterone
Androgel gel pump 1.62%	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

Preferred		Non-Preferred	
No PA Required		***PA Required***	
Ace Inhibitors		**Ace Inhibitors**	
benazepril	captopril	Accupril	
enalapril	enalapril solution	Altace	
fosinopril	enalapril solution (AG)	Epaned	
lisinopril	moexipril	Epaned solution	
quinapril	perindopril	Lotensin	
	ramipril	Qbrelis	
	trandolapril	Vasotec	
		Zestril	

Angiotensin Modulators - Continued

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/14/2025

Preferred	**Non-Preferred**
No PA Required	***PA Required***
ACE Inhibitor/Diuretic	**ACE Inhibitor/Diuretic**
enalapril HCTZ	benazepril HCTZ
lisinopril HCTZ	captopril HCTZ
quinapril HCTZ	fosinopril HCTZ
	Accuretic
	Lotensin HCT
	Vaseretic
	Zestoretic
Angiotensin Receptor Blockers	**Angiotensin Receptor Blockers**
irbesartan	candesartan
losartan	eprosartan
valsartan	olmesartan medoxomil
	telmisartan
	valsartan solution
	Atacand
	Avapro
	Benicar
	Cozaar
	Diovan
	Edarbi
	Micardis (discontinued)
Angiotensin II Receptor Blocker/Diuretic	**Angiotensin II Receptor Blocker/Diuretic**
irbesartan HCTZ	candesartan HCTZ
losartan HCTZ	olmesartan HCTZ
valsartan HCTZ	olmesartan-medoxomil HCTZ
	telmisartan HCTZ
	Atacand HCT
	Avalide
	Benicar HCT
	Diovan HCT
	Edarbyclor
	Hyzaar
	Micardis HCTZ (discontinued)
No PA Required	***PA Required (failure of ARB)***
Renin Inhibitor	**Renin Inhibitor**
	aliskiren
	Tekturna
Renin Inhibitor Combinations	**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

Preferred	Non-Preferred
No PA Required	***PA Required***
Ace Inhibitor/Calcium Channel Blocker Combo	**Ace Inhibitor/Calcium Channel Blocker Combo**
amlodipine/benazepril	trandolapril/verapamil ER
	Lotrel
Angiotensin II Receptor	**Angiotensin II Receptor**
amlodipine/olmesartan	olmesartan/amlodipine HCTZ
amlodipine/valsartan	sacubitril/valsartan tablet
amlodipine/valsartan HCTZ	telmisartan/amlodipine
Entresto	Azor
	Entresto sprinkle cap
	Exforge/HCT
	Tribenzor
	Twynsta

Anti-Allergens

Length of Authorization: 1 Year

Status Implementation: 7/5/2017
Current Review Date: 7/10/2025

Preferred	Non-Preferred
No PA Required	***PA Required***
Anti-Allergens	**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

Preferred	Non-Preferred
No PA Required	***PA Required***
Antianginal & Anti-Ischemic Agents	**Antianginal & Anti-Ischemic Agents**
ranolazine ER	Aspruzyo Sprinkle ER

Antibiotics, GI

Length of Authorization: 1 Year

Status Implementation: 7/1/2013
Current Review Date: 7/10/2025

Preferred	**Non-Preferred**	
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: 7/10/2025

Preferred	**Non-Preferred**
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: 7/10/2025

Preferred	**Non-Preferred**	
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: 7/10/2025

Preferred	Non-Preferred
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: 7/10/2025

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

Anticoagulants

Length of Authorization: 1 Year

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

Preferred	Non-Preferred
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

Preferred	Non-Preferred
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

Preferred		Non-Preferred	
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
		perampanel tablet[NR]	Libervant film
		rufinamide suspension	Motpoly XR
		rufinamide tablet	Qudexy XR
		tiagabine	Sabril
		topirmate ER	Spritam
		vigabatrin powder pack	Topamax tablet/sprinkle *
		vigabatrin tablet	Trokendi XR
		vigadrone	Vigafyde solution[NR]
		Aptiom	Vigpoder powder pack[NR]
		Banzel	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

Preferred	Non-Preferred	
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

Preferred	Non-Preferred	
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: 7/10/2025

Preferred

No PA Required

Oral

clotrimazole
fluconazole tablet
griseofulvin suspension
nystatin suspension
terbinafine

Non-Preferred

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

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

Topical

alevazol (OTC)
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/oint
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: 7/10/2025

Preferred

No PA Required

Antihistamines

cetirizine tab
cetirizine solution RX
levocetirizine tablet
loratadine tablet

Antihistamine/Decongestant Combinations

Non-Preferred

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

Preferred	Non-Preferred
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

Preferred	Non-Preferred
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

Preferred	Non-Preferred	
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

Preferred	Non-Preferred	
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: 7/10/2025

Preferred	Non-Preferred	
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

Preferred	Non-Preferred	
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: 7/10/2025

Preferred	Non-Preferred
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
COVID Agents	**COVID Agents**
Paxlovid Tab DS PK	

Antivirals Topical

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 7/10/2025

Preferred	Non-Preferred
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

Preferred	Non-Preferred	
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

Preferred	Non-Preferred
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

Preferred	Non-Preferred	
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

Preferred	Non-Preferred
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)
	Bonsity pen injector[NR]
	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

Preferred	Non-Preferred
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

Preferred	Non-Preferred
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: 7/10/2025

Preferred	Non-Preferred
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**
albuterol HFA (Proventil)	albuterol HFA (Proair,Ventolin)
Proventil HFA	levalbuterol tartrate HFA
Ventolin HFA	ProAir Digihaler
Xopenex HFA	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

Preferred	Non-Preferred	
No PA Required	***PA Required***	
Dihydropyridines	**Dihydropyridines**	
amlodipine	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	**Non-Dihydropyridines**	
diltiazem	diltiazem CD/ER	Cartia XT
verapamil tablet/ER	tiadylt ER	Dilt CD/XR
	verapamil capsule ER/PM	Matzim LA
	verapamil capsule ER/PM (AG)	Taztia XT
	verapamil capsule SR (AG)[NR]	Tiazac
	Cardizem/CD/LA	Verelan/PM

Cephalosporins

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/10/2025

Preferred	Non-Preferred
No PA Required	***PA Required***
Second Generation	**Second Generation**
cefaclor capsule, suspension	cefaclor tablet ER
cefprozil tablet, suspension	
cefuroxime tablet	
Third Generation	**Third Generation**
cefdinir capsule, suspension	cefixime capsule/suspension
cefpodoxime tablet	cefpodoxime suspension

Colony Stimulating Factors

Length of Authorization: 1 Year

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

Preferred	Non-Preferred	
No PA Required	***PA Required***	
Colony Stimulating Factors	**Colony Stimulating Factors**	
Fulphila	Fylnetra	Nyvepria
Neupogen disp syringe	Granix syringe	Releuko syringe
Neupogen vial	Granix vial	Releuko vial
	Leukine	Rolvedon
	Neulasta kit	Ryzneuta syringe[NR]
	Neulasta syringe	Stimufend syringe
	Nivestym syringe	Udenyca
	Nivestym vial	Udenyca Onbody
		Zarxio
		Ziextenzo

Contraceptives, Other

Length of Authorization: 1 Year

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

Preferred ***No PA Required*** **Contraceptives, Other**	**Non-Preferred** ***PA Required*** **Contraceptives, Other**
medroxyprogesterone acetate disp syringe	enilloring vaginal ring
medroxyprogesterone acetate disp syringe (AG)	etonogestrel/ethinyl estradiol ring
medroxyprogesterone acetate vial	etonogestrel/ethinyl estradiol ring (AG)
medroxyprogesterone acetate vial (AG)	Annovera
Nexplanon	Depo-Provera Disp Syringe
Nuvaring	Depo-Provera Vial
Zafemy	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: 7/10/2025

Preferred ***No PA Required*** **COPD Agents**	**Non-Preferred** ***PA Required*** **COPD Agents**
albuterol/ipratropium nebulizer solution	roflumilast
ipratropium nebulizer solution	tioptropium
Anoro Ellipta	umeclidinium/vilanterol (AG) inhalation[NR]
Atrovent HFA	Bevespi Aerosphere
Combivent Respimat	Daliresp
Spiriva Handihaler	Duaklir Pressair
Stiolto Respimat	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: 7/10/2025

Preferred

No PA Required

Cytokine & CAM Antagonists

Enbrel
Humira kit
Humira pen kit
Otezla

Non-Preferred

PA Required

Cytokine & CAM Antagonists

abrilada(CF) Kit
abrilada(CF) Pen Kit
adalimumab-aacf(CF) Kit
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
Imuldosa vial[NR]
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
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
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

Preferred	Non-Preferred
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: 7/10/2025

Preferred	Non-Preferred
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 nasal spray

Erythropoiesis Stimulating Proteins

Length of Authorization: 1 Year

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

Preferred	Non-Preferred
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: 7/10/2025

Preferred	Non-Preferred
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

Preferred	**Non-Preferred**
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

Preferred	**Non-Preferred**
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: 7/10/2025

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

Preferred	**Non-Preferred**
	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: 7/10/2025

Preferred	Non-Preferred	
No PA Required	***PA Required***	
Glucocorticoids	**Glucocorticoids**	
budesonide DR/EC	cortisone	Eohilia suspension
dexamethasone solution/tablet	dexamethasone elixir	Hemady
hydrocortisone	dexamethasone intensol	Khindivi solution[NR]
methylprednisolone 4mg	methylprednisolone 8mg, 16mg tab	Medrol tab DS pk
methylprednisolone tab ds pk	methylprednisolone 32mg tablet	Medrol tablet
prednisolone sodium phosphate	prednisolone ODT	Millipred solution
prednisolone solution	prednisolone sodium phosphate solution (Millipred)	Millipred DP tab DS pk
prednisone solution	prednisolone sodium phosphate solution (Veripred)	Rayos tablet DR
prednisone tab ds pk	Alkindi Sprinkle	Taperdex
prednisone tablet	Cortef	Tarpeyo

Growth Hormone

Length of Authorization: 1 Year

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

Preferred	Non-Preferred	
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

Preferred	Non-Preferred
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

Preferred	**Non-Preferred**
No PA Required	***PA Required***
HAE Treatment	**HAE Treatment**
icatibant	Andembry autoinjector[NR]
Berniert	Firazyr
Cinryze	Haegarda
Kalbitor	Orladeyo
Sajazir	Ruconest
	Takhzyro syringe
	Takhzyro vial

Hemophilia Treatment

Length of Authorization: 1 Year

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

Preferred		**Non-Preferred**
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: 7/10/2025

Preferred	**Non-Preferred**
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: 7/10/2025

Clinical PA Required + Trial of Preferred Agent

Preferred	Non-Preferred
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: 7/10/2025

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

Hypoglycemics	
Length of Authorization: 1 Year	Status Implementation: 5/1/2007 Current Review Date: 6/2/2025
Preferred	**Non-Preferred**
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	
Preferred	**Non-Preferred**
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

Preferred	**Non-Preferred**	
No PA Required	***PA Required***	
Insulins Short Acting	*Insulins Short Acting*	
insulin aspart cartridge	Admelog	Humalog 200 U/ML pen
insulin aspart flexpen	Admelog Solostar	Humalog Tempo Pen U-100
insulin aspart vial	Afrezza	Humulin pen
insulin aspart/insulin aspart protamine		
insulin pen	Afrezza cartridge	Lyumjev 100 U/ML pen
insulin aspart/insulin aspart protamine		
insulin vial	Apidra vial/solostar	Lyumjev 200 U/ML pen
insulin lispro kwikpen u-100	Basaglar Tempo Pen U-100	Lyumjev Tempo Pen U-100
insulin lispro	Fiasp pumpcart	Lyumjev vial
insulin lispro junior kwikpen (AG)	Humalog cartridge	Merilog Solostar pen[NR]
insulin lispro protamine mix kwikpen (AG)	Humalog Jr Kwikpen	Merilog vial[NR]
Fiasp	Humalog 100 U/ML vial	Myxredlin
Fiasp Flextouch	Humalog 100 U/ML kwikpen	Novolin 70/30 pen
Fiasp penfill	Humalog mix 50-50 vial	Novolin 70/30 vial
Humulin 70/30 pen	Humalog mix 50-50 kwikpen	Novolin vial
Humulin 70/30 vial	Humalog mix 75-25 vial	Novolog 100 U/ML cartridge
Humulin N 100 U/ML vial	Humalog mix 75-25 kwikpen	Novolog 100 U/ML vial
Humulin R 100 U/ML vial		Novolog 100 U/ML flexpen
Humulin 500 U/ML pen		Novolog mix 70-30 flexpen syringe
Humulin R 500 U/ML vial		Novolog mix 70-30 vial

Meglitinides	*Meglitinides*
nateglinide	repaglinide/metformin
repaglinide	Prandin
Metformins	*Metformins*
metformin tablet	metformin ER (generic Fortamet)
metformin ER (generic Glucophage XR)	metformin ER (generic for Glumetza)
	Fortamet
	Glucophage/XR
	Glumetza
	Riomet solution

No PA Required	***PA Required***
Metformins Combinations	*Metformins Combinations*
glyburide/metformin	glipizide/metformin
SGLT2 and Combinations	*SGLT2 and Combinations*
Farxiga*	Inpefa
Jardiance*	Invokamet
Xigduo XR*	Invokana
Synjardy*	Invokamet XR
	Segluromet
	Steglatro
	Synjardy XR

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

Sulfonylureas	*Sulfonylureas*
glipizide/ER/XL	glimepiride
	glyburide/micronized
	Glucotrol/XL
	Glynase
TZD	*TZD*
pioglitazone	Actos

Hypoglycemics - Continued
Length of Authorization: 1 Year
Status Implementation: 5/1/2007
Current Review Date: 6/2/2025

Preferred	**Non-Preferred**
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: 7/10/2025

Preferred	**Non-Preferred**
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: 7/10/2025
Step Edit - Failure of topical medium/high anti-inflammatory steroid in the last 3 months. Excludes hydrocortisone.

Preferred	**Non-Preferred**
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: 7/10/2025

Preferred	**Non-Preferred**
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: 7/10/2025

Preferred	Non-Preferred
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: 7/10/2025

Preferred	Non-Preferred
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

Preferred	Non-Preferred
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
Preferred	**Non-Preferred**
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

Preferred *No PA Required*	Non-Preferred *PA Required*	
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

Preferred *No PA Required*	Non-Preferred *PA Required*	
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: 7/10/2025

Preferred	Non-Preferred
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: 7/10/2025

Preferred	Non-Preferred
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

Preferred	Non-Preferred
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

Preferred	Non-Preferred	
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

Preferred ***No PA Required*** **Oral**	**Non-Preferred** ***PA Required*** **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

** Diagnosis of Epilepsy or Convulsions in the past year and a claim for a preferred agent OR Diagnosis of Fibromyalgia in

Preferred		**Non-Preferred** ***PA Required***
Topical* **	***Step edit failure on one oral NSAID	**Topical*** **
capsaicin		dermacinrx lidocan patch[NR]
Lidoderm		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

Preferred
No PA Required
Oral

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

Non-Preferred
PA Required
Oral

diclofenac sodium misoprostol
diclofenac SR
diclotral
diflunisal
etodolac
fenoprofen
flurbiprofen
ibuprofen-famotidine
indomenthacin capsule ER
ketoprofen/ER
ketorolac (oral)
ketorolac (AG Sprix)
meclofenamate
mefenamic acid
meloxicam capsule
nabumetone
naproxen DR tablet
naproxen-esomeprazole DR
naproxen sodium tablet
naproxen sodium CR tablet
naproxen sodium ER tablet
naproxen suspension
oxaprozin
tolmetin sodium tablet
Arthrotec
Celebrex***
Daypro
Dolobid[NR]
Feldene
Lofena tablet
Nalfon
Naprelan
Naprosyn
Relafen DS
Vimovo

****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.

Preferred

* Failure of an oral NSAID

Topical

diclofenac sodium gel (rx)*

Non-Preferred
PA Required
Topical

diclofenac epolamine
diclofenac sodium (generic Pennsaid pump)
diclofex DC
Diclogen kit[NR]
Pennsaid
Pennsaid solution packet
Tresni (rectal)[NR]

Ophthalmics

Length of Authorization: 1 Year

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

Preferred	**Non-Preferred**	
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

Preferred	**Non-Preferred**
No PA Required	***PA Required***
Ophthalmics, Dry Eye Agents	**Inflammatory/Immunomodulators**
Restasis	cyclosporine
Restasis multidose	cyclosporine (AG)
Xiidra	Cequa
	Eysuvis
	Miebo
	Tryptyr[NR]
	Tyrvaya
	Verkazia
	Vevye

Ophthalmics - Glaucoma

Length of Authorization: 1 Year

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

Preferred	Non-Preferred
No PA Required	***PA Required***
Alpha-2 Adrenergic Agonists	**Alpha-2 Adrenergic Agonists**
brimonidine 0.2%	apradondine
Alphagan P	brimonidine 0.15%
	brimonidine 0.1%[NR]
	lopidine
Beta Blockers	**Beta Blockers**
timolol 0.25% gel-solution	betaxolol
timolol 0.25% GFS gel-solution	brimonidine tartrate-timolol[NR]
timolol 0.5% gel-solution	carteolol
timolol 0.5% GFS gel-solution	levobunolol
timolol maleate 0.25% eye drop	timolol (generic Betimol)[NR]
timolol maleate 0.5% eye drop	timolol 0.5% drop (generic Istalol)
Combigan	timolol maleate 0.5% drop (AG Istalol)
	Akbeta
	Betimol
	Betopic S
	Istalol
	Ocupress
	Timoptic/XE
Carbonic Anhydrase Inhibitors	**Carbonic Anhydrase Inhibitors**
dorzolamide	brinzolamide
dorzolamide/timolol	dorzolamide/timolol (gen Cosopt PF)
Azopt	Cosopt
Simbrinza	Cosopt PF
Prostaglandin Agonists	**Prostaglandin Agonists**
latanoprost	bimatoprost
Lumigan	tafluprost
Travatan/Z	travoprost
	Iyuzeh[NR]
	Vyzulta
	Xalatan
	Xelpros
	Zioptan
Other	**Other**
Phospholine Iodide	pilocarpine[NR] (generic Vuity)
pilocarpine	Vuity
Rhopressa	
Rocklatan	

Opiate Dependence Treatment

Length of Authorization: 1 Year

Status Implementation: 9/2/2015
Current Review Date: 7/2/2024

Preferred	Non-Preferred
No PA Required	***PA Required***
Buprenorphine and Related Agents	**Buprenorphine and Related Agents**
buprenorphine SL tablet	buprenorphine/naloxone film
buprenorphine/naloxone SL tab	Zubsolv
Brixadi weekly/monthly	
Sublocade	
Suboxone Film	
No PA Required	***PA Required***
Opiate Dependence, Other	**Opiate Dependence, Other**
naloxone syringe	lofexidine tablet[NR]
naloxone vial	naloxone nasal spray
naltrexone tablet	Opvee nasal spray
Narcan Spray/OTC	Kloxxado
	Lucemyra
	Rextovy spray
	Vivitrol
	Zimhi

Otic Antibiotics
Length of Authorization: 1 Year
Status Implementation: 10/15/2007
Current Review Date: 10/1/2024

Preferred
No PA Required
Otic Antibiotics
neomycin/polymixin/HC soln/susp
neomycin/polymixin/HC soln/susp (AG)
ofloxacin otic
Cipro HC

Non-Preferred
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

Preferred
No PA Required
Otic Anti-Infectives & Anesthetics
acetic acid

Non-Preferred
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

Preferred
No PA Required
Otic Anti-Inflammatories
Dermotic

Non-Preferred
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

Preferred
No PA Required
Pancreatic Enzymes
Creon
Viokace
Zenpep

Non-Preferred
PA Required
Pancreatic Enzymes
Pertzye

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

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

Non-Preferred
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

Preferred
No PA Required
Pituitary Suppressive Agents, LHRH
Fensolvi

Non-Preferred
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

Preferred
No PA Required
Platelet Inhibitors
clopidrogel
dipyridamole
prasugrel
Brilinta

Non-Preferred
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

Preferred
No PA Required
Potassium Binders
Lokelma
sodium polystyrene sulfonate powder

Non-Preferred
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

Preferred
No PA Required
Progestins for Cachexia
megestrol suspension (Megace)

Non-Preferred
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: 6/2/2025

Preferred
No PA Required
Proton Pump Inhibitors
omeprazole
pantoprazole
Nexium suspension

Non-Preferred
PA Required
Proton Pump Inhibitors
dexlansoprazole capsules
esomeprazole capsules/kit
esomeprazole magnesium
lansoprazole capsules
pantoprazole suspension
rabeprazole
Dexilant
Esomep-EZS kit
Konvomep
Nexium capsules
Prevacid capsules/solutabs
Prilosec suspension
Prilosec
Protonix
Protonix suspension
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

Preferred	**Non-Preferred**	
PAH Agents	**PAH Agents**	
ambrisentan	bosentan tab suspension[NR]	Ravatio suspension
bosentan	tadalafil	Revatio tablet
sildenafil suspension	Adcirca	Tadliq suspension
sildenafil suspension (AG)	Adempas	Tracleer suspension
sildenafil tablet	Alyq	Tracleer tablet
	Letairis	Tyvaso
	Ligrey	Tyvaso DPI
	Opsumit	Uptravi
	Opsynvi tablet	Ventavis
	Orentram ER	
	Orentram titration kit	

Rosacea Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 01/02/2018
Current Review Date: 7/10/2025

Preferred	**Non-Preferred**
No PA Required	***PA Required***
metronidazole cream	azelaic acid
metronidazole gel	brimonidine gel
Rosadan cream	ivermectin
Rosadan gel	metronidazole gel pump
	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

Preferred	**Non-Preferred**	
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

Preferred	**Non-Preferred**
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)	

* Clinical PA required - manual PA

Skeletal Muscle Relaxants

Length of Authorization: 1 Year

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

Preferred	**Non-Preferred**
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: 7/10/2025

Preferred	**Non-Preferred**	
No PA Required	***PA Required***	
Topical High	**Topical High**	
betamethasone dipropionate cream/lotion	amcinonide	halcinonide cream
betamethasone dipropionate/prop gly cream	betamethasone dipropionate gel	halcinonide solution[NR]
betamethasone dipropionate ointment	betamethasone valerate lotion	triamcinolone spray
betamethasone valerate cream	betamethasone valerate ointment	Diprolene
fluocinonide cream, ointment, solution	desoximetasone	Halog
triamcinolone acetonide cream, lotion, ointment	diflorasone diacetate	Kenalog aerosol
	fluocinonide emollient,gel	Topicort
	fluocinonide E cream	Vanos

Steroids - Continued
Length of Authorization: 1 Year

Status Implementation: 5/31/2013
Current Review Date: 7/10/2025

Preferred
No PA Required
Topical Low
hydrocortisone cream 1% rx
hydrocortisone lotion 1% rx
hydrocortisone ointment 1% rx

Non-Preferred
PA Required
Topical Low
alclometasone dipropionate 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: 7/10/2025

Preferred
No PA Required
Topical Medium
fluticasone propionate cream
fluticasone propionate ointment
mometasone furoate cream
mometasone furoate ointment
mometasone furoate solution

Non-Preferred
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
Clinical prior authorization required for age greater than 21

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

Preferred *No PA Required*	**Non-Preferred** *PA Required*	
Stimulants and Related Agents	**Stimulants and Related Agents**	
amphetamine salt combo tablet		Dexedrine
amphetamine salt combo ER	amphetamine sulfate tablet	Dyanavel XR
atomoxetine	armodafinil	Evekeo/ODT
clonidine ER	dextroamphetamine solution/cap ER	Focalin
dexmethylphenidate	dextroamphet-amph ER(Mydayis)	Intuniv
dexmethylphenidate ER	lisdexamfetamine capsule	Jornay PM
dextroamphetamine tab	lisdexamfetamine chewable tablet	Methylin solution
dextroamphetamine-amphetamine ER	methamphetamine	Mydayis
guanfacine ER	methylphenidate CD	Nuvigil
methylphenidate ER (Concerta)	methylphenidate ER cap (Aptensio XR)	Procentra
methylphenidate IR	methylphenidate ER cap (Ritalin LA)	Provigil
methylphenidate solution	methylphenidate ER tab(Aptension XR)	Qelbree
modafanil	methylphenidate ER tab (Relexxii)	Quillichew ER
Focalin XR	methylphenidate chewable	Quillivant XR
Vyvanse capsule	Adderall XR	Relexxii ER
	Adzenys XR ODT	Ritalin/ LA
	Aptensio XR	Strattera (discontinued)
	Azstarys	Sunosi
	Concerta	Vyvanse chewable
	Cotempla XR ODT	Wakix
	Daytrana	Zelstrym
		Zenzedi

Ulcerative Colitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2008
Current Review Date: 6/2/2025

Preferred *No PA Required*	**Non-Preferred** *PA Required*	
Oral	**Oral**	
mesalamine AG (generic Lialda)	balsalazide	Colazal
mesalamine (generic Lialda)	budesonide DR	Delzicol
sulfasalazine/DR	mesalamine (generic Asacol HD)	Dipentum
Apriso	mesalamine ER (generic Apariso)	Giazo
Pentasa	mesalamine ER (generic Pentasa)	Lialda
	mesalamine DR (generic Delzicol)	Ortikos capsule ER
	Azulfidine/DR	Uceris oral

Topical	**Topical**
mesalamine (Canasa rectal)	budesonide rectal
SFRowasa	mesalamine ER
Uceris rectal	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

Preferred	Non-Preferred
No PA Required	***PA Required***
Uterine Disorder Treatment	**Uterine Disorder Treatment**
Myfembree	
Oriahnn	
Orilissa	

Vasodilators, Coronary

Length of Authorization: 1 Year

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

Preferred	Non-Preferred
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

Preferred	Non-Preferred
	Trial of Preferred Agent
Weight Management Agents	**Weight Management Agents**
Wegovy	orlistat capsule
	phentermine/topiramate[NR]
	Imcivree
	Saxenda
	Vykat XR tablet[NR]
	Xenical
	Zepbound
	Zepbound vial