Executive Office of Health and Human Services
Rhode Island Medicaid Fee for Service

Preferred Drug List (PDL)

Updated July 12, 2021

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- Calcium Channel Blockers
  - Dihydropyridines
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- Hepatitis C Agents
  - Pegylated Interferons
  - Ribavirins
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  - Incretin Mimetics/Enhancers
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  - DPP-IV Inhibitors
  - GLP-1 Receptor Agonists
  - Insulins
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  - Insulins, Short Acting
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  - Metformins
  - Metformin Combos
  - SGLT2
  - Sulfonylureas
  - TZDs
  - TZD/Metformin Combo
  - TZD/Sulfonylurea Combo
- Immunomodulators, Atopic Dermatitis
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  - Steroids
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- Leukotriene Modifiers
- Lipotropics, Other
  - ACL Inhibitor
  - ANGPTL3 Inhibitor
  - Antihyperlipidemic APOB-100 Synthesis Inhibitor
  - Antihyperlipidemic Combinations
  - Bile Acid Resins
  - Cholesterol Absorption Inhibitors
  - Fibric Acid Derivatives
  - Niacins
  - Omega-3 Fatty Acids
  - MTP Inhibitor
- Lipotropics, Statins
  - Statins
  - Statin Combo

- Macrolides/Ketolides
- Methotrexate
- Movement Disorders
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- Narcotic Analgesics, Long Acting
- Narcotic Analgesics, Short Acting
  - Fentanyl Oral Products
  - Other
- Neuropathic Pain
  - Oral
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- NSAIDS and Combination Products
  - Oral
  - Topical
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  - Allergic Conjunctivitis
  - Antibiotics
  - Glaucoma
  - Alpha-2 Adrenegic Agonists
  - Beta Blockers
  - Carbonic Anhydrase Inhibitors
  - Prostaglandin Agonists
  - Ophthalmic Antibiotic-Steroid Combo
  - Ophthalmics Anti-Inflammatory
  - Ophthalmics Anti-Inflammatory/Immunomodulators
- Opiate Dependence Treatments
- Otic Antibiotics
- Otic Anti-Infectives & Anesthetics
- Otic Anti-Inflammatories
- Pancreatic Enzymes
- Phosphate Binders
- Platelet Inhibitors
- Potassium Binders
- Progestins for Cachexia
- Proton Pump Inhibitors
- Pulmonary Arterial Hypertension Agents
- Rosacea Agents, Topical
- Sedative Hypnotics
- Skeletal Muscle Relaxants
- Steroids
  - Topical High
  - Topical Low
  - Topical Medium
  - Topical Very High
- Stimulants and Related Agents
- Ulcerative Colitis
  - Oral
  - Topical
- Uterine Disorder Treatments

Rhode Island Medicaid Fee for Service Preferred Drug List

Contact Information

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

Note: Most fax requests are responded to within 24 hours

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.

Prior Authorization Program Forms

http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx

Request for a Non-Preferred Drug Prior Authorization Form

Acne Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 7/12/2021

No PA Required

Miscellaneous Topicals

Clindacin P

clindamycin/benzoyl peroxide (generic Duac)

clindamycin phosphate med swab

clindamycin phosphate solution

erythromycin solution

Retinoids and Combinations

Differin lotion

Retin-A cream

PA Required

Miscellaneous Topicals

Acne clearing system

Aczone

Aczone gel/w pump

Aklief

Avar Cleanser

Avar Foam

Avar LS Cleanser

Avar LS Medicated Pad

Avar Medicated Pad

Avar-E

Azelex

Benzaclin

Benzaclin w/pump

Benzamycin

benzoyl peroxide gel

BP-10-1

Cleocin-T gel

Cleocin-T lotion

Clindacin Pac Kit

clindamcin/benzoyl peroxide (Acanya) w/pump

clindamcin/benzoyl peroxide(Benzaclin)

clindamcin/benzoyl peroxide(Benzaclin) w/pump

clindamycin phosphate gel, foam, lotion

clindamycin/tretinoin

dapsone gel

erythromycin gel

erythromycin med swab

erythromycin-benzoly peroxide

Evoclin

Fabior

Neuac

Onexton w/pump

Ovace

Ovace Plus Cleanser ER

Ovace Plus Cream ER

Ovace Plus Foam

Ovace Plus Lotion

Ovace Plus wash

Plixda

SSS 10-5

sulfacetamide/sulfur cleanser

sulfacetamide/sulfur/urea

sodium sulfacetamide/sulfur

sulfacetamide cleanser

sulfacetamide/sulfur lotion

sulfacetamide/sulfur med pad

sulfacetamide/sulfur suspension

sulfacetamide cleanser

sulfacetamide shampoo

sulfacetamide sodium cleanser ER

sulfacetamide sodium/sulfur

sulfacetamide sodium/sulfur cream

sulfacetamide sodium/sulfur sunscreen

sulfacetamide suspension

sulfacetamide/sulfur/cleanser kit

Sumaxin CP kit

Retinoids and Combinations

adapalene

adapalene-benzoyl peroxide(Epiduo)

clindamycin phos-tretinoin

tazarotene

tazarotene foam

tretinoin (Atralin)

tretinoin (generic Retin-A)

tretinoin gel (AG) (generic Retin-A and Avita)

tretinoin microspheres

Acanya

Altreno

Arazlo

Atralin

Avita

Differin cream, gel, pump

Epiduo

Epiduo Forte gel w/pump

Retin-A gel

Retin-A Micro

Retin-A Micro Pump

Tazorac cream

Tazorac gel

Trentin X

Ziana

Alzheimer's Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/28/2021

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 ER (AG)
Exelon Patch	galantamine solution
	galantamine tablet
	rivastigmine transdermal
	Aricept
	Razadyne tablet/ER
NMDA Receptor Antagonist and Combinations	**NMDA Receptor Antagonist and Combinations**
memantine tablet	memantine ER
memantine tablet(AG)	memantine ER(AG)
memantine tablet dose pack	memantine solution
	Namenda dose pack
	Namenda tablet
	Namenda XR
	Namzaric
	Namzaric dose pack

Androgenic Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 05/06/2021

No PA Required	***PA Required***
Androgenic Agents	**Androgenic Agents**
Androderm	testosterone
Androgel gel packet	Axiron
Androgel gel pump	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: 01/28/2021

No PA Required	***PA Required***
Ace Inhibitors	**Ace Inhibitors**
benazepril	captopril
enalapril	moexipril
fosinopril	perindopril
lisinopril	ramipril
quinapril	trandolapril
	Accupril
	Altace
	Epaned
	Epaned solution
	Lotensin
	Prinivil
	Qbrelis
	Vasotec
	Zestril

No PA Required

ACE Inhibitor/Diuretic
enalapril HCTZ
fosinopril HCTZ
lisinopril HCTZ
quinapril HCTZ

Angiotensin Receptor Blockers
irbesartan
losartan
Diovan

Angiotensin II Receptor Blocker/Diuretic
irbesartan HCTZ
losartan HCTZ
valsartan HCTZ

No PA Required

Renin Inhibitor

Renin Inhibitor Combinations

PA Required

ACE Inhibitor/Diuretic
benazepril HCTZ
captopril HCTZ
moexipril HCTZ
Accuretic
Lotensin HCT
Vaseretic
Zestoretic

Angiotensin Receptor Blockers
candesartan
eprosartan
olmesartan medoxomil
telmisartan
valsartan
Atacand
Avapro
Benicar
Cozaar
Edarbi
Micardis

Angiotensin II Receptor Blocker/Diuretic
candesartan HCTZ
olmesartan HCTZ
olmesartan-medoxomil HCTZ
telmisartan HCTZ
Atacand HCT
Avalide
Benicar HCT
Diovan HCT
Edarbyclor
Hyzaar
Micardis HCT

PA Required (failure of ARB)

Renin Inhibitor
Tekturna
aliskiren

Renin Inhibitor Combinations
Tekturna HCT

Angiotensin Modulators/Calcium Channel Blocker Combinations

Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Ace Inhibitor/Calcium Channel Blocker Combo	**Ace Inhibitor/Calcium Channel Blocker Combo**
amlodipine/benazepril	trandolapril/verapamil ER
	Lotrel
	Prestalia
	Tarka
Angiotensin II Receptor Blocker/Calcium Channel Blocker Combo	**Angiotensin II Receptor Blocker/Calcium Channel Blocker Combo**
amlodipine/olmesartan	olmesartan/amlodipine HCTZ
amlodipine/valsartan	amlodipine/valsartan HCTZ
Entresto	telmisartan/amlodipine
	Azor
	Exforge/HCT
	Tribenzor
	Twynsta

Anti-Allergens

Length of Authorization: 1 Year

Status Implementation: 7/5/2017

Current Review Date: 7/12/2021

No PA Required	***PA Required***
Anti-Allergens	**Anti-Allergens**
	Grastek
	Oralair
	Palforzia capsules
	Palforzia maintenance sachet
	Ragwitek

Antianginal & Anti-Ischemic Agents

Length of Authorization: 1 Year

Status Implementation: 1/3/2014

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Antianginal & Anti-Ischemic Agents	**Antianginal & Anti-Ischemic Agents**
ranolazine ER	Ranexa

Antibiotics, GI

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/12/2021

No PA Required		***PA Required***
Antibiotics, GI		**Antibiotics, GI**
metronidazole tablet		metronidazole capsule
vancomycin capsule		neomycin
vancomycin capsule (AG)		nitazoxanide
Firvanq		paromomycin
		tinidazole
		vancomycin solution
		Alinia suspension
		Alinia tablet
		Dificid
		Dificid suspension
		Flagyl capsule/tablet
		Flagyl ER
		Solosec
		Tindamax
		Vancocin
		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: 7/12/2021

No PA Required	***PA Required***
Antibiotics, Inhaled	**Antibiotics, Inhaled**
Bethkis	tobramycin pak (AG)
Kitabis Pak	tobramycin solution
	tobramycin solution (AG)
	Arikayce
	Cayston
	Tobi
	Tobi Podhaler

Antibiotics, Tetracyclines

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/12/2021

No PA Required		***PA Required***
Antibiotics, Tetracyclines		**Antibiotics, Tetracyclines**
doxycycline hyclate capsule	demeclycycline	doxycycline monohydrate tablet
doxycycline hyclate tablet	doxycycline hyclate tablet DR	minocycline ER/tablet
doxycycline monohydrate 100mg generic capsule	doxycycline monohydrate (oracea)	Doryx
doxycycline monohydrate 50mg generic capsule	doxycycline monohydrate 50mg brand capsule	Doryx MPC
minocycline capsules	doxycycline monohydrate 150mg capsule	Minolira ER
tetracycline	doxycycline monohydrate 75mg capsule	Morgidox kit
Morgidox 100mg capsule	doxycycline monohydrate suspension	Nuzyra
		Oracea
		Solodyn
		Vibramycin cap/suspension
		Vibramycin syrup
		Ximino ER

Antibiotics, Topical

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/12/2021

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: 7/12/2021

No PA Required	***PA Required***
Antibiotics, Vaginal	**Antibiotics, Vaginal**
metronidazole	clindamycin
Cleocin Ovules	Cleocin cream
Clindesse	Metrogel
Nuvessa	
Vandazole	

Anticoagulants

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Anticoagulants	**Anticoagulants**
enoxaparin	coumadin
warfarin	fondaparinux
Eliquis	Arixtra
Pradaxa*	Bevyxxa
Xarelto	Eliquis dose pack
	Fragmin
	Lovenox
	Savaysa
	Xarelto dose pack

* Diagnosis of Atrial Fibrillation in the past year.

Anticonvulsants

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/28/2021

No PA Required	***PA Required***
carbamazepine derivatives	**carbamazepine derivatives**
carbamazepine chewable tablet	carbamazepine ER
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
First Generation	**First Generation**
	divalproex sprinkles
divalproex tablet/ER	felbamate
ethosuximide	Celontin
phenytoin capsule/suspension	Depakote/ER
phenytoin chew tab	Dilantin capsules/suspension
primidone	Dilantin chew tab
valproic acid capsules/syrup	Felbatol
Depakote Sprinkle	Mysoline
	Peganone
	Phenytek
	Zarontin capsules/syrup

No PA Required	*PA Required*	
Second Generation	**Second Generation**	
lamotrigine tablets/disper tab	lamotrigine tablet dose pack	Briviact
levetiracetam tablet/solution	lamotrigine XR	Elepsia[NR]
topiramate tablet/sprinkle	lamotrigine ODT	Fycompa
zonisamide	levetiracetam ER	Keppra/XR *
Gabitril	rufinamide suspension[NR]	Lamictal/ODT/XR/DS
	rufinamide tablet[NR]	Qudexy XR
	tiagabine	Sabril
	topirmate ER	Spritam
	vigabatrin powder pack	Topamax tablet/sprinkle *
	vigabatrin tablet	Trokendi XR
	Aptiom	Vimpat/dose pack
	Banzel	

Other		**Other**
clobazam tablet	clobazam suspension	Epidiolex**
Phenobarbital elixir	diacomit	Fintepla
Phenobarbital tablet	diazepam (rectal/device)	Nayzilam
Diastat (rectal)		Onfi
Diastat Acudial (rectal)		Sympazan
		Valtoco
		Xcopri tablet
		Xcopri titration pak

** 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: 01/28/2021

No PA Required	*PA Required*	
Other	**Other**	
bupropion/SR	bupropion XL (generic Forfivo XL)	Effexor XR *
bupropion XL (generic Wellbutrin XL)	desvenlafaxine ER	Fetzima
mirtazapine/ODT	desvenlafaxine fumarate ER	Forfivo XL
trazodone	desvenlafaxine succinate ER	Khedezla
venlafaxine	maprotiline	Pristiq
venlafaxine ER caps	nefazodone	Remeron/ODT
Wellbutrin XL	venlafaxine ER tabs	(Manual PA) Spravato
	Aplenzin	Trintellix
	Brintellix	Viibryd
	Cymbalta	Wellbutrin/SR
	Effexor	(Manual PA) Zulresso

SSRI	**SSRI**
citalopram solution	escitalopram solution
citalopram tablet	fluoxetine tablet
escitalopram tablet	fluoxetine 60mg tablet
fluoxetine capsule	fluoxetine capsules DR
fluoxetine solution	fluvoxamine
fluvoxamine	paroxetine (generic Brisdelle)
paroxetine tablet	paroxetine CR
sertraline tablet	sertaline concentrate
	Brisdelle
	Celexa
	Lexapro(failure of citalopram)
	Paxil/CR
	Pexeva
	Prozac
	Sarafem
	Zoloft

* 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: 05/06/2021

No PA Required	*PA Required*
Serotonin Antagonists	**Serotonin Antagonists**
metoclopramide solution	doxylamine succinate-pyridoxine HCL (AG)
metoclopramide tablet	doxylamine succinate-pyridoxine HCL
ondansetron ODT	granisetron intravenous/oral
ondansetron solution	metoclopramide ODT
ondansetron tablet	Akynzeo
	Bonjesta
	Diclegis
	Sancuso patch
	Sustol
	Zofran/ODT
	Zuplenz
NK1 Receptor Antagonist	**NK1 Receptor Antagonist**
	aprepitant capsule
	aprepitant packet
	Emend capsule/intravenous/pack
	Emend powder packet
	fosaprepitant dimeglumine (AG)[NR]
	Varubi

Antifungals

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/12/2021

No PA Required	*PA Required*	
Oral	**Oral**	
clotrimazole	fluconazole suspension	Ancobon
fluconazole tablet	flucytosine	Cresemba capsule
griseofulvin suspension	griseofulvin micro tablet	Diflucan tablet/suspension
nystatin suspension	griseofulvin ultra tabs	Noxafil
terbinafine	itraconazole/solution	Sporanox
	ketoconazole oral	Tolsura
	nystatin oral powder/tablet	Vfend tablet/suspension
	posaconazole	
	voriconazole	
Topical	**Topical**	
clotrimazole-betamethasone cream	butenafine cream	Ertaczo
clotrimazole cream (Rx)	ciclopirox cream/gel/kit	Exelderm cream/solution
ketoconazole cream	ciclopirox shampoo	Extina
ketoconazole shampoo	ciclopirox solution/suspension	Fungoid Kit
miconazole cream	clotrimazole solution	Jublia
nystatin cream/ointment	clotrimazole-betamethasone lotion	Kerydin
terbinafine cream	econazole	Lamisil cream/gel
tolnaftate cream/powder	ketoconazole foam	Loprox cream/gel/kit/shampoo
	luliconazole	Loprox suspension
	miconazole oint/powder/spray	Lotrimin
	miconazole-zinc-petro	Lotrisone
	naftifine	Luzu
	nystatin-triamcinolone cream/ointment	Mentax
	nystatin powder	Naftin cream/gel
	oxiconazole nitrate cream	Nizoral shampoo
	tavaborole	Oxistat cream/lotion
	Bensal HP	Penlac
	Ciclodan cream/kit/soln	Trilociclo Kit
	Dermacinrx Therazole Pak	Vusion
	Desenex Aero Powder	Zeasorb
	Econasil	Zolpak Kit

Antihistamines, Minimally Sedating

Length of Authorization:1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required	***PA Required***
Antihistamines	**Antihistamines**
cetirizine tab OTC	cetirizine chewable
cetirizine solution RX	desloratadine/ODT
levocetirizine tablet OTC	fexofenadine 60,180mg OTC
loratadine tablet	fexofenadine suspension
	levocetirizine solution
	loratadine ODT /solution/soft gel
	Clarinex (tab, syrup, rapdis)
Antihistamine/Decongestant Combinations	**Antihistamine/Decongestant Combinations**
	cetirizine-D
	fexofenadine-D
	loratadine-D 12/24 hour tablets
	Clarinex-D 12 hour tablet
	Semprex-D

Antihypertensives, Sympatholytics

Length of Authorization: 1 Year

Status Implementation: 1/3/2014

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Antihypertensives, Sympatholytics	**Antihypertensives, Sympatholytics**
clonidine tablet (oral)	clonidine (transderm)
guanfacine	methyldopa HCTZ
methyldopa	methyldopate HCL
Catapres-TTS (transderm)	Catapres tablet (oral)

Antihyperuricemics

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 05/06/2021

No PA Required	***PA Required***
Antihyperuricemics	**Antihyperuricemics**
allopurinol	colchicine capsule
probencid	colchicine tablet
probencid/colchicine	colchicine tablet (AG)
Colcrys	febuxostat
	Gloperba
	Krystexxa
	Mitigare
	Uloric
	Zyloprim

Antimigraine Agents

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/27/2020

No PA Required

Other

Ajovy*
Ajovy autoinjector*
Emgality 120 mg/ml pen*
Emgality 120 mg/ml syringe*

Nurtec ODT**

Triptans

rizatriptan tablet/ODT
sumatriptan (oral, nasal, vial)
sumatriptan (syringe)

PA Required

Other

Aimovig autoinjector
Cambia
Emgality 100 mg/ml syringe
Reyvow
Ubrelvy
Vyepti

Triptans

almotriptan malate
eletriptan
frovatriptan
naratriptan
sumatriptan kit
sumatriptan kit (AG)
sumatriptan nasal (AG)
sumatriptan/naproxen
zolmitriptan spray (AG)
zolmitriptan tablet/ODT
Amerge
Axert
Frova
Imitrex (oral, nasal, subcutaneous)
Maxalt (oral)/MLT
Migranow
Onzetra Xsail
Relpax
Tosymra
Treximet
Zembrace
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 differentTriptans in the past 60 days

Antiparkinson's Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008
Current Review Date: 01/28/2021

No PA Required

Dopamine Receptor Agonists

amantadine capsule
amantadine syrup
amantadine tablet
pramipexole IR
ropinirole IR

PA Required

Dopamine Receptor Agonists

pramipexole ER
ropinirole ER
Apokyn
Gocovri
Inbrija
Kynmobi film
Kynmobi titration kit
Mirapex*/ER
Neupro
Nourianz
Ogentys
Osmolex ER

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

Antipsoriatics, Topical

Length of Authorization: 1 Year

Status Implementation: 5/4/2009

Current Review Date: 7/12/2021

No PA Required	***PA Required***
Topical Antipsoriatics	**Topical Antipsoriatics**
calcipotriene cream	calcipotriene/betamethasone oint
calcipotriene ointment	calcipotriene/betamethasone susp
calcipotriene solution	calcitriol ointment
	Dovonex cream
	Duobrii
	Enstilar foam
	Sorilux
	Taclonex ointment
	Taclonex scalp
	Vectical

Antipsychotics

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Atypical	**Atypical**
aripiprazole tablet	aripiprazole solution/ODT
clozapine tablet	asenapine sublingual[NR]
olanzapine tablet	asenapine sublingual (AG)[NR]
paliperidone ER	clozapine ODT
quetiapine	olanzapine ODT
quetiapine ER	olanzapine/fluoxetine
risperidone	Abilify Mycite
ziprasidone	Abilify tablet
Abilify Maintena	Adasuve
Invega Sustenna	Aristada
Invega Trinza *	Aristada Initio
Latuda	Caplyta[NR]
Risperdal Consta	Clozaril
	Fanapt
	Geodon
	Invega
	Nuplazid
	Perseris
	Rexulti
	Risperdal tablet/solution/ODT
* 4 claims in the last 120 days for Invega Sustenna	Saphris
	Secuado patch[NR]
	Seroquel
	Seroquel XR
	Symbyax
	Versacloz
	Vraylar
	Zyprexa/Zydis
	Zyprexa Relprevv

Antivirals

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/12/2021

No PA Required	***PA Required***
Herpes	**Herpes**
acyclovir capsule	acyclovir suspension
acyclovir tablet	Sitavig
famciclovir	Valtrex
valacyclovir	Zovirax capsule
	Zovirax suspension
	Zovirax tablet
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: 7/12/2021

No PA Required	***PA Required***
Antivirals Topical	**Antivirals Topical**
Zovirax cream	acyclovir cream (AG)
	acyclovir ointment
	Denavir
	Xerese
	Zovirax ointment

Beta Blockers

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Beta Blockers	**Beta Blockers**
atenolol	acebutolol
atenolol/chlorthalidone	betaxolol
carvedilol	bisoprolol/HCTZ
labetolol	carvedilol ER
metoprolol succinate XL	carvedilol ER (AG)
metoprolol tartrate	metoprolol HCTZ
propranolol HCTZ	nadolol/bendroflumethazide
propranolol tablet	pindolol
	propranolol HCL ER
	propranolol cap SA 24H/solution
	sorine
	sotalol/AF
	timolol
	Betapace/AF
	Bystolic
	Coreg/CR
	Corgard
	Corzide
	Hemangeol
	Inderal/ LA/XL
	Innopran XL
	Kapspargo sprinkle
	Lopressor/HCT
	Sotylize
	Tenoretic
	Tenormin
	Toprol XL
	Ziac

Bile Salts

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 05/06/2021

No PA Required	***PA Required***
Bile Salts	**Bile Salts**
ursodiol tablet	chenodal
ursodiol 300mg capsule	Actigall
	Cholbam
	Ocaliva
	Reltone[NR]
	Urso
	Urso Forte tablet

Bladder Relaxants

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 10/14/2020

No PA Required	*PA Required*
Bladder Relaxants	**Bladder Relaxants**
oxybutynin ER	darifenacin ER
oxybutynin IR	tolterodine
oxybutynin syrup	tolterondine ER
oxybutynin tablet	trospium/ER
solifenacin	Detrol/LA
Toviaz	Ditropan/XL
	Enablex
	Gelnique transdermal
	Gelnique gel pump
	Myrbetriq
	Oxytrol
	Vesicare
	Vesicare LS[INK]

Bone Resorption Suppression

Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 05/06/2021

No PA Required	*PA Required*
Bisphosphonates	**Bisphosphonates**
alendronate tablet	alendronate solution
ibandronate	risedronate sodium DR
	Actonel
	Atelvia
	Binosto
	Boniva
	Fosamax/Plus D
Other Related Agents	**Other Related Agents**
raloxifene HCL	calcitonin salmon
	teriparatide*
	Evenity
	Evista
	Forteo *
	Prolia*
	Tymlos*

* History of Bisphosphonates in 12 Months

BPH Agents

Length of Authorization:1 Year

Status Implementation: 10/15/2007
Current Review Date: 10/14/2020

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
	Avodart
	Jalyn
	Proscar
PDE-5	**PDE-5**
	tadalafil
	Cialis

Bronchodilators, Beta Agonist	
Length of Authorization: 1 Year	Status Implementation: 7/1/2007
	Current Review Date: 7/12/2021
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**
ProAir HFA	albuterol HFA (Proair,Ventolin,Proventil)
	albuterol HFA (AG) (Proventil)
	levalbuterol tartrate HFA
	Arcapta
	ProAir Digihaler
	ProAir Respiclick
	Proventil HFA
	Ventolin HFA
	Xopenex HFA
Beta Agonist Nebulizers, Long Acting	**Beta Agonist Nebulizers, Long Acting**
	arformoterol tartrate[NR]
	arformoterol tartrate[NR] (AG)
	formoterol fumarate[NR]
	formoterol fumarate[NR] (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)	Xopenex
Calcium Channel Blockers	
Length of Authorization: 1 Year	Status Implementation: 1/15/2007
	Current Review Date: 01/28/2021
No PA Required	***PA Required***
Dihydropyridines	**Dihydropyridines**
amlodipine	felodipine ER
	isradipine
	nicardipine
	nifedipine/SA
	nifedipine ER
	nimodipine
	nisoldipine
	Adalat CC
	Katerzia
	Norvasc
	Nymalize solution
	Nymalize syringe
	Procardia/XL
	Sular
Non-Dihydropyridines	**Non-Dihydropyridines**
diltiazem	diltiazem CD/ER
verapamil tablet/ER	tiadylt ER
	verapamil capsule ER/PM
	Calan/SR
	Cardizem/CD/LA
	Cartia XT
	Dilt CD/XR
	Matzim LA
	Taztia XT
	Tiazac
	Verelan/PM

Cephalosporins

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

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 suspension
	cefpodoxime tablet
	Suprax capsules/tablets/chewables
	Suprax suspension

COPD Agents

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required	***PA Required***
COPD Agents	**COPD Agents**
albuterol/ipratropium nebulizer solution	Bevespi Aerosphere
ipratropium nebulizer solution	Daliresp
Anoro Ellipta	Duaklir Pressair
Atrovent HFA	Incruse Ellipta
Combivent Respimat	Lonhala Magnair
Spiriva Handihaler	Seebri Neohaler
Stiolto Respimat	Spiriva Respimat
	Tudorza pressair
	Utibron Neohaler
	Yupelri

Cytokine & CAM Antagonists

Length of Authorization:1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/12/2021

No PA Required	***PA Required***	
Cytokine & CAM Antagonists	**Cytokine & CAM Antagonists**	
Enbrel cartridge	Actemra	Otezla
Enbrel kit	Actemra pen	Remicade
Enbrel pen	Arcalyst	Renflexis
Enbrel syringe	Avsola	Rinvoq ER
Enbrel vial	Cimzia	Siliq
Humira kit	Cosentyx	Simponi
Humira pen kit	Entyvio	Simponi Aria
	Enspryng	Skyrizi
	Ilaris	Skyrizi pen
	Ilumya syringe	Stelara
	Inflectra	Taltz
	Kevzara	Tremfya
	Kineret	Tremfya Autoinjector
	Olumiant	Xeljanz/XR
	Orencia/clickjet/syringe/vial	Xeljanz Solution

Epinephrine, Self-Injected

Length of Authorization:1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/12/2021

No PA Required

Epinephrine, Self-Injected

epinephrine 0.15mg (AG Epipen Jr)
epinephrine 0.3mg (AG Epinpen)

PA Required

Epinephrine, Self-Injected

epinephrine 0.15mg (AG Adrenaclick)
epinephrine 0.3mg (AG Adrenaclick)
epinephrine 0.3mg auto injector
Epipen
Epipen Jr
Symjepi

Erythropoiesis Stimulating Proteins

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 05/06/2021

No PA Required

Erythropoiesis Stimulating Proteins

Retacrit

PA Required

Erythropoiesis Stimulating Proteins

Aranesp
Aranesp disp syringe
Epogen
Mircera
Procrit
Reblozyl

Fluoroquinolones

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required

Fluoroquinolones

ciprofloxacin tablet
levofloxacin tablet
Cipro suspension

PA Required

Fluoroquinolones

ciprofloxacin suspension
levofloxacin solution
moxifloxacin
ofloxacin
Baxdela
Cipro Tablet
Levaquin

GI Motility Agents

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 05/06/2021

No PA Required

GI Motility Agents

Amitiza
Linzess
Movantik

PA Required

GI Motility Agents

alosetron
lubiprostone
Lotronex
Motegrity
Relistor
Symproic
Trulance
Viberzi

Glucagon Agents

Length of Authorization: 1 Year

Status Implementation: 7/27/2020
Current Review Date: 05/06/2021

No PA Required	***PA Required***
Glucagon Agents	**Glucagon Agents**
Baqsimi	diazoxide suspension
Glucagon	Glucagon emergency kit (Fresenius)
Glucagon emergency kit (Lilly)	Gvoke Hypopen
Proglycem suspension	Gvoke syringe
	Zegalogue autoinjector[NR]
	Zegalogue syringe[NR]

Glucocorticoids, Inhaled

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/12/2021

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 0.25, 0.5mg respules	Alvesco
budesonide 1mg respules	Armonair Digihaler
Asmanex	Arnuity Ellipta
Flovent HFA	Asmanex HFA
Pulmicort Flexhaler	Flovent Diskus
	Pulmicort 0.25, 0.5mg respules
	Pulmicort 1mg respules
	QVAR Redihaler
Glucocorticoid/Beta-Agonist Combo	**Glucocorticoid/Beta-Agonist Combo**
Advair Diskus	budesonide/formoterol funarate
Advair HFA	fluticasone/salmeterol inhaler
Dulera	Airduo Digihaler
Symbicort	Airduo Respiclick
	Breo Ellipta
	Breztri Aerosphere
	Trelegy Ellipta
	Wixela inhub

Glucocorticoids, Oral

Length of Authorization: 1 Year

Status Implementation: 7/1/2007
Current Review Date: 7/12/2021

No PA Required	***PA Required***
Glucocorticoids	**Glucocorticoids**
budesonide EC	cortisone
dexamethasone solution/tablet	dexamethasone elixir
hydrocortisone	dexamethasone intensol
methylprednisolone 4mg &32mg tablet	methylprednisolone 8mg, 16mg tab
methylprednisolone tab ds pk	prednisone ODT
	prednisolone sodium phosphate solution (Millipred)
prednisolone sodium phosphate	
	prednisolone sodium phosphate solution (Veripred)
prednisolone solution	Alkindi Sprinkle
prednisone solution	Cortef
prednisone tab ds pk	Dexpak
prednisone tablet	Dxevo
	Emflaza
	Entocort EC
	Hemady
	Medrol tab DS pk
	Medrol tablet
	Millipred solution
	Millipred DP tab DS pk
	Rayos tablet DR
	Taperdex

Growth Hormone

Length of Authorization: 1 Year

Status Implementation: 5/15/2008
Current Review Date: 05/06/2021

No PA Required	***PA Required***
Growth Hormone	**Growth Hormone**
Genotropin cartridge	Humatrope cartridge
Genotropin dis syringe	Humatrope vial
Norditropin pen	Nutropin AQ Pen
	Omnitrope cartridge
	Omnitrope vial
	Saizen cartridge
	Saizen vial
	Serostim vial
	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 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: 05/06/2021

No PA Required	***PA Required***
H. Pylori Treatment	**H. Pylori Treatment**
Pylera	lansoprazole/amoxicillin/clarithromycin
	Omeclamox-Pak
	Talicia

Hepatitis C Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 7/12/2021

No PA Required	***PA Required***
Pegylated Interferons	**Pegylated Interferons**
Pegasys	Peg-Intron
Ribavirins	**Ribavirins**
ribavirin	Ribapak
	Ribasphere 400
	Ribasphere 600

Hepatitis C Agents, Other

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 7/12/2021

Clinical Criteria Applies to this Class/Requires Manual Prior Authorization

Other Hepatitis C Agents	**Other Hepatitis C Agents**
Preferred with PA	***Non-Preferred PA Required***
Mavyret	ledipasvir-sofosbuvir (AG) 12 weeks
Vosevi	ledipasvir-sofosbuvir (AG) 8 weeks
	sofosbuvir/velpatasvir (AG)
	Epclusa
	Harvoni
	Harvoni pellet pack
	Sovaldi
	Sovaldi pellet pack
	Viekira Pak
	Zepatier

HIV/AIDS

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 7/12/2021

No PA Required		***PA Required***
abacavir solution	Lexiva tablet	Trogarzo
abacavir tablet	lopinavir-ritonavir solution	
abacavir/lamivudine (AG)	lopinavir-ritonavir tablet[NR]	
abacavir/lamivudine	nevirapine ER	
abacavir/lamivudine/zidovudine	nevirapine suspension	
Aptivus capsule	nevirapine tablet	
Aptivus solution	Norvir powder pack	
atazanavir sulfate	Norvir solution	
Atripla	Norvir tablet	
Biktarvy	Odefsey	
Cimduo	Pifeltro	
Combivir	Prezcobix	
Complera	Prezista	
Crixivan	Prezista suspension	
Delstrigo	Reyataz capsule	
Descovy	Reyataz powder pack	
didanosine capsule	ritonavir tablet	
Dovato	Rukobia	
Edurant	Selzentry solution/ tablet	
efavirenz capsule/tablet	stavudine capsule	
efavirenz/emtricitabine/tenofovir disoproxil femarate	Stribild	
efavirenz-lamivudine/tenofovir disoproxil fumarate (Symfi)	Sustiva tablet	
efavirenz-lamivudine/tenofovir disoproxil fumarate (Symfi Lo)	Symfi	
emtricitabine	Symfi Lo	
emtricitabine/tenofovir disoproxil femarate	Symtuza	
Emtriva capsule/solution	Temixys	
Epivir solution/tablet	tenofovir disoproxil fumarate	
Epzicom	Tivicay	
etravirine[NR]	Triumeq	
Evotaz	Trizivir	
fosamprenavir calcium	Truvada	
Fuzeon	Tybost	
Genvoya	Videx solution	
Intelence	Viracept	
Invirase tablet	Viramune suspension	
Isentress	Viramune XR	
Isentress HD	Viread powder	
Isentress powder pack	Viread tablet	
Iseentress tab chew	Vocabria tablet	
Juluca	Ziagen solution	
Kaletra solution	Ziagen tablet	
Kaletra tablet	zidovudine capsule	
lamivudine solution	zidovudine syrup	
lamivudine tablet	zidovudine tablet	
lamivudine-zidovudine		
Lexiva suspension		

Hypoglycemics

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 05/06/2021

No PA Required	***PA Required***
Alpha-Glucosidase Inhibitors	**Alpha-Glucosidase Inhibitors**
acarbose	miglitol
	Glyset
	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*
Glyxambi	alogliptin
Janumet	algliptin/metformin
Janumet XR	alogliptin/pioglitazone
Januvia	Jentadueto XR
Jentadueto	Kazano
Tradjenta	Kombiglyze XR
	Nesina
	Onglyza
	Oseni
	Q-tern
	Steglujan
	Trijardy XR
Clinical Criteria for GLP-1 Receptor Agonists - History of either metformin or TZD therapy in the past 90 days	
GLP-1 Receptor Agonists	*GLP-1 Receptor Agonists*
Bydureon pen	Adlyxin
Byetta	Bydureon Bcise
Trulicity	Ozempic
Victoza	Rybelsus
	Soliqua
	Tanzeum
	Xultophy
Insulins	**Insulins**
Insulins Long Acting	*Insulins Long Acting*
Lantus vial	Basaglar Kwikpen U-100
Lantus solostar	Semglee pen[NR]
Levemir pen	Semglee vial[NR]
Levemir vial	Toujeo Solostar
	Toujeo Max Solostar
	Tresiba Flextouch/vial

Hypoglycemics - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 05/06/2021

No PA Required	***PA Required***
Insulins Short Acting	*Insulins Short Acting*
insulin aspart cartridge	Admelog
insulin aspart flexpen	Admelog Solostar
insulin aspart vial	Afrezza
insulin aspart/insulin aspart protamine	
insulin pen	Afrezza cartridge
insulin aspart/insulin aspart protamine	
insulin vial	Apidra vial/solostar
insulin lispro kwikpen u-100	Fiasp
insulin lispro	Fiasp Flextouch
insulin lispro junior kwikpen (AG)	Fiasp penfill
insulin lispro protamine mix kwikpen	
(AG)	Humalog 200 U/ML pen
Humalog cartridge	
Humalog Jr Kwikpen	Humulin pen
Humalog 100 U/ML vial	Lyumjev 100 U/ML pen
Humalog 100 U/ML kwikpen	Lyumjev 200 U/ML pen
Humalog mix 50-50 vial	Lyumjev vial
Humalog mix 50-50 kwikpen	Myxredlin
Humalog mix 75-25 vial	Novolin 70/30 pen
Humalog mix 75-25 kwikpen	Novolin 70/30 vial
Humulin 70/30 pen	Novolin vial
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	
Novolog 100 U/ML cartridge	
Novolog 100 U/ML vial	
Novolog 100 U/ML flexpen	
Novolog mix 70-30 vial	
Novolog mix 70-30 flexpen syringe	
Meglitinides	*Meglitinides*
nateglinide	repaglinide/metformin
repaglinide	Prandin
	Starlix
Metformins	*Metformins*
metformin tablet	metformin ER (generic Fortamet)
metformin ER (generic Glucophage	
XR)	metformin ER (generic for Glumetza)
	Fortamet
	Glucophage/XR
	Glumetza
	Riomet
	Riomet ER Suspension
No PA Required	***PA Required***
Metformins Combinations	*Metformins Combinations*
glyburide/metformin	glipizide/metformin

Hypoglycemics - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 05/06/20210

SGLT2 and Combinations	*SGLT2 and Combinations*
Farxiga*	Invokamet XR
Invokamet*	Segluromet
Invokana*	Steglatro
Jardiance*	Synjardy XR
Xigduo XR*	
Synjardy*	
* 2 single metformin agents or 1 combination metformin agent in the past 30 days	
Sulfonylureas	*Sulfonylureas*
glimepiride	tolazamide
glipizide/ER/XL	tolbutamide
	Amaryl
	Glucotrol/XL
	glyburide/micronized
	Glynase
	TZD
TZD	Actos
pioglitazone	Avandia
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
	pioglitazone-metformin
	Duetact

Immunomodulators, Atopic Dermatitis

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 7/12/2021

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**
Elidel	pimecrolimus cream
Eucrisa	tacrolimus
Protopic	Dupixent
	Dupixent pen

Immunomodulators,Topical

Length of Authorization: 1 Year

Status Implementation: 5/27/2015
Current Review Date: 7/12/2021

No PA Required	***PA Required***
Immunomodulators, Topical	**Immunomodulators, Topical**
imiquimod (Aldara)	imiquimod (Zyclara)
	podofilox
	Aldara
	Condylox
	Veregen
	Zyclara

Intranasal Rhinitis

Length of Authorization:1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required	***PA Required***
Steroids	**Steroids**
fluticasone	azelastine/fluticasone
	flunisolide
	mometasone nasal
	Beconase AQ
	Dymista
	Nasonex
	Omnaris
	QNasl
	Sinuva
	Ticanase
	Xhance
	Zetonna
Antihistamines & Other	**Antihistamines & Other**
azelastine (generic Astelin)	azeastine (generic Astepro)
ipratropium (nasal)	olopatadine
	Patanase

Leukotriene Modifiers

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

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

Lipotropics, Other

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/28/2021

No PA Required	***PA Required***
ANGPTL3 Inhibitor	**ANGPTL3 Inhibitor**
	Evkeeza[NR]
ACL Inhibitor	**ACL Inhibitor**
	Nexletol
Antihyperlipidemic APOB-100 Synthesis Inhibitor	**Antihyperlipidemic APOB-100 Synthesis Inhibitor**
	Kynamro
Antihyperlipidemic Combinations	**Antihyperlipidemic Combinations**
	Nexlizet
Bile Acid Resins	**Bile Acid Resins**
cholestyramine light	colesevelam
colestipol tablet	colestipol granules/packet
Prevalite	Colestid tablet/granules/packet
	Questran
	Welchol

Lipotropics, Other - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 01/28/2021

No PA Required	*PA Required*
Cholesterol Absorption Inhibitors	**Cholesterol Absorption Inhibitors**
ezetimibe	Zetia
Fibric Acid Derivatives	**Fibric Acid Derivatives**
fenofibrate tablet 48 and 145mg (generic Tricor)	fenofibrate (Antara,Lipofen,Lofibra,Triglide) fenobibric acid (generic Fenoglide,Fibricor,Trilipix)
gemfibrozil	gemfibrozil (AG)[NR] Antara Fenoglide Fibricor Lipofen Lopid Tricor Trilipix Triglide
MTP Inhibitor	**MTP Inhibitor**
	Juxtapid
Niacins	**Niacins**
	niacin ER niacin/ER OTC Niacor Niaspan
Omega-3 Fatty Acids	**Omega-3 Fatty Acids**
n/a	icosapent ethyl[NR] omega-3 acid ethyl esters Lovaza Vascepa
PCSK9 Inhibitors	**PCSK9 Inhibitors**
	Praluent pen/syringe (manual PA req'd) Repatha(manual PA req'd)

Lipotropics, Statins

Length of Authorization: 1 Year

Status Implementation: 1/15/2007
Current Review Date: 01/28/2021

No PA Required	*PA Required*
Statins	**Statins**
atorvastatin	fluvastatin/ER
lovastatin	Altoprev
pravastatin	Crestor
rousuvastatin	Ezallor sprinkle[NR]
simvastatin	Lescol/XL Lipitor (failure on Crestor) Livalo Pravachol Zocor Zypitamag[NR]
Statin Combinations	**Statin Combinations**
	amlodipine-atorvastatin ezetimibe-simvastatin[NR] Caduet Vytorin

Macrolides/Ketolides

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/12/2021

No PA Required	***PA Required***
Macrolides/Ketolides	**Macrolides/Ketolides**
azithromycin suspension, tablet	azithromycin packet
clarithromycin suspension, tablet	clarithromycin ER
erythromycin base capsule	erythromycin base tablet
E.E.S. 200 suspension	erythromycin ethylsuccinate susp
	erythromycin ES 400 mg tab
	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: 7/12/2021

No PA Required	***PA Required***
Methotrexate	**Methotrexate**
methotrexate injection	Otrexup Auto Injector
methotrexate PF	Rasuvo Auto Injector
methotrexate tablet	Reditrex
	Trexall
	Xatmep

Movement Disorders

Length of Authorization: 1 Year

Status Implementation: 01/28/2021

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Movement Disorders	**Movement Disorders**
tetrabenazine	Ingrezza
Austedo	Ingrezza Initiation Pack
	Xenazine

Multiple Sclerosis

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Multiple Sclerosis	**Multiple Sclerosis**
Avonex	dalfampridine ER
Avonex pen	dimethyl fumarate
Betaseron kit	glatiramer 20 mg/ml
Copaxone 20mg/ml syringe kit	glatiramer 40 mg/ml
Tecfidera	Ampyra
	Aubagio
	Bafiertam DR
	Copaxone 40mg/ml
	Extavia kit
	Extavia vial
	Gilenya
	Kesimpta pen
	Lemtrada
	Mavenclad
	Mayzent dose pack
	Mayzent tablet
	Ocrevus
	Plegridy
	Ponvory starter pack[NR]
	Ponvory tablet[NR]
	Rebif
	Rebif Rebidose Pen
	Tysabri
	Vumerity
	Zeposia capsule
	Zeposia pack

Narcotic Analgesics, Long-Acting

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 01/28/2021

Clinical Criteria Applies to this Class/Requires Manual Prior Authorization

No PA Required	***PA Required***
Narcotic Analgesics, Long-Acting	**Narcotic Analgesics, Long-Acting**
fentanyl transdermal	buprenorphine transdermal
	fentanyl transdermal 37.5,62.5,87.5mg
methadone tab	glatopa
morphine ER tab	hydromorphone ER
Butrans	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
	Duragesic
	Exalgo
	Hysingla ER
	Kadian
	Morphabond ER
	MS Contin
	Nucynta ER
	OxyContin
	Xtampza ER
	Zohydro ER

Narcotic Analgesics, Short Acting

Length of Authorization: 1 Year — Status Implementation: 10/15/2009

Some drugs in this class are subject to MME limitations — Current Review Date: 01/28/2021

No PA Required	***PA Required***
Fentanyl Oral Products	**Fentanyl Oral Products**
	fentanyl (buccal)
	Abstral
	Actiq
	Fentora
	Ultracet
	Ultram
Other	**Other**
APAP/codeine elixir	acetamin-caff-dihydrocodeine
APAP/codeine tablet	benzhydrocodone-acetaminophen
hydrocodone/APAP tablet	butalbital cmpd w/codeine
hydrocodone/ibuprofen	butorphanol tartrate (nasal)
hydromorphone tablet	codeine oral
morphine concentrate solution	fentanyl (buccal)
morphine IR tablet	hydrocodone/APAP solution
morphine solution	hydromorphone liq/supp
oxycodone/APAP tablet	levorphanol
oxycodone tablet	meperidine solution/tablet
tramadol	morphine sulfate solution (AG)[NR]
tramadol/APAP	morphine suppositories
	oxycodone/ASA
	oxycodone/ibuprofen
	oxycodone capsule
	oxycodone conc
	oxycodone solution
	oxymorphone
	panlor
	pentazocine/naloxone
	Apadaz
	Dilaudid liquid/tablets
	Hycet
	Ibudone
	Lazanda
	Nalocet
	Norco
	Nucynta
	Opana
	Oxaydo
	Percocet
	Prolate solution[NR]
	Roxicodone

Neuropathic Pain

Length of Authorization: 1 Year — Status Implementation: 1/17/2013

Current Review Date: 01/28/2021

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

Neuropathic Pain Continued

Length of Authorization: 1 Year

Status Implementation: 1/17/2013
Current Review Date: 01/28/2021

No PA Required	***PA Required***
Topical	**Topical*** **
capsaicin	dermacinrx phn pak
	lidocaine patch***
	Gabapal Kit[NR]
	Lidoderm***
	Lidotin Kit[NR]
	Lidopure Patch[NR]
	Lipritin Kit[NR]
	Lipritin II Kit[NR]
	Pentican Kit[NR]
	Qutenza Kit***
	Zilacaine patch
	Ztlido
	* Diagnosis of Fibromyalgia in the past year and a claim for a preferred agent ** Diagnosis of Epilepsy or Convulsions in the past year and a claim for a preferred agent OR Diagnosis of Fibromyalgia in the past year and a claim for Lyrica or Savella in the past 60 days OR Diagnosis of Diabetic Peripheral Neuropathy or Post Herpetic Neuralgia ***Step edit failure on one oral NSAID

NSAIDS and Combination Products

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 01/28/2021

No PA Required	***PA Required***
Topical	**Topical**
diclofenac sodium gel (rx)*	**diclofenac epolamine
Voltaren (topical)*	**diclofex DC
	**Clofenax kit[NR]
	**Diclotrex kit
	**Flector
	**Licart Patch
	**Pennsaid
	**Pennsaid solution packet
	**Venngel One Kit[NR]
* Failure of an oral NSAID	** Failure of Voltaren or diclofenac gel

NSAIDS and Combination Products Continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/28/2021

No PA Required	***PA Required***	
Oral	**Oral**	
diclofenac sodium	celecoxib***	Celebrex***
flurbiprofen	diclofenac potassium	Daypro
ibuprofen susp/tablet	diclofenac sodium misoprostol	Duexis
indomethacin capsule	diclofenac SR	Feldene
ketorolac (oral)	diclotral	Ibupak Kit[NR]
meloxicam tablet	diflunisal	Indocin supp/suspension
naproxen tablet	etodolac	Inflammacin Kit
piroxicam	fenoprofen	Mobic
sulindac	indomenthacin capsule ER	Nalfon
	ketoprofen/ER	Naprelan
	ketorolac (AG Sprix)[NR]	Naprosyn
	meclofenamate	Qmiiz ODT
	mefenamic acid	Relafen DS
	meloxicam capsule[NR]	Sprix
	nabumetone	Tivorbex
	naproxen DR tablet	Vimovo
	naproxen-esomeprazole DR[NR]	Vivlodex
	naproxen sodium tablet	Zipsor
	naproxen sodium CR tablet	Zorvolex
	naproxen sodium ER tablet	
	naproxen suspension	
	oxaprozin	
	tolmetin sodium caps/tabs	
	Arthrotec	

*** Claim for a preferred agent in the past 90 days and a claim for an anticoagulant in the past 30 days or a diagnosis of a gastrointestinal hemorrhage in the past year.

Ophthalmics

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Allergic Conjunctivitis	**Allergic Conjunctivitis**
cromolyn sodium	azelastine ophth 0.05%
Pazeo	bepotastine[NR]
	bepotastine[NR] (AG)
	epinastine
	ketotifen
	olopatadine
	Alocril
	Alomide
	Alrex
	Bepreve
	Lastacaft
	Pataday
	Patanol
	Zaditor
	Zerviate[NR]

No PA Required

Antibiotics

bacitracin/polymixin ointment
ciprofloxacin solution
erythromycin ophth
gentamicin drops/ointment
moxifloxacin (Vigamox)
ofloxacin
polymixin/trimethoprim
sulfacetamide solution
tobramycin ophth
Ocuflox
Tobrex ointment

PA Required

Antibiotics

bacitracin ointment
gatifloxacin
levofloxacin drops
moxifloxacin (Moxeza)
moxifloxacin HCL-BSS
neomycin/bacitracin/polymixin oint
neomycin-polymixin-gramicidin
sulfacetamide ointment
Azasite
Besivance
Bleph-10
Ciloxan Solution, Ointment
Moxeza
Natacyn
Polytrm
Tobrex drops
Vigamox
Zymaxid

No PA Required

Glaucoma

Alpha-2 Adrenergic Agonists

brimonidine 0.2%
Alphagan P

Beta Blockers

timolol/XE
Combigan

Carbonic Anhydrase Inhibitors

dorzolamide
dorzolamide/timolol
Azopt
Rhopressa
Rocklatan
Simbrinza

Prostaglandin Agonists

latanoprost
Travatan/Z

PA Required

Glaucoma

Alpha-2 Adrenergic Agonists

apradondine
brimonidine 0.15%
lopidine

Beta Blockers

betaxolol
carteolol
levobunolol
timolol maleate
timolol (Timoptic Ocudose)[NR]
Akbeta
Betopic S
Istalol
Ocupress
Timoptic/XE

Carbonic Anhydrase Inhibitors

brinzolamide[NR]
dorzolamide/timolol (gen Cosopt PF)
Cosopt
Cosopt PF
Trusopt

Prostaglandin Agonists

bimatoprost
travoprost[NR]
Lumigan
Vyzulta
Xalatan
Xelpros
Zioptan

Ophthalmics, Antibiotic-Steroid Combinations

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 01/28/2021

No PA Required

Antibiotic-Steroid Combinations

neomycin/polymyxin/desamethasone
Tobradex suspension

PA Required

Antibiotics-Steroid Combinations

neomycin/bacitracin/poly/HC
neomycin/polymyxin/HC
prednisolone
ph/moxifloxacin/bromfenac drops[NR]
sulfacetamide/prednisolone
tobramycin/dexamethasone suspension
Blephamide
Blephamide S.O.P.
Maxitrol drops suspension
Maxitrol ointment
Pred-G drops suspension
Pred-G ointment
Tobradex ointment
Tobradex ST
Zylet

Ophthalmic Anti-Inflammatories

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 01/28/2021

No PA Required

Ophthalmic Anti-Inflammatory

diclofenac sodium
fluorometholone
flurbiprofen sodium
ketorolac ophth 0.5
Durezol
Ilevro
Lotemax drops
Maxidex
Nevanac
Pred Mild

PA Required

Ophthalmic Anti-Inflammatory

bromfenac
dexamethasone
ketorolac ophth 0.4 (LS)
loteprednol etabonate
loteprednol etabonate gel[NR]
prednisolone acetate
prednisolone sod phosphate
Acular/LS
Acuvail
Bromsite
Dextenza
Dexycu
Eysuvis[NR]
Flarex
FML
FML Forte
FML SOP
Inveltys
Lotemax gel/ointment
Omnipred
Pred Forte
Prolensa

Ophthalmic Anti-Inflammatories/Immunomodulators

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 01/28/2021

Ophthalmic Anti-Inflammatory/Immunomodulators

No PA Required

Restasis
Restasis multidose

Ophthalmic Anti-Inflammatory/Immunomodulators

PA Required

Cequa
Xiidra

Opiate Dependence Treatment

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Buprenorphine and Related Agents	**Buprenorphine and Related Agents**
buprenorphine SL tablets	buprenorphine/naloxone film
buprenorphine/naloxone SL tab	Bunavail
Suboxone Film	Probuphine
	Sublocade
	Zubsolv
No PA Required	***PA Required***
Opiate Dependence, Other	**Opiate Dependence, Other**
naloxone syringe	Lucemyra
naloxone vial	Vivitrol
naltrexone tablet	
Narcan Spray	

Otic Antibiotics

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/14/2020

No PA Required	***PA Required***
Otic Antibiotics	**Otic Antibiotics**
ofloxacin	ciprofloxacin/dexamethasone
neomycin/polymixin/HC soln/susp	ciprofloxacin/dexamethasone (AG)
Ciprodex	ciprofloxacin HCL-fluocinolone
	ciprofloxacin otic
	neomycin/polymixin/HC soln/susp (AG)
	Cipro HC
	Coly-mycin S
	Corisporin-TC
	Otioprio
	Otovel

Otic Anti-Infectives & Anesthetics

Length of Authorization: 1 Year

Status Implementation: 12/02/2019

Current Review Date: 10/14/2020

No PA Required	***PA Required***
Otic Anti-Infectives & Anesthetics	**Otic Anti-Infectives & Anesthetics**
acetic acid	acetic acid HC

Otic Anti-Inflammatories

Length of Authorization: 1 Year

Status Implementation: 12/02/2019

Current Review Date: 10/14/2020

No PA Required	***PA Required***
Otic Anti-Inflammatories	**Otic Anti-Inflammatories**
Dermotic	fluocinolone 0.01% oil
	flac otic oil

Pancreatic Enzymes

Length of Authorization: 1 Year

Status Imlementation: 5/11/2012

Current Review Date: 05/06/2021

No PA Required	***PA Required***
Pancreatic Enzymes	**Pancreatic Enzymes**
Creon	Pancreaze
Zenpep	Pertzye
	Viokace

Phosphate Binders

Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 05/06/2021

No PA Required	*PA Required*
Phosphate Binders	**Phosphate Binders**
calcium acetate capsule/gel cap/tablet	lanthanum carbonate
Renvela tablets	sevelamer HCL
	sevelamer HCL (AG)
	sevelamer carbonate powder pack
	sevelamer carbonate tablet
	sevelamer carbonate tablet (AG)
	Auryxia
	Fosrenol powder pack
	Fosrenol tablet chewable
	Phoslyra
	Renagel
	Renvela powder pack
	Velphoro

Platelet Inhibitors

Length of Authorization: 1 Year

Status Implementation: 1/5/2009
Current Review Date: 01/28/2021

No PA Required	*PA Required*
Platelet Inhibitors	**Platelet Inhibitors**
clopidrogel	aspirin-dipyridamole
dipyridamole	aspirin-dipyridamole ER
prasugrel	Aggrenox
Brilinta	Effient
	Plavix
	Zontivity

Potassium Binders

Length of Authorization: 1 Year

Status Implementation: 7/27/2020
Current Review Date: 05/06/2021

No PA Required	*PA Required*
Potassium Binders	**Potassium Binders**
Lokelma	Veltassa
sodium polystyrene sulfonate	

Progestins for Cachexia

Length of Authorization: 1 Year

Status Implementation: 1/22/2018
Current Review Date: 05/06/2021

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

Proton Pump Inhibitors

Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 05/06/2021

No PA Required	***PA Required***
Proton Pump Inhibitors	**Proton Pump Inhibitors**
omeprazole	esomeprazole capsules/kit
pantoprazole	esomeprazole magnesium
Nexium suspension	lansoprazole capsules
	pantoprazole suspension[NR]
	rabeprazole/sprinkle
	Aciphex tablet/sprinkle
	Dexilant
	Esomep-EZS kit
	Nexium capsules
	Prevacid capsules/solutabs
	Prilosec suspension
	Prilosec
	Protonix
	Protonix suspension
	Zegerid

Pulmonary Arterial Hypertension Agents

Length of Authorization: 1 Year

Status Implementation: 1/5/2009
Current Review Date: 01/28/2021

No PA Required	***PA Required***
Pulmonary Arterial Hypertension	**Pulmonary Arterial Hypertension**
ambrisentan	bosentan
sildenafil tablet	sildenafil suspension
Ravatio suspension	sildenafil suspension (AG)
Tracleer	tadalafil
	Adcirca
	Adempas
	Alyq
	Letairis
	Opsumit
	Orentram ER
	Revatio tablet
	Tracleer suspension
	Tyvaso
	Uptravi
	Ventavis
Clinical PA over 21 years of age. Specific PA form is on the EOHHS website.	Clinical PA over 21 years of age. Specific PA form is on the EOHHS website. If the recipient is under 21 years of age a claim for a preferred agent is required.

Rosacea Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 01/02/2018
Current Review Date: 7/12/2021

No PA Required	***PA Required***
Finacea gel	azelaic acid
Metrocream	ivermectin
Metrogel	metronidazole cream
	metronidazole gel (AG)
	metronidazole gel
	metronidazole lotion
	Finacea foam
	Metrolotion
	Mirvaso
	Noritate
	Rosadan kit
	Soolantra

Sedative Hypnotics

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Sedative Hypnotics	**Sedative Hypnotics**
temazepam 15 & 30 mg	doxepin[NR]
zolpidem	eszopiclone
	estazolam
	flurazepam
	ramelteon[NR]
	temazepam 7.5 & 22.5 mg
	zaleplon
	zolpidem ER
	zolpidem SL
	Ambien/CR
	Belsomra
	Dayvigo[NR]
	Doral
	Edluar
	Halcion
	Hetloiz
**triazolam - no longer covered by RI Medicaid	Intermezzo
	Lunesta
	Restoril
	Rozerem
	Silenor

Skeletal Muscle Relaxants

Length of Authorization: 1 Year

Status Implementation: 7/6/2009

Current Review Date: 01/28/2021

No PA Required	***PA Required***
Skeletal Muscle Relaxants	**Skeletal Muscle Relaxants**
baclofen	cyclobenzaprine HCL ER
chlorzoxazone	dantrolene
cyclobenzaprine	metaxall[NR]
methocarbamol	metaxalone
tizanidine tablet	orphenadrine citrate ER
	tizanidine capsule
	Amrix
	Dantrium
	Fexmid
	Lorzone
	Norgesic Forte[NR]
	Robaxin
	Skelaxin
	Zanaflex
	**carisoprodol and Soma - no longer covered by RI Medicaid

Steroids

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/12/2021

No PA Required

Topical High

betamethasone dipropionate cream/lotion
betamethasone valerate cream, ointment
triamcinolone acetonide cream, lotion, ointment

PA Required

Topical High

amcinonide cream, lotion, ointment
betamethasone dipropionate gel, ointment
betamethasone dipropionate/prop gly cream, lotion, ointment
betamethasone valerate lotion
dermazone
desoximetasone cream, gel, ointment
diflorasone diacetate cream, ointment
fluocinonide cream, emollient, gel, ointment, solution
fluocinonide E cream
halcinonide
halcinonide cream^{NR} (AG)
triamcinolone spray
Dermacinrx Silapak
Diprolene lotion, ointment
Ellzia Pak
Fluopar Kit
Halog cream, ointment, solution
Kenalog aerosol
Psorcon
Sanadermrx
Sila III Kit
Silazone-II
Topicort cream, ointment, spray
Trianex
Vanos

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/12/2021

No PA Required

Topical Low

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

PA Required

Topical Low

alclometasone dipropionate cream
alclometasone dipropionate ointment
desonide cream
desonide lotion
desonide ointment
fluocinolone 0.01% oil
tridesilon
Aqua-Glycolic HC
Capex Shampoo
Derma-Smoothe-FS
Desonate gel
Texacort

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
Beser / Beser Kit[NR]
Cloderm
Cordran tape/ointment
Cutivate lotion/cream
Dermatop cream, ointment
Elocon cream, ointment, solution
Luxiq foam
Pandel
Prednicarbate cream
Prednicarbate ointment
Synalar cream & ointment kit, solution
Synalar TS kit

No PA Required
Topical Very High
clobetasol propionate cream,gel
clobetasol propionate ointment
clobetasol solution
halobetasol propionate cream
halobetasol propionate ointment
halobetasol propionate ointment

PA Required
Topical Very High
clobetasol emollient
clobetasol lotion
clobetasol shampoo
clobetasol propionate foam
clobetasol propionate spray
halobetasol propionate foam
Apexicon E
Bryhali
Impeklo lotion
Lexette
Clobex lotion, shampoo, spray
Clobetex kit[NR]
Clodan/kit
Olux
Olux E
Tasoprol kit
Temovate ointment
Tovet kit
Ultravate ointment, lotion
Ultravate X PAC cream, ointment

Stimulants and Related Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/28/2021

No PA Required

Stimulants and Related Agents*

amphetamine salt combo
atomoxetine
dexmethylphenidate
dextroamphetamine tab
dextroamphetamine-amphetamine
guanfacine ER
methylphenidate IR

modafanil
Adderall XR
Aptensio XR

Concerta
Focalin XR
Quillichew ER

Quillivant XR
Vyvanse capsule
Vyvanse chewable

amphetamine salt combo ER
amphetamine sulfate tablet
amphetamine suspension ER
armodafinil
clonidine ER
dexmethylphenidate XR
dextroamphetamine solution/cap ER

dextroamphetamine-amphetamine ER
methamphetamine
methylphenidate CD
methylphenidate ER cap (Aptensio XR)
methylphenidate ER cap (Ritalin LA)
methylphenidate ER 18,27,36,54 mg
methylphenidate ER 18,27,36,54 mg (AG)
methylphenidate ER tablet
methylphenidate solution/chewable

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

PA Required

Stimulants and Related Agents

Adzenys XR ODT/suspension
Cotempla XR ODT
Daytrana
Desoxyn
Dexedrine
Dyanavel XR
Evekeo/ODT

Focalin
Intuniv
Jornay PM

Methylin solution
Mydayis
Nuvigil

Procentra
Provigil
Qelbree[NR]
Relexxii ER
Ritalin/ LA
Strattera
Sunosi
Wakix
Zenzedi

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

Ulcerative Colitis

Length of Authorization: 1 Year

Status Implmentation: 7/1/2008

Current Review Date: 05/06/2021

No PA Required	***PA Required***
Oral	**Oral**
sulfasalazine/DR	balsalazide
Apriso	budesonide DR
Lialda	mesalamine (generic Asacol HD)
Pentasa	mesalamine ER (generic Apariso)
	mesalamine AG (generic Lialda)
	mesalamine (generic Lialda)
	mesalamine DR (generic Delzicol)
	Asacol HD
	Azulfidine/DR
	Colazal
	Delzicol
	Dipentum
	Giazo
	Ortikos capsule ER
	Uceris oral
Topical	**Topical**
Canasa rectal	mesalamine ER
Rowasa rectal	mesalamine kit
	mesalamine rectal
	mesalamine (Canasa rectal)
	Uceris rectal

Uterine Disorder Treatment

Length of Authorization: 1 Year

Status Implmentation: 10/14/2020

Current Review Date: 10/14/2020

No PA Required	***PA Required***
Oriahnn	Myfembree[NR]
Orilissa	

[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.