



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

Preferred Drug List (PDL)

Updated January 28, 2021

Alzheimer's Agents	Antimigraine Agents	Growth Hormones
Cholinesterase Inhibitors	Triptans	H. Pylori Treatment
NMDA Receptor Antagonist	Other Related Agents	Hepatitis C Agents
Androgenic Agents	Antiparkinson's Agents	Pegylated Interferons
Angiotensin Modulators	Dopamine Receptor Agonists	Ribavirins
Ace Inhibitors	Antipsychotics, Atypical	Hepatitis C Agents, Other
Ace Inhibitor/Diuretic Combo	Antivirals	HIV/AIDS
Angiotensin Receptor Blocker	Herpes	Hypoglycemics
Angiotensin II Receptor Blocker/Diuretic Combo	Influenza Agents	Alpha-Glucosidase Inhibitors
Renin Inhibitor	Antivirals Topical	Incretin Mimetics/Enhancers
Renin Inhibitor/Diuretic Combo	Beta Blockers	Amylin Analogs
Angiotensin Modulator/Calcium Channel Blocker	Bile Salts	DPP-IV Inhibitors
Ace Inhibitor/Calcium Channel Blocker Combo	Bladder Relaxants	GLP-1 Receptor Agonists
Angiotensin II Receptor Blocker/CCB Combo	Bone Resorption Suppression	Insulins
Anti-Allergens	Bisphosphonates	Insulins, Long Acting
Antianginal & Anti-Ischemic	Other Related Agents	Insulins, Short Acting
Antibiotics, GI	BPH Agents	Meglitinides
Antibiotics, Inhaled	Alpha Blockers, Selective	Metformins
Antibiotics, Tetracyclines	5-Alpha Reductase Inhibitors	Metformins Combo
Antibiotics, Topical	PDE-5	SGLT2
Antibiotics, Vaginal	Bronchodilators	Sulfonylureas
Anticoagulants	Beta Agonist	TZDs
Anticonvulsants	Inhalers, Long Acting	TZD/Metformin Combo
Carbamazepine Derivatives	Inhalers, Short Acting	TZD/Sulfonylurea Combo
First Generation	Nebulizers, Long Acting	Immunomodulators, Atopic Dermatitis
Second Generation	Nebulizers, Short Acting	Immunomodulators, Topical
Antidepressants	Calcium Channel Blockers	Intranasal Rhinitis
Antidepressants, Other	Dihydropyridines	Steroids
Antidepressants, SSRI	Non-Dihydropyridines	Antihistamines
Antiemetics	Cephalosporins	Leukotriene Modifiers
Serotonin Antagonists	Second Generation	Lipotropics, Other
NK1 Receptor Antagonist	Third Generation	Bile Acid Resins
Antifungals	COPD Agents	Cholesterol Absorption Inhibitors
Antihistamines, Minimally Sedating	Cytokine & CAM Antagonists	Fibric Acid Derivatives
Antihistamines	Epinephrine, Self-Injected	Niacins
Antihistamine/Decongestant Combo	Erythropoiesis Stimulating Proteins	Omega-3 Fatty Acids
Antihypertensives, Sympatholytics	Fluoroquinolones	MTP Inhibitor
Antihyperuricemics	GI Motility Agents	Antihyperlipidemic APOB-100 Synthesis Inhibitor
	Glucagon Agents	Lipotropics, Statins
	Glucocorticoids, Inhaled	Statins
	Glucocorticoids	Statin Combo
	Glucocorticoid/Beta-Agonist	
	Glucocorticoids, Oral	

Macrolides/Ketolides	Proton Pump Inhibitors
Methotrexate	Pulmonary Arterial Hypertension Agents
Movement Disorders	Rosacea Agents, Topical
Multiple Sclerosis	Sedative Hypnotics
Narcotic Analgesics, Long Acting	Skeletal Muscle Relaxants
Narcotic Analgesics, Short Acting	Steroids
Fentanyl Oral Products	Topical High
Other	Topical Low
Neuropathic Pain	Topical Medium
Oral	Topical Very High
Topical	Stimulants and Related Agents
NSAIDs and Combination Products	Topical Acne
Ophthalmics	Miscellaneous Topicals
Allergic Conjunctivitis	Retnoids
Antibiotics	Topical Psoriasis
Glaucoma	Ulcerative Colitis
Alpha-2 Adrenergic Agonists	Oral
Beta Blockers	Topical
Carbonic Anhydrase Inhibitors	Uterine Disorder Treatments
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	

## 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](#)

**Alzheimer's Agents**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/28/2021

**No PA Required****Cholinesterase Inhibitors**donepezil 5 and 10 mg tablet  
donepezil ODT  
rivastigmine capsule  
Exelon Patch**PA Required****Cholinesterase Inhibitors**donepezil 23 mg  
galantamine ER  
galantamine ER (AG)  
galantamine solution  
galantamine tablet  
rivastigmine transdermal  
Aricept  
Razadyne tablet/ER**NMDA Receptor Antagonist and****Combinations**memantine tablet  
memantine tablet(AG)  
memantine tablet dose pack**NMDA Receptor Antagonist and****Combinations**memantine ER  
memantine ER(AG)  
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: 7/27/2020

**No PA Required****Androgenic Agents**Androderm  
Androgel gel packet  
Androgel gel pump**PA Required****Androgenic Agents**testosterone  
Axiron  
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****Ace Inhibitors**benazepril  
enalapril  
fosinopril  
lisinopril  
quinapril**PA Required****Ace Inhibitors**captopril  
moexipril  
perindopril  
ramipril  
trandolapril  
Accupril  
Altace  
Epaned  
Epaned solution  
Lotensin  
Prinivil  
Qbrelis  
Vasotec  
Zestril

**Angiotensin Modulators - Continued**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/28/2021

**No PA Required**

**ACE Inhibitor/Diuretic**

enalapril HCTZ  
fosinopril HCTZ  
lisinopril HCTZ  
quinapril HCTZ

**PA Required**

**ACE Inhibitor/Diuretic**

benazepril HCTZ  
captopril HCTZ  
moexipril HCTZ  
Accuretic  
Lotensin HCT  
Vaseretic  
Zestoretic

**Angiotensin Receptor Blockers**

irbesartan  
losartan  
Diovan

**Angiotensin Receptor Blockers**

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

**Angiotensin II Receptor**

**Blocker/Diuretic**

irbesartan HCTZ  
losartan HCTZ  
valsartan HCTZ

**Angiotensin II Receptor**

**Blocker/Diuretic**

candesartan HCTZ  
olmesartan HCTZ  
olmesartan-medoxomil HCTZ  
telmisartan HCTZ  
Atacand HCT  
Avalide  
Benicar HCT  
Diovan HCT  
Edarbyclor  
Hyzaar  
Micardis HCT

**No PA Required**

**Renin Inhibitor**

**Renin Inhibitor Combinations**

**PA Required (failure of ARB)**

**Renin Inhibitor**

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**

**Ace Inhibitor/Calcium Channel Blocker Combo**

amlodipine/benazepril

**Angiotensin II Receptor Blocker/Calcium Channel Blocker Combo**

amlodipine/olmesartan  
amlodipine/valsartan  
Entresto

**PA Required**

**Ace Inhibitor/Calcium Channel Blocker Combo**

trandolapril/verapamil ER  
Lotrel  
Prestalia  
Tarka

**Angiotensin II Receptor Blocker/Calcium Channel Blocker Combo**

olmesartan/amlodipine HCTZ  
amlodipine/valsartan HCTZ  
telmisartan/amlodipine  
Azor  
Exforge/HCT  
Tribenzor  
Twynsta

**Anti-Allergens**

Length of Authorization: 1 Year

Status Implementation: 7/5/2017

Current Review Date: 10/14/2020

**No PA Required**

**Anti-Allergens**

**PA Required**

**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**

**Antianginal & Anti-Ischemic Agents**

ranolazine ER

**PA Required**

**Antianginal & Anti-Ischemic Agents**

Ranexa

**Antibiotics, GI**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 10/14/2020

**No PA Required****Antibiotics, GI**metronidazole tablet  
Firvanq**PA Required****Antibiotics, GI**metronidazole capsule  
neomycin  
nitazoxanide<sup>NR</sup>  
paromomycin  
tinidazole  
vancomycin capsule/solution  
Alinia suspension  
Alinia tablet  
Dificid  
Dificid suspension<sup>NR</sup>  
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 response or contraindication to lactulose documented

**Antibiotics, Inhaled**

Length of Authorization: 1 Year

Status Implementation: 5/11/2012

Current Review Date: 10/14/2020

**No PA Required****Antibiotics, Inhaled**Bethkis  
Kitabis Pak**PA Required****Antibiotics, Inhaled**tobramycin pak (AG)  
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: 10/14/2020

**No PA Required****Antibiotics, Tetracyclines**doxycycline hyclate capsule  
doxycycline hyclate tablet  
doxycycline monohydrate 100mg generic capsule  
doxycycline monohydrate 50mg generic capsule  
  
minocycline capsules  
  
tetracycline  
  
Morgidox 100mg capsule**PA Required****Antibiotics, Tetracyclines**demeclocycline  
doxycycline hyclate tablet DR  
  
doxycycline monohydrate (oracea)  
doxycycline monohydrate 50mg brand capsule  
doxycycline monohydrate 150mg capsule  
doxycycline monohydrate 75mg capsule  
  
doxycycline monohydrate suspension  
  
doxycycline monohydrate tablet  
minocycline ER/tablet  
  
Doryx  
Doryx MPC  
  
Minolira ER  
  
Morgidox kit  
  
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: 10/14/2020

**No PA Required****Antibiotics, Topical**

mupirocin ointment

**PA Required****Antibiotics, Topical**mupirocin cream  
Centany  
Centany AT Kit  
Xepi**Antibiotics, Vaginal**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 10/14/2020

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

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/28/2021

**No PA Required****Anticoagulants**enoxaparin  
warfarin  
Eliquis  
Pradaxa\*  
Xarelto**PA Required****Anticoagulants**coumadin  
fondaparinux  
Arixtra  
Bevyxxa  
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****carbamazepine derivatives**carbamazepine chewable tablet  
carbamazepine tablet  
oxcarbazepine tablet  
Carbatrol  
Epilex  
Tegretol suspension  
Tegretol XR  
Trileptal suspension**PA Required****carbamazepine derivatives**carbamazepine ER  
carbamazepine XR  
carbamazepine suspension  
oxcarbazepine suspension  
Equetro  
Oxtellar XR  
Tegretol tablet/chewable tablet  
Trileptal tablet**First Generation**divalproex tablet/ER  
ethosuximide  
phenytoin capsule/suspension  
phenytoin chew tab  
primidone  
valproic acid capsules/syrup  
Depakote Sprinkle**First Generation**divalproex sprinkles  
felbamate  
Celontin  
Depakote/ER  
Dilantin capsules/suspension  
Dilantin chew tab  
Felbatol  
Mysoline  
Peganone  
Phenytek  
Zarontin capsules/syrup



**No PA Required**

**Second Generation**

lamotrigine tablets/disper tab  
levetiracetam tablet/solution  
topiramate tablet/sprinkle  
zonisamide  
Gabitril

**Other**

clobazam tablet  
Phenobarbital elixir  
Phenobarbital tablet  
Diastat (rectal)  
Diastat Acudial (rectal)

**PA Required**

**Second Generation**

lamotrigine tablet dose pack	Briviact
lamotrigine XR	Fycompa
lamotrigine ODT	Keppra/XR *
levetiracetam ER	Lamictal/ODT/XR/DS
rufinamide suspension <sup>NR</sup>	Qudexy XR
tiagabine	Sabril
topiramate ER	Spritam
vigabatrin powder pack	Topamax tablet/sprinkle *
vigabatrin tablet	Trokendi XR
Aptiom	Vimpat/dose pack
Banzel	

**Other**

clobazam suspension  
diacomit  
diazepam (rectal/device)

Epidiolex\*\*  
Fintepla  
Nayzilam  
Onfi  
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**

**Other**

bupropion/SR  
bupropion XL (generic Wellbutrin XL)  
mirtazapine/ODT  
trazodone  
venlafaxine  
venlafaxine ER caps  
Wellbutrin XL

**PA Required**

**Other**

bupropion XL (generic Forfivo XL)	Effexor XR *
desvenlafaxine ER	Fetzima
desvenlafaxine fumarate ER	Forfivo XL
desvenlafaxine succinate ER	Khedeza
maprotiline	Pristiq
nefazodone	Remeron/ODT
venlafaxine ER tabs	(Manual PA) Spravato
Aplenzin	Trintellix
Brintellix	Viibryd
Cymbalta	Wellbutrin/SR
Effexor	(Manual PA) Zulresso

**SSRI**

citalopram solution  
citalopram tablet  
escitalopram tablet  
fluoxetine capsule  
fluoxetine solution  
fluvoxamine  
paroxetine tablet  
sertraline tablet

**SSRI**

escitalopram solution  
fluoxetine tablet  
fluoxetine 60mg tablet  
fluoxetine capsules DR  
fluvoxamine  
paroxetine (generic Brisdelle)  
paroxetine CR  
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: 7/27/2020

**No PA Required****Serotonin Antagonists**

metoclopramide solution  
 metoclopramide tablet  
 ondansetron ODT  
 ondansetron solution  
 ondansetron tablet

**PA Required****Serotonin Antagonists**

doxylamine succinate-pyridoxine HCL (AG)  
 doxylamine succinate-pyridoxine HCL  
 granisetron intravenous/oral  
 metoclopramide ODT  
 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)<sup>NR</sup>  
 Varubi

**Antifungals**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/14/2020

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

clotrimazole  
 fluconazole tablet  
 griseofulvin suspension  
 nystatin suspension  
 terbinafine

**PA Required****Oral**

fluconazole suspension  
 flucytosine  
 griseofulvin micro tablet  
 griseofulvin ultra tabs  
 itraconazole/solution  
 ketoconazole oral  
 nystatin oral powder/tablet  
 posaconazole  
 voriconazole

Ancobon  
 Cresemba capsule  
 Diflucan tablet/suspension  
 Noxafil  
 Sporanox  
 Tolsura  
 Vfend tablet/suspension

**Topical**

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

**Topical**

butenafine cream  
 ciclopirox cream/gel/kit  
 ciclopirox shampoo  
 ciclopirox solution/suspension  
 clotrimazole solution  
 clotrimazole-betamethasone lotion  
 econazole  
 ketoconazole foam  
 miconazole oint/powder/spray  
 miconazole-zinc-petro  
 naftifine  
 nystatin-triamcinolone cream/ointment  
 nystatin powder  
 oxiconazole nitrate cream  
 tavaborole<sup>NR</sup>  
 Bensal HP  
 Ciclodan cream/kit/soln  
 Dermacinrx Therazole Pak  
 Desenex Aero Powder  
 Econasil

Ertaczo  
 Exelderm cream/solution  
 Extina  
 Fungoid Kit  
 Jublia  
 Kerydin  
 Lamisil cream/gel  
 Loprox cream/gel/kit/shampoo  
 Loprox suspension  
 Lotrimin  
 Lotrisone  
 luliconazole  
 Luzu  
 Mentax  
 Naftin cream/gel  
 Nizoral shampoo  
 Oxistat cream/lotion  
 Penlac  
 Vusion  
 Zeasorb  
 Zolpak Kit

**Antihistamines, Minimally Sedating**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/14/2020

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

Length of Authorization: 1 Year

Status Implementation: 1/3/2014

Current Review Date: 01/28/2021

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

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 7/27/2020

**No PA Required****Antihyperuricemics**allopurinol  
colchicine tablet  
probencid  
probencid/colchicine  
Mitigare**PA Required****Antihyperuricemics**colchicine capsule  
febuxostat  
Colcrys  
Gloperba  
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\*\*

**PA Required****Other**

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

**Triptans**

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

**Triptans**

almotriptan malate  
 eletriptan  
 frovatriptan  
 naratriptan  
 sumatriptan kit  
 sumatriptan kit (AG)  
 sumatriptan nasal (AG)  
 sumatriptan/naproxen  
 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  
 different Triptans 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

**Antipsychotics**

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 01/28/2021

**No PA Required**

**Atypical**  
 aripiprazole tablet  
 clozapine tablet  
 olanzapine tablet  
 paliperidone ER  
 quetiapine  
 quetiapine ER  
 risperidone  
 ziprasidone  
 Abilify Maintena  
 Invega Sustenna  
 Invega Trinza  
 Latuda  
 Risperdal Consta

**PA Required**

**Atypical**  
 aripiprazole solution/ODT  
 asenapine sublingual<sup>NR</sup>  
 asenapine sublingual (AG)<sup>NR</sup>  
 clozapine ODT  
 olanzapine ODT  
 olanzapine/fluoxetine  
 Abilify Mycite  
 Abilify tablet  
 Adasuve  
 Aristada  
 Aristada Initio  
 Caplyta<sup>NR</sup>  
 Clozaril  
 Fanapt  
 Geodon  
 Invega  
 Nuplazid  
 Perseris  
 Rexulti  
 Risperdal tablet/solution/ODT  
 Saphris  
 Secuado patch<sup>NR</sup>  
 Seroquel  
 Seroquel XR  
 Symbyax  
 Versacloz  
 Vraylar  
 Zyprexa/Zydis  
 Zyprexa Relprevv

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

**Antivirals**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/14/2020

**No PA Required**

**Herpes**  
 acyclovir capsule  
 acyclovir tablet  
 famciclovir  
 valacyclovir

**Influenza Agents**

oseltamivir capsule  
 oseltamivir suspension

**PA Required**

**Herpes**  
 acyclovir suspension  
 Sitavig  
 Valtrex  
 Zovirax capsule  
 Zovirax suspension  
 Zovirax tablet  
**Influenza Agents**  
 rimantadine  
 Flumadine  
 Relenza  
 Tamiflu  
 Xofluza

**Antivirals Topical**

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 10/14/2020

**No PA Required**

**Antivirals Topical**  
 Zovirax cream

**PA Required**

**Antivirals Topical**  
 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****Beta Blockers**

atenolol  
 atenolol/chlorthalidone  
 carvedilol  
 labetalol  
 metoprolol succinate XL  
 metoprolol tartrate  
 propranolol HCTZ  
 propranolol tablet

**PA Required****Beta Blockers**

acebutolol  
 betaxolol  
 bisoprolol/HCTZ  
 carvedilol ER  
 carvedilol ER (AG)  
 metoprolol HCTZ  
 nadolol/bendroflumethazide  
 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  
 Kapsargo sprinkle  
 Lopressor/HCT  
 Sotylize  
 Tenoretic  
 Tenormin  
 Toprol XL  
 Ziac

**Bile Salts**

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 7/27/2020

**No PA Required****Bile Salts**

ursodiol tablet  
 ursodiol 300mg capsule

**PA Required****Bile Salts**

chenodal  
 Actigall  
 Cholbam  
 Ocaliva  
 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****Bladder Relaxants**

oxybutynin ER  
 oxybutynin IR  
 oxybutynin syrup  
 oxybutynin tablet  
 solifenacin  
 Toviaz

**PA Required****Bladder Relaxants**

darifenacin ER  
 tolterodine  
 tolterodine ER  
 trospium/ER  
 Detrol/LA  
 Ditropan/XL  
 Enablex  
 Gelnique transdermal  
 Gelnique gel pump  
 Myrbetriq  
 Oxytrol  
 Vesicare

**Bone Resorption Suppression**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 7/27/2020

**No PA Required**

**Bisphosphonates**

alendronate tablet

ibandronate

**PA Required**

**Bisphosphonates**

alendronate solution

risedronate sodium DR

Actonel

Atelvia

Binosto

Boniva

Fosamax/Plus D

**Other Related Agents**

raloxifene HCL

**Other Related Agents**

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**

**Alpha Blockers, Selective**

alfuzosin

tamsulosin HCL

**PA Required**

**Alpha Blockers, Selective**

silodosin

Flomax

Rapaflo

**5-Alpha Reductase Inhibitors**

finasteride

**5-Alpha Reductase Inhibitors**

dutasteride

dutasteride/tamsulosin

Avodart

Jalyn

Proscar

**PDE-5**

**PDE-5**

tadalafil

Cialis

**Bronchodilators, Beta Agonist**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/14/2020

**No PA Required**

**Beta Agonist Inhalers, Long Acting**

Serevent (step edit-use of inhaled corticosteroid in past 45 days)

**Beta Agonist Inhalers, Short Acting**

albuterol HFA (AG) (Proventil)  
ProAir HFA

**Beta Agonist Nebulizers, Long Acting**

n/a

**Beta Agonist Nebulizers, Short Acting**

albuterol nebulizer solution  
albuterol nebulizer solution low-dose (accuneb)

**Calcium Channel Blockers**

Length of Authorization: 1 Year

**No PA Required**

**Dihydropyridines**

amlodipine

**Non-Dihydropyridines**

diltiazem  
verapamil tablet/ER

**PA Required**

**Beta Agonist Inhalers, Long Acting**

Striverdi Respimat

**Beta Agonist Inhalers, Short Acting**

albuterol HFA  
(Proair, Ventolin, Proventil)  
levalbuterol tartrate HFA  
Arcapta  
ProAir Digihaler<sup>NK</sup>  
ProAir Respiclick  
Proventil HFA  
Ventolin HFA  
Xopenex HFA

**Beta Agonist Nebulizers, Long Acting**

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**

levalbuterol  
  
Xopenex

Status Implementation: 1/15/2007

Current Review Date: 01/28/2021

**PA Required**

**Dihydropyridines**

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

**Non-Dihydropyridines**

diltiazem CD/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: 10/14/2020

**No PA Required****Second Generation**cefaclor capsule, suspension  
cefprozil tablet, suspension  
cefuroxime tablet**Third Generation**

cefdinir capsule, suspension

**PA Required****Second Generation**

cefaclor tablet ER

**Third Generation**cefixime capsule/suspension  
cefpodoxime suspension  
cefpodoxime tablet  
Suprax capsules/tablets/chewables  
Suprax suspension**COPD Agents**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/14/2020

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

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/14/2020

**No PA Required****Cytokine & CAM Antagonists**Enbrel cartridge  
Enbrel kit  
Enbrel pen  
Enbrel syringe  
Enbrel vial  
Humira kit  
Humira pen kit**PA Required****Cytokine & CAM Antagonists**

Actemra	Otezla
Actemra pen	Remicade
Arcalyst	Renflexis
Avsola	Rinvoq ER
Cimzia	Siliq
Cosentyx	Simponi
Entyvio	Simponi Aria
Enspryng <sup>NR</sup>	Skyrizi
Ilaris	Stelara
Ilumya syringe	Taltz
Inflectra	Tremfya
Kevzara	Tremfya Autoinjector
Kineret	Xeljanz/XR
Olumiant	
Orencia/clickjet/syringe/vial	

**Epinephrine, Self-Injected**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 10/14/2020

**No PA Required****Epinephrine, Self-Injected**epinephrine 0.15mg (AG EpiPen Jr)  
epinephrine 0.3mg (AG EpiPen)**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: 7/27/2020

**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: 10/14/2020

**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: 7/27/2020

**No PA Required****GI Motility Agents**Amitiza  
Linzess  
Movantik**PA Required****GI Motility Agents**alosetron  
lubiprostone<sup>NR</sup>  
Lotronex  
Motegrity  
Relistor  
Symproic  
Trulance  
Viberzi

**Glucagon Agents**

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 7/27/2020

**No PA Required****Glucagon Agents**

Baqsimi  
 Glucagon  
 Glucagon emergency kit (Lilly)  
 Proglycem suspension

**PA Required****Glucagon Agents**

diazoxide suspension  
 Glucagon emergency kit (Fresenius)  
 Gvoke Hypopen  
 Gvoke syringe

**Glucocorticoids, Inhaled**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/14/2020

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

**No PA Required****Glucocorticoids**

Asmanex  
 Flovent HFA  
  
 Pulmicort respules  
 Pulmicort Flexhaler

**PA Required****Glucocorticoids**

budesonide suspension  
 Alvesco  
 Armonair Digihaler<sup>NR</sup>  
 Arnuity Ellipta  
 Asmanex HFA  
 Flovent Diskus  
 QVAR Redihaler

**Glucocorticoid/Beta-Agonist Combo**

Advair Diskus  
 Advair HFA  
 Dulera  
 Symbicort

**Glucocorticoid/Beta-Agonist Combo**

budesonide/formoterol funarate  
 fluticasone/salmeterol inhaler  
 Airduo Digihaler<sup>NR</sup>  
 Airduo Respiclick  
 Breo Ellipta  
 Breztri Aerosphere HFA AER AD  
 Trelegy Ellipta  
 Wixela inhub

**Glucocorticoids, Oral**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/14/2020

**No PA Required****Glucocorticoids**

budesonide EC  
 dexamethasone solution/tablet  
 hydrocortisone  
  
 methylprednisolone 4mg &32mg tablet  
 methylprednisolone tab ds pk  
  
 prednisolone sodium phosphate  
  
 prednisolone solution  
 prednisone solution  
 prednisone tab ds pk  
 prednisone tablet

**PA Required****Glucocorticoids**

cortisone  
 dexamethasone elixir  
 dexamethasone intensol  
  
 methylprednisolone 8mg, 16mg tab  
 prednisone ODT  
 prednisolone sodium phosphate  
 solution (Millipred)  
 prednisolone sodium phosphate  
 solution (Veripred)  
 Alkindi Sprinkle<sup>NR</sup>  
 Cortef  
 Dexpak  
 Dxevo  
 Emflaza  
 Entocort EC  
 Hemady<sup>NR</sup>  
 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: 7/27/2020

**No PA Required****Growth Hormone**Genotropin cartridge  
Genotropin dis syringe  
Norditropin pen**PA Required****Growth Hormone**Humatrope cartridge  
Humatrope vial  
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: 7/27/2020

**No PA Required****H. Pylori Treatment**

Pylera

**PA Required****H. Pylori Treatment**lansoprazole/amoxicillin/clarithromycin  
Omeclamox-Pak  
Taliaia**Hepatitis C Agents**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/14/2020

**No PA Required****Pegylated Interferons**

Pegasys

**PA Required****Pegylated Interferons**

Peg-Intron

**Ribavirins**

ribavirin

**Ribavirins**Ribapak  
Ribasphere 400  
Ribasphere 600**Hepatitis C Agents, Other**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/14/2020

[Clinical Criteria Applies to this Class/Requires Manual Prior Authorization](#)**Other Hepatitis C Agents****Preferred with PA**Mavyret  
Vosevi**Other Hepatitis C Agents****Non-Preferred PA Required**ledipasvir-sofosbuvir (AG) 12 weeks  
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: 7/27/2020

**No PA Required**

abacavir solution  
 abacavir tablet  
 abacavir/lamivudine (AG)  
 abacavir/lamivudine  
 abacavir/lamivudine/zidovudine  
 Aptivus capsule  
 Aptivus solution  
 atazanavir sulfate  
 Atripla  
 Biktarvy  
 Cimduo  
 Combivir  
 Complera  
 Crixivan  
 Delstrigo  
 Descovy  
 didanosine capsule  
 Dovato  
 Edurant  
 efavirenz capsule/tablet  
 efavirenz/emtricitabine/tenofovir  
 disoproxil fumarate  
 efavirenz-lamivudine/tenofovir  
 disoproxil fumarate (Symfi)  
 efavirenz-lamivudine/tenofovir  
 disoproxil fumarate (Symfi Lo)  
 emtricitabine  
 emtricitabine/tenofovir disoproxil  
 fumarate  
 Emtriva capsule/solution  
 Eпивir solution/tablet  
 Epzicom  
 Evoxaz  
 fosamprenavir calcium  
 Fuzeon  
 Genvoya  
 Intelence  
 Invirase tablet  
 Isentress  
 Isentress HD  
 Isentress powder pack  
 Iseentress tab chew  
 Juluca  
 Kaletra solution  
 Kaletra tablet  
 lamivudine solution  
 lamivudine tablet  
 lamivudine-zidovudine  
 Lexiva suspension

Lexiva tablet  
 lopinavir-ritonavir solution  
 nevirapine ER  
 nevirapine suspension  
 nevirapine tablet  
 Norvir powder pack  
 Norvir solution  
 Norvir tablet  
 Odefsey  
 Pifeltro  
 Prezcofix  
 Prezista  
 Prezista suspension  
 Reyataz capsule  
 Reyataz powder pack  
 ritonavir tablet  
 Rukobia  
 Selzentry solution/ tablet  
 stavudine capsule  
 Stribild  
  
 Sustiva tablet  
  
 Symfi  
  
 Symfi Lo  
 Symtuza  
  
 Temixys  
 tenofovir disoproxil fumarate  
 Tivicay  
 Triumeq  
 Trizivir  
 Truvada  
 Tybost  
 Videx solution  
 Viracept  
 Viramune suspension  
 Viramune XR  
 Viread powder  
 Viread tablet  
 Ziagen solution  
 Ziagen tablet  
 zidovudine capsule  
 zidovudine syrup  
 zidovudine tablet

**PA Required**

Trogarzo

**Hypoglycemics**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 7/27/2020

**No PA Required**

**Alpha-Glucosidase Inhibitors**

acarbose

**PA Required**

**Alpha-Glucosidase Inhibitors**

miglitol

Glyset

Precose

**Incretin Mimetics/Enhancers**

**Amylin Analogs**

n/a

**Incretin Mimetics/Enhancers**

**Amylin Analogs**

Symlin/pen (History of use of mealtime

Insulin)

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

**DPP-IV Inhibitors**

Glyxambi

Janumet

Janumet XR

Januvia

Jentadueto

Tradjenta

**DPP-IV Inhibitors**

alogliptin

alogliptin/metformin

alogliptin/pioglitazone

Jentadueto XR

Kazano

Kombiglyze XR

Nesina

Onglyza

Oseni

Q-tern

Steglujan

Trijardy XR<sup>NR</sup>

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

**GLP-1 Receptor Agonists**

Bydureon pen

Byetta

Victoza

**GLP-1 Receptor Agonists**

Adlyxin

Bydureon Bcise

Ozempic

Rybelsus<sup>NR</sup>

Soliqua

Tanzeum

Trulicity

Xultophy

**Insulins**

**Insulins Long Acting**

Lantus vial

Lantus solostar

Levemir pen

Levemir vial

**Insulins**

**Insulins Long Acting**

Basaglar Kwikpen U-100

Semglee pen<sup>NR</sup>

Semglee vial<sup>NR</sup>

Toujeo Solostar

Toujeo Max Solostar

Tresiba Flextouch/vial

**Hypoglycemics - Continued**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 7/27/2020

**No PA Required**

Insulins Short Acting

Humalog cartridge  
Humalog Jr Kwikpen  
Humalog 100 U/ML vial

Humalog 100 U/ML kwikpen

Humalog mix 50-50 vial  
Humalog mix 50-50 kwikpen  
Humalog mix 75-25 vial  
Humalog mix 75-25 kwikpen

Humulin 70/30 pen  
Humulin 70/30 vial  
Humulin N 100 U/ML vial  
Humulin R 100 U/ML vial  
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

nateglinide  
repaglinide

Metformins

metformin tablet  
metformin ER (generic Glucophage XR)

**No PA Required**

Metformins Combinations

glyburide/metformin

SGLT2 and Combinations

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

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

**PA Required**

Insulins Short Acting

insulin aspart cartridge  
insulin aspart flexpen  
insulin aspart vial  
insulin aspart/insulin aspart protamine insulin pen  
insulin aspart/insulin aspart protamine insulin vial  
insulin lispro kwikpen u-100  
insulin lispro  
insulin lispro junior kwikpen (AG)  
insulin lispro protamine mix kwikpen (AG)  
Admelog  
Admelog Solostar  
Afrezza  
Afrezza cartridge  
Apidra vial/solostar  
Fiasp  
Fiasp Flextouch  
Fiasp penfill  
Humalog 200 U/ML pen  
Humulin 500 U/ML pen  
Humulin pen  
Lyumjev 100 U/ML pen<sup>NR</sup>  
Lyumjev 200 U/ML pen<sup>NR</sup>  
Lyumjev vial<sup>NR</sup>  
Myxredlin  
Novolin 70/30 pen  
Novolin 70/30 vial  
Novolin vial

Meglitinides

repaglinide/metformin  
Prandin  
Starlix

Metformins

metformin ER (generic Fortamet)  
metformin ER (generic for Glumetza)

Fortamet  
Glucophage/XR  
Glumetza  
Riomet  
Riomet ER Suspension

**PA Required**

Metformins Combinations

glipizide/metformin

SGLT2 and Combinations

Invokamet XR  
Segluromet  
Steglatro  
Synjardy  
Synjardy XR

**Hypoglycemics - Continued**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 7/27/2020

Sulfonylureasglimepiride  
glipizide/ER/XLSulfonylureastolazamide  
tolbutamide  
Amaryl  
Glucotrol/XL  
glyburide/micronized

Glynase

TZDActos  
AvandiaTZD

pioglitazone

The use of single agents are preferred in these sub categories

TZD/Metformin CombinationsTZD/Metformin Combinationspioglitazone-metformin  
Actoplus Met  
Actoplus Met XRTZD/Sulfonylurea CombinationsTZD/Sulfonylurea Combinations

pioglitazone-glimepiride

pioglitazone-metformin

Duetact

**Immunomodulators, Atopic****Dermatitis**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/14/2020

Step Edit - Failure of topical medium/high anti-inflammatory steroid in the last 3 months. Excludes hydrocortisone.

**No PA Required****Immunomodulators, Atopic****Dermatitis**Elidel  
Protopic**PA Required****Immunomodulators, Atopic****Dermatitis**pimecrolimus cream  
tacrolimus  
Dupixent  
Dupixent pen<sup>NR</sup>  
Eucrisa**Immunomodulators, Topical**

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 10/14/2020

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

imiquimod (Aldara)

**PA Required****Immunomodulators, Topical**imiquimod (Zyclara)  
podofilox  
Aldara  
Condylox  
Veregen  
Zyclara



**Intranasal Rhinitis**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/14/2020

**No PA Required****Steroids**

fluticasone

**PA Required****Steroids**

azelastine/fluticasone  
 flunisolide  
 mometasone nasal  
 Beconase AQ  
 Dymista  
 Nasonex  
 Omnaris  
 QNasl  
 Sinuva  
 Ticanase  
 Xhance  
 Zetonna

**Antihistamines & Other**

azelastine (generic Astelin)  
 ipratropium (nasal)

**Antihistamines & Other**

azeastine (generic Astepro)  
 olopatadine  
 Patanase

**Leukotriene Modifiers**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/14/2020

**No PA Required****Leukotriene Modifiers**

montelukast tab/chew

**PA Required****Leukotriene Modifiers**

montelukast granules  
 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****ACL Inhibitor**

**Antihyperlipidemic APOB-100  
 Synthesis Inhibitor**

**Antihyperlipidemic Combinations****Bile Acid Resins**

cholestyramine light  
 colestipol tablet  
 Prevalite

**PA Required****ACL Inhibitor**

Nexletol

**Antihyperlipidemic APOB-100  
 Synthesis Inhibitor**

Kynamro

**Antihyperlipidemic Combinations**

Nexlizet

**Bile Acid Resins**

colesevelam  
 colestipol granules/packet  
 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****Cholesterol Absorption Inhibitors**

ezetimibe

**Fibric Acid Derivatives**

fenofibrate tablet 48 and 145mg (generic Tricor)

gemfibrozil

**MTP Inhibitor****Niacins****Omega-3 Fatty Acids**

n/a

**PCSK9 Inhibitors****PA Required****Cholesterol Absorption Inhibitors**

Zetia

**Fibric Acid Derivatives**

fenofibrate

(Antara, Lipofen, Lofibra, Triglide)

fenobibric acid (generic  
Fenoglide, Fibricor, Trilipix)gemfibrozil (AG)<sup>NR</sup>

Antara

Fenoglide

Fibricor

Lipofen

Lopid

Tricor

Trilipix

Triglide

**MTP Inhibitor**

Juxtapid

**Niacins**

niacin ER

niacin/ER OTC

Niacor

Niaspan

**Omega-3 Fatty Acids**icosapent ethyl<sup>NR</sup>

omega-3 acid ethyl esters

Lovaza

Vascepa

**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****Statins**

atorvastatin

lovastatin

pravastatin

rosuvastatin

simvastatin

**Statin Combinations****PA Required****Statins**

fluvastatin/ER

Altoprev

Crestor

Ezallor sprinkle<sup>NR</sup>

Lescol/XL

Lipitor (failure on Crestor)

Livalo

Pravachol

Zocor

Zypitamag<sup>NR</sup>**Statin Combinations**

amlodipine-atorvastatin

ezetimibe-simvastatin<sup>NR</sup>

Caduet

Vytorin

**Macrolides/Ketolides**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/14/2020

**No PA Required**

**Macrolides/Ketolides**

azithromycin suspension, tablet  
erythromycin base capsule  
clarithromycin suspension, tablet  
E.E.S. 200 suspension

**PA Required**

**Macrolides/Ketolides**

azithromycin packet  
clarithromycin ER  
erythromycin base tablet  
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: 10/14/2020

**No PA Required**

**Methotrexate**

methotrexate injection  
methotrexate PF  
methotrexate tablet

**PA Required**

**Methotrexate**

Otrexup Auto Injector  
Rasuvo Auto Injector  
Reditrex<sup>NR</sup>  
Trexall  
Xatmep

**Movement Disorders**

Length of Authorization: 1 Year

Status Implementation: 01/28/2021

Current Review Date: 01/28/2021

**No PA Required**

**Movement Disorders**

tetrabenazine  
Austedo

**PA Required**

**Movement Disorders**

Ingrezza  
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****Multiple Sclerosis**

Avonex  
 Avonex pen  
 Betaseron kit  
 Copaxone 20mg/ml syringe kit  
 Tecfidera

**PA Required****Multiple Sclerosis**

dalfampridine ER  
 dimethyl fumarate  
 glatiramer 20 mg/ml  
 glatiramer 40 mg/ml  
 Ampyra  
 Aubagio  
 Bafiertam DR  
 Copaxone 40mg/ml  
 Extavia kit  
 Extavia vial  
 Gilenya  
 Kesimpta pen  
 Lemtrada  
 Mavenclad  
 Mayzent dose pack  
 Mayzent tablet  
 Ocrevus  
 Plegridy  
 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****Narcotic Analgesics, Long-Acting**

fentanyl transdermal

methadone tab  
 morphine ER tab  
 Butrans

**PA Required****Narcotic Analgesics, Long-Acting**

buprenorphine transdermal  
 fentanyl transdermal 37.5,62.5,87.5mg  
 glatopa  
 hydromorphone ER  
 methadone conc/sol tab/solution  
 morphine ER cap  
 morphine ER (Avinza)  
 oxycodone HCL ER  
 oxymorphone ER  
 tramadol ER/SR 24H  
 Arymo ER  
 Belbuca  
 Conzip ER  
 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**

APAP/codeine elixir  
 APAP/codeine tablet  
 hydrocodone/APAP tablet  
 hydrocodone/ibuprofen  
 hydromorphone tablet  
 morphine concentrate solution  
 morphine IR tablet  
 morphine solution  
 oxycodone/APAP tablet  
 oxycodone tablet  
 tramadol  
 tramadol/APAP

**Other**

acetamin-caff-dihydrocodeine  
 benzhydrocodone-acetaminophen  
 butalbital compd w/codeine  
 butorphanol tartrate (nasal)  
 codeine oral  
 fentanyl (buccal)  
 hydrocodone/APAP solution  
 hydromorphone liq/supp  
 levorphanol  
 meperidine solution/tablet  
 morphine sulfate solution (AG)<sup>NR</sup>  
 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  
 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**

duloxetine (generic Cymbalta)  
 gabapentin capsule/solution  
 gabapentin tablet  
 pregabalin capsule

**Oral**

duloxetine (generic Irenka)  
 pregabalin solution  
 Cymbalta  
 Drizalma Sprinkle  
 Gralise  
 Horizant/ER\*\*  
 Lyrica\*\*  
 Lyrica CR\*\*<sup>NR</sup>  
 Neurontin  
 Savella\*

**Neuropathic Pain Continued**

Length of Authorization: 1 Year

Status Implementation: 1/17/2013

Current Review Date: 01/28/2021

**No PA Required**

**Topical**

capsaicin

**PA Required**

**Topical\*\***

dermacinrx phn pak

lidocaine patch\*\*\*

Gabapal Kit<sup>NR</sup>

Lidoderm\*\*\*

Lidotin Kit<sup>NR</sup>

Lidopure Patch<sup>NR</sup>

Lipritin Kit<sup>NR</sup>

Lipritin II Kit<sup>NR</sup>

Pentican Kit<sup>NR</sup>

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**

**NSAIDs and Combo Products**

diclofenac sodium gel (rx)  
diclofenac sodium  
flurbiprofen  
ibuprofen susp/tablet  
indomethacin capsule  
ketorolac (oral)  
meloxicam tablet  
naproxen tablet  
piroxicam  
sulindac  
Voltaren (topical)\*

**PA Required**

**NSAIDs and Combo Products**

celecoxib***	Celebrex***
diclofenac epolamine	Daypro
diclofenac potassium	Dermacinrx Lexitral
diclofenac sodium misoprostol	Dicloretx kit
diclofenac DC	Duexis
diclofenac SR	Feldene
diclotral	**Flector
diflunisal	Ibupak Kit <sup>NR</sup>
etodolac	Indocin supp/suspension
fenoprofen	Inflammacin Kit
indomethacin capsule ER	Licart Patch
ketoprofen/ER	Mobic
ketorolac (AG Sprix) <sup>NR</sup>	Nalfon
meclofenamate	Naprelan
mefenamic acid	Naprosyn
meloxicam capsule <sup>NR</sup>	**Pennsaid
nabumetone	**Pennsaid solution packet
naproxen DR tablet	Qmiiz ODT
naproxen-esomeprazole DR <sup>NR</sup>	Relafen DS
naproxen sodium tablet	Sprix
naproxen sodium CR tablet	Tivorbex
naproxen sodium ER tablet	Vimovo
naproxen suspension	Vivlodex
oxaprozin	Zipsor
tolmetin sodium caps/tabs	Zorvolex
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.

\* Failure of an oral NSAID

\*\* Failure of Voltaren gel

**Ophthalmics**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/28/2021

**No PA Required**

**Allergic Conjunctivitis**

cromolyn sodium  
Pazeo

**PA Required**

**Allergic Conjunctivitis**

azelastine ophth 0.05%  
epinastine  
ketotifen  
olopatadine  
Alocril  
Alomide  
Alrex  
Bepreve  
Lastacaft  
Pataday  
Patanol  
Zaditor  
Zerviate<sup>NR</sup>

**Ophthalmics - Continued**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 01/28/2021

**No PA Required**

**Antibiotics**

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

**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**

**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

**PA Required**

**Glaucoma**

**Alpha-2 Adrenergic Agonists**

apradondine  
brimonidine 0.15%  
lopidine

**Beta Blockers**

betaxolol  
carteolol  
levobunolol  
timolol maleate  
timolol (Timoptic Ocudose)<sup>NR</sup>  
Akbeta  
Betopic S  
Istalol  
Ocupress  
Timoptic/XE

**Carbonic Anhydrase Inhibitors**

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

**Prostaglandin Agonists**

bimatoprost  
travoprost<sup>NR</sup>  
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<sup>NR</sup>  
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  
prednisolone acetate  
prednisolone sod phosphate  
Acular/LS  
Acuvail  
Bromsite  
Dextenza  
Dexycu  
Eysuvis<sup>NR</sup>  
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****Buprenorphine and Related Agents**buprenorphine SL tablets  
buprenorphine/naloxone SL tab  
Suboxone Film**No PA Required****Opiate Dependence, Other**naloxone syringe  
naloxone vial  
naltrexone tablet  
Narcan Spray**PA Required****Buprenorphine and Related Agents**buprenorphine/naloxone film  
Bunavail  
Probuphine  
Sublocade

Zubsolv

**PA Required****Opiate Dependence, Other**Luceomyra  
Vivitrol**Otic Antibiotics**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/14/2020

**No PA Required****Otic Antibiotics**ofloxacin  
neomycin/polymixin/HC soln/susp  
Ciprodex**PA Required****Otic Antibiotics**ciprofloxacin/dexamethasone  
ciprofloxacin/dexamethasone (AG)  
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****Otic Anti-Infectives & Anesthetics**

acetic acid

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

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****Otic Anti-Inflammatories**

Dermotic

**PA Required****Otic Anti-Inflammatories**fluocinolone 0.01% oil  
flac otic oil**Pancreatic Enzymes**

Length of Authorization: 1 Year

Status Implementation: 5/11/2012

Current Review Date: 7/27/2020

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

**Phosphate Binders**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/27/2020

**No PA Required****Phosphate Binders**

calcium acetate capsule/gel cap/tablet  
 sevelamer carbonate tablet  
 sevelamer carbonate tablet (AG)

**PA Required****Phosphate Binders**

lanthanum carbonate  
 sevelamer HCL  
 sevelamer HCL (AG)  
 sevelamer carbonate powder pack  
 Auryxia  
 Fosrenol powder pack  
 Fosrenol tablet chewable  
 Phoslyra  
 Renagel  
 Renvela powder pack  
 Renvela tablets  
 Velphoro

**Platelet Inhibitors**

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/28/2021

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

clopidrogel  
 dipyridamole  
 prasugrel  
 Brilinta

**PA Required****Platelet Inhibitors**

aspirin-dipyridamole  
 aspirin-dipyridamole ER  
 Aggrenox  
 Effient  
 Plavix  
 Zontivity

**Potassium Binders**

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 7/27/2020

**No PA Required****Potassium Binders**

Lokelma  
 sodium polystyrene sulfonate

**PA Required****Potassium Binders**

Veltassa

**Progestins for Cachexia**

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 1/13/2020

**No PA Required****Progestins for Cachexia**

megestrol suspension  
 megestrol tablets

**PA Required****Progestins for Cachexia**

Megace ES  
 megestrol suspension (Megace ES)

**Proton Pump Inhibitors**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 7/27/2020

**No PA Required**

**Proton Pump Inhibitors**

omeprazole  
pantoprazole  
Nexium suspension

**PA Required**

**Proton Pump Inhibitors**

esomeprazole capsules/kit  
esomeprazole magnesium  
lansoprazole capsules  
pantoprazole suspension<sup>NR</sup>  
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**

**Pulmonary Arterial Hypertension**

ambrisentan  
sildenafil tablet  
Ravatio suspension  
Tracleer

**PA Required**

**Pulmonary Arterial Hypertension**

bosentan  
sildenafil suspension  
sildenafil suspension (AG)  
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: 10/14/2020

**No PA Required**

Finacea gel  
Metrocream  
Metrogel

**PA Required**

azelaic acid  
ivermectin  
metronidazole cream  
metronidazole gel (AG)  
metronidazole gel  
metronidazole lotion  
Finacea foam  
Metro lotion  
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**

**Sedative Hypnotics**

temazepam 15 & 30 mg  
zolpidem

**PA Required**

**Sedative Hypnotics**

doxepin<sup>NR</sup>  
eszopiclone  
estazolam  
flurazepam  
ramelteon<sup>NR</sup>  
temazepam 7.5 & 22.5 mg  
zaleplon  
zolpidem ER  
zolpidem SL  
Ambien/CR  
Belsomra  
Dayvigo<sup>NR</sup>  
Doral  
Eduar  
Halcion  
Hetloiz  
Intermezzo  
Lunesta  
Restoril  
Rozerem  
Silenor

\*\*triazolam - no longer covered by RI Medicaid

**Skeletal Muscle Relaxants**

Length of Authorization: 1 Year

Status Implementation: 7/6/2009

Current Review Date: 01/28/2021

**No PA Required**

**Skeletal Muscle Relaxants**

baclofen  
chlorzoxazone  
cyclobenzaprine  
methocarbamol  
tizanidine tablet

**PA Required**

**Skeletal Muscle Relaxants**

cyclobenzaprine HCL ER  
dantrolene  
metaxall<sup>NR</sup>  
metaxalone  
orphenadrine citrate ER  
tizanidine capsule  
Amrix  
Dantrium  
Fexmid  
Lorzone  
Norgesic Forte<sup>NR</sup>  
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: 10/14/2020

**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  
dermazon  
  
desoximetasone cream, gel, ointment  
  
diflorasone diacetate cream, ointment  
fluocinonide cream, emollient, gel,  
ointment, solution  
fluocinonide E cream  
halcinonide  
triamcinolone spray  
Dermacinrx Silapak  
Diprolene lotion, ointment  
Elzia Pak  
Fluopar Kit  
Halog cream, ointment, solution  
Kenalog aerosol  
Psorcon  
Sanadermr  
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: 10/14/2020

**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-Smothe-FS  
Desonate gel  
Texacort

**Steroids - Continued**

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 10/14/2020

**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<sup>NR</sup>  
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<sup>NR</sup>  
Lexette  
Clobex lotion, shampoo, spray  
Clodan/kit  
Olux  
Olux E  
Tasoprol kit<sup>NR</sup>  
Temovate ointment  
Tovet kit<sup>NR</sup>  
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**

**PA Required**

**Stimulants and Related Agents\***

**Stimulants and Related Agents**

amphetamine salt combo	amphetamine salt combo ER	Adzenys XR ODT/suspension
atomoxetine	amphetamine sulfate tablet	Cotempla XR ODT
dexmethylphenidate	amphetamine suspension ER	Daytrana
dextroamphetamine tab	armodafinil	Desoxyn
dextroamphetamine-amphetamine	clonidine ER	Dexedrine
guanfacine ER	dexmethylphenidate XR	Dyanavel XR
methylphenidate IR	dextroamphetamine solution/cap ER	Evekeo/ODT
modafanil	dextroamphetamine-amphetamine ER	Focalin
Adderall XR	methamphetamine	Intuniv
Aptensio XR	methylphenidate CD	Jornay PM
Concerta	methylphenidate ER cap (Aptensio XR)	Methylin solution
Focalin XR	methylphenidate ER cap (Ritalin LA)	Mydayis
Quillichew ER	methylphenidate ER 18,27,36,54 mg	Nuvigil
Quillivant XR	methylphenidate ER 18,27,36,54 mg (AG)	Procentra
Vyvanse capsule	methylphenidate ER tablet	Provigil
Vyvanse chewable	methylphenidate solution/chewable	Relexxii ER
		Ritalin/ LA
		Strattera
		Sunosi
		Wakix
		Zenzedi

\* 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.

\* 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.



**Topical Acne**

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 10/14/2020

**No PA Required**

**Miscellaneous Topicals**

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

**PA Required**

**Miscellaneous Topicals**

Acne clearing system	Fabior
Aczone	Neuac
Aczone gel/w pump	Onexton w/pump
Aklief	Ovace
Avar Cleanser	Ovace Plus Cleanser ER
Avar Foam	Ovace Plus Cream ER
Avar LS Cleanser	Ovace Plus Foam
Avar LS Medicated Pad	Ovace Plus Lotion
Avar Medicated Pad	Ovace Plus wash
Avar-E	Plixda
Azelex	SSS 10-5
Benzaclin	sulfacetamide/sulfur cleanser
Benzaclin w/pump	sulfacetamide/sulfur/urea
Benzamycin	sodium sulfacetamide/sulfur
benzoyl peroxide gel	sulfacetamide cleanser
BP-10-1	sulfacetamide/sulfur lotion
Cleocin-T gel	sulfacetamide/sulfur med pad
Cleocin-T lotion	sulfacetamide/sulfur suspension
Clindacin Pac Kit	sulfacetamide cleanser
clindamcin/benzoyl peroxide (Acanya)	sulfacetamide shampoo
clindamcin/benzoyl peroxide(Benzaclin)	sulfacetamide sodium cleanser ER
clindamcin/benzoyl peroxide(Benzaclin) w/pump	sulfacetamide sodium/sulfur
clindamycin phosphate gel, foam, lotion	sulfacetamide sodium/sulfur cream
clindamycin/tretinoin	sulfacetamide sodium/sulfur sunscreen
dapsone gel	sulfacetamide suspension
erythromycin gel	sulfacetamide/sulfur/cleanser kit
erythromycin med swab	Sumaxin CP kit
erythromycin-benzoyl peroxide	
Evoclin	

**Retinoids and Combinations**

Differin lotion  
Retin-A cream  
Tazorac cream

**Retinoids and Combinations**

adapalene  
adapalene-benzoyl peroxide(Epiduo)  
clindamycin phos-tretinoin  
tazarotene  
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 gel  
Trentin X  
Ziana

**Topical Antipsoriatics**

Length of Authorization: 1 Year

Status Implementation: 5/4/2009

Current Review Date: 10/14/2020

**No PA Required****Topical Antipsoriatics**

calcipotriene cream  
 calcipotriene ointment  
 calcipotriene solution

**PA Required****Topical Antipsoriatics**

calcipotriene/betamethasone oint  
 calcipotriene/betamethasone susp  
 calcitriol ointment  
 Dovonex cream  
 Duobrii<sup>NR</sup>  
 Enstilar foam  
 Sorilux  
 Taclonex ointment  
 Taclonex scalp  
 Vectical

**Ulcerative Colitis**

Length of Authorization: 1 Year

Status Implementation: 7/1/2008

Current Review Date: 7/27/2020

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

sulfasalazine/DR  
 Lialda  
 Pentasa

**PA Required****Oral**

balsalazide  
 budesonide DR  
 mesalamine (generic Asacol HD)  
 mesalamine ER (generic Apariso)  
 mesalamine AG (generic Lialda)  
 mesalamine (generic Lialda)  
 mesalamine DR (generic Delzicol)  
 Apriso  
 Asacol HD  
 Azulfidine/DR  
 Colazal  
 Delzicol  
 Dipentum  
 Giazol  
 Ortikos capsule ER<sup>NR</sup>  
 Uceris oral  
**Topical**  
 mesalamine ER  
 mesalamine kit  
 Canasa rectal  
 Rowasa rectal  
 Uceris rectal

**Topical**

mesalamine rectal  
 mesalamine (Canasa rectal)

**Uterine Disorder Treatment**

Length of Authorization: 1 Year

Status Implementation: 10/14/2020

Current Review Date: 10/14/2020

**No PA Required**

Oriahnn  
 Orilissa

**PA Required**

<sup>NR</sup> indicates that a product has not been reviewed by the P & T Committee, but EOHHS policy states that new products may be considered non-preferred until reviewed by the committee.