

Executive Office of Health and Human Services

Rhode Island Medicaid Fee for Service Preferred Drug List



The Preferred Drug List (PDL) is a listing of therapeutic classes and associated drugs that are managed by the Medicaid Fee-for-Service Pharmacy and Therapeutics Committee. It is not an all inclusive list of covered medications in the Medicaid Fee-for-Service program. If you have an NDC, please check the NDC lookup on the EOHHS healthcare portal to determine coverage.

Prior Authorization Call Center

PA Requests
Fax: 1-401-784-3889

Gainwell Technologies
Customer Service Help Desk
Telephone: 1-401-784-8100
Toll Free: 1-800-964-6211

The general rule to receive a non-preferred agent is to try a preferred agent in the same therapeutic class in the past 90 days.

The exceptions to this general rule are drugs that require a clinical prior authorization of some kind or a step edit. These drugs are identified below in the appropriate class listing and are highlighted in green.

Classes that were reviewed and drugs that have a change in status from the prior preferred drug list are highlighted in tan below.

Classes new to the Preferred Drug List are highlighted in blue below.

Prior Authorization Program Forms
<http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx>

[Request for a Non-Preferred Drug Prior Authorization Form](#)

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

RI Medicaid Fee-for-Service Preferred Drug List
Updated January 17, 2024

Acne Agents, Topical Miscellaneous Topicals Retnoids	Antidepressants Antidepressants, Other Antidepressants, SSRI	Bronchodilators Beta Agonist Inhalers, Long Acting Inhalers, Short Acting Nebulizers, Long Acting Nebulizers, Short Acting
Alzheimer's Agents Cholinesterase Inhibitors Miscellaneous Topicals	Antiemetics Serotonin Antagonists NK11 Receptor Antagonist	Calcium Channel Blockers Dihydropyridines Non-Dihydropyridines
Analgesics, Narcotics Long-Acting	Antifungals	Cephalosporins Second Generation Third Generation
Analgesics, Narcotics Short-Acting Fentanyl Oral Products Other	Antihistamines, Minimally Sedating Antihistamines Antihistamine/Decongestant Combos	Colony Stimulating Factors
Androgenic Agents	Antihypertensives, Sympatholytics	Contraceptives, Other COPD Agents Cytokine & CAM Antagonists
Angiotensin Modulators Ace Inhibitors Ace Inhibitor/Diuretic Combo Angiotensin Receptor Blocker Angiotensin II Receptor Blocker/Diuretic Combo Renin Inhibitor Renin Inhibitor/Diuretic Combo	Antihyperuricemics Antimigraine Agents Triptans Other Related Agents Antiparkinson's Agents	Epinephrine, Self-Injected
Angiotensin Modulator/Calcium Channel Blocker Combinations Ace Inhibitor/Calcium Channel Blocker Combos Angiotensin II Receptor Blocker/CCB Combo	Antipsoriatics, Topical Antipsychotics, Atypical	Erythropoiesis Stimulating Proteins Enzyme Replacement, Gauchers Disease
Anti-Allergens	Antivirals Herpes Influenza Agents Antivirals Topical	Fluoroquinolones GI Motility Agents
Antianginal & Anti-Ischemic	Antivirals Topical	Glucagon Agents
Antibiotics, GI	Beta Blockers	Glucocorticoids, Inhaled Glucocorticoids Glucocorticoid/Beta-Agonist
Antibiotics, Inhaled	Bile Salts	Glucocorticoids, Oral
Antibiotics, Tetracyclines	Bladder Relaxants	Growth Hormones
Antibiotics, Topical	Bone Resorption Suppression Bisphosphonates Other Related Agents	H. Pylori Treatment
Antibiotics, Vaginal	Botulinum Toxins	HAE Treatments
Anticoagulants	BPB Agents Alpha Blockers, Selective 5-Alpha Reductase Inhibitors PDE-5	Hemophilia Treatment Gene Therapy

Hepatitis C Agents	Lipotropics, Statins	Progestins for Cachexia
Pegylated Interferons	Statins	
Ribavirins	Statin Combo	Proton Pump Inhibitors
Hepatitis C Agents, Other		
HIV/AIDS	Macrolides/Ketolides	Pulmonary Arterial Hypertension Agents
	Methotrexate	Rosacea Agents, Topical
Hypoglycemics		
Alpha-Glucosidase Inhibitors	Movement Disorders	Sedative Hypnotics
Incretin Mimetics/Enhancers		
Amylin Analogs	Multiple Sclerosis	Skeletal Muscle Relaxants
DPP-IV Inhibitors	Neuropathic Pain	
GLP-1 Receptor Agonists	Oral	Steroids
Insulins, Long Acting	Topical	Topical High
Insulins, Short Acting		Topical Low
Meglitinides	NSAIDs and Combination Products	Topical Medium
Metformins	Oral	Topical Very High
Metformin Combos	Topical	
		Stimulants and Related Agents
SGLT2		
Sulfonylureas	Ophthalmics	
TZDs	Allergic Conjunctivitis	Ulcerative Colitis
TZD/Metformin Combo	Antibiotics	Oral
TZD/Sulfonylurea Combo	Glaucoma	Topical
	Alpha-2 Adrenergic Agonists	
Immunomodulators, Asthma	Beta Blockers	Uterine Disorder Treatments
	Carbonic Anhydrase Inhibitors	
Immunomodulators, Atopic Dermatitis	Prostaglandin Agonists	Vasodilators, Coronary
	Ophthalmic Antibiotic-Steroid Combo	
Immunomodulators, Topical	Ophthalmics Anti-Inflammatory	Weight Management Agents
	Ophthalmics Anti-Inflammatory/Immunomodulators	
Intranasal Rhinitis		
Steroids	Opiate Dependence Treatments	
Antihistamines	Otic Antibiotics	
Leukotriene Modifiers	Otic Anti-Infectives & Anesthetics	
Lipotropics, Other	Otic Anti-Inflammatories	
ACL Inhibitor		
ANGPTL3 Inhibitor		
Antihyperlipidemic APOB-100 Synthesis Inhibitor	Pancreatic Enzymes	
Antihyperlipidemic Combinations		
Bile Acid Resins	Phosphate Binders	
Cholesterol Absorption Inhibitors		
Fibric Acid Derivatives	Pituitary Suppressive Agents, LHRH	
Niacins		
Omega-3 Fatty Acids	Platelet Inhibitors	
MTP Inhibitor		
	Potassium Binders	

Acne Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 7/5/2023

No PA Required**Miscellaneous Topicals**

clindamycin/benzoyl peroxide (generic Duac)
 clindamycin phosphate med swab
 clindamycin phosphate solution
 erythromycin solution
 Cleocin-T lotion
 Clindacin P

PA Required**Miscellaneous Topicals**

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

Retinoids and Combinations

tretinoin (generic Retin-A)
 Retin-A gel

Retinoids and Combinations

adapalene Altreno
 adapalene-benzoyl peroxide Arazlo
 clindamycin phos-tretinoin Atralin
 tazarotene Avita
 tazarotene foam Fabior
 tretinoin (Atralin) Retin-A cream
 tretinoin gel(generic Avita/Retin-A) Retin-A Micro
 tretinoin microspheres Retin-A Micro Pump
 tretinoin microspheres gel 0.08%
 pump^{NR} Ziana
 Acanya

Alzheimer's Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/10/2023

No PA Required**Cholinesterase Inhibitors**

donepezil 5 and 10 mg tablet

donepezil ODT

rivastigmine capsule

Exelon Patch

NMDA Receptor Antagonist and Combinations

memantine tablet

memantine tablet dose pack

PA Required**Cholinesterase Inhibitors**

donepezil 23 mg

galantamine ER

galantamine solution

galantamine tablet

rivastigmine transdermal

Adlarity

Aricept/23

Leqembi^{NR}

Razadyne tablet/ER

NMDA Receptor Antagonist and Combinations

memantine ER

memantine solution

Namenda dose pack

Namenda tablet

Namenda XR

Namzaric

Namzaric dose pack

Amyloid Beta-directed Antibody

Aduhelm

Leqembi^{NR}**Analgesics, Narcotics Long-Acting**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/03/2023

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)**No PA Required****Narcotic Analgesics, L/A**

fentanyl transdermal

12,25,20,75,100mg

methadone tab

morphine ER tab

Butrans

Xtampza ER

PA Required**Narcotic Analgesics, L/A**

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

Analgesics Narcotics Short-Acting

Length of Authorization: 1 Year

Status Implementation: 10/15/2009

Current Review Date: 10/03/2023

Some drugs in this class are subject to MME limitations**No PA Required****Fentanyl Oral Products****PA Required****Fentanyl Oral Products**

fentanyl (buccal)
Abstral
Actiq
Fentora
Ultracet
Ultram

Analgesics Narcotics Short-Acting - continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2009

Some drugs in this class are subject to MME limitations

Current Review Date: 10/03/2023

Other

APAP/codeine elixir
 APAP/codeine tablet
 hydrocodone/APAP tablet
 hydrocodone/ibuprofen
 hydromorphone tablet
 morphine concentrate solution
 morphine IR tablet
 morphine solution
 morphine sulfate solution (AG)
 oxycodone/APAP tablet
 oxycodone tablet
 tramadol
 tramadol/APAP

Other

acetamin-caff-dihydrocodeine
 benzhydrocodone-acetaminophen
 butalbital compd w/codeine
 butorphanol tartrate (nasal)
 codeine oral
 fentanyl (buccal)
 hydrocodone/APAP solution
 hydromorphone liq/supp
 levorphanol
 meperidine solution/tablet
 morphine suppositories
 oxycodone/APAP tablet/solution
 oxycodone capsule
 oxycodone conc
 oxycodone solution
 oxymorphone

pentazocine/naloxone
 tramadol 100mg
 tramadol HCL solution
 Dilaudid liquid/tablets
 Hycet
 Ibudone
 Lazanda
 Nalocet
 Nucynta
 Percocet
 Prolate solution
 Roxicodone
 Roxybond
 Seglentis^{NR}

Androgenic Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 5/9/2023

No PA Required**Androgenic Agents**

Androderm
 AndroGel gel pump

PA Required**Androgenic Agents**

testosterone gel/gel pump
 AndroGel gel packet
 Fortesta
 Natesto
 Testim
 Vogelxo gel
 Vogelxo gel packet
 Vogelxo gel pump

Angiotensin Modulators

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/17/2024

No PA Required**Ace Inhibitors**

benazepril
 enalapril
 fosinopril
 lisinopril
 quinapril

PA Required**Ace Inhibitors**

captopril
 enalapril solution
 enalapril solution (AG)
 moexipril
 perindopril
 ramipril
 trandolapril

Accupril
 Altace
 Epaned
 Epaned solution
 Lotensin
 Qbrelis
 Vasotec
 Zestril

Angiotensin Modulators - Continued

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/17/2024

No PA Required

ACE Inhibitor/Diuretic

enalapril HCTZ
lisinopril HCTZ
quinapril HCTZ
quinapril HCTZ (AG)

PA Required

ACE Inhibitor/Diuretic

benazepril HCTZ
captopril HCTZ
fosinopril HCTZ
Accuretic
Lotensin HCT
Vaseretic
Zestoretic

Angiotensin Receptor Blockers

irbesartan
losartan
valsartan

Angiotensin Receptor Blockers

candesartan
eprosartan
olmesartan medoxomil
telmisartan
Atacand

Avapro
Benicar
Cozaar
Diovan
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

aliskiren
Tekturna

Renin Inhibitor Combinations

Tekturna HCT

Angiotensin Modulators/Calcium Channel Blocker Combinations

Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/17/2024

No PA Required

Ace Inhibitor/Calcium Channel Blocker Combo

amlodipine/benazepril

PA Required

Ace Inhibitor/Calcium Channel Blocker Combo

trandolapril/verapamil ER
Lotrel

Angiotensin II Receptor

amlodipine/olmesartan
amlodipine/valsartan
amlodipine/valsartan HCTZ
Entresto

Angiotensin II Receptor

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

Anti-Allergens

Length of Authorization: 1 Year

Status Implementation: 7/5/2017

Current Review Date: 7/05/2023

No PA Required

Anti-Allergens

PA Required

Anti-Allergens

Grastek
Odactra
Oralair
Palforzia
Ragwitek

Antianginal & Anti-Ischemic Agents

Length of Authorization: 1 Year

Status Implementation: 1/3/2014

Current Review Date: 01/17/2024

No PA Required

Antianginal & Anti-Ischemic Agents

ranolazine ER

PA Required

Antianginal & Anti-Ischemic Agents

Aspruzyo Sprinkle ER
Ranexa

Antibiotics, GI

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/5/2023

No PA Required**Antibiotics, GI**metronidazole tablet
vancomycin capsule
vancomycin capsule (AG)**PA Required****Antibiotics, GI**

metronidazole capsule	Firvanq
neomycin	Flagyl capsule
nitazoxanide	Flagyl ER
paromomycin	Likmez suspension ^{NR}
tinidazole	
vancomycin solution	Rebyota enema ^{NR}
vancomycin solution (AG) ^{NR}	Solosec
Aemcolo	Tindamax
Dificid	Vancocin
Dificid suspension	Vowst Capsule ^{NR}
	Xifaxan *

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

Antibiotics, Inhaled

Length of Authorization: 1 Year

Status Implementation: 5/11/2012

Current Review Date: 7/5/2023

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: 7/5/2023

No PA Required**Antibiotics, Tetracyclines**doxycycline hyclate capsule
doxycycline hyclate tablet

doxycycline monohydrate tablet
doxycycline monohydrate 100mg generic capsule
doxycycline monohydrate 50mg generic capsule

minocycline capsules
tetracycline
Morgidox 100mg capsule**PA Required****Antibiotics, Tetracyclines**

demeclocycline	Doryx MPC
doxycycline hyclate tablet DR	Minolira ER
doxycycline monohydrate 50mg brand capsule	Morgidox kit
doxycycline monohydrate 150mg capsule	Nuzyra
doxycycline monohydrate 75mg capsule	Solodyn
doxycycline monohydrate suspension	Targadox
minocycline ER/tablet	Vibramycin capsule
Doryx	Vibramycin syrup
	Ximino ER

Antibiotics, Topical

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/5/2023

No PA Required**Antibiotics, Topical**

mupirocin ointment

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

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/5/2023

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

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/17/2024

No PA Required**Anticoagulants**enoxaparin
warfarin
Eliquis tablet
Pradaxa capsule*
Xarelto**PA Required****Anticoagulants**fondaparinux
Arixtra
Eliquis starter pack
Fragmin
Lovenox
Pradaxa pellet pack^{NR}
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: 01/17/2024

No PA Required**carbamazepine derivatives**carbamazepine chewable tablet
carbamazepine tablet
oxcarbazepine tablet
Carbatol
Epilex
Tegretol suspension
Tegretol XR
Trileptal suspension
First Generation
divalproex tablet/ER
ethosuximide
phenytoin capsule/suspension
phenytoin chew tab
primidone
valproic acid capsules/syrup
Depakote Sprinkle**PA Required****carbamazepine derivatives**carbamazepine ER (generic Carbatrol)
carbamazepine XR
carbamazepine suspension
oxcarbazepine suspension
Equetro
Oxtellar XR
Tegretol tablet/chewable tablet
Trileptal tablet
First Generation
divalproex sprinkles
felbamate
methsuximide
Celontin
Depakote/ER
Dilantin capsules/suspension
Dilantin chew tab
Felbatol
Mysoline
Phenytek
Zarontin capsules/syrup

Anticonvulsants - continued

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/17/2024

No PA Required

Second Generation

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

PA Required

Second Generation

lamotrigine unit dose soln
lamotrigine XR
lamotrigine ODT
levetiracetam ER
rufinamide suspension
rufinamide tablet
tiagabine
topirimate ER
vigabatrin powder pack
vigabatrin tablet
Aptiom
Banzel
Briviact
Elepsia XR
Eprontia
Fycompa
Keppra/XR *
Lamictal/ODT/XR/DS
Motpoly XR
Qudexy XR
Sabril
Spritam
Topamax tablet/sprinkle *
Trokendi XR
Vimpat/dose pack
Zonisade

Other

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

Other

clobazam suspension
diacomit
diazepam (rectal/device)
Epidiolex**
Fintepla
Sezaby
Onfi
Symptazan
Xcopri tablet
Xcopri titration pak
Ztalmy

** DX of Lennox-Gastaut or Dravet

* Diagnosis of epilepsy, convulsions or seizure disorder and a claim for Keppra or

Antidepressants

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/17/2024

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)
desvenlafaxine ER
desvenlafaxine fumarate ER
desvenlafaxine succinate ER
maprotiline
nefazodone
venlafaxine ER tabs
venlafaxine besylate ER
Aplenzin
Auvelity^{NR}
Brintellix
Cymbalta
Effexo/XR *
Fetzima
Forfivo XL
Khedezla
Pristiq
Remeron/ODT
(Manual PA) Spravato
Trintellix
Viibryd
vilazodone^{NR}
Wellbutrin/SR
(Manual PA) Zulresso
Zurzuvae^{NR}

SSRI

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

SSRI

citalopram capsule
fluoxetine DR
fluvoxamine
paroxetine (generic Brisdelle)
paroxetine CR
paroxetine suspension
sertaline capsule/concentrate
Celexa
Lexapro(failure of citalopram)
Paxil/CR
Pexeva
Prozac
Zolof

* History of a paid claim for a preferred antidepressant at least 28 days prior to the current date of service

Antiemetics

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 5/9/2023

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

Anzemet

Bonjesta

Diclegis

Sancuso patch

Sustol

Zofran/ODT

NK1 Receptor Antagonist**NK1 Receptor Antagonist**

aprepitant capsule

aprepitant packet

fosaprepitant

Emend

Antifungals

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required**Oral**

clotrimazole

fluconazole tablet

griseofulvin suspension

nystatin suspension

terbinafine

Noxafil tablet

PA Required**Oral**fluconazole suspension
flucytosine
griseofulvin micro tablet
griseofulvin ultra tabs
itraconazole/solution
ketoconazole oral
nystatin oral powder/tablet
posaconazole
posaconazole suspension^{NR}
voriconazole

Ancobon

Brexafemme

Cresemba capsule

Diflucan tablet/suspension

Noxafil suspension

Oravig

Sporanox

Tolsura

Vfend tablet/suspension

Vivjoa capsule

Topical

clotrimazole-betamethasone cream

clotrimazole cream (Rx)

ketoconazole cream

ketoconazole shampoo

miconazole nitrate cream

nystatin cream/ointment

terbinafine cream

tolnaftate cream/powder

Topicalbutenafine
ciclopirox cream/gel/kit
ciclopirox shampoo
ciclopirox solution/suspension
clotrimazole solution
clotrimazole-betamethasone lotion
econazole
ketoconazole foam
luliconazole
miconazole solution
miconazole-zinc-petro
naftifine
nystatin-triamcinolone cream/ointment
nystatin powder
oxiconazole nitrate cream
salicylic acid ointment
sulconazole
tavaborole
tolnaftate solution

Bensal HP

Ciclodan cream/kit/soln

Ertaczo

Exelderm cream/solution

Extina

Fungoid tincture

Jublia

Kerydin

Lamisil cream/gel

Loprox cream/gel/kit/shampoo

Loprox suspension

Lotrimin

Luzu

Mentax

Mycozyl AC (OTC) cream

Naftin cream/gel

Nizoral shampoo

Oxistat cream/lotion

Vusion

Antihistamines, Minimally Sedating

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required

Antihistamines

cetirizine tab
cetirizine solution RX
levocetirizine tablet
loratadine tablet

PA Required

Antihistamines

cetirizine chewable
desloratadine/ODT
fexofenadine 60,180mg
fexofenadine suspension
levocetirizine solution
loratadine ODT /solution/soft gel
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: 01/17/2024

No PA Required

Antihypertensives, Sympatholytics

clonidine patch
clonidine (AG) patch
clonidine tablet (oral)
guanfacine
methyldopa
Catapres-TTS (transderm)

PA Required

Antihypertensives, Sympatholytics

clonidine ER (generic Nexiclon)
methyldopa (AG)
methyldopa HCTZ
Catapres tablet (oral)

Antihyperuricemics

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 5/9/2023

No PA Required

Antihyperuricemics

allopurinol
probenecid
probenecid/colchicine
Colcrys

PA Required

Antihyperuricemics

allopurinol 200 mg
colchicine capsule
colchicine tablet
colchicine tablet (AG)
febuxostat
Gloperba
Krystexxa
Mitigare
Uloric
Zyloprim

Antimigraine Agents

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/03/2023

No PA Required**Other**

Aimovig autoinjector*
 Emgality 120 mg/ml pen*
 Emgality 120 mg/ml syringe*
 Nurtec ODT**

PA Required**Other**

diclofenac potassium powder pack
 Ajoovy/autoinjector
 Emgality 100 mg/ml syringe
 Qulipta

Reyvov
 Trudhesa
 Ubrelyv
 Vyepti
 Zavzpret

Triptans

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

Triptans

almotriptan malate
 dihydroergotamine mesylate
 eletriptan
 frovatriptan
 naratriptan
 sumatriptan kit
 sumatriptan kit (AG)
 sumatriptan nasal (AG)
 sumatriptan/naproxen
 zolmitriptan spray (AG)
 zolmitriptan tablet/ODT
 Amerge
 Axert

Frova
 Imitrex (oral, subcutaneous)
 Migranal
 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: 01/10/2023

No PA Required**Dopamine Receptor Agonists**

amantadine capsule
 amantadine syrup
 amantadine tablet
 pramipexole IR
 ropinirole IR

PA Required**Dopamine Receptor Agonists**

apomorphine
 pramipexole ER
 ropinirole ER
 Apokyn
 Dhivy
 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: 7/5/2023

No PA Required**Topical Antipsoriatics**calcipotriene cream
calcipotriene ointment
calcipotriene solution**PA Required****Topical Antipsoriatics**

calcipotriene/betamethasone oint	Sorilux
calcipotriene/betamethasone susp	Taclonex ointment
calcitriol ointment	Taclonex scalp
Dovonex cream	Vtama
Duobrii	Zoryve
Enstilar foam	

Antipsychotics

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 01/17/2024

No PA Required**Atypical**aripiprazole tablet
clozapine tablet
lurasidone
olanzapine tablet
quetiapine
quetiapine ER
risperidone**PA Required****Atypical**

aripiprazole solution/ODT	Latuda
asenapine sublingual	Lybalvi
asenapine sublingual (AG)	Nuplazid
clozapine ODT	Rexulti
olanzapine ODT	Rexulti titration pack ^{NR}
olanzapine/fluoxetine	Risperdal tablet/solution/ODT
paliperidone	Saphris
risperidone (gen Risperdal Consta) ^{NR}	Secuado patch
risperidone ODT	Seroquel
ziprasidone capsule (AG)	Seroquel XR
Abilify Mycite	Symbyax
Abilify tablet	Versacloz
Aristada Initio	Vraylar
Caplyta	Zyprexa
Clozaril	Zyprexa Relprevv
Fanapt	Zyprexa Zydys
Invega	

* 4 claims in the last 120 days for Invega Sustenna

Antivirals

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/5/2023

No PA Required**Herpes**acyclovir capsule
acyclovir tablet
valacyclovir**PA Required****Herpes**acyclovir suspension
famciclovir
Sitavig
Valtrex
Zovirax capsule**Influenza Agents**oseltamivir capsule
oseltamivir suspension**Influenza Agents**rimantadine
Flumadine
Relenza
Tamiflu
Xofluza

Antivirals Topical

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 7/5/2023

No PA Required**Antivirals Topical**

acyclovir ointment

PA Required**Antivirals Topical**acyclovir cream (AG)
penciclovir (AG)
Denavir
Xerese
Zovirax cream
Zovirax ointment**Beta Blockers**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/17/2024

No PA Required**Beta Blockers**atenolol
atenolol/chlorthalidone
carvedilol
labetolol
metoprolol succinate XL
metoprolol tartrate
nadolol
propranolol ER
propranolol ER (AG)
propranolol HCTZ
propranolol tablet**PA Required****Beta Blockers**

acebutolol	Bystolic
betaxolol	Coreg/CR
bisoprolol/HCTZ	Corgard
carvedilol ER	Corzide
carvedilol ER (AG)	Hemangeol
metoprolol HCTZ	Inderal/ LA/XL
nebivolol	Innopran XL
pindolol	Kapsargo sprinkle
propranolol solution	Lopressor/HCT
sorine	Sotylize
sotalol/AF	Tenoretic
timolol	Tenormin
Betapace/AF	Toprol XL
	Ziac

Bile Salts

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 5/9/2023

No PA Required**Bile Salts**ursodiol tablet
ursodiol 300mg capsule**PA Required****Bile Salts**Bylvay capsule
Bylvay pellet
Chenodal
Cholbam
Livmarli
Ocaliva
Reltone
Urso
Urso Forte**Bladder Relaxants**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/03/2023

No PA Required**Bladder Relaxants**oxybutynin ER
oxybutynin IR
oxybutynin syrup
oxybutynin tablet
solifenacin
Detrol
Toviaz**PA Required****Bladder Relaxants**

darifenacin ER	Enablex
oxybutynin 2.5mg ^{NR}	Gelnique transdermal
tolterodine	Gelnique gel pump
tolterodine ER	Gemtesa
trospium/ER	Myrbetriq
Detrol LA	Oxytrol
Ditropan/XL	Vesicare
	Vesicare LS

Bone Resorption Suppression

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/9/2023

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*

Teriparatide* (Brand)

Tymlos*

* History of Bisphosphonates in 12 Months

Botulinum Toxins

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 10/03/2023

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)

No PA Required

Botulinum Toxins

Dysport

PA Required

Botulinum Toxins

Botox

Myobloc

Xeomin

BPH Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/03/2023

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

Entadfi

Jalyn

Proscar

PDE-5

PDE-5

tadalafil

Cialis

Bronchodilators, Beta Agonist

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required

Beta Agonist Inhalers, Long Acting

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

Beta Agonist Inhalers, Short Acting

ProAir HFA
Proventil HFA
Ventolin HFA
Xopenex HFA

PA Required

Beta Agonist Inhalers, Long Acting

Striverdi Respimat

Beta Agonist Inhalers, Short Acting

albuterol HFA (Proair, Ventolin, Proventil)
albuterol HFA (AG) (Proventil)
levalbuterol tartrate HFA
ProAir Digihaler
ProAir Respiclick

Beta Agonist Nebulizers, Long Acting

Beta Agonist Nebulizers, Long Acting

arformoterol tartrate
arformoterol tartrate (AG)
formoterol fumarate
formoterol fumarate (AG)
Brovana (step edit for failure of long acting inhaler and corticoid steroid)
Perforomist (step edit for failure of long acting inhaler and corticoid steroid)

Beta Agonist Nebulizers, Short Acting

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

Beta Agonist Nebulizers, Short Acting

levalbuterol

Xopenex

Calcium Channel Blockers

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 01/17/2024

No PA Required

Dihydropyridines

amlodipine

PA Required

Dihydropyridines

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

Non-Dihydropyridines

diltiazem
verapamil tablet/ER

Non-Dihydropyridines

diltiazem CD/ER Cartia XT
tiadylt ER Diit CD/XR
verapamil capsule ER/PM Matzim LA
verapamil capsule ER/PM (AG)^{NR} Taztia XT
Calan/SR Tiazac
Cardizem/CD/LA Verelan/PM

Cephalosporins

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required

Second Generation

cefaclor capsule, suspension
cefprozil tablet, suspension
cefuroxime tablet

PA Required

Second Generation

cefaclor tablet ER

Third Generation

cefdinir capsule, suspension

Third Generation

cefixime capsule/suspension
cefpodoxime suspension
cefpodoxime tablet
Suprax capsules/tablets/chewables
Suprax suspension

Colony Stimulating Factors

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2023

No PA Required

Colony Stimulating Factors

Fynetra
Neupogen disp syringe
Neupogen vial

PA Required

Colony Stimulating Factors

Fulphila	Nivestym vial
Granix syringe	Nyvepria
Granix vial	Releuko syringe
Leukine	Releuko vial
Neulasta kit	Rolvedon
Neulasta syringe	Stimufend syringe
Nivestym syringe	Udenyca
	Zarxio
	Ziextenzo

Contraceptives, Other

Length of Authorization: 1 Year

Status Implementation: 10/03/2023

Current Review Date: 5/9/2023

No PA Required

Contraceptives, Other

medroxyprogesterone acetate disp
syringe
medroxyprogesterone acetate disp
syringe (AG)
medroxyprogesterone acetate vial

medroxyprogesterone acetate vial (AG)
Nuvaring
Twirla
Zafemy

PA Required

Contraceptives, Other

enilloring vaginal ring

etonogestrel/ethinyl estradiol ring
etonogestrel/ethinyl estradiol ring (AG)

Annovera
Depo-Provera Disp Syringe
Depo-Provera Vial
Depo-Subq Provera 104
Eluryng vaginal ring
Haloette vaginal ring
Nexplanon
Phexxi
Xulane

COPD Agents

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required**COPD Agents**

albuterol/ipratropium nebulizer solution
 ipratropium nebulizer solution
 Anoro Ellipta
 Atrovent HFA
 Combivent Respimat
 Spiriva Handihaler
 Stiolto Respimat

PA Required**COPD Agents**

roflumilast
 tiotropium^{NR}
 Bevespi Aerosphere
 Daliresp
 Duaklir Pressair
 Incruse Ellipta
 Lonhala Magnair
 Spiriva Respimat
 Tudorza pressair
 Yupelri

Cytokine & CAM Antagonists

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/5/2023

No PA Required**Cytokine & CAM Antagonists**

Enbrel cartridge
 Enbrel kit
 Enbrel pen
 Enbrel syringe
 Enbrel vial
 Humira kit
 Humira pen kit
 Otezla

PA Required**Cytokine & CAM Antagonists**

	Ilaris	Hadlima(CF) Kit ^{NR}
	Ilumya syringe	Hulio Pen Kit ^{NR}
	Inflectra	Hulio Kit ^{NR}
	Infliximab	Hyrimoz(CF) Kit ^{NR}
	Abrilada(CF) Kit 50mg/ml ^{NR}	Hyrimoz Pen(CF) Kit ^{NR}
	Abrilada Pen Kit(CF)50mg/ml ^{NR}	Idacio Pen Kit ^{NR}
	Actemra	Idacio Kit ^{NR}
	Adalimumab-AACF Pen Kit(CF) ^{NR}	Kezara
	Adalimumab-Adaz(CF) Pen Kit ^{NR}	Kineret
	Adalimumab-Adaz(CF) Kit ^{NR}	Olumiant*
	Adalimumab-Fkjp Pen Kit ^{NR}	Omvoh Vial ^{NR}
	Adalimumab-Fkjp Kit ^{NR}	Omvoh Pen ^{NR}
	Amjevita autoinjector	Orencia/clickjet/syringe/vial
	Amjevita (CF) Kit 100mg/ml ^{NR}	Remicade
	Amjevita Pen(CF) Kit 100mh/ml ^{NR}	Renflexis
	Amjevita syringe	Rinvoq ER
	Arcalyst	Siliq
	Avsola	Simponi
	Bimzelx Syringe ^{NR}	Simponi Aria
	Bimzelx Pen ^{NR}	Skyrizi
	Cibinqo	Sotyktu
	Cimzia	Spevigo
	Cosentyx	Stelara
	Cosentyx Unoready Pen ^{NR}	Taltz
	Cosentyx Vial ^{NR}	Tremfya
	Cyltezo Pen Kit ^{NR}	Tremfya Autoinjector
	Cyltezo Kit ^{NR}	Velsipity ^{NR}
	Entyvio	Xeljanz/XR
	Entyvio Pen ^{NR}	Xeljanz Solution
	Enspryng	Yuflyma(CF) Autoinjector ^{NR}
	Hadlima Pen Kit ^{NR}	Yuflyma Kit (CF) ^{NR}
	Hadlima Kit ^{NR}	Yusimry
	Hadlima Pen(CF) Kit ^{NR}	

* Manual PA required

Enzyme Replacement, Gauchers Disease

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2023

No PA Required**Enzyme Replacement, Gauchers Disease**

Zavesca

PA Required**Enzyme Replacement, Gauchers Disease**miglustat
miglustat (AG)
Cerdelga
Yargesa^{NR}**Epinephrine, Self-Injected**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/5/2023

No PA Required**Epinephrine, Self-Injected**epinephrine 0.15mg (AG Epipen Jr)
epinephrine 0.3mg (AG Epipen)
Epipen
Epipen Jr**PA Required****Epinephrine, Self-Injected**epinephrine 0.15mg (AG Adrenaclick)
epinephrine 0.3mg (AG Adrenaclick)
epinephrine 0.3mg auto injector
Auvi-Q
Symjepi**Erythropoiesis Stimulating Proteins**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 5/9/2023

No PA Required**Erythropoiesis Stimulating Proteins**Epogen
Retacrit**PA Required****Erythropoiesis Stimulating Proteins**Aranesp
Aranesp disp syringe
Jesduvroq^{NR}
Mircera
Procrit
Reblozyl**Fluoroquinolones**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

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

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 5/9/2023

No PA Required**GI Motility Agents**Amitiza
Linzess
Movantik**PA Required****GI Motility Agents**alosetron
lubiprostone
Isbrela
Lotronex
Motegrity
Relistor
Symproic
Trulance
Viberzi

Glucagon Agents

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 5/9/2023

No PA Required

Glucagon Agents

Baqsimi
Glucagon 1mg vial (Lilly)
Glucagon emergency kit (Lilly)
Proglycem suspension
Zegalogue autoinjector

PA Required

Glucagon Agents

diazoxide suspension
Glucagon 1mg vial (Fresenius)
Glucagon emergency kit (Fresenius)
Gvoke Hypopen
Gvoke syringe
Zegalogue syringe

Glucocorticoids, Inhaled

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

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

No PA Required

Glucocorticoids

budesonide respules
Asmanex
Flovent HFA
Pulmicort Flexhaler

PA Required

Glucocorticoids

breyna^{NR}
fluticasone propionate HFA
fluticasone (Flovent Diskus)(AG)^{NR}
Alvesco
Armonair Digihaler
Arnuity Ellipta
Asmanex HFA
Flovent Diskus
Pulmicort respules
QVAR Redihaler

Glucocorticoid/Beta-Agonist Combo

Advair Diskus
Advair HFA
Dulera
Symbicort

Glucocorticoid/Beta-Agonist Combo

budesonide/formoterol funarate
fluticasone/salmeterol inhaler
fluticasone/vilanterol
Airduo Digihaler
Airduo Respick
Airsupra HFA^{NR}
Breo Ellipta
Breztri Aerosphere
Trelegy Ellipta
Wixela inhub

Glucocorticoids, Oral

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required

Glucocorticoids

budesonide DR/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
Cortef
Dexpak
Dxevo

Emflaza
Hemady
Medrol tab DS pk

Medrol tablet
Millipred solution

Millipred DP tab DS pk

Ortikos capsule ER
Rayos tablet DR
Taperdex
Tarpeyo

Growth Hormone

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 5/9/2023

No PA Required**Growth Hormone**Genotropin cartridge
Genotropin dis syringe
Nutropin AQ Pen**PA Required****Growth Hormone**Humatrope cartridge
Humatrope vial
Ngenla pen^{NR}
Norditropin pen
Omnitrope cartridge
Omnitrope vial
Saizen vial
Serostim vial
Skytrofa
Zomacton vial
Zorbtive vial

If recipient is over 21 years of age a manual clinical PA is required for preferred agents.

[Specific form is available on the OHHS website.](#)

If recipient is over 21 years of age a manual clinical PA (specific form is available on the OHHS website) is required as well as a claim for a preferred agent in the past 90 days for a non-preferred agents. If the recipient is under 21 years of age a claim for a preferred agent in the past 90 days is required for a non-preferred agent.

[Specific form is available on the OHHS website.](#)**H. Pylori Treatment**

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 5/9/2023

No PA Required**H. Pylori Treatment**

Pylera

PA Required**H. Pylori Treatment**bismuth/metronid/tetracycline^{NR}
lansoprazole/amoxicillin/clarithromycin
Omeclamox-Pak
Talia**HAE Treatment**

Length of Authorization: 1 Year

Status Implementation: 1/10/2023

Current Review Date: 01/17/2024

No PA Required**HAE Treatment**icatibant
sajazir
Berniert
Cinryze
Kalbitor**PA Required****HAE Treatment**Firazyr
Haegarda
Orladeyo
Ruconest
Takhzyro syringe
Takhzyro vial

Hemophilia Treatment

Length of Authorization: 1 Year

Status Implementation: 1/10/2023

Current Review Date: 01/17/2024

No PA Required		PA Required
<u>Hemophilia Treatment</u>		<u>Hemophilia Treatment</u>
Advate	Koate-DVI Kit	
Adynovate	Koate-DVI Vial	
Afstyla	Kogenate FS	
Alphanate	Kovaltry	
Alphanine SD	Novoeight	
Alprolix	Novoseven RT	
Altuviiio	Nuwiq	
Balfaxar ^{NR}	Obizur	
Benefix Kit	Profilnine SD	
Coagadex	Rebinyn	
Corifact Kit	Recombinate	
Eloctate	Rixubis	
Esperoct	Sevenfact	
Feiba NF	Tretten	
Hemlibra	Vonvendi	
Hemofil-M	Wilate	
Humate-P Kit	Xyntha Kit	
Idelvion	Xyntha Solofuse Syringe Kit	
Ixinity		
Jivi		
<u>Gene Therapy</u>		
Hemgenix*	Roctavian*	

* Manual clinical PA Required

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

Hepatitis C Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/5/2023

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

Hepatitis C Agents, Other

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 7/5/2023

<u>No PA Required</u>	<u>PA Required</u>
<u>Other Hepatitis C Agents</u>	<u>Other Hepatitis C Agents</u>
<u>No PA Required</u>	<u>PA Required</u>
Mavyret	ledipasvir-sofosbuvir
Mavyret Pellets	sofosbuvir/velpatasvir
	Epclusa
	Harvoni pellet/tablet
	Sovaldi
	Viekira Pak
	Vosevi
	Zepatier

Clinical PA Required + Trial of Preferred Agent

HIV/AIDS

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 7/5/2023

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

Hypoglycemics

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/9/2023

No PA Required**Alpha-Glucosidase Inhibitors**

acarbose

PA Required**Alpha-Glucosidase Inhibitors**miglitol
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 InhibitorsJanumet
Janumet XR
Januvia
Jentadueto
Tradjenta**DPP-IV Inhibitors**alogliptin
alogliptin/metformin
alogliptin/pioglitazone
saxagliptin^{NR}
saxagliptin/metformin ER^{NR}
Glyxambi
Jentadueto XR
Kazano
Kombiglyze ER
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

No PA Required**GLP-1 Receptor Agonists**Bydureon pen
Byetta
Ozempic
Trulicity
Victoza**PA Required****GLP-1 Receptor Agonists**Adlyxin
Bydureon Bcise
Mounjaro
Rybelsus
Soliqua
Tanzeum
Xultophy**Insulins****Insulins Long Acting**Lantus vial
Lantus solostar
Levemir pen
Levemir vial
insulin glargine pen
insulin glargine vial**Insulins****Insulins Long Acting**insulin degludec pen (U-100)
insulin degludec pen (U-200)
insulin degludec
insulin glargine-YFGN pen
insulin glargine-YFGN vial
Basaglar Kwikpen U-100
Rezvoglar Kwikpen
Semglee
Semglee-YFGN
Toujeo Solostar
Toujeo Max Solostar
Tresiba Flextouch/vial

Hypoglycemics - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/9/2023

No PA Required

Insulins Short Acting

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

PA Required

Insulins Short Acting

Admelog
Admelog Solostar
Afrezza
Afrezza cartridge
Apidra vial/solostar
Basaglar Tempo Pen U-100 ^{NR}
Fiasp
Fiasp Flextouch
Fiasp penfill
Fiasp pumpcart ^{NR}
Humalog 200 U/ML pen
Humalog Tempo Pen U-100
Humulin pen
Lyumjev 100 U/ML pen
Lyumjev 200 U/ML pen
Lyumjev Tempo Pen U-100 ^{NR}
Lyumjev vial
Myxredlin
Novolin 70/30 pen
Novolin 70/30 vial
Novolin vial
Novolog mix 70-30 vial

Meglitinides

nateglinide
repaglinide

Meglitinides

repaglinide/metformin
Prandin

Metformins

metformin tablet
metformin ER (generic Glucophage XR)
Riomet solution

Metformins

metformin ER (generic Fortamet)

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

No PA Required

Metformins Combinations

glyburide/metformin

PA Required

Metformins Combinations

glipizide/metformin

SGLT2 and Combinations

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

SGLT2 and Combinations

Inpefa^{NR}
Invokamet XR
Segluromet
Steglatro
Synjardy XR

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

Sulfonylureas

glipizide/ER/XL

Sulfonylureas

glimepiride
glyburide/micronized
Amaryl
Glucotrol/XL
Glynase

TZD

pioglitazone

TZD

Actos

Hypoglycemics - Continued
Length of Authorization: 1 Year

Status Implementation: 5/1/2007
Current Review Date: 5/9/2023

No PA Required

The use of single agents are preferred in these sub categories

TZD/Metformin Combinations

TZD/Sulfonylurea Combinations

PA Required

TZD/Metformin Combinations

pioglitazone-metformin
Actoplus Met
Actoplus Met XR

TZD/Sulfonylurea Combinations

pioglitazone-glimepride
Duetact

Immunomodulators, Asthma
Length of Authorization: 1 Year

Status Implementation: 5/9/2022
Current Review Date: 7/5/2023

No PA Required

Immunomodulators, Asthma

Fasenra pen
Fasenra syringe
Xolair syringe

PA Required

Immunomodulators, Asthma

Cinqair
Nucala auto-injector
Nucala syringe
Nucala vial
Tezspire
Tezspire pen

Immunomodulators, Atopic Dermatitis
Length of Authorization: 1 Year

Status Implementation: 10/15/2007
Current Review Date: 7/5/2023

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

No PA Required

Immunomodulators, Atopic Dermatitis

Elidel
Eucrisa

PA Required

Immunomodulators, Atopic Dermatitis

pimecrolimus cream
tacrolimus
Adbry
Dupixent
Dupixent pen
Opzelura*
Protopic

* Manual PA required

Immunomodulators, Topical
Length of Authorization: 1 Year

Status Implementation: 5/27/2015
Current Review Date: 7/5/2023

No PA Required

Immunomodulators, Topical

imiquimod (Aldara)

PA Required

Immunomodulators, Topical

imiquimod (Zyclara)
podofilox
podofilox gel^{NR}
Condylox
Veregen
Zyclara

Intranasal Rhinitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required**Steroids**

fluticasone

Dymista

PA Required**Steroids**

azelastine/fluticasone

flunisolide

mometasone nasal

Beconase AQ

Nasonex (RX)

Omnaris

QNasl

Ryaltris

Sinuva

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: 7/5/2023

No PA Required**Leukotriene Modifiers**

montelukast chewable tablet

montelukast tablet

PA Required**Leukotriene Modifiers**

montelukast granules

zafirlukast/ (AG)

zileuton ER

Accolate

Singulair

Zyflo/CR

Lipotropics, Other

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/17/2024

No PA Required**ANGPTL3 Inhibitor****ACL Inhibitor****Antihyperlipidemic APOB-100****Synthesis Inhibitor****Antihyperlipidemic Combinations****No PA Required****Bile Acid Resins**

cholestyramine light

colestipol tablet

Prevalite

Cholesterol Absorption Inhibitors

ezetimibe

PA Required**ANGPTL3 Inhibitor**

Evkeeza

ACL Inhibitor

Nexletol

Antihyperlipidemic APOB-100**Synthesis Inhibitor**

Kynamro

Antihyperlipidemic Combinations

Nexlizet

PA Required**Bile Acid Resins**

colesevelam

colestipol granules/packet

Colestid tablet/granules/packet

Questran

Welchol

Cholesterol Absorption Inhibitors

Zetia

Lipotropics, Other - Continued

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/17/2024

Fibric Acid Derivatives

fenofibrate tablet (Lofibra)
fenofibrate tablet (Tricor)
gemfibrozil

fenofibrate (Antara, Fenoglide, Lipofen)
fenofibrate capsule (Lofibra)
fenobibric acid (Fibracor, Trilipix)
gemfibrozil (AG)
Antara
Fenoglide

Lipofen
Lipid
Tricor
Trilipix

Fibric Acid Derivatives

MTP Inhibitor

Niacins

Omega-3 Fatty Acids

omega-3 acid ethyl esters
Vascepa

MTP Inhibitor

Juxtapid

Niacins

niacin ER
niacin/ER OTC
Niacor
Niaspan

Omega-3 Fatty Acids

icosapent ethyl
Lovaza

PCSK9 Inhibitors

PCSK9 Inhibitors

Leqvio^{NR} (manual PA req'd)
Praluent pen/syringe (manual PA req'd)
Repatha (manual PA req'd)

Lipotropics, Statins

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 01/10/2023

Statins

atorvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

Statins

fluvastatin/ER
pitavastatin^{NR}
Altoprev
Atorvaliq
Crestor
Ezallor sprinkle
Lescol/XL
Lipitor (failure on Crestor)
Livalo
Zocor
Zypitamag

Statin Combinations

Statin Combinations

amlodipine-atorvastatin
amlodipine-atorvastatin (AG)
ezetimibe-simvastatin
Caduet
Vytorin

Macrolides/Ketolides

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/5/2023

No PA Required

Macrolides/Ketolides

azithromycin suspension, tablet
clarithromycin suspension, tablet
erythromycin base capsule
erythromycin ethylsuccinate 200
suspension

PA Required

Macrolides/Ketolides

azithromycin packet
clarithromycin ER
erythromycin base tablet
erythromycin ethylsuccinate 400
suspension
erythromycin ES 400 mg tab
E.E.S. 200 suspension
E.E.S. 400 tablet
Eryped 200 suspension
Eryped 400 suspension
Ery-tab
Erythrocin
Zithromax

Methotrexate

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 7/5/2023

No PA Required

Methotrexate

methotrexate injection
methotrexate PF
methotrexate tablet

PA Required

Methotrexate

methotrexate PF vial (AG)
Jylamvo solution^{NR}
Otrexup Auto Injector
Rasuvo Auto Injector
Reditrex
Trexall
Xatmep

Movement Disorders

Length of Authorization: 1 Year

Status Implementation: 01/28/2021

Current Review Date: 01/17/2024

No PA Required

Movement Disorders

tetrabenazine
Austedo
Austedo XR

PA Required

Movement Disorders

Austedo XR Titration Pack (Wk 1-4)^{NR}
Ingrezza
Ingrezza Initiation Pack
Xenazine

Multiple Sclerosis

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 01/17/2024

No PA Required

Multiple Sclerosis

dalfampridine ER
dimethyl fumarate DR
dimethyl fumarate DR (AG)
dimethyl fumarate DR starter pack
fingolimod
teriflunomide tablet
Avonex
Avonex pen
Betaseron kit
Copaxone 20mg/ml syringe kit

PA Required

Multiple Sclerosis

glatiramer 20 mg/ml	Mayzent tablet
glatiramer 40 mg/ml	Ocrevus
Ampyra	Plegridy
Aubagio	Ponvory starter pack
Briumvi ^{NR}	Ponvory tablet
Bafiertam DR	Rebif
Copaxone 40mg/ml	Rebif Rebidose Pen
Extavia kit	Tascenso ODT
Extavia vial	Tecfidera
Gilenya	Tecfidera starter pack
Kesimpta pen	Tysabri
Lemtrada	Vumerity
Mavenclad	Zeposia capsule
Mayzent dose pack	Zeposia pack

Neuropathic Pain

Length of Authorization: 1 Year

Status Implementation: 1/17/2013

Current Review Date: 01/17/2024

No PA Required

Oral

duloxetine (generic Cymbalta)
gabapentin capsule
gabapentin tablet
pregabalin capsule
Lyrica solution
Savella*

PA Required

Oral

duloxetine (generic Irenka)
gabapentin solution
gabapentin solution (AG)
pregabalin ER
pregabalin solution
Cymbalta
Drizalma Sprinkle
Gralise
Horizant/ER**
Lyrica**
Lyrica CR**
Neurontin
Savella dose pack

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

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

No PA Required

Topical***

capsaicin
Lidoderm

***Step edit failure on one oral NSAID

PA Required

Topical***

dermacinrx lidocan patch^{NR}
lidocaine patch
Lidocan II^{NR}
Qutenza Kit
Xyliderm^{NR}
Ztlido

NSAIDS and Combination Products

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/03/2023

No PA Required

Topical

diclofenac sodium gel (rx)*

PA Required

Topical

**diclofenac epolamine
diclofenac sodium (generic Pennsaid
pump)^{NR}
**diclofex DC
**Flector
**Licart Patch
**Pennsaid
**Pennsaid solution packet

* 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: 10/03/2023

No PA Required

Oral

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

PA Required

Oral

diclofenac sodium misoprostol	naproxen sodium ER tablet
diclofenac SR	naproxen suspension
diclofenac sodium	oxaprozin
ibuprofen susp/tablet	tolmetin sodium tablet
indomethacin capsule	Arthrotec
meloxicam tablet	Celebrex***
naproxen tablet	Daypro
piroxicam	Duexis
sulindac	Feldene
	Inflammacin Kit
	Lofena tablet
	Nalfon
	Naprelan
	Naprosyn
	Relafen DS
	Sprix
	Vimovo
	Vivlodex
	Zipsor
	Zorvolex

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

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/03/2023

No PA Required

Allergic Conjunctivitis

cromolyn sodium
olopatadine (generic Patanol & Pataday)
olopatadine (RX)
Pazeo

PA Required

Allergic Conjunctivitis

azelastine ophth 0.05%	Alocril
bepotastine	Alomide
epinastine	Alrex
olopatadine (RX) (Pazeo)	Bepreve
Alaway	Lastacraft
	Zaditor
	Zerviate

Ophthalmics - Continued

No PA Required

Antibiotics

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

PA Required

Antibiotics

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

Ophthalmics - Continued

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/03/2023

No PA Required**Glaucoma****Alpha-2 Adrenergic Agonists**brimonidine 0.2%
Alphagan P**Beta Blockers**timolol 0.25% gel-solution
timolol 0.25% GFS gel-solution
timolol 0.5% gel-solution
timolol 0.5% GFS gel-solution
timolol maleate 0.25% eye drop
timolol maleate 0.5% eye drop
Combigan**Carbonic Anhydrase Inhibitors**dorzolamide
dorzolamide/timolol
Azopt
Simbrinza**Prostaglandin Agonists**latanoprost
Lumigan
Travatan/Z**Glaucoma, Other**Phospholine Iodide
pilocarpine
Rhopressa
Rocklatan**Antibiotic-Steroid Combinations**neomycin/polymyxin/dexamethasone
Tobradex suspension
Tobradex ointment**PA Required****Glaucoma****Alpha-2 Adrenergic Agonists**apradondine
brimonidine 0.15%
brimonidine 0.1%^{NR}
lopidine**Beta Blockers**betaxolol
brimonidine tartrate-timolol^{NR}
carteolol
levobunolol
timolol 0.5% drop (generic Istalol)
timolol maleate 0.5% drop (AG Istalol)
Akbeta
Betopic S
Istalol
Ocupress
Timoptic/XE**Carbonic Anhydrase Inhibitors**brinzolamide
dorzolamide/timolol (gen Cosopt PF)
Cosopt
Cosopt PF**Prostaglandin Agonists**bimatoprost
tafluprost
travoprost
Iyuzeh^{NR}
Vyzulta
Xalatan
Xelpros
Zioptan**Glaucoma, Other**

Vuity

Antibiotics-Steroid Combinationsneomycin/bacitracin/poly/HC
neomycin/polymyxin/HC
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: 10/03/2023

No PA Required**Anti-Inflammatory**

diclofenac sodium
 fluorometholone
 flurbiprofen sodium
 ketorolac ophth 0.5
 Lotemax drops
 Maxidex
 Pred Forte
 Pred Mild

PA Required**Anti-Inflammatory**

bromfenac	Durezol
dexamethasone	Eysuvis
difluprednate	Flarex
ketorolac ophth 0.4 (LS)	FML
loteprednol etabonate	FML Forte
loteprednol etabonate gel	Ilviro
prednisolone acetate	Inveltys
prednisolone sod phosphate	Lotemax gel/ointment
Acular/LS	Nevanac
Acuvail	Omnipred
Bromsite	Prolensa
Dextenza	Xipere
Dexycu	

Ophthalmic Anti-Inflammatories/Immunomodulators

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 10/03/2023

Ophthalmic Anti-**Inflammatory/Immunomodulators****No PA Required**

Restasis
 Restasis multidose
 Xiidra

Ophthalmic Anti-**Inflammatory/Immunomodulators****PA Required**

cyclosporine
 cyclosporine (AG)
 Cequa
 Eysuvis
 Miebo
 Tyrvaya
 Verkazia
 Vevye^{NR}

Opiate Dependence Treatment

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 10/03/2023

No PA Required**Buprenorphine and Related Agents**

buprenorphine SL tablets
 buprenorphine/naloxone SL tab
 Suboxone Film

PA Required**Buprenorphine and Related Agents**

buprenorphine/naloxone film
 Brixadi
 Probuphine
 Sublocade
 Zubsolv

Opiate Dependence Treatment cont.**No PA Required****Opiate Dependence, Other**

naloxone syringe
 naloxone vial
 naltrexone tablet
 Narcan Spray

PA Required**Opiate Dependence, Other**

naloxone nasal spray
 naloxone nasal spray OTC^{NR}
 Narcan spray OTC^{NR}
 Opvee nasal spray^{NR}
 Kloxxado
 Lucemyra
 Vivitrol
 Zimhi^{NR}

Otic Antibiotics	Status Implementation: 10/15/2007
Length of Authorization: 1 Year	Current Review Date: 10/03/2023
No PA Required	PA Required
Otic Antibiotics	Otic Antibiotics
neomycin/polymixin/HC soln/susp	ciprofloxacin/dexamethasone
neomycin/polymixin/HC soln/susp (AG)	ciprofloxacin/dexamethasone (AG)
ofloxacin otic	ciprofloxacin HCL-fluocinolone
Cipro HC	ciprofloxacin otic
Ciprodex	Coly-mycin S
	Corisporin-TC
	Otioprio
	Otovel

Otic Anti-Infectives & Anesthetics	Status Implementation: 12/02/2019
Length of Authorization: 1 Year	Current Review Date: 10/03/2023
No PA Required	PA Required
Otic Anti-Infectives & Anesthetics	Otic Anti-Infectives & Anesthetics
acetic acid	acetic acid HC

Otic Anti-Inflammatories	Status Implementation: 12/02/2019
Length of Authorization: 1 Year	Current Review Date: 10/03/2023
No PA Required	PA Required
Otic Anti-Inflammatories	Otic Anti-Inflammatories
Dermodic	fluocinolone 0.01% oil
	flac otic oil

Pancreatic Enzymes	Status Implementation: 5/11/2012
Length of Authorization: 1 Year	Current Review Date: 5/9/2023
No PA Required	PA Required
Pancreatic Enzymes	Pancreatic Enzymes
Creon	Pertzye
	Viokace
	Zenpep

Phosphate Binders	Status Implementation: 10/15/2007
Length of Authorization: 1 Year	Current Review Date: 5/9/2023
No PA Required	PA Required
Phosphate Binders	Phosphate Binders
calcium acetate capsule/gel cap	calcium acetate tablet
Renvela tablets	lanthanum carbonate
	sevelamer HCL
	sevelamer HCL (AG)
	sevelamer carbonate powder pack
	sevelamer carbonate tablet
	sevelamer carbonate tablet (AG)
	Auryxia
	Fosrenol powder pack
	Fosrenol tablet chewable
	Phoslyra
	Renagel
	Renvela powder pack
	Velphoro
	Xphozah ^{NR}

Pituitary Suppressive Agents, LHRH

Length of Authorization: 1 Year

Status Implementation: 5/9/2022

Current Review Date: 5/9/2023

No PA Required

PA Required

Pituitary Suppressive Agents, LHRH

Fensolvi

Pituitary Suppressive Agents, LHRH

leuprolide acetate	Lupron Depot-Ped Kit
leuprolide depot	Supprelin La Kit
Camcevi	Synarel
Eligard	Trelstar
Lupaneta pack	Trelstar La
Lupron Depot	Triptodur Kit
Lupron Depot Kit	
Lupron Depot-Ped	

Platelet Inhibitors

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/17/2024

No PA Required

Platelet Inhibitors

clopidrogel
dipyridamole
prasugrel
Brilinta

PA Required

Platelet Inhibitors

aspirin-dipyridamole
aspirin-dipyridamole ER
Aggrenox
Effient
Plavix

Potassium Binders

Length of Authorization: 1 Year

Status Implementation: 7/27/2020

Current Review Date: 5/9/2023

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: 5/9/2023

No PA Required

Progestins for Cachexia

megestrol suspension (Megace)
megestrol tablets

PA Required

Progestins for Cachexia

megestrol suspension (Megace ES)
megestrol suspension (Megace ES)(AG)

Proton Pump Inhibitors

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/9/2023

No PA Required

Proton Pump Inhibitors

omeprazole
pantoprazole
Dexilant
Nexium suspension

PA Required

Proton Pump Inhibitors

dexlansoprazole capsules	Konvomep
esomeprazole capsules/kit	Nexium capsules
esomeprazole magnesium	Prevacid capsules/solutabs
lansoprazole capsules	Prilosec suspension
pantoprazole suspension	Prilosec
rabeprazole/sprinkle	Protonix
Aciphex tablet/sprinkle	Protonix suspension
Esomep-EZS kit	Zegerid

Pulmonary Arterial Hypertension Agents

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 01/17/2024

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)**No PA Required****Pulmonary Arterial Hypertension Agents**

ambrisentan
sildenafil tablet
Ravatio suspension
Tracleer

PA Required**Pulmonary Arterial Hypertension Agents**

bosentan	Opsumit
sildenafil suspension	Orentram ER
sildenafil suspension (AG)	Orentram titration kit ^{NR}
tadalafil	Revatio tablet
Adcirca	Tadliq suspension
Adempas	Tracleer suspension
Alyq	Tyvaso
Letairis	Tyvaso DPI
Ligrey	Upravi
	Ventavis

Rosacea Agents, Topical

Length of Authorization: 1 Year

Status Implementation: 01/02/2018

Current Review Date: 7/5/2023

No PA Required

metronidazole cream
metronidazole gel
Finacea gel
Rosadan cream
Rosadan gel

PA Required

azelaic acid
brimonidine gel
ivermectin
metronidazole lotion
Finacea foam
Noritate
Rosadan cream/gel kit
Soolantra
Zilxi

Sedative Hypnotics

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 01/17/2024

No PA Required

Sedative Hypnotics
temazepam 15 & 30 mg
zolpidem tablet

PA Required**Sedative Hypnotics**

doxepin	Dayvigo
eszopiclone	Doral
estazolam	Eduar
quazepam	Halcion
ramelteon	Hetlioz
tasimelteon	Igalmi
temazepam 7.5 & 22.5 mg	Intermezzo
zaleplon	Lunesta
zolpidem capsule	Quviviq
zolpidem ER	Restoril
zolpidem SL	Rozerem
Ambien/CR	Silenor
Belsomra	

**triazolam - no longer covered by RI Medicaid

Skeletal Muscle Relaxants

Length of Authorization: 1 Year

Status Implementation: 7/6/2009

Current Review Date: 10/03/2023

No PA Required**Skeletal Muscle Relaxants**

baclofen tablet
 cyclobenzaprine
 methocarbamol
 tizanidine capsule
 tizanidine tablet

**carisoprodol and Soma - no longer covered by RI Medicaid

PA Required**Skeletal Muscle Relaxants**

baclofen solution/suspension
 chlorzoxazone
 cyclobenzaprine HCL ER
 dantrolene
 metaxalone
 orphenadrine ER/compound
 Amrix
 Baclofen solution (brand)^{NR}
 Dantrium
 Fexmid
 Fleqsuvy
 Lorzone
 Lyvispah
 Metaxall
 Norgesic Forte
 Zanaflex

Steroids

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/5/2023

No PA Required**Topical High**

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

PA Required**Topical High**

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

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/5/2023

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
 fluocinolone 0.01% oil
 tridesilon
 Aqua-Glycolic HC
 Derma-Smoother-FS
 Hydroxym gel^{NR}
 Texacort

Steroids - Continued

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 7/5/2023

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

No PA Required

Topical Very High

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

PA Required

Topical Very High

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

Stimulants and Related Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 01/17/2024

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

amphetamine salt combo
 atomoxetine
 clonidine ER
 dexamethylphenidate
 dexamethylphenidate ER
 dextroamphetamine tab
 dextroamphetamine-amphetamine
 guanfacine ER
 methylphenidate IR
 methylphenidate solution

modafanil

Adderall XR

Concerta

Focalin XR

Vyvanse capsule

amphetamine salt combo ER
 amphetamine sulfate tablet
 armodafinil
 dextroamphetamine solution/cap ER
 dextroamphetamine-amphetamine ER
 lisdexamfetamine capsule
 lisdexamfetamine chewable tablet
 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 ER tab (gen
 Relexxii)
 methylphenidate chewable
 Adzenys XR ODT
 Aptensio XR
 Azstarys
 Cotempla XR ODT
 Daytrana

PA Required**Stimulants and Related Agents**

Desoxyn
 Dexedrine
 Dyanavel XR
 Evekeo/ODT
 Focalin
 Intuniv
 Jornay PM
 Methylin solution
 Midayis
 Nuvigil
 Procentra
 Provigil
 Qelbree
 Quillichew ER
 Quillivant XR
 Relexxii ER
 Ritalin/ LA
 Strattera
 Sunosi
 Vyvanse chewable
 Wakix
 Zelstrym
 Zenedi

* 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.

Ulcerative Colitis

Length of Authorization: 1 Year

Status Implementation: 7/1/2008

Current Review Date: 5/9/2023

No PA Required**Oral**

sulfasalazine/DR
 Apriso
 Lialda
 Pentasa

balsalazide
 budesonide DR
 mesalamine (generic Asacol HD)
 mesalamine ER (generic Apariso)
 mesalamine ER (generic Pentasa)
 mesalamine AG (generic Lialda)
 mesalamine (generic Lialda)
 mesalamine DR (generic Delzicol)

PA Required**Oral**

Asacol HD
 Azulfidine/DR
 Colazal
 Delzicol
 Dipentum
 Giazol
 Ortikos capsule ER
 Uceris oral

Ulcerative Colitis - Continued

Topical

mesalamine (Canasa rectal)
SFRRowasa

Topical

budesonide rectal
mesalamine ER
mesalamine kit
mesalamine rectal
Canasa rectal
Rowasa rectal
Uceris rectal

Uterine Disorder Treatment

Length of Authorization: 1 Year

Status Implementation: 10/14/2020
Current Review Date: 10/03/2023

No PA Required

Uterine Disorder Treatment

Myfembree
OriaHnn
Orilissa

PA Required

Uterine Disorder Treatment

Vasodilators, Coronary

Length of Authorization: 1 Year

Status Implementation: 1/10/2023
Current Review Date: 01/17/2024

No PA Required

Vasodilators, Coronary

isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate SR
nitroglycerin (transderm)
nitroglycerin (transderm) (AG)
Nitrostat

PA Required

Vasodilators, Coronary

isosorbide dinitrate (AG)
isosorbide dinit/hydralazine
isosorbide dinit/hydralazine (AG)
nitroglycerin (sublingual)
nitroglycerin (translingual)
nitroglycerin (sublingual) (AG)
nitroglycerin (translingual) (AG)
Bidi
Isordil
Nitro-bid ointment
Nitro-dur patch
Nitrolingual spray
Verquvo

Weight Management Agents

Length of Authorization: 1 Year

Status Implementation: 10/03/2023
Current Review Date: 01/17/2024

[Clinical Prior Authorization Required for Entire Class/Manual PA](#)

No PA Required

Weight Management Agents

Saxenda
Wegovy

PA Required

Weight Management Agents

orlistat capsule
Imcivree
Xenical
Zepbound^{NR}