



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

Preferred Drug List (PDL)

Updated January 29, 2019

[Alzheimer's Agents](#)

Cholinesterase Inhibitors  
NMDA Receptor Antagonist

[Androgenic Agents](#)

[Angiotensin Modulators](#)

Ace Inhibitors  
Ace Inhibitor/Diuretic Combo  
Angiotensin Receptor Blocker  
Angiotensin II Receptor  
Blocker/Diuretic Combo  
Renin Inhibitor

Renin Inhibitor/Diuretic Combo

[Angiotensin Modulator/Calcium](#)

[Channel Blocker Combinations](#)

Ace Inhibitor/Calcium Channel Blocker  
Combo  
Angiotensin II Receptor Blocker/CCB  
Combo

[Anti-Allergens](#)

[Antianginal & Anti-Ischemic](#)

[Antibiotics, GI](#)

[Antibiotics, Inhaled](#)

[Antibiotics, Tetracyclines](#)

[Antibiotics, Topical](#)

[Antibiotics, Vaginal](#)

[Anticoagulants](#)

[Anticonvulsants](#)

Carbamazepine Derivatives

First Generation

Second Generation

[Antidepressants](#)

Antidepressants, Other

Antidepressants, SSRI

[Antiemetics](#)

Antiemetics, Oral

NK1 Receptor Antagonist

[Antifungals](#)

[Antihistamines, Minimally Sedating](#)

Antihistamines

Antihistamine/Decongestant Combo

[Antihypertensives, Sympatholytics](#)

[Antihyperuricemics](#)

[Antimigraine Agents](#)

Triptans

[Antiparkinson's Agents](#)

Dopamine Receptor Agonists

[Antipsychotics, Atypical](#)

[Antivirals](#)

Herpes

Influenza Agents

[Beta Blockers](#)

[Bile Salts](#)

[Bladder Relaxants](#)

[Bone Resorption Suppression and  
Related Agents](#)

Bisphosphonates

Other Related Agents

[BPH Agents](#)

Alpha Blockers, Selective

5-Alpha Reductase Inhibitors

[Bronchodilators](#)

Beta Agonist

Inhalers, Long Acting

Inhalers, Short Acting

Nebulizers, Long Acting

Nebulizers, Short Acting

[Calcium Channel Blockers](#)

Dihydropyridines

Non-Dihydropyridines

[Cephalosporins](#)

Second Generation

Third Generation

[COPD Agents](#)

[Cytokine & CAM Antagonists](#)

[Epinephrine, Self-Injected](#)

[Erythropoiesis Stimulating Proteins](#)

[Fluoroquinolones](#)

[GI Motility Agents](#)

[Glucocorticoids, Inhaled](#)

Glucocorticoids

Glucocorticoid/Beta-Agonist

[Glucocorticoids, Oral](#)

[Growth Hormones](#)

[H. Pylori Treatment](#)

[Hepatitis C Agents](#)

Pegylated Interferons

Ribavirins

[Hepatitis C Agents, Other](#)

[Hypoglycemics](#)

Alpha-Glucosidase Inhibitors

Incretin Mimetics/Enhancers

Amylin Analogs

DPP-IV Inhibitors

GLP-1 Receptor Agonists

Insulins

Insulins, Long Acting

Insulins, Short Acting

Meglitinides

Metformins

Metformins Combo

SGLT2

Sulfonylureas

TZDs

TZD/Metformin Combo

TZD/Sulfonylurea Combo

[Immunomodulators, Atopic Dermatitis](#)

[Immunomodulators, Topical](#)

[Intranasal Rhinitis](#)

Antihistamines

[Leukotriene Modifiers](#)

[Lipotropics, Other](#)

Bile Acid Resins

Cholesterol Absorption Inhibitors

Fibric Acid Derivatives

Niacins

Omega-3 Fatty Acids

MTP Inhibitor

Antihyperlipidemic APOB-100

Synthesis Inhibitor

[Lipotropics, Statins](#)

Statins

Statin Combo

[Macrolides/Ketolides](#)  
[Methotrexate](#)  
[Multiple Sclerosis](#)  
[Narcotic Analgesics, Long Acting](#)  
[Narcotic Analgesics, Short Acting](#)  
Fentanyl Oral Products  
Other  
[Neuropathic Pain](#)  
[NSAIDS and Combination Products](#)  
Oral  
Topical  
[Ophthalmics](#)  
Allergic Conjunctivitis  
Antibiotics  
Glaucoma  
Alpha-2 Adrenergic Agonists  
Beta Blockers  
Carbonic Anhydrase Inhibitors  
Prostaglandin Agonists  
[Ophthalmic Antibiotic-Steroid Combo](#)  
[Ophthalmics Anti-Inflammatory](#)  
[Ophthalmics](#)  
[Anti-Inflammatory/Immunomodulators](#)  
[Opiate Dependence Treatments](#)  
[Otic Antibiotics](#)  
[Pancreatic Enzymes](#)  
[Phosphate Binders](#)  
[Platelet Inhibitors](#)  
[Progestins for Cachexia](#)  
[Proton Pump Inhibitors](#)  
[Pulmonary Arterial Hypertension Agents](#)  
[Rosacea Agents, Topical](#)  
[Sedative Hypnotics](#)  
[Skeletal Muscle Relaxants](#)

[Steroids](#)  
Topical High  
Topical Low  
Topical Medium  
Topical Very High  
[Stimulants and Related Agents](#)  
[Topical Acne](#)  
Miscellaneous Topicals  
Retinoids  
[Topical Antivirals](#)  
[Topical Psoriasis](#)  
[Ulcerative Colitis](#)  
Oral  
Topical

## 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**

#### **DXC Technology**

##### **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: 10/19/2018

**No PA Required****Cholinesterase Inhibitors**donepezil 5 and 10 mg tablet  
donepezil ODT  
rivastigmine capsule  
Exelon Patch**NMDA Receptor Antagonist and Combinations**

memantine tablet

**PA Required****Cholinesterase Inhibitors**donepezil 23 mg  
galantamine ER/solution  
galantamine tablet  
rivastigmine transdermal  
Aricept/ODT/23 mg  
Exelon capsules  
Razadyne tablet/ER/solution**NMDA Receptor Antagonist and Combinations**memantine solution  
memantine HCL ER  
Namenda Solution/XR  
Namenda Tablet  
Namenda dose pack  
Namzaric  
Namzaric dose pack**Androgenic Agents**

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 10/19/2018

**No PA Required****Androgenic Agents**Androderm  
Androgel**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: 1/14/2019

**No PA Required****Ace Inhibitors**benazepril  
captopril  
enalapril  
lisinopril**PA Required****Ace Inhibitors**fosinopril  
moexipril  
perindopril  
quinapril  
ramipril  
trandolapril  
Accupril  
Aceon  
Altace  
Epaned  
Epaned solution  
Lotensin  
Mavik  
Prinivil  
Vasaotec  
Zestril[Return to Index](#)

**Angiotensin Modulators - Continued**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 1/14/2019

**No PA Required**

**ACE Inhibitor/Diuretic**

captopril HCTZ  
enalapril HCTZ  
lisinopril HCTZ

**PA Required**

**ACE Inhibitor/Diuretic**

benazepril HCTZ  
fosinopril HCTZ  
moexipril HCTZ  
quinapril HCTZ  
Accuretic  
Lotensin HCT  
Vaseretic  
Zestoretic

**Angiotensin Receptor Blockers**

losartan  
Diovan

**Angiotensin Receptor Blockers**

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

**Angiotensin II Receptor**

**Blocker/Diuretic**

losartan HCTZ  
valsartan HCTZ  
Micardis HCT

**Angiotensin II Receptor**

**Blocker/Diuretic**

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

**No PA Required**

**Renin Inhibitor**

**PA Required (failure of ARB)**

**Renin Inhibitor**

Tekturna

**Renin Inhibitor Combinations**

**Renin Inhibitor Combinations**

Tekturna HCT

[Return to Index](#)

**Angiotensin Modulators/Calcium Channel Blocker Combinations**

Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 1/14/2019

**No PA Required**

**Ace Inhibitor/Calcium Channel Blocker Combo**

amlodipine/benazepril

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

amlodipine-olmesartan  
amlodipine/valsartan

**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  
Entresto  
Exforge/HCT  
Tribenzor  
Twynsta

**Anti-Allergens**

Length of Authorization: 1 Year

Status Implementation: 7/5/2017

Current Review Date: 7/10/2018

**No PA Required**

**Anti-Allergens**

**PA Required**

**Anti-Allergens**

Grastek  
Oralair  
Ragwitek

**Antianginal & Anti-Ischemic Agents**

Length of Authorization: 1 Year

Status Implementation: 1/3/2014

Current Review Date: 1/14/2019

**No PA Required**

**Antianginal & Anti-Ischemic Agents**

Ranexa

**PA Required**

**Antianginal & Anti-Ischemic Agents**

[Return to Index](#)

**Antibiotics, GI**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Most Current Review Date: 7/10/2018

**No PA Required****Antibiotics, GI**

metronidazole tablet

vancomycin capsule

**PA Required****Antibiotics, GI**

metronidazole capsule

paromomycin

tinidazole

Alinia suspension

Alinia tablet

Dificid

Firvanq

Flagyl capsule/tablet

Neomycin

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: 7/10/2018

**No PA Required****Antibiotics, Inhaled**

Bethkis

Kitabis Pak

**PA Required****Antibiotics, Inhaled**

tobramycin

Cayston

Tobi

Tobi Podhaler

**Antibiotics, Tetracyclines**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/10/2018

**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

Morgidox kit

Oracea

Solodyn

Vibramycin cap/suspension

Vibramycin syrup

Ximino ER<sup>NR</sup>[Return to Index](#)

**Antibiotics, Topical**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/10/2018

**No PA Required**

**Antibiotics, Topical**

mupirocin ointment

**PA Required**

**Antibiotics, Topical**

mupirocin cream

Altabax

Bactroban cream/ointment

Centany

Centany AT Kit

**Antibiotics, Vaginal**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/10/2018

**No PA Required**

**Antibiotics, Vaginal**

metronidazole

Cleocin Ovules

Clindesse

Vandazole

**PA Required**

**Antibiotics, Vaginal**

clindamycin

Cleocin cream

Metrogel

Nuessa

[Return to Index](#)



**Anticoagulants**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 1/14/2019

**No PA Required****Anticoagulants**

enoxaparin

warfarin

Eliquis

Fragmin

Pradaxa\*

Xarelto

**PA Required****Anticoagulants**

coumadin

fondaparinux

Arixtra

Bevyxxa<sup>NR</sup>

Eliquis dose pack

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: 1/14/2019

**No PA Required****carbamazepine derivatives**

carbamazepine chewable tablet

carbamazepine ER

carbamazepine tablet

oxcarbazepine tablet/susp

Epilex

Tegretol suspension

Tegretol XR

**PA Required****carbamazepine derivatives**

carbamazepine XR

carbamazepine suspension

Carbatrol

Equetro

Oxtellar XR

Tegretol tablet/chewable tablet

Trileptal suspension

Trileptal tablet

**First Generation**

divalproex sprinkles

divalproex tablet/ER

ethosuximide

phenytoin capsule/suspension

phenytoin chew tab

primidone

valproate syrup

valproic acid capsules/syrup

**First Generation**

felbamate

Celontin

Depakene capsules

Depakene syrup

Depakote/ER

Depakote Sprinkle

Dilantin capsules/suspension

Dilantin chew tab

Felbatol

Mysoline

Peganone

Phenytek

Zarontin capsules/syrup

[Return to Index](#)

**No PA Required**  
**Second Generation**

lamotrigine tablets  
 levetiracetam  
 roweepra  
 topiragen  
 topiramate tablet/sprinkle  
 zonisamide  
 Gabitril

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

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

**Other**

Phenobarbital elixir  
 Phenobarbital tablet  
 Diastat (rectal/Acudial)

**Other**

clobazam tablet/suspension<sup>NR</sup>  
 diazepam (rectal/device)  
 Epidiolex\*\*  
 Onfi  
 Potiga

\*\* 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: 1/14/2019

**No PA Required**

**Other**

bupropion/SR  
 bupropion XL  
 mirtazapine/ODT  
 trazodone  
 venlafaxine  
 venlafaxine ER caps  
 Wellbutrin XL

**PA Required**

**Other**

desvenlafaxine ER Effexor XR \*  
 desvenlafaxine fumarate ER Fetzima  
 maprotiline Forfivo XL  
 nefazodone Khedezla  
 venlafaxine ER tabs Oleptro  
 Aplenzin Pristiq  
 Brintellix Remeron/ODT  
 Cymbalta Trintellix  
 Effexor Viibryd  
 Wellbutrin/SR

**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  
 sertraline concentrate  
 Brisdelle  
 Celexa  
 Lexapro(failure of citalopram)  
 Paxil/CR  
 Pexeva  
 Prozac/Weekly  
 Sarafem  
 Zoloft

[Return to Index](#)

\* 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: 5/30/2018

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

metoclopramide solution  
 metoclopramide tablet  
 ondansetron ODT  
 ondansetron solution  
 ondansetron tablet

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

granisetron  
 metoclopramide ODT  
 Akynzeo  
 Anzemet  
 Bonjesta  
 Diclegis  
 Sancuso patch  
 Sustol  
 Varubi  
 Zofran/ODT  
 Zuplenz

**NK1 Receptor Antagonist****NK1 Receptor Antagonist**

aprepitant capsule  
 aprepitant packet  
 Emend  
 Emend powder packet  
 Varubi

**Antifungals**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

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

fluconazole tablet  
 griseofulvin suspension  
 nystatin suspension  
 terbinafine

**Topical**

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

**PA Required****Oral**

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

**Topical**

butenafine cream  
 ciclopirox cream/gel/kit  
 ciclopirox shampoo  
 ciclopirox solution/suspension  
 clotrimazole solution  
 clotrimazole-betamethasone lotion  
 econazole  
 ketoconazole foam  
 miconazole oint/powder/spray  
 naftifine  
 nystatin-triamcinolone cream/ointment  
 nystatin powder  
 oxiconazole nitrate cream  
 tolnaftate solution/spray/aero powder  
 Aloe Vesta  
 Bensal HP  
 Ciclodan cream/kit  
 Dermacinrx Therazole Pak  
 Desenex Aero Powder  
 Ertaczo  
 Exelderm cream/solution

Cresemba capsule  
 Diflucan tablet/suspension  
 Grifulvin V tablets  
 Gris-Peg  
 Lamisil  
 Noxafil  
 Onmel  
 Sporanox  
 Tolsura<sup>NR</sup>  
 Vfend tablet/suspension

Extina  
 Fungoid Kit  
 Jublia  
 Kerydin  
 Lamisil cream/gel  
 Loprox cream/gel/kit/shampoo  
 Loprox suspension<sup>NR</sup>  
 Lotrimin  
 Lotrisone  
 luliconazole<sup>NR</sup>

Luzu  
 Mentax  
 Naftin cream/gel

Nizoral shampoo  
 Oxistat cream/lotion  
 Penlac  
 Vusion  
 Zeasorb

[Return to Index](#)

**Antihistamines, Minimally Sedating**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**No PA Required**

**Antihistamines**

cetirizine tab/solution  
levocetirizine tablet/ODT  
loratadine tablet

**PA Required**

**Antihistamines**

desloratadine/ODT  
fexofenadine suspension  
levocetirizine solution  
loratadine ODT /solution  
Clarinet (tab, syrup, rapdis)  
Xyzal

**Antihistamine/Decongestant  
Combinations**

**Antihistamine/Decongestant  
Combinations**

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: 10/19/2018

**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)

[Return to Index](#)

**Antihyperuricemics**

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 5/30/2018

**No PA Required****Antihyperuricemics**allopurinol  
colchicine tablet  
probencid  
probencid/colchicine**PA Required****Antihyperuricemics**colchicine capsule  
Colcrys  
Duzallo  
Mitigare  
Uloric  
Zurampic  
Zyloprim**Antimigraine Agents**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**No PA Required****Antimigraine Agents**rizatriptan tablet/ODT  
sumatriptan (oral, nasal, vial)  
Relpax**PA Required****Antimigraine Agents**

almotriptan malate	Emgality <sup>NR</sup>
eletriptan	Frova
frovatriptan	Imitrex (oral, nasal, subcutaneous)
naratriptan	Maxalt (oral)/MLT
sumatriptan (syringe)	Migranow
sumatriptan/naproxen	Onzetra Xsail
zolmitriptan tablet/ODT	Sumavel
Aimovig	Treximet
Ajovy <sup>NR</sup>	Zembrace
Amerge	Zomig (oral, nasal, ZMT)
Axert	
Cambia	

**Antiparkinson's Agents**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 10/19/2018

**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  
Gocovri  
Mirapex\*/ER  
Neupro  
Osmolex ER  
Requip/XL

\* 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

[Return to Index](#)

**Antipsychotics**

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 7/10/2018

**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  
 clozapine ODT  
 olanzapine ODT  
 olanzapine/fluoxetine  
 Abilify tablet  
 Abilify Mycite<sup>NR</sup>  
 Adasuve  
 Aristada  
 Aristada Initio<sup>NR</sup>  
 Clozaril  
 Fanapt tritration pack  
 Fazaclo  
 Geodon  
 Invega  
 Nuplazid  
 Perseris<sup>NR</sup>  
 Rexulti  
 Risperdal tablet/solution/ODT  
 Saphris  
 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: 7/10/2018

**No PA Required**

**Herpes**  
 acyclovir capsule  
 acyclovir suspension  
 acyclovir tablet  
 famciclovir  
 valacyclovir

**PA Required**

**Herpes**  
 Sitavig  
 Valtrex  
 Zovirax capsule  
 Zovirax suspension  
 Zovirax tablet

**Influenza Agents**

Relenza  
 Tamiflu

**Influenza Agents**

oseltamivir phosphate suspension  
 rimantadine  
 Flumadine  
 Xofluza<sup>NR</sup>

[Return to Index](#)

**Beta Blockers**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 1/14/2019

**No PA Required****Beta Blockers**

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

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

acebutolol  
 betaxolol  
 bisoprolol/HCTZ  
 metoprolol HCTZ  
 nadolol/bendroflumethazide  
 pindolol  
 propranolol HCL ER<sup>NR</sup>  
 propranolol cap SA 24H/solution  
 sotalol  
 timolol  
 Betapace/AF  
 Bystolic  
 Byvalson  
 carvedilol ER<sup>NR</sup>  
 Coreg/CR  
 Corgard  
 Corzide  
 Hemangeol  
 Inderal/ LA/XL  
 Innopran XL  
 Kaspargo sprinkle<sup>NR</sup>  
 Levatol  
 Lopressor/HCT  
 Sotylize  
 Tenoretic  
 Tenormin  
 Toprol XL  
 Ziac

**Bile Salts**

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 1/14/2019

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

ursodiol tablet

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

chenodal  
 ursodiol 300mg capsule  
 Actigall  
 Cholbam  
 Ocaliva  
 Urso/Urso Forte tablet

**Bladder Relaxants**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/19/2018

**No PA Required****Bladder Relaxants**

oxybutynin ER  
 oxybutynin IR  
 Toviaz  
 Vesicare

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

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

[Return to Index](#)

**Bone Resorption Suppression Related Agents**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007  
Current Review Date: 5/30/2018

**No PA Required**

**Bisphosphonates**

alendronate tablet

**PA Required**

**Bisphosphonates**

alendronate solution  
etidronate  
ibandronate  
risedronate sodium DR  
Actonel  
Atelvia  
Binosto  
Boniva  
Fosamax/Plus D

**Other Related Agents**

calcitonin salmon  
Evista  
Forteo \*  
Prolia\*  
Tymlos\*

**Other Related Agents**

raloxifene HCL

\* History of Bisphosphonates in 12 Months

**BPH Agents**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007  
Current Review Date: 10/19/2018

**No PA Required**

**Alpha Blockers, Selective**

alfuzosin  
tamsulosin HCL

**PA Required**

**Alpha Blockers, Selective**

silodosin<sup>NR</sup>  
Flomax  
Rapaflo

**5-Alpha Reductase Inhibitors**

finasteride

**5-Alpha Reductase Inhibitors**

dutasteride  
dutasteride/tamsulosin  
tadalafil<sup>NR</sup>  
Avodart  
Cialis  
Jalyn  
Proscar

[Return to Index](#)



**Bronchodilators, Beta Agonist**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**No PA Required**

**PA Required**

**Beta Agonist Inhalers, Long Acting**

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

**Beta Agonist Inhalers, Long Acting**

Striverdi Respimat

**Beta Agonist Inhalers, Short Acting**

ProAir HFA  
Proventil HFA

**Beta Agonist Inhalers, Short Acting**

levalbuterol tartrate HFA  
Arcapta  
ProAir Respiclick  
Ventolin HFA  
Xopenex HFA

**Beta Agonist Nebulizers, Long Acting**

n/a

**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**

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

**Beta Agonist Nebulizers, Short Acting**

levalbuterol

Xopenex

[Return to Index](#)

**Calcium Channel Blockers**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 1/14/2019

**No PA Required**

**Dihydropyridines**

amlodipine

**PA Required**

**Dihydropyridines**

felodipine ER  
isradipine  
nicardipine  
nifedipine/SA  
nifedipine ER  
nimodipine  
nisoldipine  
Adalat CC  
Afeditab CR  
Dynacirc CR  
Norvasc  
Nymalize  
Plendil  
Procardia/XL  
Sular

**Non-Dihydropyridines**

diltiazem  
verapamil tablet/ER

**Non-Dihydropyridines**

diltiazem CD/ER  
verapamil capsule ER/PM  
Calan/SR  
Cardizem/CD/LA  
Cartia XT  
Dilacor XR  
Dilt CD/XR  
Diltzac ER  
Matzim LA  
Taztia XT  
Tiazac  
Verelan/PM

**Cephalosporins**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**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  
Suprax capsules/tablets/chewables  
Suprax suspension

**Third Generation**

cefixime suspension  
cefpodoxime suspension  
cefpodoxime tablet

[Return to Index](#)

**COPD Agents**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**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  
 Incruse Ellipta  
 Lonhala Magnair<sup>NR</sup>  
 Seebri Neohaler  
 Spiriva Respimat  
 Tudorza pressair  
 Utibron Neohaler  
 Yupelri<sup>NR</sup>

**Cytokine & CAM Antagonists**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/19/2018

**No PA Required****Cytokine & CAM Antagonist**

Enbrel cartridge  
 Enbrel kit  
 Enbrel pen  
 Enrel syringe  
 Humira kit  
 Humira pen kit

**PA Required****Cytokine & CAM Antagonist**

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

**Epinephrine, Self-Injected**

Length of Authorization: 1 Year

Status Implementation: 7/1/2013

Current Review Date: 7/10/2018

**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)  
 EpiPen  
 EpiPen Jr

[Return to Index](#)

**Erythropoiesis Stimulating Proteins**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/19/2018

**No PA Required****Erythropoiesis Stimulating Proteins**

Procrit

**PA Required****Erythropoiesis Stimulating Proteins**Aranesp  
Aranesp disp syringe  
Epogen  
Mircera  
Retacrit**Fluoroquinolones**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**No PA Required****Fluoroquinolones**ciprofloxacin tablet  
levofloxacin tablet  
Cipro suspension**PA Required****Fluoroquinolones**ciprofloxacin ER/suspension  
levofloxacin solution  
moxifloxacin  
ofloxacin  
Avelox  
Baxdela  
Cipro Tablet  
Cipro XR  
Levaquin**GI Motility Agents**

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 7/10/2018

**No PA Required****GI Motility Agents**Amitiza  
Linzess  
Lotronex  
Movantik**PA Required****GI Motility Agents**alosetron  
Relistor  
Symproic  
Trulance  
Viberzi**Glucocorticoids, Inhaled**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**No PA Required****Glucocorticoids**Asmanex  
Flovent HFA  
  
Pulmicort 0.25, 0.5 mg respules  
Pulmicort 1mg respules**PA Required****Glucocorticoids**budesonide 0.25,0.5 mg respules  
fluticasone/salmeterol inhaler  
  
Aerospan  
  
Airduo Respiclick  
Alvesco  
ArmonAir Respiclick  
Annuity Ellipta  
Asmanex HFA  
Flovent Diskus  
Pulmicort Flexhaler  
QVAR Oral Inhaler  
QVAR Redihaler**Glucocorticoid/Beta-Agonist Combo**Advair Diskus  
Dulera  
Symbicort**Glucocorticoid/Beta-Agonist Combo**Advair HFA  
Breo-Ellipta  
Trelegy Ellipta<sup>NR</sup>[Return to Index](#)

**Glucocorticoids, Oral**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007  
Current Review Date: 7/10/2018

**No PA Required**

**Glucocorticoids**

budesonide EC  
cortisone  
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**

dexamethasone elixir  
dexamethasone intensol  
methylprednisolone 8mg, 16mg tab  
prednisone intensol  
prednisolone sodium phosphate solution  
Cortef  
Dexpak  
Emflaza  
Entocort EC  
Medrol tab DS pk  
Medrol tablet  
Millipred solution  
Millipred DP tab DS pk  
Orapred  
Rayos tablet DR  
Taperdex

**Growth Hormone**

Length of Authorization: 1 Year

Status Implementation: 5/15/2008  
Current Review Date: 5/30/2018

**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: 5/30/2018

**No PA Required**

**H. Pylori Treatment**

Pylera

**PA Required**

**H. Pylori Treatment**

lansoprazole/amoxicillin/clarithromycin  
Omeclamox-Pak  
Prevpac

[Return to Index](#)

<b>Hepatitis C Agents</b>	
Length of Authorization: 1 Year	Status Implementation: 10/15/2007 Current Review Date: 7/10/2018
<b>No PA Required</b>	<b>PA Required</b>
<b><u>Pegylated Interferons</u></b>	<b><u>Pegylated Interferons</u></b>
Pegasys	Peg-Intron
<b><u>Ribavirins</u></b>	<b><u>Ribavirins</u></b>
ribavirin	ribarivin dosepak Rebetol Ribapak Ribasphere 400 Ribasphere 600

<b>Hepatitis C Agents, Other</b>	
Length of Authorization: 1 Year	Status Implementation: 10/15/2007 Current Review Date: 7/10/2018
<a href="#">Clinical Criteria Applies to this Class/Requires Manual Prior Authorization</a>	
<b><u>Other Hepatitis C Agents</u></b>	<b><u>Other Hepatitis C Agents</u></b>
Mavyret	Daklinza
Vosevi	Epclusa
	Harvoni
	Sovaldi
	Technivie
	Viekira Pak
	Viekira XR
	Zepatier

<b>Hypoglycemics</b>	
Length of Authorization: 1 Year	Status Implementation: 5/1/2007 Current Review Date: 5/30/2018
<b>No PA Required</b>	<b>PA Required</b>
<b><u>Alpha-Glucosidase Inhibitors</u></b>	<b><u>Alpha-Glucosidase Inhibitors</u></b>
acarbose	miglitol Glyset Precose
<b><u>Incretin Mimetics/Enhancers</u></b>	<b><u>Incretin Mimetics/Enhancers</u></b>
<b><u>Amylin Analogs</u></b>	<b><u>Amylin Analogs</u></b>
n/a	Symlin/pen (History of use of mealtime Insulin)

Clinical Criteria for DPP-IV Inhibitors - History of either metformin or TZD therapy in the past 90 days	
<b><u>DPP-IV Inhibitors</u></b>	<b><u>DPP-IV Inhibitors</u></b>
Glyxambi	alogliptin
Janumet	alogliptin/metformin
Janumet XR	alogliptin/pioglitazone
Januvia	Jentadueto XR
Jentadueto	Kazano
Tradjenta	Kombiglyze XR
	Nesina
	Onglyza
	Oseni
	Q-tern
	Steglujan <sup>NR</sup>

[Return to Index](#)

**Hypoglycemics - Continued**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/30/2018

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  
Soliqua  
Tanzeum  
Trulicity

**Insulins**

Insulins Long Acting

Lantus vial  
Lantus solostar  
Levemir pen  
Levemir vial

**Insulins**

Insulins Long Acting

Basaglar Kwikpen U-100  
Toujeo Solostar  
Toujeo Max Solostar<sup>NR</sup>  
Tresiba

**No PA Required**

Insulins Short Acting

Humulin vial  
Humalog pen/vial  
Humalog Mix pen/vial  
Novolog vial/pen  
Novolog Mix pen

**PA Required**

Insulins Short Acting

Admelog<sup>NR</sup>  
Admelog Solostar<sup>NR</sup>  
Afrezza  
Afrezza cartridge  
Apidra vial/solostar  
Fiasp  
Fiasp Flextouch  
Humalog cartridge  
Humalog Jr Kwikpen  
Humulin pen  
Humulin 500  
Humulin R U-500 kwikpen  
Novolin vial  
Novolog Mix vial

Meglitinides

nateglinide  
repaglinide

Meglitinides

repaglinide/metformin  
Prandin  
Starlix

Metformins

metformin  
metformin ER (generic Glucophage XR)

Metformins

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

Fortamet  
Glucophage/XR

Glumetza  
Riomet

**No PA Required**

Metformins Combinations

glyburide/metformin

**PA Required**

Metformins Combinations

glipizide/metformin  
Glucovance

SGLT2 and Combinations

Farxiga\*  
Invokana\*  
Jardiance\*

SGLT2 and Combinations

Invokamet  
Invokamet XR  
Segluromet  
Steglatro

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

Synjardy  
Synjardy XR  
Xigduo XR

[Return to Index](#)

**Hypoglycemics - Continued**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 5/30/2018

Sulfonylureasglimepiride  
glipizide/ER/XL  
glyburide/micronizedSulfonylureaschlorpropamide  
tolazamide  
tolbutamide  
Amaryl  
Glucotrol/XL  
GlynaseTZD

pioglitazone

TZDActos  
Avandia

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 Combinationspioglitazone-glimepiride  
Duetact**Immunomodulators, Atopic****Dermatitis**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

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

Current Review Date: 5/30/2018

**No PA Required****PA Required**Immunomodulators, AtopicImmunomodulators, AtopicDermatitisDermatitisElidel  
Protopictacrolimus  
Dupixent  
Eucrisa**Immunomodulators, Topical**

Length of Authorization: 1 Year

Status Implementation: 5/27/2015

Current Review Date: 5/30/2018

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

imiquimod

Aldara  
Zyclara[Return to Index](#)



**Intranasal Rhinitis**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**No PA Required**

**Steroids**

fluticasone

**PA Required**

**Steroids**

flunisolide  
mometasone nasal  
Beconase AQ  
Dymista  
Nasonex  
Omnaris  
QNasI  
Sinuva  
Ticanase  
Veramyst  
Xhance  
Zetonna

**Antihistamines & Other**

azelastine (generic Astelin)  
ipratropium (nasal)

**Antihistamines & Other**

azeastine (generic Astepro)  
olopatadine  
Astepro  
Patanase

**Leukotriene Modifiers**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**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: 1/14/2019

**No PA Required**

**Bile Acid Resins**

cholestyramine light  
colestipol tablet  
Prevalite

**PA Required**

**Bile Acid Resins**

colesevelam  
colestipol granules/packet  
Colestid tablet/granules/packet  
Questran  
Welchol

**Cholesterol Absorption Inhibitors**

Zetia

**Cholesterol Absorption Inhibitors**

ezetimibe

**Fibric Acid Derivatives**

fenofibrate tablet 48 and 145mg (generic Tricor)

gemfibrozil

**Fibric Acid Derivatives**

fenofibrate (Antara, Lipofen, Lofibra)  
  
fenobibric acid (generic Fibricor, Trilipix)  
Antara  
Fenoglide  
Fibricor  
Lipofen  
Lopid  
Tricor  
Trilipix  
Triglide

[Return to Index](#)

**PCSK9 Inhibitors**

**PCSK9 Inhibitors**

Praluent pen/syringe (manual PA req'd)  
Repatha (manual PA req'd)

**Lipotropics, Other - Continued**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007

Current Review Date: 1/14/2019

**Niacins****Niacins**niacin ER  
Niacor  
Niaspan**Omega-3 Fatty Acids**

n/a

**Omega-3 Fatty Acids**omega-3 acid ethyl esters  
Lovaza  
Vascepa**Antihyperlipidemic APOB-100****Synthesis Inhibitor****Antihyperlipidemic APOB-100****Synthesis Inhibitor**

Kynamro

**MTP Inhibitor****MTP Inhibitor**

Juxtapid

**Lipotropics, Statins**

Length of Authorization: 1 Year

Status Implementation: 1/15/2007

Current Review Date: 1/14/2019

***No PA Required*****Statins**atorvastatin  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin***PA Required*****Statins**fluvastatin/ER  
Altprev  
Crestor  
Lescol/XL  
Lipitor (failure on Crestor)  
Livalo  
Pravachol  
Zocor  
Zypitamag<sup>NR</sup>**Statin Combinations****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: 7/10/2018

***No PA Required*****Macrolides/Ketolides**

azithromycin suspension, tablet

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  
PCE  
Zithromax[Return to Index](#)

**Methotrexate**

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 7/10/2018

**No PA Required****Methotrexate**

methotrexate injection

methotrexate PF

methotrexate tablet

**PA Required****Methotrexate**

Otrexup Auto Injector

Rasuvo Auto Injector

Trexall

Xatmep

**Multiple Sclerosis**

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 5/30/2018

**No PA Required****Multiple Sclerosis**

Avonex

Avonex pen

Betaseron kit

Copaxone 20mg/ml syringe kit

Gilenya

Rebif

Rebif Rebidose Pen

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

dalfampridine ER

glatiramer 20 mg/ml

glatiramer 40 mg/ml

Ampyra

Aubagio

Copaxone 40mg/ml

Extavia kit

Extavia vial

Glatopa

Lemtrada

Ocrevus

Plegridy

Tecfidera

**Narcotic Analgesics, Long-Acting**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 10/19/2018

[Clinical Criteria Applies to this Class/Requires Manual Prior Authorization](#)**No PA Required****Narcotic Analgesics, Long-Acting**

fentanyl transdermal

12,25,20,75,100mg

methadone tab

morphine ER tab

Butrans

Embeda

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

buprenorphine transdermal

fentanyl transdermal 37.5,62.5,87.5mg

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

[Return to Index](#)

**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: 10/19/2018

**No PA Required**

**Fentanyl Oral Products**

**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

**PA Required**

**Fentanyl Oral Products**

fentanyl (buccal)  
Abstral  
Actiq  
Fentora  
Onsolis  
Ultracet  
Ultram

**Other**

butalbital compd w/codeine  
butorphanol tartrate (nasal)  
codeine oral  
dihydrocodeine/ASA/caffeine  
fentanyl (buccal)  
hydrocodone/APAP solution  
levorphanol  
meperidine solution/tablet  
morphine suppositories  
oxycodone/ASA  
oxycodone/ibuprofen  
oxycodone capsule  
oxycodone conc  
oxycodone solution  
oxymorphone  
panlor<sup>NR</sup>  
pentazocine/naloxone  
reprexain  
tramadol/APAP  
Capital w/codeine  
Demerol  
Dilaudid liquid/tablets

Hycet  
Ibudone  
Lazanda  
Norco  
Nucynta  
Opana  
Percocet  
Primlev  
Primalev  
Roxicodone  
Roxybond  
Subsys  
Tylenol-Codeine  
Vicoprofen  
Xartemis XR  
Xodol  
Xolox  
Zamiset

[Return to Index](#)

**Neuropathic Pain**

Length of Authorization: 1 Year

Status Implementation: 1/17/2013

Current Review Date: 1/14/2019

**No PA Required**

**Oral**

duloxetine (generic Cymbalta)  
gabapentin capsule/solution  
gabapentin tablet

**PA Required**

**Oral**

duloxetine (generic Irenka)  
Cymbalta  
Gralise  
Horizant/ER\*\*  
Lyrica\*\*  
Lyrica CR\*\*NR  
Neurontin  
Savella\*

**Topical**

capsaicin

**Topical**

dermacinrx phn pak  
lidocaine patch  
Lidoderm\*\*\*  
Qutenza Kit\*\*\*

\* 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

[Return to Index](#)

**NSAIDs and Combination Products**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 1/14/2019

**No PA Required****NSAIDs and Combo Products**

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 potassium	Daypro
diclofenac sodium gel	Dermacinrx Lexitral
diclofenac SR	Duexis
diclotral	Feldene
diflunisal	**Flector
etodolac	Indocin supp/suspension
fenoprofen	Mobic
indomethacin capsule ER	Nalfon
ketoprofen/ER	Naprelan
meclofenamate	Naprosyn/EC
mefenamic acid	**Pennsaid
meloxicam suspension	**Pennsaid solution packet <sup>NR</sup>
nabumetone	Sprix
naproxen EC	Tivorbex
naproxen sodium	Vimovo
naproxen suspension	Vivlodex
oxaprozin	Vopac MDS (topical)
tolmetin sodium caps/tabs	Xrylix kit
Arthrotec	Zipsor
	Zorvolex

\* Failure of an oral NSAID

\*\* Failure of Voltaren gel

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

**Ophthalmics**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/19/2018

**No PA Required****Allergic Conjunctivitis**

chromolyn sodium  
 Pazeo

**PA Required****Allergic Conjunctivitis**

azelastine ophth 0.05%  
 epinastine  
 ketotifen  
 olopatadine  
 Alaway  
 Alocril  
 Alomide  
 Alrex  
 Bepreve  
 Elestat  
 Emadine  
 Lastacaft  
 Pataday  
 Patanol  
 Zaditor

[Return to Index](#)

**Ophthalmics - Continued**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/19/2018

**No PA Required**

**Antibiotics**

bacitracin/polymixin ointment  
ciprofloxacin solution  
erythromycin ophth  
gentamicin drops/ointment  
polymixin/trimethoprim  
sulfacetamide solution  
tobramycin ophth  
Moxeza  
Ocuflax  
Tobrex ointment  
Vigamox

**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  
Simbrinza

**Prostaglandin Agonists**

latanoprost  
Travatan/Z

**PA Required**

**Antibiotics**

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

**PA Required**

**Glaucoma**

**Alpha-2 Adrenergic Agonists**

apradondine  
brimonidine 0.15%  
lopidine

**Beta Blockers**

betaxolol  
betimol  
carteolol  
levobunolol  
timolol maleate  
Akbeta  
Betagan  
Betopic S  
Istalol  
Ocupress  
Rhopressa  
Timoptic/XE

**Carbonic Anhydrase Inhibitors**

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

**Prostaglandin Agonists**

bimatoprost  
travoprost  
Lumigan  
Vyzulta  
Xalatan  
Zioptan

[Return to Index](#)

**Ophthalmics, Antibiotic-Steroid Combinations**

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 10/19/2018

**No PA Required**

**Antibiotic-Steroid Combinations**

neomycin/polymyxin/desamethasone  
Tobradex suspension

**PA Required**

**Antibiotics-Steroid Combinations**

neomycin/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: 10/19/2018

**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)  
prednisolone acetate  
prednisolone sod phosphate  
Acular/LS  
Acuvail  
Bromsite  
Flarex  
FML  
FML Forte  
FML SOP  
Iluvien  
Lotemax gel/ointment  
Omnipred  
Ozurdex  
Pred Forte  
Prolensa

[Return to Index](#)



**Ophthalmic Anti-Inflammatories/Immunomodulators**

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 10/19/2018

**Ophthalmic Anti-Inflammatory/Immunomodulators****No PA Required**Restasis  
Restasis multidose**Ophthalmic Anti-Inflammatory/Immunomodulators****PA Required**Cequa<sup>NR</sup>  
Xiidra**Opiate Dependence Treatment**

Length of Authorization: 1 Year

Status Implementation: 9/2/2015

Current Review Date: 7/10/2018

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

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/19/2018

**No PA Required****Otic Antibiotics**ciprofloxacin otic  
neomycin/polymixin/HC soln/susp  
Ciprodex**PA Required****Otic Antibiotics**ofloxacin  
floxin 0.3%  
Cipro HC  
Coly-mycin S  
Otioprio  
Otovel**Otic Anti-Infectives & Anesthetics**

Length of Authorization: 1 Year

Status Implementation: 10/19/2018

Current Review Date: 10/19/2018

**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: 10/19/2018

Current Review Date: 10/19/2018

**No PA Required****Otic Anti-Inflammatories**

Dermotic

**PA Required****Otic Anti-Inflammatories**fluocinolone 0.01% oil  
flac otic oil[Return to Index](#)

**Pancreatic Enzymes**

Length of Authorization: 1 Year

Status Implementation: 5/11/2012

Current Review Date: 5/30/2018

**No PA Required****Pancreatic Enzymes**

Creon

Zenpep

**PA Required****Pancreatic Enzymes**

Pancreaze

Pertzeye

Viokace

**Phosphate Binders**

Length of Authorization: 1 Year

Status Implementation: 10/15/2007

Current Review Date: 10/19/2018

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

calcium acetate capsule/tablet

Renagel

Renvela tablets

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

lanthanum carbonate

sevelamer carbonate

Auryxia

Eliphos

Fosrenol powder pack

Fosrenol tablet chewable

Phoslyra

Renvela powder pack

sevelamer carbonate powder pack

Velphoro

**Platelet Inhibitors**

Length of Authorization: 1 Year

Status Implementation: 1/5/2009

Current Review Date: 1/14/2019

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

clopidogrel

dipyridamole

prasugrel

Brilinta

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

aspirin-dipyridamole

ticlopidine

Aggrenox

Effient

Plavix

Yosprala

Zontivity

**Progestins for Cachexia**

Length of Authorization: 1 Year

Status Implementation: 1/22/2018

Current Review Date: 1/14/2019

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

megestrol suspension

megestrol tablets

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

Megace ES

megestrol suspension (Megace ES)

[Return to Index](#)

**Proton Pump Inhibitors**

Length of Authorization: 1 Year

Status Implementation: 5/1/2007  
Current Review Date: 5/30/2018

**No PA Required**

**Proton Pump Inhibitors**

omeprazole  
pantoprazole

Nexium suspension  
Protonix suspension

**PA Required**

**Proton Pump Inhibitors**

esomeprazole magnesium  
esomeprazole strontium  
lansoprazole capsules  
rabeprazole sodium tablet  
Aciphex tablet/sprinkle  
Dexilant  
Esomep-EZS<sup>NR</sup>  
Nexium capsules  
Prevacid capsules/solutabs  
Prilosec suspension  
Prilosec  
Protonix  
Zegerid

**Pulmonary Arterial Hypertension Agents**

Length of Authorization: 1 Year

Status Implementation: 1/5/2009  
Current Review Date: 1/14/2019

**No PA Required**

**Pulmonary Arterial Hypertension**

**Agents**

sildenafil  
Letairis

**PA Required**

**Pulmonary Arterial Hypertension**

**Agents**

Adcirca  
Adempas  
Opsumit  
Orentram ER  
Revatio  
tadalafil<sup>NR</sup> (generic Adcirca)  
Tracleer  
Tyvaso  
Upravi  
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: 01/14/2019

**No PA Required**

Finacea gel  
Metrocream  
Metrogel

**PA Required**

azelaic acid<sup>NR</sup>  
metronidazole cream  
metronidazole gel (AG)  
metronidazole gel  
metronidazole lotion  
Finacea foam  
Metrolotion  
Mirvaso  
Noritate  
Rhofade  
Rosadan kit  
Soolantra

[Return to Index](#)

**Sedative Hypnotics**

Length of Authorization: 1 Year

Status Implementation: 7/1/2007

Current Review Date: 7/10/2018

**No PA Required****Sedative Hypnotics**temazepam 15 & 30 mg  
zolpidem**PA Required****Sedative Hypnotics**eszopiclone  
estazolam  
flurazepam  
temazepam 7.5 & 22.5 mg  
zaleplon  
zolpidem ER  
zolpidem SL  
Ambien/CR  
Belsomra  
Doral  
Edluar  
Halcion  
Hetloiz  
Intermezzo  
Lunesta  
Restoril  
Rozerem  
Silenor  
Sonata  
Zolpimist

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

**Skeletal Muscle Relaxants**

Length of Authorization: 1 Year

Status Implementation: 7/6/2009

Current Review Date: 7/10/2018

**No PA Required****Skeletal Muscle Relaxants**baclofen  
chlorzoxazone  
cyclobenzaprine  
methocarbamol  
tizanidine tablet**PA Required****Skeletal Muscle Relaxants**dantrolene  
metaxall<sup>NR</sup>  
metaxalone  
orphenadrine citrate ER  
tizanidine capsule  
Amrix  
Dantrium  
Fexmid  
Lorzone  
Robaxin  
Skelaxin  
Zanaflex  
\*\*carisoprodol and Soma - no longer covered by RI Medicaid[Return to Index](#)

**Steroids**

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 5/30/2018

**No PA Required****Topical High**

betamethasone dipropionate  
cream/lotion  
betamethasone valerate cream,  
ointment

fluocinonide cream 0.05%, 0.1%  
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 emollient, gel, ointment,  
solution

triamcinolone/dimethicone

Dermacinrx Silazone

Dermasorb TA

Diprolene AF

Diprolene lotion, ointment

Ellzia Pak

Halog cream, ointment

Kenalog aerosol

Psorcon

Sanaderm Rx

Semivo spray

Silazone-II

Topicort cream, ointment, spray

Trianex

Vanos

**Steroids - Continued**

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 5/30/2018

**No PA Required****Topical Low**

alclometasone dipropionate ointment  
hydrocortisone cream 1% rx  
hydrocortisone lotion 1% rx  
hydrocortisone ointment 1% rx

**PA Required****Topical Low**

alclometasone dipropionate cream  
desonide cream  
desonide lotion  
desonide ointment  
fluocinonide 0.01% oil  
hydrocortisone acetate/urea 1%  
hydrocortisone/aloe gel 1%  
hydrocortisone/min oil/pet oint 1%  
micort-HC 2.5% cream<sup>NR</sup>

tridesilon

Aqua-Glycolic HC

Capex Shampoo

Dermasorb HC

Derma-Smothe-FS

Desonate gel

Texacort

Verdeso

[Return to Index](#)

**Steroids - Continued**

Length of Authorization: 1 Year

Status Implementation: 5/31/2013

Current Review Date: 5/30/2018

**No PA Required**

**Topical Medium**

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

betamethasone valerate foam  
clocortolone  
fluocinolone acetonide cream  
fluocinolone acetonide ointment  
fluocinolone acetonide solution  
fluticasone propionate lotion  
hydrocortisone valerate cream  
hydrocortisone valerate ointment  
hydrocortisone butyrate cream,  
emollient, lotion, ointment, solution

**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 Medium**

Cloderm  
Cordran tape/ointment  
Cultivate lotion/cream  
Dermatop cream, ointment  
Elocon cream, ointment, solution  
Luxiq foam  
Pandel  
Prednicarbate cream  
Prednicarbate ointment  
Synalar cream & ointment kit, solution  
Synalar TS kit

**PA Required**

**Topical Very High**

clobetasol emollient  
clobetasol lotion  
clobetasol shampoo  
clobetasol propionate foam  
clobetasol propionate spray  
Apexicon E  
Bryhali<sup>NR</sup>  
Lexette<sup>NR</sup>  
Clobex lotion, shampoo, spray  
Clodan/kit  
Olux  
Olux E  
Temovate ointment  
Ultravate ointment, lotion  
Ultravate X PAC cream, ointment

[Return to Index](#)

**Stimulants and Related Agents**

Length of Authorization: 1 Year

Status Implementation: 1/15/2008

Current Review Date: 10/19/2018

**No PA Required**

**Stimulants and Related Agents\***

amphetamine salt combo  
atomoxetine  
dextroamphetamine tab  
guanfacine ER  
methylphenidate IR  
Adderall XR  
Aptensio XR  
Concerta  
Daytrana

Focalin  
Focalin XR

Provigil  
Quillichew ER  
Quillivant XR  
Vyvanse capsule  
Vyvanse chewable

**PA Required**

**Stimulants and Related Agents**

amphetamine salt combo ER  
amphetamine sulfate tablet  
armodafinil  
clonidine ER  
dexmethylphenidate  
dexmethylphenidate XR  
dextroamphetamine solution/cap ER  
methamphetamine  
methylphenidate CD  
methylphenide ER cap (generic Ritalin LA)  
methylphenidate ER 18,27,36,54 mg  
methylphenidate ER 18,27,36,54 mg (AG)  
methylphenidate ER tablet  
methylphenidate solution/chewable  
modafanil  
Adzenys XR ODT/suspension  
Cotempla XR ODT  
Desoxyn  
Dexedrine  
Dyanavel XR  
Evekeo  
Intuniv  
Metadate ER  
Methylin solution  
Mydayis  
Nuvigil  
Procentra  
Ritalin/ LA  
Strattera  
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.

[Return to Index](#)

**Topical Acne**

Length of Authorization: 1 Year

Status Implementation: 5/15/2008

Current Review Date: 5/30/2018

**No PA Required****Miscellaneous Topicals**

clindamycin/benzoyl peroxide (generic Duac)  
 clindamycin/benzoyl peroxide w/pump (general Benzaclin Pump)  
 clindamycin phosphate solution  
 erythromycin solution

**PA Required****Miscellaneous Topicals**

Acne clearing system	erythromycin med swab
Aczone	erythromycin-benzoyl peroxide
Aczone gel/w pump	Evoclin
Avar Cleanser	Fabior
Avar LS	Klaron
Avar-E	Neuac
Avar-E LS	Onexton
Azelex	Ovace/Ovace Plus
Benzaclin	plixda <sup>NR</sup>
Benzaclin w/pump	Rosula
Benzamycin	Seb-Prev
benzoyl peroxide foam	SSS 10-5
BP-10-1	sodium sulfacetamide/sulfur
BP Cleansing Wash	sulfacetamide cleanser
Cleocin-T gel/lotion/med swab/solution	sulfacetamide/sulfur cleanser
Cleocin-T lotion	sulfacetamide/sulfur med pad
Cleocin-T med swab	sulfacetamide/sulfur suspension
Cleocin-T solution	sulfacetamide/sulfur/urea
Clindacin ETZ	Sumadan kit, wash, cleanser
Clindacin P	Sumadan cleansing pads
Clindacin Pac Kit	Sumaxin CP kit
benzoyl peroxide gel	Sumaxin med pad
clindamycin/benzoyl peroxide w/pump	Sumaxin TS
clindamycin phosphate gel, foam, lotion	tazoratene 0.1% cream <sup>NR</sup>
clindamycin phosphate med swab	
clindamycin/tretinoin <sup>NR</sup>	
Duac	
erythromycin gel	

**Retinoids and Combinations**

Differin lotion  
 Retin-A cream  
 Tazorac cream

**Retinoids and Combinations**

adapalene  
 adapalene-benzoyl peroxide  
 clindamycin phos-tretinoin  
 tretinoin (Atralin)  
 tretinoin (generic Retin-A)  
 tretinoin microspheres  
 Acanya  
 Altreno<sup>NR</sup>  
 Atralin  
 Avita  
 Differin cream, gel, pump  
 Epiduo  
 Epiduo Forte  
 Retin-A gel  
 Retin-A Micro  
 Retin-A Micro Pump  
 Tazorac gel  
 Ziana

[Return to Index](#)



**Topical Antivirals**

Length of Authorization: 1 Year

Status Implementation: 10/15/2008

Current Review Date: 5/1/2017

**No PA Required****Topical Antivirals**

Zovirax cream

**PA Required****Topical Antivirals**acyclovir ointment  
Denavir  
Xerese  
Zovirax ointment**Topical Antipsoriatics**

Length of Authorization: 1 Year

Status Implementation: 5/4/2009

Current Review Date: 5/30/2018

**No PA Required****Topical Antipsoriatics**calcipotriene solution  
calcipotriene cream  
calcipotriene ointment**PA Required****Topical Antipsoriatics**calcipotriene/betamethasone ointment  
calcitriol ointment  
Calcitrene  
Dovonex cream  
Enstilar foam  
Sorilux  
Taclonex ointment  
Taclonex scalp  
Vectical**Ulcerative Colitis**

Length of Authorization: 1 Year

Status Implementation: 7/1/2008

Current Review Date: 7/10/2018

**No PA Required****Oral**sulfasalazine/DR  
Apriso  
Delzicol**PA Required****Oral**balsalazide  
budesonide ER<sup>NR</sup>  
mesalamine (generic Asacol HD)  
mesalamine tablet (generic Lialda)  
Asacol HD  
Azulfidine  
Colazal  
Dipentum  
Giazo  
Lialda  
Pentasa  
Uceris oral  
**Topical**  
mesalamine kit  
Rowasa  
SF Rowasa  
Uceris rectal**Topical**mesalamine enema  
Canasa suppository[Return to Index](#)<sup>NR</sup> indicates that a product has not been reviewed by the P & T Committee, but EOHHS policy states that new products