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<td>Phosphate Binders</td>
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<td>Rosacea Agents, Topical</td>
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<td>Topical Psoriasis</td>
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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

<table>
<thead>
<tr>
<th>Length of Authorization: 1 Year</th>
<th>Status Implementation: 1/15/2008</th>
<th>Current Review Date: 10/19/2018</th>
</tr>
</thead>
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### No PA Required

**Cholinesterase Inhibitors**
donepezil 5 and 10 mg tablet
donepezil ODT
rivastigmine capsule
Exelon Patch

### PA Required

**Cholinesterase Inhibitors**
donepezil 23 mg
galantamine ER/solution
galantamine tablet
rivastigmine transdermal
Aricept/ODT/23 mg
Exelon capsules
Razadyne tablet/ER/solution

**NMDA Receptor Antagonist and Combinations**
memantine tablet

## Androgenic Agents

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<th>Length of Authorization: 1 Year</th>
<th>Status Implementation: 10/15/2008</th>
<th>Current Review Date: 10/19/2018</th>
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### 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

<table>
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<tr>
<th>Length of Authorization: 1 Year</th>
<th>Status Implementation: 1/15/2007</th>
<th>Current Review Date: 1/14/2019</th>
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### 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

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Angiotensin Modulators - Continued

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
- Vasotec
- 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
- aliskiren SR

Renin Inhibitor Combinations
- Tekturna HCT

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<td>amlodipine/benazepril</td>
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<td>ranolazine ERNR</td>
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<td>Vancocin</td>
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<td>Xifaxan *</td>
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* Diagnosis of Hepatic Encephalopathy and 1 paid claim for lactulose in the past 30 days or inadequate response or contraindication to lactulose documented

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<td>doxycycline monohydrate 75mg capsule</td>
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### Antibiotics, Topical

**Length of Authorization:** 1 Year  
**Status Implementation:** 7/1/2013  
**Current Review Date:** 7/10/2018

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| mupirocin ointment | 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

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| metronidazole | clindamycin  
| Cleocin Ovules | Cleocin cream  
| Clindesse | Metrogel  
| Vandazole | Nuvessa |

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### Anticoagulants

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<td>Arixtra</td>
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<td>Bevyxxa&lt;sup&gt;NR&lt;/sup&gt;</td>
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<td>Savaysa</td>
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* Diagnosis of Atrial Fibrillation in the past year.

### Anticonvulsants

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<td>ethosuximide</td>
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<td>valproic acid capsules/syrup</td>
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<td>Phenytek</td>
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<td></td>
<td>Zarontin capsules/syrup</td>
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</table>

Return to Index
**No PA Required**

### Second Generation

- lamotrigine tablets
- levetiracetam
- roweprla
- topiragen
- topiramate tablet/sprinkle
- zonisamide
- Gabitril

### Other

- Phenobarbital elixir
- Phenobarbital tablet
- Diastat (rectal/Acudial)

**PA Required**

### Second Generation

- lamotrigine tablet dose pack
- lamotrigine XR
- lamotrigine ODT
- levetiracetam ER
- tiagabine
- topiramate ER
- vigabatrin NR

### Other

- clobazam tablet/suspension NR
- diazepam (rectal/device)
- Epidiolex**
- Onfi

**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

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

### 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

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

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<th>Status Implementation:</th>
<th>Current Review Date:</th>
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<tr>
<td>1/15/2008</td>
<td>5/28/2019</td>
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</table>

**No PA Required**

**Serotonin Antagonists**
- metoclopramide solution
- metoclopramide tablet
- ondansetron ODT
- ondansetron solution
- ondasetron tablet

**NK1 Receptor Antagonist**
- aprepitant capsule
- aprepitant packet
- Emend capsule/intravenous/pack
- Emend powder packet
- Varubi

**Antifungals**

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<td>7/1/2007</td>
<td>7/10/2018</td>
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**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**
- Cresemba capsule
- Diffucan tablet/suspension
- Grifulvin V tablets
- Gris-Peg
- Lamisil
- Noxafil
- Omnil
- Sporanox
- Tolsura
- Varubi

**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

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### Antihistamines, Minimally Sedating

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<td>cetirizine tab/solution</td>
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<tr>
<td>levocetirizine tablet/ODT</td>
<td>desloratadine/ODT</td>
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<tr>
<td>loratadine tablet</td>
<td>fexofenadine suspension</td>
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<tr>
<td>loratadine ODT /solution</td>
<td>levocetirizine solution</td>
</tr>
<tr>
<td>Clarinex (tab, syrup, rapdis)</td>
<td>loratadine ODT /solution</td>
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<tr>
<td>Xyzal</td>
<td>Clarinex-D 12/24 hour tablets</td>
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<td>Clarinex-D 12 hour tablet</td>
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<td>Semprex-D</td>
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### Antihistamine/Decongestant Combinations

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<td><strong>Antihistamine/Decongestant Combinations</strong></td>
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<td>loratadine-D 12/24 hour tablets</td>
<td><strong>Antihistamine/Decongestant Combinations</strong></td>
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<tr>
<td>Clarinex-D 12 hour tablet</td>
<td>clonidine tablet (oral)</td>
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<tr>
<td>Semprex-D</td>
<td>guanfacine</td>
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### Antihypertensives, Sympatholytics

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<th>Status Implementation: 1/3/2014</th>
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<td><strong>Antihypertensives, Sympatholytics</strong></td>
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<tr>
<td>clonidine tablet (oral)</td>
<td><strong>Antihypertensives, Sympatholytics</strong></td>
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<tr>
<td>guanfacine</td>
<td>clonidine (transderm)</td>
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<td>methyldopa</td>
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<td>Catapres-TTS (transderm)</td>
<td>methyldopate HCL</td>
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<td>Catapres tablet (oral)</td>
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### Antihyperuricemics

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<td>colchicine capsule</td>
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<td>colchicine tablet</td>
<td>Colcrys</td>
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<tr>
<td>probencid</td>
<td>Duzallo</td>
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<td>probencid/colchicine</td>
<td>Uloric</td>
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<td>Mitigare</td>
<td>Zurampic</td>
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<td>Zyloprim</td>
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<td>Zyloprim</td>
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### Antimigraine Agents

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<td>sumatriptan (oral, nasal, vial)</td>
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<td>frovatriptan</td>
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<td>naratriptan</td>
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<td>sumatriptan (syringe)</td>
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<td>sumatriptan/naproxen</td>
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<td>zolmitriptan tablet/ODT</td>
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<td>Aimovig</td>
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### Antiparkinson’s Agents

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<td>amantadine syrup</td>
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<td>amantadine tablet</td>
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<td>pramipexole IR</td>
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<td>Osmolex ER</td>
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* Diagnosis of Parkinson's in the past 12 months or Diagnosis of Restless Leg Syndrome in the past 12 months and a claim for ropinirole in the past 90 days
## Antipsychotics

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<td>Paliperidone Tablet</td>
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<td>Quetiapine</td>
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<td>Risperdal Tablet/solution/ODT</td>
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* 4 claims in the last 120 days for Invega Sustenna

## Antivirals

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<td>Famciclovir</td>
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<td>Rimantadine</td>
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<tr>
<td>Xofluzan™</td>
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## Influenza Agents

<table>
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<th>Drug</th>
<th>PA Required</th>
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<th>Current Review Date</th>
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<tbody>
<tr>
<td>Relenza</td>
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<td>10/15/2007</td>
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<tr>
<td>Tamiflu</td>
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<td>10/15/2007</td>
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</table>

*Return to Index*
### Beta Blockers

**Length of Authorization:** 1 Year  
**Status Implementation:** 1/15/2007  
**Current Review Date:** 1/14/2019

<table>
<thead>
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<tr>
<td><strong>Beta Blockers</strong></td>
<td><strong>Beta Blockers</strong></td>
</tr>
<tr>
<td>atenolol</td>
<td>acebutolol</td>
</tr>
<tr>
<td>atenolol/chlorthalidone</td>
<td>betaxolol</td>
</tr>
<tr>
<td>carvedilol</td>
<td>bisoprolol/HCTZ</td>
</tr>
<tr>
<td>labetolol</td>
<td>metoprolol HCTZ</td>
</tr>
<tr>
<td>metoprolol</td>
<td>nadolol/bendroflumethazide</td>
</tr>
<tr>
<td>metoprolol XL</td>
<td>pindolol</td>
</tr>
<tr>
<td>propranolol HCTZ</td>
<td>propranolol HCL ER&lt;sup&gt;NR&lt;/sup&gt;</td>
</tr>
<tr>
<td>propranolol cap SA 24H/solution</td>
<td>propranolol tablet</td>
</tr>
</tbody>
</table>

- timolol
- Betapace/AF
- Bystolic
- Byvalson
- carvedilol ER<sup>NR</sup>
- Coreg/CR
- Corgard
- Corzide
- Hemangeol
- Inderal/ LA/XL
- Innopran XL
- Kapspargo 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

<table>
<thead>
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<th>No PA Required</th>
<th>PA Required</th>
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<td><strong>Bile Salts</strong></td>
<td><strong>Bile Salts</strong></td>
</tr>
<tr>
<td>ursodiol tablet</td>
<td>chenodal</td>
</tr>
<tr>
<td>ursodiol 300mg capsule</td>
<td>ursodiol tablet</td>
</tr>
<tr>
<td>Actigall</td>
<td>Actigall</td>
</tr>
<tr>
<td>Cholbam</td>
<td>Cholbam</td>
</tr>
<tr>
<td>Ocaliva</td>
<td>Ocaliva</td>
</tr>
<tr>
<td>Urso/Urso Forte tablet</td>
<td>Urso/Urso Forte tablet</td>
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### Bladder Relaxants

**Length of Authorization:** 1 Year  
**Status Implementation:** 10/15/2007  
**Current Review Date:** 10/19/2018

<table>
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<td><strong>Bladder Relaxants</strong></td>
<td><strong>Bladder Relaxants</strong></td>
</tr>
<tr>
<td>oxybutynin ER</td>
<td>darifenacn ER</td>
</tr>
<tr>
<td>oxybutynin IR</td>
<td>solifenacn succinate&lt;sup&gt;NR&lt;/sup&gt;</td>
</tr>
<tr>
<td>Toviaz</td>
<td>tolterodine</td>
</tr>
<tr>
<td>Vesicare</td>
<td>tolterodine ER</td>
</tr>
<tr>
<td></td>
<td>trospium/ER</td>
</tr>
<tr>
<td></td>
<td>Detrol/LA</td>
</tr>
<tr>
<td></td>
<td>Ditropan/XL</td>
</tr>
<tr>
<td></td>
<td>Enablex</td>
</tr>
<tr>
<td></td>
<td>Gelnique</td>
</tr>
<tr>
<td></td>
<td>Gelnique gel pump</td>
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<tr>
<td></td>
<td>Myrbetriq</td>
</tr>
<tr>
<td></td>
<td>Oxytrol</td>
</tr>
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</table>
### Bone Resorption Suppression Related Agents

**Length of Authorization:** 1 Year

**Status Implementation:** 5/1/2007  
**Current Review Date:** 5/28/2019

**No PA Required**
- **Bisphosphonates**  
  - alendronate tablet

**PA Required**
- **Bisphosphonates**  
  - alendronate solution
  - etidronate disodium
  - ibandronate
  - risedronate sodium DR
  - Actonel
  - Atelvia
  - Boniva
  - Fosamax/Plus D

**Other Related Agents**
- raloxifene HCL

---

### 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
  - Flomax
  - Rapaflo

**5-Alpha Reductase Inhibitors**
- finasteride

**5-Alpha Reductase Inhibitors**
- dutasteride
- dutasteride/tamsulosin
- tadalafil
- Avodart
- Cialis
- Jalyn
- Proscar

---

* History of Bisphosphonates in 12 Months
### Bronchodilators, Beta Agonist

<table>
<thead>
<tr>
<th>No PA Required</th>
<th>PA Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beta Agonist Inhalers, Long Acting</strong>&lt;br&gt;Serevent (step edit-use of inhaled corticosteroid in past 45 days)</td>
<td><strong>Beta Agonist Inhalers, Long Acting</strong>&lt;br&gt;Striverdi Respimat</td>
</tr>
<tr>
<td><strong>Beta Agonist Inhalers, Short Acting</strong>&lt;br&gt;ProAir HFA</td>
<td><strong>Beta Agonist Inhalers, Short Acting</strong>&lt;br&gt;albuterol sulfate HFA&lt;br&gt;levalbuterol tartrate HFA&lt;br&gt;Aracapa&lt;br&gt;ProAir Resplicick&lt;br&gt;Ventolin HFA&lt;br&gt;Xopenex HFA</td>
</tr>
<tr>
<td><strong>Beta Agonist Nebulizers, Long Acting</strong>&lt;br&gt;n/a</td>
<td><strong>Beta Agonist Nebulizers, Long Acting</strong>&lt;br&gt;Brovana (step edit for failure of long acting inhaler and corticoid steroid)&lt;br&gt;Perforomist (step edit for failure of long acting inhaler and corticoid steroid)</td>
</tr>
<tr>
<td><strong>Beta Agonist Nebulizers, Short Acting</strong>&lt;br&gt;albuterol nebulizer solution</td>
<td><strong>Beta Agonist Nebulizers, Short Acting</strong>&lt;br&gt;levalbuterol&lt;br&gt;Xopenex</td>
</tr>
</tbody>
</table>

### Calcium Channel Blockers

<table>
<thead>
<tr>
<th>No PA Required</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Dihydropyridines</strong>&lt;br&gt;amlodipine</td>
<td><strong>Dihydropyridines</strong>&lt;br&gt;feodipine ER&lt;br&gt;isradipine&lt;br&gt;nicardipine&lt;br&gt;nifedipine/SA&lt;br&gt;nifedipine ER&lt;br&gt;nimodipine&lt;br&gt;nisoldipine&lt;br&gt;Adalat CC&lt;br&gt;Afeditab CR&lt;br&gt;Dynacirc CR&lt;br&gt;Norvasc&lt;br&gt;Nymalize&lt;br&gt;Plendil&lt;br&gt;Procardia/XL&lt;br&gt;Sular</td>
</tr>
<tr>
<td><strong>Non-Dihydropyridines</strong>&lt;br&gt;diltiazem&lt;br&gt;verapamil tablet/ER</td>
<td><strong>Non-Dihydropyridines</strong>&lt;br&gt;diltiazem CD/ER&lt;br&gt;verapamil capsule ER/PM&lt;br&gt;Calan/SR&lt;br&gt;Cardizem/CD/LA&lt;br&gt;Cartia XT&lt;br&gt;Dilacor XR&lt;br&gt;Dilt CD/XR&lt;br&gt;Diltzac ER&lt;br&gt;Matzrin LA&lt;br&gt;Taztia XT&lt;br&gt;Tiazac&lt;br&gt;Verelan/PM</td>
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</tbody>
</table>

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### Cephalosporins
Length of Authorization: 1 Year

<table>
<thead>
<tr>
<th>Status Implementation:</th>
<th>Current Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2007</td>
<td>7/10/2018</td>
</tr>
</tbody>
</table>

**No PA Required**

**Second Generation**
- cefaclor capsule, suspension
- cefprozil tablet, suspension
- cefuroxime tablet

**Third Generation**
- cefdinir capsule, suspension
- Suprax capsules/tablets/chewables
- Suprax suspension

**PA Required**

**Second Generation**
- cefaclor tablet ER

**Third Generation**
- cefixime capsule/suspension
- cefpodoxime suspension
- cefpodoxime tablet

### COPD Agents
Length of Authorization: 1 Year

<table>
<thead>
<tr>
<th>Status Implementation:</th>
<th>Current Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2007</td>
<td>7/10/2018</td>
</tr>
</tbody>
</table>

**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 Magnaix\(^{NR}\)
- Seebri Neohaler
- Spiriva Respimat
- Tudorza pressair
- Utibron Neohaler
- Yupelri\(^{NR}\)

### Cytokine & CAM Antagonists
Length of Authorization: 1 Year

<table>
<thead>
<tr>
<th>Status Implementation:</th>
<th>Current Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/2007</td>
<td>10/19/2018</td>
</tr>
</tbody>
</table>

**No PA Required**

**Cytokine & CAM Antagonist**
- Enbrel cartridge
- Enbrel kit
- Enbrel pen
- Enrel syringe
- Humira kit
- Humira pen kit
- Ilaris
- Ilumya syringe\(^{NR}\)
- Inflectra
- Kevzara
- Kineret
- Olumiant
- Orencia/clickjet/syringe/vial
- Otezla

**PA Required**

**Cytokine & CAM Antagonist**
- Actemra
- Arcalyst
- Cimzia
- Cosentyx
- Envyvio
- Ilaris
- Ilumya syringe\(^{NR}\)
- Inflectra
- Kevzara
- Kineret
- Olumiant
- Orencia/clickjet/syringe/vial
- Xeljanz/XR
<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Authorization Length</th>
<th>Implementation Date</th>
<th>Current Review Date</th>
<th>PA Requirement</th>
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<tbody>
<tr>
<td><strong>Epinephrine, Self-Injected</strong></td>
<td>1 Year</td>
<td>7/1/2013</td>
<td>7/10/2018</td>
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<td>epinephrine 0.15mg (AG Epipen Jr)</td>
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<tr>
<td>epinephrine 0.3mg (AG Epipen)</td>
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<tr>
<td><strong>Erythropoiesis Stimulating Proteins</strong></td>
<td>1 Year</td>
<td>10/15/2007</td>
<td>10/19/2018</td>
<td>No PA Required</td>
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<td>Procrit</td>
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<tr>
<td><strong>Fluoroquinolones</strong></td>
<td>1 Year</td>
<td>7/1/2007</td>
<td>7/10/2018</td>
<td>No PA Required</td>
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<tr>
<td>ciprofloxacin tablet</td>
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<td>levofloxacin tablet</td>
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<tr>
<td>Cipro suspension</td>
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<tr>
<td><strong>GI Motility Agents</strong></td>
<td>1 Year</td>
<td>9/2/2015</td>
<td>7/10/2018</td>
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<td>Amitiza</td>
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<td>Linzess</td>
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<tr>
<td><strong>Fluoroquinolones</strong></td>
<td>1 Year</td>
<td>7/1/2007</td>
<td>7/10/2018</td>
<td>PA Required</td>
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<tr>
<td>ciprofloxacin ER/suspension</td>
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<td>levofloxacin solution</td>
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<td>moxifloxacin</td>
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<tr>
<td><strong>GI Motility Agents</strong></td>
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<td>9/2/2015</td>
<td>7/10/2018</td>
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<tr>
<td>Motegrity&lt;sup&gt;NR&lt;/sup&gt;</td>
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<tr>
<td>Viberzi</td>
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</table>
### 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  
- wixela inhub
- Aerospan  
- Airduo Respliclick  
- Alvesco  
- ArmonAir Respliclick  
- Arnuity Ellipta  
- Asmanex HFA  
- Flovent Diskus  
- Pulmicort Flexhaler  
- QVAR Oral Inhaler  
- QVAR Redihaler

### Glucocorticoid/Beta-Agonist Combo

**Advair Diskus**  
**Dulera**  
**Symbicort**

### 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 (Millipred)  
- prednisolone sodium phosphate solution (Veripred)  
- Cortef  
- Dexpak  
- Dxevo
- 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:** 5/28/2019

<table>
<thead>
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<th>No PA Required</th>
<th>PA Required</th>
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<tbody>
<tr>
<td><strong>Growth Hormone</strong></td>
<td><strong>Growth Hormone</strong></td>
</tr>
<tr>
<td>Genotropin cartridge</td>
<td>Humatrope cartridge</td>
</tr>
<tr>
<td>Genotropin dis syringe</td>
<td>Humatrope vial</td>
</tr>
<tr>
<td>Norditropin pen</td>
<td>Nutropin AQ Pen</td>
</tr>
<tr>
<td></td>
<td>Omnitrope cartridge</td>
</tr>
<tr>
<td></td>
<td>Omnitrope vial</td>
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<tr>
<td></td>
<td>Saizen cartridge</td>
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<tr>
<td></td>
<td>Saizen vial</td>
</tr>
<tr>
<td></td>
<td>Serostim vial</td>
</tr>
<tr>
<td></td>
<td>Zomacton vial</td>
</tr>
<tr>
<td></td>
<td>Zorbutive vial</td>
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</tbody>
</table>

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.*

### H. Pylori Treatment

**Length of Authorization:** 1 Year  
**Status Implementation:** 5/27/2015  
**Current Review Date:** 5/28/2019

<table>
<thead>
<tr>
<th>No PA Required</th>
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<tr>
<td><strong>H. Pylori Treatment</strong></td>
<td><strong>H. Pylori Treatment</strong></td>
</tr>
<tr>
<td>Pylera</td>
<td>lansoprazole/amoxicillin/clarithromycin</td>
</tr>
<tr>
<td></td>
<td>Omeclamox-Pak</td>
</tr>
<tr>
<td></td>
<td>Prevpac</td>
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</table>

### Hepatitis C Agents

**Length of Authorization:** 1 Year  
**Status Implementation:** 10/15/2007  
**Current Review Date:** 7/10/2018

<table>
<thead>
<tr>
<th>No PA Required</th>
<th>PA Required</th>
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</thead>
<tbody>
<tr>
<td><strong>Pegylated Interferons</strong></td>
<td><strong>Pegylated Interferons</strong></td>
</tr>
<tr>
<td>Pegasys</td>
<td>Peg-Intron</td>
</tr>
<tr>
<td></td>
<td>ribavirin dosepak</td>
</tr>
<tr>
<td></td>
<td>Rebetol</td>
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<tr>
<td></td>
<td>Ribapak</td>
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<tr>
<td></td>
<td>Ribasphere 400</td>
</tr>
<tr>
<td></td>
<td>Ribasphere 600</td>
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</tbody>
</table>

### Hepatitis C Agents, Other

**Length of Authorization:** 1 Year  
**Status Implementation:** 10/15/2007  
**Current Review Date:** 7/10/2018

#### Other Hepatitis C Agents

- Daklinza  
- Epclusa  
- Harvoni  
- Sovaldi  
- Technivie  
- Viekira Pak  
- Viekira XR  
- Zepatier

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## Hypoglycemics

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>PA Required</td>
<td>Alpha-Glucosidase Inhibitors</td>
<td>Migliotil</td>
</tr>
<tr>
<td></td>
<td>acarbose</td>
<td>Glyset</td>
</tr>
<tr>
<td></td>
<td>Incretin Mimetics/Enhancers</td>
<td>Precose</td>
</tr>
<tr>
<td></td>
<td>Amylin Analogs</td>
<td>n/a</td>
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<tr>
<td></td>
<td>GLP-1 Receptor Agonists</td>
<td>Bydureon/pen</td>
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<tr>
<td></td>
<td>DPP-IV Inhibitors</td>
<td>Byetta</td>
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<td>Victoza</td>
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<td>Insulins</td>
<td>Basaglar Kwikpen U-100</td>
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<td>Toujeo Solostar</td>
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<td></td>
<td></td>
<td>Toujeo Max Solostar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tresiba Flextouch/vial</td>
</tr>
</tbody>
</table>
### Hypoglycemics - Continued

**Length of Authorization:** 1 Year

**Status Implementation:** 5/1/2007

**Current Review Date:** 5/28/2019

#### No PA Required

**Insulins Short Acting**
- Humulin vial
- Humalog pen/vial
- Humalog Mix pen/vial
- Novolog vial/pen
- Novolog Mix pen
- Novolog Mix vial

#### PA Required

**Insulins Short Acting**
- insulin lispro kwikpen u-100<br>
- insulin lispro<br>
- Admelog<br>
- Admelog Solostar<br>— Afrezza<br>
— Afrezza cartridge<br>
— Apidra vial/solostar<br>— Fiasp<br>— Fiasp Flextouch<br>— Humalog cartridge<br>— Humalog Jr Kwikpen<br>— Humulin pen<br>— Humulin 500<br>— Humulin R U-500 kwikpen<br>— Novolin vial/pen

#### Meglitinides

- nateglinide
- repaglinide

#### Metformins

- metformin
- metformin ER (generic Glucophage XR)

#### No PA Required

**Metformins Combinations**
- glyburide/metformin

#### PA Required

**Metformins Combinations**
- glipizide/metformin
- Glucovance

#### SGLT2 and Combinations

- Farxiga*
- Invokana*
- Jardiance*

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

---

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### Hypoglycemics - Continued

**Length of Authorization:** 1 Year

**Status Implementation:** 5/1/2007

**Current Review Date:** 5/28/2019

<table>
<thead>
<tr>
<th>Group</th>
<th>Medications</th>
<th>TZD</th>
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<tbody>
<tr>
<td><strong>Sulfonylureas</strong></td>
<td>glimepiride</td>
<td>pioglitazone</td>
</tr>
<tr>
<td></td>
<td>glipizide/ER/XL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>chlorpropamide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>tolazamide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>tolbutamide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amaryl</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glucotrol/XL</td>
<td></td>
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<tr>
<td></td>
<td>glyburide/micronized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glynase</td>
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</tr>
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</table>

**TZD**

- pioglitazone

**TZD/Metformin Combinations**

- pioglitazone-metformin
- Actoplus Met
- Actoplus Met XR

**TZD/Sulfonylurea Combinations**

- pioglitazone-glimepride
- pioglitazone-metformin

---

### Immunomodulators, Atopic Dermatitis

**Length of Authorization:** 1 Year

**Status Implementation:** 10/15/2007

**Current Review Date:** 5/28/2019

**No PA Required**

- Elidel
- Protopic

**PA Required**

- Tacrolimus
- Dupixent
- Eucrisa

**TZD/Sulfonylurea Combinations**

- Duetact

---

### Immunomodulators, Topical

**Length of Authorization:** 1 Year

**Status Implementation:** 5/27/2015

**Current Review Date:** 5/28/2019

**No PA Required**

- Imiquimod

**PA Required**

- Podofilox
- Aldara
- Veregen
- Zyclara

---

*The use of single agents are preferred in these subcategories.*

*Step Edit - Failure of topical medium/high anti-inflammatory steroid in the last 3* days.

*The use of single agents are preferred in these subcategories.*
### 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  
- QNasl  
- Sinuva  
- Ticanase  
- Veramyst  
- Xhance  
- Zetonna

#### Antihistamines & Other

- azelastine (generic Astelin)  
- ipratropium (nasal)

#### 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

#### 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

**Cholesterol Absorption Inhibitors**  
- Zetia

**Fibric Acid Derivatives**

- fenofibrate tablet 48 and 145mg (generic Tricor)  
- gemfibrozil

**PCSK9 Inhibitors**

- Praluent pen/syringe  
- Repatha

---

*Return to Index*
### Lipotropics, Other - Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Drugs</th>
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<tbody>
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<td><strong>Status Implementation:</strong></td>
<td>5/1/2007</td>
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<td><strong>Current Review Date:</strong></td>
<td>1/14/2019</td>
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<td><strong>Niacins</strong></td>
<td>Niacin ER</td>
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<td></td>
<td>Niacor</td>
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<td>Niaspan</td>
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<tr>
<td><strong>Omega-3 Fatty Acids</strong></td>
<td>Omega-3 acid ethyl esters</td>
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<tr>
<td></td>
<td>Lovaza</td>
</tr>
<tr>
<td></td>
<td>Vascepa</td>
</tr>
<tr>
<td><strong>Synthesis Inhibitor</strong></td>
<td>Synthesis Inhibitor</td>
</tr>
<tr>
<td></td>
<td>Kynamro</td>
</tr>
<tr>
<td><strong>MTP Inhibitor</strong></td>
<td>MTP Inhibitor</td>
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<tr>
<td></td>
<td>Juxtapid</td>
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### Lipotropics, Statins

<table>
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<tr>
<th>Category</th>
<th>Drugs</th>
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<tbody>
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<td><strong>Length of Authorization:</strong></td>
<td>1 Year</td>
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<tr>
<td><strong>Current Review Date:</strong></td>
<td>1/14/2019</td>
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<td><strong>No PA Required</strong></td>
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<tr>
<td><strong>Statins</strong></td>
<td>atorvastatin</td>
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<td></td>
<td>lovastatin</td>
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<tr>
<td></td>
<td>pravastatin</td>
</tr>
<tr>
<td></td>
<td>rosvastatin</td>
</tr>
<tr>
<td></td>
<td>simvastatin</td>
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<td><strong>PA Required</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Statins</strong></td>
<td>fluvastatin/ER</td>
</tr>
<tr>
<td></td>
<td>Altoprev</td>
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<tr>
<td></td>
<td>Crestor</td>
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<tr>
<td></td>
<td>Lescol/XL</td>
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<tr>
<td></td>
<td>Lipitor (failure on Crestor)</td>
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<tr>
<td></td>
<td>Livalo</td>
</tr>
<tr>
<td></td>
<td>Pravachol</td>
</tr>
<tr>
<td></td>
<td>Zocor</td>
</tr>
<tr>
<td></td>
<td>Zypitamag&lt;sup&gt;NR&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Statin Combinations**

- amlodipine-atorvastatin
- ezetimibe-simvastatin<sup>NR</sup>
- Caduet
- Vytorin

### Macrolides/Ketolides

<table>
<thead>
<tr>
<th>Category</th>
<th>Drugs</th>
</tr>
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<tbody>
<tr>
<td><strong>Length of Authorization:</strong></td>
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</tr>
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<td><strong>Status Implementation:</strong></td>
<td>7/1/2007</td>
</tr>
<tr>
<td><strong>Current Review Date:</strong></td>
<td>7/10/2018</td>
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<tr>
<td><strong>No PA Required</strong></td>
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</tr>
<tr>
<td><strong>Macrolides/Ketolides</strong></td>
<td>azithromycin suspension, tablet</td>
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<tr>
<td></td>
<td>clarithromycin suspension, tablet</td>
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<tr>
<td></td>
<td>E.E.S. 200 suspension</td>
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<tr>
<td><strong>PA Required</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Macrolides/Ketolides</strong></td>
<td>azithromycin packet</td>
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<td>clarithromycin ER</td>
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<tr>
<td></td>
<td>erythromycin base tablet</td>
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<tr>
<td></td>
<td>erythromycin ethylsuccinate susp</td>
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<td>erythromycin ES 400 mg tab</td>
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<td>E.E.S. 400 tablet</td>
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<td>Eryped 200 suspension</td>
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<td>Eryped 400 suspension</td>
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<td></td>
<td>Ery-tab</td>
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<td>Erythrocin</td>
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<td>Zithromax</td>
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### Methotrexate

<table>
<thead>
<tr>
<th>Drug Formulations</th>
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</thead>
<tbody>
<tr>
<td>methotrexate injection</td>
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<tr>
<td>methotrexate PF</td>
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<tr>
<td>methotrexate tablet</td>
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**Status Implementation:** 9/2/2015  
**Current Review Date:** 7/10/2018  
**Length of Authorization:** 1 Year  
**No PA Required**

### Multiple Sclerosis

<table>
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<th>Drug Formulations</th>
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</thead>
<tbody>
<tr>
<td>Avonex</td>
</tr>
<tr>
<td>Avonex pen</td>
</tr>
<tr>
<td>Betaseron kit</td>
</tr>
<tr>
<td>Copaxone 20mg/ml syringe kit</td>
</tr>
<tr>
<td>Rebif</td>
</tr>
<tr>
<td>Rebif Rebidose Pen</td>
</tr>
<tr>
<td>Tecfidera</td>
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**Status Implementation:** 5/15/2008  
**Current Review Date:** 5/28/2019  
**Length of Authorization:** 1 Year  
**No PA Required**

### Narcotic Analgesics, Long-Acting

<table>
<thead>
<tr>
<th>Drug Formulations</th>
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<tbody>
<tr>
<td>fentanyl transdermal 12.5, 20, 75, 100mg</td>
</tr>
<tr>
<td>methadone tab</td>
</tr>
<tr>
<td>morphine ER tab</td>
</tr>
<tr>
<td>Butrans</td>
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<tr>
<td>Embeda</td>
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</table>

**Status Implementation:** 7/1/2007  
**Current Review Date:** 10/19/2018  
**Length of Authorization:** 1 Year  
**Clinical Criteria Applies to this Class/Requires Manual Prior Authorization**

### Narcotic Analgesics, Long-Acting

<table>
<thead>
<tr>
<th>Drug Formulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>methadone conc/sol tab/solution</td>
</tr>
<tr>
<td>morphine ER cap</td>
</tr>
<tr>
<td>morphine ER (Avinza)</td>
</tr>
<tr>
<td>oxycodone HCL ER</td>
</tr>
<tr>
<td>oxymorphone ER</td>
</tr>
<tr>
<td>tramadol ER/SR 24H</td>
</tr>
<tr>
<td>Arymo ER</td>
</tr>
<tr>
<td>Belbuca</td>
</tr>
<tr>
<td>Conzip ER</td>
</tr>
<tr>
<td>Duragesic</td>
</tr>
<tr>
<td>Exalgo</td>
</tr>
<tr>
<td>Hysingla ER</td>
</tr>
<tr>
<td>Kadian</td>
</tr>
<tr>
<td>Morphabond ER</td>
</tr>
<tr>
<td>MS Contin</td>
</tr>
<tr>
<td>Nucynta ER</td>
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<tr>
<td>OxyContin</td>
</tr>
<tr>
<td>Xtampza ER</td>
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<tr>
<td>Zohydro ER</td>
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**Status Implementation:** 7/1/2007  
**Current Review Date:** 10/19/2018  
**Length of Authorization:** 1 Year  
**PA Required**

---

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### Narcotic Analgesics, Short Acting

<table>
<thead>
<tr>
<th>No PA Required</th>
<th>Fentanyl Oral Products</th>
<th>PA Required</th>
<th>Fentanyl Oral Products</th>
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<tbody>
<tr>
<td></td>
<td>fentanyl (buccal)</td>
<td></td>
<td>Abstral</td>
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<tr>
<td></td>
<td>Abstral</td>
<td></td>
<td>Actiq</td>
</tr>
<tr>
<td></td>
<td>Fentora</td>
<td></td>
<td>Onsolis</td>
</tr>
<tr>
<td></td>
<td>Ultracept</td>
<td></td>
<td>Ultram</td>
</tr>
</tbody>
</table>

**No PA Required**

- 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

**Fentanyl Oral Products**

- Fentanyl Oral Products
- fentanyl (buccal)
- Abstral
- Actiq
- Fentora
- Onsolis
- Ultracet
- Ultram

**Other**

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

**Other**

- benzhydrocodone-acetaminophen
- butalbital cmpd 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
- pentazocine/naloxone
- reprexain
- tramadol/APAP
- Apadaz®
- Capital w/codeine

**PA Required**

- Demerol
- Dilauid liquid/tablets
- Hycet
- Ibudone
- Lazanda
- Norco
- Nucynta
- Opana
- Percocet
- Primlev
- Primalev
- Roxicodone
- Roxybond
- Subsys
- Tylenol-Codeine
- Vicoprofen
- Xartemis XR
- Xadol
- Xolox
- Zanpecet

**Some drugs in this class are subject to MME limitations**

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# Neuropathic Pain

<table>
<thead>
<tr>
<th>Length of Authorization: 1 Year</th>
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<tbody>
<tr>
<td></td>
<td>Current Review Date: 1/14/2019</td>
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</tbody>
</table>

## 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**

<table>
<thead>
<tr>
<th>NSAIDs and Combo Products</th>
<th>NSAIDs and Combo Products</th>
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<tbody>
<tr>
<td>diclofenac sodium</td>
<td>celecoxib***</td>
</tr>
<tr>
<td>flurbiprofen</td>
<td>diclofenac epolamine**</td>
</tr>
<tr>
<td>ibuprofen susp/tablet</td>
<td>diclofenac potassium</td>
</tr>
<tr>
<td>indomethacin capsule</td>
<td>diclofenac sodium gel</td>
</tr>
<tr>
<td>ketorolac (oral)</td>
<td>diclofenac SR</td>
</tr>
<tr>
<td>meloxicam tablet</td>
<td>diclofenac SR</td>
</tr>
<tr>
<td>naproxen tablet</td>
<td>diflunisal</td>
</tr>
<tr>
<td>piroxicam</td>
<td>fenoprofen</td>
</tr>
<tr>
<td>sulindac</td>
<td>indomethacin capsule ER</td>
</tr>
<tr>
<td>Voltaren (topical)*</td>
<td>ketoprofen/ER</td>
</tr>
<tr>
<td></td>
<td>meclofenamate**</td>
</tr>
<tr>
<td></td>
<td>mefenamic acid</td>
</tr>
<tr>
<td></td>
<td>meloxicam suspension</td>
</tr>
<tr>
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<td>nabumetone</td>
</tr>
<tr>
<td></td>
<td>naproxen EC</td>
</tr>
<tr>
<td></td>
<td>naproxen sodium</td>
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<tr>
<td></td>
<td>naproxen suspension</td>
</tr>
<tr>
<td></td>
<td>oxaprozin</td>
</tr>
<tr>
<td></td>
<td>tolmetin sodium caps/tabs</td>
</tr>
<tr>
<td></td>
<td>Arthrotec</td>
</tr>
<tr>
<td></td>
<td>Voltaren (topical)*</td>
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</table>

**NSAIDS and Combo Products**  

<table>
<thead>
<tr>
<th>NSAIDs and Combo Products</th>
<th>NSAIDs and Combo Products</th>
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</thead>
<tbody>
<tr>
<td>diclofenac potassium</td>
<td>Dermaclin TX Lexitral</td>
</tr>
<tr>
<td>diclofenac sodium gel</td>
<td>Duexis</td>
</tr>
<tr>
<td>diclofenac SR</td>
<td>Feldene</td>
</tr>
<tr>
<td>diclofenac epolamine**</td>
<td>Daypro</td>
</tr>
<tr>
<td>diclofenac potassium</td>
<td>Daypro</td>
</tr>
<tr>
<td>diclofenac sodium gel</td>
<td>Duexis</td>
</tr>
<tr>
<td>diclofenac potassium</td>
<td>Daypro</td>
</tr>
<tr>
<td>diclofenac SR</td>
<td>Feldene</td>
</tr>
<tr>
<td>diclofenac epolamine**</td>
<td>Daypro</td>
</tr>
<tr>
<td>diflunisal</td>
<td>Indocin supp/suspension</td>
</tr>
<tr>
<td>etodolac</td>
<td>Mobic</td>
</tr>
<tr>
<td>fenoprofen</td>
<td>Nalfon</td>
</tr>
<tr>
<td>indomethacin capsule ER</td>
<td>Naprelan</td>
</tr>
<tr>
<td>ketoprofen/ER</td>
<td>Naprosyn/EC</td>
</tr>
<tr>
<td>meclofenamate**</td>
<td>**Pennsaid</td>
</tr>
<tr>
<td>mefenamic acid</td>
<td><strong>Pennsaid solution packet</strong></td>
</tr>
<tr>
<td>meloxicam suspension</td>
<td>Qmiiz ODT**</td>
</tr>
<tr>
<td>nabumetone</td>
<td>Sprix</td>
</tr>
<tr>
<td>naproxen EC</td>
<td>Tivorbex</td>
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<td>naproxen sodium</td>
<td>Vimovo</td>
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<td>naproxen suspension</td>
<td>Vivodex</td>
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<tr>
<td>oxaprozin</td>
<td>Vopac MDS (topical)</td>
</tr>
<tr>
<td>tolmetin sodium caps/tabs</td>
<td>Xrylix kit</td>
</tr>
<tr>
<td>Arthrotec</td>
<td>Zipsor</td>
</tr>
<tr>
<td></td>
<td>Zorvolex</td>
</tr>
</tbody>
</table>

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

* Failure of an oral NSAID  
** Failure of Voltaren gel

---

### Ophthalmics

**Length of Authorization:** 1 Year  
**Status Implementation:** 10/15/2007  
**Current Review Date:** 10/19/2018

**No PA Required**

**Allergic Conjunctivitis**

| PA Required
<table>
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<td>Alrex</td>
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<td>Bepreve</td>
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<td>Elestat</td>
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<tr>
<td>Emadine</td>
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<td>Lastacaft</td>
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<tr>
<td>Pataday</td>
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<td>Patanol</td>
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<td>Zaditor</td>
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### Ophthalmics - Continued

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<th>Antibiotics</th>
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<th>Current Review Date:</th>
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<tbody>
<tr>
<td>bacitracin/polymixin ointment</td>
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<td>10/19/2018</td>
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<tr>
<td>ciprofloxacin solution</td>
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<tr>
<td>erythromycin ophth</td>
<td></td>
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<tr>
<td>gentamicin drops/ointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>polymixin/trimethoprim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sulfacetamide solution</td>
<td></td>
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</tr>
<tr>
<td>tobramycin ophth</td>
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<tr>
<td>Moxeza</td>
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<tr>
<td>Ocuflox</td>
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<tr>
<td>Tobrex ointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vigamox</td>
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**No PA Required**

**Antibiotics**
- bacitracin/polymixin ointment
- ciprofloxacin solution
- erythromycin ophth
- gentamicin drops/ointment
- polymixin/trimethoprim
- sulfacetamide solution
- tobramycin ophth
- Moxeza
- Ocuflox
- Tobrex ointment
- Vigamox

**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
- Polytrim
- Tobrex drops
- Zymaxid

**Glaucoma**

**Alpha-2 Adrenergic Agonists**
- apradondine
- brimonidine 0.2%
- Alphagan P

**Beta Blockers**
- betaxolol
- beta-bloc (gen timolol maleate)
- Betagan
- Betoptic S
- Istalol
- Ocupress
- Rhopressa
- Timoptic/XE

**Carbonic Anhydrase Inhibitors**
- dorzolamide
- dorzolamide/timolol
- Azopt
- Simbrinza

**Prostaglandin Agonists**
- latanoprost
- Travatan/Z

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### Ophthalmics, Antibiotic-Steroid Combinations

<table>
<thead>
<tr>
<th>Length of Authorization: 1 Year</th>
<th>Status Implementation: 1/22/2018</th>
<th>Current Review Date: 10/19/2018</th>
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<tr>
<td><strong>Antibiotic-Steroid Combinations</strong></td>
<td>neomycin/polymyxin/dexamethasone</td>
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<tr>
<td></td>
<td>Tobradex suspension</td>
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<td><strong>PA Required</strong></td>
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<tr>
<td><strong>Antibiotics-Steroid Combinations</strong></td>
<td>neomycin/bacitracin/poly/HC</td>
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<tr>
<td></td>
<td>neomycin/polymyxin/HC</td>
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<tr>
<td></td>
<td>sulfacetamide/prednisolone</td>
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<td></td>
<td>tobramycin/dexamethasone suspension</td>
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<tr>
<td></td>
<td>Blephamide</td>
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<td>Blephamide S.O.P.</td>
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<td>Maxitrol ointment</td>
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<td>Pred-G drops suspension</td>
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<td>Tobradex ointment</td>
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<td>Tobradex ST</td>
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### Ophthalmic Anti-Inflammatories

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<td>Maxidex</td>
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<td>Nevanac</td>
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<td>Pred Mild</td>
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<td>dexamethasone</td>
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<td>ketorolac ophth 0.4 (LS)</td>
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<td>loteprednol etabonate\textsuperscript{SR}</td>
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<tr>
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<th><strong>Status Implementation:</strong> 10/19/2018</th>
<th><strong>Current Review Date:</strong> 10/19/2018</th>
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<th><strong>Status Implementation:</strong> 10/19/2018</th>
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<th><strong>Otic Anti-Infectives &amp; Anesthetics</strong></th>
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**Return to Index**
### Pancreatic Enzymes
Length of Authorization: 1 Year

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<tr>
<td>No PA Required</td>
<td>Creon, Zenpep</td>
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<tr>
<td>PA Required</td>
<td>Pancreaze, Pertzye, Viokace</td>
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Status Implementation: 5/11/2012
Current Review Date: 5/28/2019

### Phosphate Binders
Length of Authorization: 1 Year

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<tr>
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<th>Phosphate Binders</th>
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<tbody>
<tr>
<td>No PA Required</td>
<td>calcium acetate capsule/tablet, Renagel, Renvela tablets</td>
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<tr>
<td>PA Required</td>
<td>lanthanum carbonate, sevelamer carbonate, sevelamer HCL 800 MG tablet, Auryxia, Eliphos, Fosrenol powder pack, Fosrenol tablet chewable, Phoslyra, Renvela powder pack, sevelamer carbonate powder pack, Velphoro</td>
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Status Implementation: 10/15/2007
Current Review Date: 10/19/2018

### Platelet Inhibitors
Length of Authorization: 1 Year

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<th>PA Required</th>
<th>Platelet Inhibitors</th>
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<tbody>
<tr>
<td>No PA Required</td>
<td>clopidrogel, dipyridamole, prasugrel, Brilinta</td>
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<tr>
<td>PA Required</td>
<td>aspirin-dipyridamole, aspirin-dipyridamole ER, ticlopidine, Aggrenox, Effient, Plavix, Yosprala, Zontivity</td>
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</table>

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

### Progestins for Cachexia
Length of Authorization: 1 Year

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<tr>
<th>PA Required</th>
<th>Progestins for Cachexia</th>
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<tbody>
<tr>
<td>No PA Required</td>
<td>megestrol suspension, megestrol tablets</td>
</tr>
<tr>
<td>PA Required</td>
<td>Megace ES, megestrol suspension (Megace ES)</td>
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</tbody>
</table>

Status Implementation: 1/22/2018
Current Review Date: 1/14/2019

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### Proton Pump Inhibitors
Length of Authorization: 1 Year


#### No PA Required
**Proton Pump Inhibitors**
- omeprazole
- pantoprazole
- Nexium suspension

#### PA Required
**Proton Pump Inhibitors**
- esomeprazole capsules/kit
- esomeprazole strontium
- lansoprazole capsules
- rabeprazole sodium tablet
- Aciphex tablet/sprinkle
- Dexilant
- Esomep-EZSNR
- Nexium capsules
- Prevacid capsules/solutabs
- Prilosec suspension
- Prilosec
- Protonix
- Protonix suspension
- Zegerid

### Pulmonary Arterial Hypertension Agents
Length of Authorization: 1 Year

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

#### No PA Required
**Pulmonary Arterial Hypertension Agents**
- sildenafil
- Letairis

#### PA Required
**Pulmonary Arterial Hypertension Agents**
- ambrisentan\textsuperscript{NR}
- bosentan\textsuperscript{NR}
- tadalafil\textsuperscript{NR}
- Adcirca
- Adempas
- Opsumit
- Orentram ER
- Revatio
- Tracleer
- Tyvaso
- Upravi
- Ventavis

*Clinical PA over 21 years of age. Specific PA form is on the EOHHS website.*

### Rosacea Agents, Topical
Length of Authorization: 1 Year

| Status Implementation: 01/02/2018 | Current Review Date: 01/14/2019 |

#### No PA Required
**Finacea gel**
- azelaic acid\textsuperscript{NR}
- metronidazole cream
- metronidazole gel (AG)
- metronidazole gel
- metronidazole lotion
- Finacea foam
- Metrololion
- Mirvaso
- Noritate
- Rhofade
- Rosadan kit
- Soolantra

#### PA Required
### Sedative Hypnotics

**Length of Authorization:** 1 Year  
**Status Implementation:** 7/1/2007  
**Current Review Date:** 7/10/2018

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<tr>
<th><strong>No PA Required</strong></th>
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<tr>
<td><strong>Sedative Hypnotics</strong></td>
<td><strong>Sedative Hypnotics</strong></td>
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<tr>
<td>temazepam 15 &amp; 30 mg</td>
<td>eszopiclone</td>
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<tr>
<td>zolpidem</td>
<td>estazolam</td>
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<tr>
<td></td>
<td>flurazepam</td>
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<tr>
<td></td>
<td>temazepam 7.5 &amp; 22.5 mg</td>
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<td>zaleplon</td>
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<td>zolpidem ER</td>
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<td>zolpidem SL</td>
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<td>Ambien/CR</td>
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<td>Rozerem</td>
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<td>Silenor</td>
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<td>Sonata</td>
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<td>Zolpidist</td>
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**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

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<td><strong>Skeletal Muscle Relaxants</strong></td>
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<tr>
<td>baclofen</td>
<td>cyclobenzaprine HCL ER&lt;sup&gt;NR&lt;/sup&gt;</td>
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<td>chlorzoxazone</td>
<td>dantrolene</td>
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<td>cyclobenzaprine</td>
<td>metaxalone&lt;sup&gt;NR&lt;/sup&gt;</td>
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<td>methocarbamol</td>
<td>orphenadrine citrate ER</td>
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<td>tizanidine tablet</td>
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<td>Amrix</td>
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<td></td>
<td>Zanaflex</td>
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</table>

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

**triadobenzene citrate ER**

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

---

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**Steroids**

Length of Authorization: 1 Year

<table>
<thead>
<tr>
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<td><strong>Topical High</strong></td>
<td><strong>Topical High</strong></td>
</tr>
<tr>
<td>betamethasone dipropionate cream/lotion</td>
<td>amcinonide cream, lotion, ointment</td>
</tr>
<tr>
<td>betamethasone valerate cream, ointment</td>
<td>betamethasone dipropionate gel, ointment</td>
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<tr>
<td>triamcinolone acetonide cream, lotion, ointment</td>
<td>betamethasone dipropionate/prop gly cream, lotion, ointment</td>
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<tr>
<td>betamethasone dipropionate cream, lotion, ointment</td>
<td>betamethasone valerate ointment</td>
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</table>

- dermazone
- desoximetasone cream, gel, ointment
- diflorasone diacetate cream, ointment
- fluocinonide cream, emollient, gel, ointment, solution
- triamcinolone/dimethicone
- Dermacinx Silazone
- Dermasorb TA
- Diprolene AF
- Diprolene lotion, ointment
- Elizia Pak
- Halog cream, ointment
- Kenalog aerosol
- Psorcon
- Sanaderm Rx
- Sernivo spray
- Silazone-II
- Topicort cream, ointment, spray
- Trianex
- Vanos

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<thead>
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<tr>
<td>alclometasone dipropionate ointment</td>
<td>alclometasone dipropionate cream</td>
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<td>hydrocortisone cream 1% rx</td>
<td>desonide cream</td>
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<tr>
<td>hydrocortisone lotion 1% rx</td>
<td>desonide lotion</td>
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<tr>
<td>hydrocortisone ointment 1% rx</td>
<td>desonide ointment</td>
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<tr>
<td>fluocinolone 0.01% oil</td>
<td>fluocinolone acetate/urea 1%</td>
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<tr>
<td>hydrocortisone/aloe gel 1%</td>
<td>hydrocortisone/min oil/pet oint 1%</td>
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<td>hydrocortisone/min oil/pet oint 1%</td>
<td>micort-HC 2.5% cream</td>
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<td>tridesilon</td>
<td>tridesilon</td>
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<td>Aqua-Glycolic HC</td>
<td>Aqua-Glycolic HC</td>
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<td>Capex Shampoo</td>
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<td>Dermasorb HC</td>
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<td>Derma-Smoother-FS</td>
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<td>Desonate gel</td>
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<td>Texacort</td>
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</table>

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### Steroids - Continued

**Length of Authorization:** 1 Year

| Status Implementation: 5/31/2013 | Current Review Date: 5/28/2019 |

#### No PA Required

**Topical Medium**

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

#### PA Required

**Topical Medium**

- betamethasone valerate foam
- clocortolone
- fluocinolone acetonide cream
- fluocinolone acetonide ointment
- fluocinolone acetonide solution
- flurandrenolide
- fluticasone propionate lotion
- hydrocortisone valerate cream

-Synalar cream & ointment kit, solution

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</thead>
<tbody>
<tr>
<td>Hydrocortisone butyrate cream, emollient, lotion, ointment</td>
<td>Synalar cream &amp; ointment kit, solution</td>
</tr>
</tbody>
</table>

#### No PA Required

**Topical Very High**

- clobetasol propionate cream, gel
- clobetasol propionate ointment
- clobetasol solution
- halobetasol propionate cream
- halobetasol propionate ointment

#### PA Required

**Topical Very High**

- clobetasol emollient
- clobetasol lotion
- clobetasol shampoo
- clobetasol propionate foam
- clobetasol propionate spray
- halobetasol propionate foam
- Apexecon E
- Bryhali
- Lexette
- Clobex lotion, shampoo, spray
- Clodan/kit
- Olux
- Olux E
- Temovate ointment

- Ultravate ointment, lotion
- Ultravate X PAC cream, ointment

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### Stimulants and Related Agents

**Length of Authorization:** 1 Year  
**Status Implementation:** 1/15/2008  
**Current Review Date:** 10/19/2018

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<td><strong>Stimulants and Related Agents</strong></td>
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<tr>
<td>amphetamine salt combo</td>
<td>amphetamine salt combo ER</td>
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<tr>
<td>atomoxetine</td>
<td>amphetamine sulfate tablet</td>
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<tr>
<td>dextroamphetamine tab</td>
<td>armodafinil</td>
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<tr>
<td>guanfacine ER</td>
<td>clonidine ER</td>
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<tr>
<td>methylphenidate IR</td>
<td>dextmethylphenidate</td>
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<td>Adderall XR</td>
<td>dextmethylphenidate XR</td>
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<td>Aptensio XR</td>
<td>dextroamphetamine solution/cap ER</td>
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<td>Concerta</td>
<td>methamphetamine</td>
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<td>Daytrana</td>
<td>methylphenidate CD</td>
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<td>Focalin</td>
<td>methylphenide ER cap (generic Ritalin LA)</td>
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<tr>
<td>Focalin XR</td>
<td>methamphetamine ER 18,27,36,54 mg</td>
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<tr>
<td>Provigil</td>
<td>methamphetamine ER 18,27,36,54 mg (AG)</td>
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<td>Quillichew ER</td>
<td>methylphenidate tablet</td>
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<td>Quillivant XR</td>
<td>methylphenidate solution/chevable</td>
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<td>Vyvanse capsule</td>
<td>modafanil</td>
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<td>Vyvanse chewable</td>
<td>Adzenys XR ODT/suspension</td>
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<td>Cotempla XR ODT</td>
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<td>Desoxyn</td>
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<td>Dexedrine</td>
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<td>Dyanavel XR</td>
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<td>Evekeo</td>
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<td>Intuniv</td>
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<td>Metadate ER</td>
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<td>Methylphine solution</td>
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<td>Nuvigil</td>
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<td>Strattera</td>
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<td>Zenzedi</td>
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</tbody>
</table>

* 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.
<table>
<thead>
<tr>
<th>No PA Required</th>
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<tr>
<td><strong>Miscellaneous Topicals</strong></td>
<td><strong>Miscellaneous Topicals</strong></td>
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<tr>
<td>clindamycin/benzoyl peroxide (generic Duac)</td>
<td>clindamycin/benzoyl peroxide (Acanya) w/pump</td>
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<tr>
<td>clindamycin phosphate med swab</td>
<td>clindamycin phosphate gel, foam, lotion</td>
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<tr>
<td>clindamycin phosphate solution</td>
<td>sulfacetamide sodium/sulfur sunscreen</td>
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<tr>
<td>erythromycin solution</td>
<td>sulfacetamide sodium/sulfur suspension</td>
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<tr>
<td>Acne clearing system</td>
<td>Duac</td>
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<tr>
<td>Aczone</td>
<td>sulfacetamide/sulfur/cleanser kit</td>
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<tr>
<td>Aczone gel/w pump</td>
<td>Sumaxin CP kit</td>
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<tr>
<td>Ovace Plus Cleanser ER</td>
<td>tazoratene 0.1% cream</td>
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<td>Avar Foam</td>
<td>Retin-A gel</td>
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<td>Ovace Plus Lotion</td>
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<td>Avar LS Medicated Pad</td>
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<td>Ovace Plus wash</td>
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<td>Avar-E</td>
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<td>Benzacine</td>
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<td>sulfacetamide/sulfur suspension</td>
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<td>sulfacetamide cleanser</td>
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<td>clindamycin/benzoyl peroxide (Acanya) w/pump</td>
<td>sulfacetamide shampoo</td>
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<td>clindamycin/benzoyl peroxide (Benzaclin)</td>
<td>sulfacetamide sodium cleanser ER</td>
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<td>erythromycin med swab</td>
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<td>Evoclin</td>
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**Topical Acne**
Length of Authorization: 1 Year
Status Implementation: 5/15/2008
Current Review Date: 05/28/2019

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### Topical Antivirals

<table>
<thead>
<tr>
<th>Product</th>
<th>PA Required Status</th>
<th>Length of Authorization: 1 Year</th>
<th>Status Implementation:</th>
<th>Current Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zovirax cream</td>
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<td>10/15/2008</td>
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<td>acyclovir ointment</td>
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<td>Denavir</td>
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<td>Xerese</td>
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<tr>
<td>Zovirax ointment</td>
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### Topical Antipsoriatics

<table>
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<th>Product</th>
<th>PA Required Status</th>
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<th>Status Implementation:</th>
<th>Current Review Date:</th>
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<td>Calcitrene</td>
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### Ulcerative Colitis

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<tr>
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<tr>
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<td>Uceris rectal</td>
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**NR** indicates that a product has not been reviewed by the P & T Committee, but EOHHS policy states that new products