

KEHP Value Formulary Drugs Requiring Prior Authorization – Non Specialty

Category	Drug Name	Prior Authorization Effective Date	Prior Authorization Date of Removal
Allergenic Extracts	Oralair	1/1/2020	N/A
Anabolic Steroids	Anadrol-50, Oxandrin	1/1/2020	N/A
Antidiabetic	Fortamet/Glumetza (brand and generic)	1/1/2020	N/A
Anti-Fungal	Vfend (voriconazole)	1/1/2020	N/A
Anti-Fungals – Imidazole Related	Noxafil (posaconazole)	7/1/2020	N/A
Antihistamine	carbinoxamine 6mg tab	1/1/2020	N/A
Anti-Infectives	Difidic, Zyvox (linezolid)	1/1/2020	N/A
Anti-Infectives	Daraprim	10/1/2020	N/A
Anti-Inflammatory oral	Naprelan CR and generic equivalents, fenoprofen 200mg	1/1/2020	1/1/2023
Anti-inflammatory topical	fluocinonide 0.1% cream	1/1/2020	1/1/2023
Anti-inflammatory topical	flurandrenolide, hydrocortisone butyrate, hydrocortisone 1% ointment	1/1/2020	N/A
Antiobesity	Adipex-P, Benzphetamine, Bontril SR, Bontril PDM, Contrave, Didrex, Diethylpropion, Phendimetrazine/ER/SR, Phentermine, Qsymia, Regimex, Suprenza, Xenical, Saxenda, Wegovy, Zepbound	1/1/2020	N/A
	Belviq, Belviq XR	1/1/2020	Withdrawn from market 2/19/2020
Antiparasitic	Ivermectin tablets	10/14/2021	N/A
BPH	Cialis 2.5mg and 5mg	1/1/2020	N/A
Cardiovascular - Anti-hyperlipidemics	Vascepa	4/1/2020	3/31/2021
Chelating Agents	Cuprimine (penicillamine), Syprine (trientine)	7/1/2020	N/A
Constipation	lactulose packets	1/1/2020	1/1/2023
Cough suppressant	benzonatate 150mg	1/1/2020	N/A
Dermatologicals	oxiconazole	4/1/2020	N/A
Diabetes Amylin Analogs	SymLinPen	1/1/2020	N/A
Diabetes Continuous Blood Glucose Monitors	Dexcom	1/1/2022	N/A
Diabetes DPP-4 Inhibitors	alogliptin benzoate, Januvia	1/1/2020	N/A
Diabetes DPP-4 Inhibitor Combinations	alogliptin-metformin, alogliptin-pioglitazone, Janumet, Janumet XR	1/1/2020	N/A
Diabetes Insulin Mimetic	Ozempic, Rybelsus, Trulicity, Victoza, Mounjaro	1/1/2020	N/A
Diabetes Insulin/GLP-1 Combo	Soliqua	1/1/2020	N/A
Diabetes SGLT2 Inhibitors	Farxiga, Jardiance	1/1/2020	N/A
Diabetes SGLT2 Inhibitor/Biguanide Combinations	Xigduo XR, Synjardy, Synjardy XR	1/1/2020	N/A
Diabetes SGLT2 Inhibitor/DPP-4 Inhibitor Combinations	Glyxambi	1/1/2020	N/A
Diabetes SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide Combinations	Trijardy XR	10/1/2020	N/A
Diclofenac Products	Solaraze, Pennsaid, Voltaren gel and associated diclofenac topical generics	1/1/2020	N/A
Dry Eye Disease	Xiidra	10/1/2022	N/A
Fibromyalgia	Savella	1/1/2020	N/A
GI Agents - IBD	Xifaxan 550	1/1/2020	N/A
GI Agents - Enzyme Replacement	Sucraid	4/1/2023	N/A
Isotretinoin	Absorica, Amnesteem, Claravis, Myorisan, Zenatane	1/1/2020	N/A
Isotretinoin	Absorica LD	2/3/2020	N/A
Keratoconjunctivitis	Cequa, Restasis	10/1/2022	N/A
Migraine	Aimovig	1/1/2020	12/31/2021 (formulary exclusion)
	Aimovig	1/1/2023	N/A
	Ajovy	1/1/2022	N/A
	Emgality	1/1/2021	N/A
Muscle relaxant	Chlorzoxazone 250mg	1/1/2020	1/1/2023
Narcolepsy	armodafinil, modafinil	1/1/2020	N/A
Nutritional Errors of Inborn Metabolism or Genetic Condition	Includes medically necessary enteral nutritional supplement products and pediatric/multi-vitamins	1/1/2020	N/A
Opioid Analgesics	Belbuca	1/1/2020	N/A
Opioid Dependence	buprenorphine sublingual	1/1/2020	N/A
Opioids	Prior authorization may be required for long-acting opioids (Ex: Opana ER, Oxycontin, MS Contin) or those at higher strengths (Ex: Oxycontin 80mg) for safety purposes. This does not apply to members who have cancer, sickle cell or palliative care needs, as documented by their physician.	1/1/2020	N/A
Oral & intranasal fentanyl products (Pain/Inflammation)	fentanyl lozenges, oral/intranasal fentanyl products (Ex: Abstral, Actiq,Fentora, Lazanda, Onsolis, Subsys)	1/1/2020	N/A
Pheochromocytoma Agents	Dibenzyline (phenoxybenzamine)	7/1/2020	N/A
PPI	Zegerid (brand and generic)	1/1/2020	N/A
Renal (Kidney) Disease (CKD)	Kerendia	4/1/2022	N/A
Retinoids	≥ 35 years of age requires PA: Atralin, Altreno, Avita, Fabior, Retin-A, Retin-A Micro, Tretin-X, Tretinoin, Veltin, Ziana	1/1/2020	N/A
Seizures	Onfi, Sympazan (clobazam)	1/1/2020	N/A
Select Artificial Saliva Med Devices RX Only	Artificial Saliva packets and solutions	1/1/2020	1/1/2021 (plan benefit exclusion)
Select Medical Devices RX Only	Mugard; Various	1/1/2020	1/1/2021 (plan benefit exclusion)
Skin Condition	doxepin 5% cream (brands: Prudoxin, Zonalon)	1/1/2020	N/A
Testosterone Products	Enanthate injection, cypionate injection, topical gel, topical cream, topical ointment, topical solution, transdermal patch, nasal gel, mucoadhesive buccal system, propionate implant pellets	1/1/2020	N/A
Topical Pain	Lidoderm (lidocaine patch 5%), ZTlido (lidocaine topical system)	4/1/2021	N/A