

KEHP Advanced Control Formulary Drugs Requiring Prior Authorization - Non-Specialty Medications

| Category | Drug Name | Prior Authorization Effective Date | Prior Authorization Date of Removal | Comments |
|--|---|------------------------------------|-------------------------------------|-------------------------------|
| Anabolic Steroids | Anadrol-50, Oxandrin | 1/1/2020 | N/A | |
| Antidiabetic | Fortamet/Glumetza (brand and generic) | 1/1/2020 | N/A | |
| Antifungal | Jublia, Kerydin | 1/1/2020 | 7/1/2020 | Plan Exclusion as of 7/1/2020 |
| Anti-Fungal | V-Fend | 1/1/2020 | N/A | |
| Antihistamine | Carbinoxamine 6mg | 1/1/2020 | N/A | |
| Antiobesity | Adipex-P, Belviq, Benzphetamine, Bontril SR, Bontril PDM, Contrave, Didrex, Diethylpropion, Phendimetrazine/ER/SR, Phentermine, Qsymia, Regimex, Suprenza, Xenical, Saxenda | 1/1/2020 | N/A | |
| BPH | Cialis 2.5mg and 5mg | 1/1/2020 | N/A | |
| Compounds | >\$300 and qty limit of 1 unique ingredient per 25 days | 1/1/2020 | N/A | |
| Constipation | lactulose packets | 1/1/2020 | N/A | |
| Corticosteroid | fluocinonide 0.1% cream, flurandrenolide, hydrocortisone butyrate, hydrocortisone 1% ointment | 1/1/2020 | N/A | |
| Cough suppressant | benzonatate 150mg | 1/1/2020 | N/A | |
| Diclofenac Products | Solaraze, Pennsaid and associated diclofenac generics | 1/1/2020 | N/A | |
| Dry eye | Restasis | 1/1/2020 | N/A | |
| Isotretinoins | Amnesteem, Claravis, Myorisan, Zenatane | 1/1/2020 | N/A | |
| Isotretinoins | Absorica | 1/1/2020 | 7/1/2020 | Plan Exclusion as of 7/1/2020 |
| Isotretinoins | Absorica LD | 2/3/2020 | 7/1/2020 | Plan Exclusion as of 7/1/2020 |
| Migraine | Ajovy, Aimovig, Emgality | 1/1/2020 | N/A | |
| Miscellaneous | Regranex | 1/1/2020 | N/A | |
| Muscle relaxant | Chlorzoxazone 250mg | 1/1/2020 | N/A | |
| Narcolepsy | Provigil (modafinil), Nuvigil (armodafinil), Xyrem | 1/1/2020 | N/A | |
| NSAID | Naprelan CR and generic equivalents, fenoprofen 200mg | 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 Dependence | buprenorphine products | 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 | Abstral, Actiq, Fentora, Lazanda, Onsolis, Subsys | 1/1/2020 | N/A | |
| PPI | Zegerid (brand and generic) | 1/1/2020 | 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 | |
| Skin conditions | doxepin 5% cream (Zonalon, Prudoxin) | 1/1/2020 | N/A | |
| Testosterone - oral | Methyltestosterone, fluoxymesterone | 1/1/2020 | N/A | |
| Testosterone - topical / buccal | AndroGel, Androderm, Axiron, Fortesta, Natesto Nasal Gel, Striant, Testim, Vogelxo Topical Gel, Testosterone Oint, Testosterone Cream, Testosterone powder for compounding | 1/1/2020 | N/A | |
| Vitamin D analogs | Calcipotriene, Calcitrene, Dovonex, Enstilar, Sorilux, Taclonex, Vectical | 1/1/2020 | N/A | |