

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	V-Fend	1/1/2020	N/A
Anti-Fungals – Imidazole Related	posaconazole	7/1/2020	N/A
Antihistamine	carbinoxamine 6mg tab	1/1/2020	N/A
Anti-Infectives	Difcid, linezolid	1/1/2020	N/A
Anti-Inflammatory oral	Naprelan CR and generic equivalents, fenoprofen 200mg	1/1/2020	N/A
Anti-inflammatory topical	fluocinonide 0.1% cream, flurandrenolide, hydrocortisone butyrate, hydrocortisone 1% ointment	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
Cardiovascular - Anti-hyperlipidemics	Vascepa	4/1/2020	N/A
Chelating Agents	penicillamine, trientine	7/1/2020	N/A
Constipation	lactulose packets	1/1/2020	N/A
Cough suppressant	benzonatate 150mg	1/1/2020	N/A
Dermatologicals	oxiconazole	4/1/2020	N/A
Diabetes DPP-4 Inhibitor	alogliptin benzoate, Januvia, Glyxambi	1/1/2020	N/A
Diabetes DPP-4 Inhibitor Combination	alogliptin-metformin, alogliptin-pioglitazone, Janumet, Janumet XR	1/1/2020	N/A
Diabetes Insulin Mimetic	Ozempic, Trulicity, Victoza	1/1/2020	N/A
Diabetes Insulin/GLP-1 Combo	Soliqua	1/1/2020	N/A
Diabetes SGLT2	Farxiga, Jardiance	1/1/2020	N/A
Diabetes SGLT2 Combinations	Xigduo XR, Synjardy, Synjardy XR	1/1/2020	N/A
Diclofenac Products	Solaraze, Pennsaid, Voltaren gel and associated diclofenac topical generics	1/1/2020	N/A
Fibromyalgia	Savella	1/1/2020	N/A
GI Agents - IBD	Viberzi, Xifaxan 550	1/1/2020	N/A
Isotretinoin	Absorica, Amnesteem, Claravis, Myorisan, Zenatane	1/1/2020	N/A
Isotretinoin	Absorica LD	2/3/2020	N/A
Migraine	Aimovig	1/1/2020	N/A
Muscle relaxant	Chlorzoxazone 250mg	1/1/2020	N/A
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
Pain/Inflammation	fentanyl lozenges	1/1/2020	N/A
Pheochromocytoma Agents	DIBENZYLINE (phenoxybenzamine)	7/1/2020	N/A
PPI	Zegerid (brand and generic)	1/1/2020	N/A
Retinoids	≥ 35 years of age requires PA: Atraline, Altreno, Avita, Fabior, Retin-A, Retin-A Micro, Tretin-X, Tretinoin, Veltin, Ziana	1/1/2020	N/A
Seizures	clobazam	1/1/2020	N/A
Select Artificial Saliva Med Devices RX Only	Artificial Saliva packets and solutions	1/1/2020	N/A
Select Medical Devices RX Only	Mugard; Various	1/1/2020	N/A
Skin Condition	doxepin 5% cream	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