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<https://www.kdhe.ks.gov/206/General-Clinical-Prior-Authorization>

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INHALATION AGENTS	
Anticholinergics for the Maintenance Treatment of COPD	
Preferred	Non-Preferred, Prior Authorization Required
Atrovent® HFA (ipratropium bromide) Ipratropium Bromide nebulizer solution Incruse Ellipta® (umeclidinium bromide) Spiriva® Handihaler® (tiotropium) Spiriva® Respimat (tiotropium)	Lonhala™ Magnair™ (glycopyrrolate) Seebri Neohaler® (glycopyrrolate) Tudorza PressAir® (aclidinium) Yupelri™ (revefenacin)
Beta ₂ -Agonists - Long-Acting	
Preferred	Non-Preferred, Prior Authorization Required
Brovana® (arformoterol) for ages ≥ 65 years old Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Striverdi® Respimat® (olodaterol)
Beta ₂ -Agonists - Short-Acting	
Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol) ProAir HFA® (albuterol) Proventil® HFA (albuterol) Proventil® (albuterol) Inhalation Solution Ventolin HFA® (albuterol) Ventolin® (albuterol) Inhalation Solution	ProAir® Digihaler™(albuterol) ProAir RespiClick® (albuterol) Xopenex® (levalbuterol) Inhalation Solution Xopenex HFA® (levalbuterol)
Beta ₂ -Agonists - Long-Acting/Anticholinergics	
Preferred	Non-Preferred, Prior Authorization Required
Bevespi Aerosphere™ (glycopyrrolate/formoterol) Stiolto® Respimat® (tiotropium/olodaterol)	Duaklir® Pressair® (aclidinium/formoterol) Anoro Ellipta® (umeclidinium/vilanterol)
Beta ₂ -Agonists - Long-Acting/Corticosteroids	
Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol) Advair® HFA (fluticasone/salmeterol) Breo Ellipta® (fluticasone/vilanterol) Dulera® (formoterol/mometasone) Symbicort® (budesonide/formoterol)	Airduo® Digihaler® (fluticasone/salmeterol) Airduo® Respiclick® (fluticasone/salmeterol)
COPD Agents – Triple Therapy	
Preferred	Non-Preferred, Prior Authorization Required
Trelegy (fluticasone/umeclidinium/vilanterol)	Breztri™ (budesonide/glycopyrrolate/formoterol)



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INHALATION AGENTS (CONTINUED)

Corticosteroids	
Preferred	Non-Preferred, Prior Authorization Required
Arnuity Ellipta® (fluticasone)	Aerospan® (flunisolide)
Asmanex® (mometasone)	Alvesco® (ciclesonide)
Flovent® Diskus® (fluticasone)	ArmonAir® Digihaler® (fluticasone)
Flovent® HFA (fluticasone)	ArmonAir™ RespiClick® (fluticasone)
Pulmicort Flexhaler™ (budesonide)	Asmanex® HFA (mometasone)
Pulmicort Respules® (budesonide)	
QVAR® (beclomethasone)	
QVAR RediHaler®(beclomethasone)	

Tobramycin Products	
Preferred	Non-Preferred, Prior Authorization Required
Generic tobramycin 300 mg/5 mL nebulization solution	Bethkis® (tobramycin)
	Kitabis pak® (tobramycin nebulizer) BRAND ONLY
	Tobi® (tobramycin)
	Tobi® Podhaler™ (tobramycin)

INTRANASAL AGENTS

Antihistamines	
Preferred	Non-Preferred, Prior Authorization Required
Astelin® (azelastine) ⁺	Astepro® (azelastine)
	Patanase® (olopatadine)

Corticosteroids	
Preferred	Non-Preferred, Prior Authorization Required
Flonase® (fluticasone)	Beconase AQ® (beclomethasone)
	Nasacort AQ®(triamcinolone)
	Nasarel® (flunisolide) ⁺
	Nasonex® (mometasone)
	Omnaris® (ciclesonide)
	Qnasl® (beclomethasone)
	Xhance™ (fluticasone)
	Zetonna® (ciclesonide)



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OPHTHALMIC AGENTS	
Alpha-Adrenergic Agonists	
Preferred	Non-Preferred, Prior Authorization Required
Alphagan® P (brimonidine) 0.1% Brimonidine 0.2% Iopidine® (apraclonidine)	Alphagan® P (brimonidine) 0.15%

Antihistamines/Mast Cell Stabilizers	
Preferred	Non-Preferred, Prior Authorization Required
Alaway® (ketotifen) Cromolyn® (cromolyn) Optivar® (azelastine) Patanol® (olopatadine) Refresh® (ketotifen) Zaditor® (ketotifen)	Alocril® (nedocromil) Alomide® (lodoxamide) Bepreve® (bepotastine) Elestat® (epinastine) Emadine® (emedastine) Lastacaft® (alcaftadine) Pataday® (olopatadine) Pazeo® (olopatadine) Zerviate™ (cetirizine)

Anti-Infective/Steroid Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Blephamide® (sulfacetamide/prednisolone) Maxitrol® (neomycin/polymyxin/dexamethasone) Pred-G® (prednisolone/gentamicin) Pred-G S.O.P.® (prednisolone/gentamicin)	Blephamide S.O.P.® (sulfacetamide/prednisolone) TobraDex® (tobramycin/dexamethasone) TobraDex® ST (tobramycin/dexamethasone) Zylet® (loteprednol/tobramycin)

Beta-Blockers	
Preferred	Non-Preferred, Prior Authorization Required
Betagan® (levobunolol) Betimol® (timolol) Betoptic® (betaxolol) + Betoptic®-S (betaxolol) Carteolol OptiPranolol® (metipranolol) + Timoptic® (timolol) Timoptic-XE® (timolol)	Istalol® (timolol) Timoptic® Ocudose® (timolol)

Carbonic Anhydrase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Azopt® (brinzolamide)	Trusopt® (dorzolamide)



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OPHTHALMIC AGENTS (CONTINUED)

Corticosteroids - Ophthalmic	
Preferred	Non-Preferred, Prior Authorization Required
Dexamethasone Sodium Phosphate 0.1% Solution	Alrex® (loteprednol etabonate) Suspension
Durezol® (difluprednate) Emulsion	Eysuvis™ (loteprednol etabonate) Suspension
FML® Forte (fluorometholone) Suspension	Flarex® (fluorometholone) Suspension
FML® Liquifilm (fluorometholone) Suspension	Inveltys® (loteprednol etabonate) Suspension
FML® (fluorometholone) Ointment	Lotemax® (loteprednol etabonate) Gel
FML® (fluorometholone) Suspension	Lotemax® (loteprednol etabonate) Ointment
Maxidex® (dexamethasone sodium phosphate) Suspension	Lotemax® (loteprednol etabonate) Suspension
Omnipred® (prednisolone acetate) Suspension	Lotemax® SM (loteprednol etabonate) Gel
Pred Forte® (prednisolone acetate) Suspension	
Pred Mild® (prednisolone acetate) Suspension	
Prednisolone Sodium Phosphate 1% Solution	

Glaucoma Combination Products	
Preferred	Non-Preferred, Prior Authorization Required
Combigan® (brimonidine/timolol)	Cosopt® PF (dorzolamide/timolol PF)
Cosopt® (dorzolamide/timolol)	Simbrinza™ (brinzolamide/brimonidine)

Non-Steroidal Anti-Inflammatory Drugs	
Preferred	Non-Preferred, Prior Authorization Required
Acular® (ketorolac)	Acular LS® (ketorolac)
Ocufen® (flurbiprofen) +	Acuvail® (ketorolac)
Voltaren® ophthalmic (diclofenac) +	Bromday® (bromfenac)
	BromSite® (bromfenac)
	Ilevro® (nepafenac)
	Prolensa® (bromfenac)
	Nevanac® (nepafenac)

Prostaglandin Analogs	
Preferred	Non-Preferred, Prior Authorization Required
Xalatan® (latanoprost)	Lumigan® (bimatoprost)
	Travatan Z® (travoprost)
	Vyzulta™ (latanoprostene bunod)
	Xelpros™ (latanoprost)
	Zioptan® (tafluprost)
	Zioptan® droperette (tafluprost)



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OTIC AGENTS	
Anti-Infective/Steroid Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Cipro [®] HC (ciprofloxacin/hydrocortisone) suspension Ciprodex [®] (ciprofloxacin/dexameth) suspension Cortisporin [®] Otic (neomycin/polymyxin b/hc) solution	Acetasol HC [®] (acetic acid/hydrocortisone) solution Cortisporin [®] Otic (neomycin/polymyxin B/hc) suspension Cortisporin [®] TC (neomycin/col/hc/thon) suspension Otovel [®] (ciprofloxacin/fluocinolone) solution
ORAL/INJECTABLE/TOPICAL AGENTS	
ACE Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Accupril [®] (quinapril) Altace [®] (ramipril)* Lotensin [®] (benazepril) Monopril [®] (fosinopril) + Prinivil [®] (lisinopril) Vasotec [®] (enalapril) Zestril [®] (lisinopril)	Aceon [®] (perindopril) Capoten [®] (captopril) + Epaned [®] (enalapril) solution Mavik [®] (trandolapril) + Qbrelis [®] (lisinopril solution) Univasc [®] (moexipril) +
ACE Inhibitor/Calcium Channel Blocker Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Lotrel [®] (benazepril/amlodipine)	Prestalia [®] (perindopril/amlodipine) Tarka [®] (trandolapril/verapamil)
Acne Agents – Antibiotics- Topical	
Preferred	Non-Preferred, Prior Authorization Required
Cleocin-T [®] (clindamycin) gel Cleocin-T [®] (clindamycin) lotion Cleocin-T [®] (clindamycin) solution Cleocin-T [®] (clindamycin) swab Ery [®] (erythromycin) pads Erygel [®] (erythromycin) gel Erythromycin solution Klaron [®] (sulfacetamide) lotion (suspension) Sumadan [®] Wash (sulfacetamide-sulfur cleanser)	Amzeeq [™] (minocycline) Avar [®] (sulfacetamide-sulfur) pads Avar-E [®] Emollient (sulfacetamide-sulfur) cream Avar-E Green [®] (sulfacetamide-sulfur) cream Avar LS [®] (sulfacetamide-sulfur) pads BP 10-1 [®] (sulfacetamide/sulfur cleanser) Clindacin [®] ETZ (clindamycin) swab Clindacin-P [®] (clindamycin) swab Clindacin Pac [®] (clindamycin) kit Clindagel [®] (clindamycin) gel Evoclin [®] (clindamycin phosphate) foam Rosanil [®] Cleanser (sulfacetamide-sulfur) emulsion SSS 10-5 [®] (sulfacetamide-sulfur) cream Sulfacetamide-Sulfur lotion Sumadan [®] , Sumadan XLT [®] (sulfacetamide-sulfur) kit Sumaxin [®] (sulfacetamide-sulfur) pads Sumaxin [®] TS (sulfacetamide-sulfur) suspension Sumaxin [®] Wash (sulfacetamide-sulfur) liquid



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Acne Agents – Combination Agents- Topical	
Preferred	Non-Preferred, Prior Authorization Required
Duac® (benzoyl peroxide-clindamycin) gel Epiduo® (benzoyl peroxide-adapalene) gel	Acanya® (benzoyl peroxide-clindamycin) gel Aktipak® (benzoyl peroxide-erythromycin) gel Benzaclin® (benzoyl peroxide – clindamycin) gel Benzamycin® (benzoyl peroxide-erythromycin) gel Epiduo® Forte (adapalene/benzoyl peroxide) Neuac® (clindamycin/benzoyl peroxide) Onexton® (benzoyl peroxide-clindamycin) gel Veltin® (clindamycin-tretinoin) Ziana® (clindamycin-tretinoin)

Acne Agents – Isotretinoin Products	
Preferred	Non-Preferred, Prior Authorization Required
Amnesteem™ (isotretinoin) Claravis™ (isotretinoin) Myorisan™ (isotretinoin) Zenatane™ (isotretinoin)	Absorica™ (isotretinoin) Absorica™ LD (isotretinoin)

Acne Agents - Other - Topical	
Preferred	Non-Preferred, Prior Authorization Required
Aczone® (dapson) 5% gel	Aczone® (dapson) 7.5% gel Azelex® (azelaic acid) cream Winlevi® (Clascoterone) cream

Acne Agents – Retinoids- Topical	
Preferred	Non-Preferred, Prior Authorization Required
Atralin® (tretinoin) gel Avita® (tretinoin) gel Differin® (adapalene) 0.1% and 0.3% gel tube Retin-A® (tretinoin) cream Retin-A® (tretinoin) 0.01% gel Tazorac® (tazarotene) cream Tazorac® (tazarotene) gel	Aklief (trifarotene) cream Altreno™ (tretinoin) lotion Arazlo™ (tazarotene) lotion Avita® (tretinoin) cream Differin® (adapalene) cream Differin® (adapalene) 0.3% gel pump Differin® (adapalene) lotion Differin® (adapalene) 0.1% solution Fabior® (tazarotene) foam Retin-A® Micro (tretinoin) gel



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Acne Agents- Tetracyclines - Oral

Preferred	Non-Preferred, Prior Authorization Required
Generic Demeclocycline	Brand Acticlate® (doxycycline hyclate)
Generic Doxycycline	Brand Avidoxy® (doxycycline monohydrate)
Generic Minocycline	Brand CoreMino™ (minocycline)
Generic Tetracycline	Brand Doryx® and Doryx® MPC (doxycycline hyclate)
	Brand Minolira™ (minocycline)
	Brand Morgidox® (doxycycline hyclate)
	Brand Seysara™ (sarecycline)
	Brand Solodyn® (minocycline)
	Brand Targadox® (doxycycline hyclate)
	Brand Vibramycin® (doxycycline calc./hyclate/monohydrate)
	Brand Ximino™ (minocycline)

Actinic Keratosis Agents

Preferred	Non-Preferred, Prior Authorization Required
Efudex® (fluorouracil)	Carac® (fluorouracil)
	Picato® (ingenol mebutate)
	Solaraze 3% (diclofenac sodium) + gel
	Tolak® (fluorouracil)

ADHD – Amphetamine Type

Preferred	Non-Preferred, Prior Authorization Required
Adderall® (dextroamphetamine/amphetamine)	Adzenys XR-ODT™ (amphetamine ER)
Adderall XR® (dextroamphetamine/amphetamine ER)*	Desoxyn® (methamphetamine)
Dexedrine® (dextroamphetamine) tabs	Dyanavel® XR (amphetamine ER)
Dexedrine® ER (dextroamphetamine ER) caps	Evekeo® (amphetamine)
Dextrostat® (dextroamphetamine) +	Evekeo® ODT
Vyvanse® (lisdexamfetamine)*	Mydayis® (dextroamphetamine/amphetamine)
	Procentra® (dextroamphetamine)
	Zenzedi® (dextroamphetamine) BRAND only



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

ADHD – Methylphenidate Type	
Preferred	Non-Preferred, Prior Authorization Required
Concerta® (methylphenidate ER)	Adhansia XR (methylphenidate)*
Focalin® (dexmethylphenidate)	Aptensio XR® (methylphenidate ER)*
Focalin® XR (dexmethylphenidate ER)*	Azstarys™ (serdexmethylphenidate/dexmethylphenidate)
Metadate CD® (methylphenidate 30/70)* +	Cotempla XR-ODT™ (methylphenidate)
Metadate® ER (methylphenidate ER)	Jornay PM™ (methylphenidate ER)*
Methylin Solution® (methylphenidate)	Methylin (methylphenidate) + Chewable®
Quillichew ER™ (methylphenidate ER)	Relexxii™ (methylphenidate ER)
Quillivant XR® (methylphenidate ER)	
Ritalin® (methylphenidate)	
Ritalin LA® (methylphenidate 50/50)	
Ritalin SR® (methylphenidate ER) +	

ADHD – Miscellaneous Type	
Preferred	Non-Preferred, Prior Authorization Required
Catapres (clonidine) tabs	
Intuniv (guanfacine) tabs	
Kapvay (clonidine ER) tabs	
Strattera (atomoxetine) caps	
Tenex (guanfacine) tabs+	

Adjunct Anti-epileptics	
Preferred	Non-Preferred, Prior Authorization Required
Keppra® (levetiracetam)	Banzel® (rufinamide)
Keppra® (levetiracetam) solution	Fycompa® (perampanel)
Keppra XR® (levetiracetam XR) tabs	Fycompa® (perampanel) suspension
Lyrica® (pregabalin)	Gabitril® (tiagabine)
Lyrica® Solution (pregabalin)	Spritam® (levetiracetam)
Neurontin® (gabapentin)	Sympazan®(clobazam)
Neurontin® (gabapentin) solution	
Zonegran® (zonisamide)	
Onfi® (clobazam) suspension	
Onfi® (clobazam)* tabs	

5-Alpha Reductase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Avodart®(dutasteride)	
Proscar®(finasteride)	



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Alpha glucosidase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Precose® (acarbose)	Glyset® (miglitol)
Anaphylaxis Agents	
Preferred	Non-Preferred, Prior Authorization Required
Adrenaclick® + (epinephrine) auto injection Epinephrine auto injection Epipen® (epinephrine) auto injection Epipen Jr® (epinephrine) auto injection	Symjepi®(epinephrine) +
Androgenic Agents	
Preferred	Non-Preferred, Prior Authorization Required
Androgel® (testosterone) Depo-Testosterone® (testosterone cypionate) Vogelxo® (testosterone)	Androderm® (testosterone) Android® (methyltestosterone) Aveed® (testosterone undecanoate) Axiron® (testosterone) Fortesta® (testosterone) Jatenzo® (testosterone) Methitest® (methyltestosterone) Natesto® (testosterone) Oxandrin® (oxandrolone) Striant® (testosterone) Testim® (testosterone) Testred® (methyltestosterone) Tlando® (testosterone undecanoate) Xyosted™ (testosterone)
Anticoagulants	
Preferred	Non-Preferred, Prior Authorization Required
Coumadin® (warfarin) Eliquis® (apixaban) Pradaxa® (dabigatran) Xarelto® (rivaroxaban)	Bevyxxa® (betrixaban) Savaysa® (edoxaban)
Anti-Constipation Agents	
Preferred	Non-Preferred, Prior Authorization Required
Amitiza®(lubiprostone) Linzess®(linaclotide)*	Motegrity™ (prucalopride) Trulance®(plecanatide)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Anti-Constipation Agents – Opioid Induced

Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone)	Relistor® (methylnaltrexone) (tabs and inj.) Movantik® (naloxegol) Symproic® (naldemedine)

Antidepressants – SNRIs

Preferred	Non-Preferred, Prior Authorization Required
Cymbalta® (duloxetine) Effexor® (venlafaxine)+ Effexor® XR (venlafaxine ER) caps Pristiq® (desvenlafaxine)	Drizalma (duloxetine) Sprinkle* Effexor® XR (venlafaxine ER)+ tabs Fetzima® (levomilnacipran) Khedezla®+ (desvenlafaxine ER) Savella® (milnacipran)

Antidepressants – SSRIs

Preferred	Non-Preferred, Prior Authorization Required
Celexa® (citalopram) tabs Lexapro® (escitalopram) tabs Luvox® (fluvoxamine) + tabs Paxil® (paroxetine) tabs Prozac® (fluoxetine) caps Prozac® (fluoxetine) + solution Zoloft® (sertraline) tabs	Celexa® (citalopram) + solution Citalopram caps Lexapro® (escitalopram) + solution Luvox CR® (fluvoxamine CR) + caps Paxil® (paroxetine) solution Paxil CR® (paroxetine CR) tabs Pexeva® (paroxetine) tabs Prozac® (fluoxetine) + tabs Prozac Weekly® (fluoxetine) + caps Sertraline caps Zoloft® (sertraline) solution

Antidepressants – Tricyclics

Preferred	Non-Preferred, Prior Authorization Required
Anafranil® (clomipramine) Doxepin caps and solution Elavil® (amitriptyline) Norpramin® (desipramine) Pamelor® (nortriptyline) caps Tofranil® (imipramine)	Amoxapine Pamelor® (nortriptyline) + solution Surmontil® (trimipramine) Tofranil-PM® (imipramine) + Vivactil® (protriptyline) +



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Anti-Diarrheal Agents

Preferred	Non-Preferred, Prior Authorization Required
Lotronex® (alosetron)	Viberzi® (eluxadoline) Xermelo® (telotristat)

Anti-emetics Cannabinoid

Preferred	Non-Preferred, Prior Authorization Required
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)

Anti-emetics Serotonin 5HT₃ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Zofran® (ondansetron) Zofran ODT® (ondansetron)	Anzemet® (dolasetron) Kytril® (granisetron) + Sancuso® (granisetron) Zuplenz® (ondansetron)

Antihistamines - Non-Sedating

Preferred	Non-Preferred, Prior Authorization Required
Allegra® (fexofenadine) Claritin® (loratadine) Claritin 24-hr Allergy® (loratadine) Claritin Hives Relief® (loratadine) Claritin® (loratadine) syrup Xyzal® (levocetirizine) + tabs Zyrtec® (cetirizine) syrup & regular tabs	Allegra® ODT (fexofenadine) Clarinex® (desloratadine) Claritin RediTabs® (loratadine) Xyzal® (levocetirizine) + solution Zyrtec® (cetirizine) chewable & oral disintegrating tabs The following drugs are covered for KBH only: Allegra-D® (fexofenadine/pseudoephedrine) Allegra-D24® (fexofenadine/pseudoephedrine) Clarinex-D 12-hour® (desloratadine/pseudoephedrine) Clarinex-D 24-hour® (desloratadine/pseudoephedrine)

Anti-Viral – Herpes

Preferred	Non-Preferred, Prior Authorization Required
altrex® (valacyclovir) Zovirax® (acyclovir) (oral dosage forms only)	Famvir® (famciclovir) + Sitavig® (acyclovir) +



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

ARBs	
Preferred	Non-Preferred, Prior Authorization Required
Avalide® (irbesartan/HCTZ)	Atacand® (candesartan)
Avapro® (irbesartan)	Atacand HCT® (candesartan/HCTZ)
Benicar® (12lmesartan)	Edarbi® (azilsartan medoxomil)
Benicar HCT® (12lmesartan/HCTZ)	
Cozaar® (losartan)	
Diovan® (valsartan)	
Diovan HCT® (valsartan/HCTZ)	
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	
Entresto® (sacubitril/valsartan)	
Hyzaar® (losartan/HCTZ)	
Tribenzor® (olmesartan/amlodipine/HCTZ)	

ARB/Calcium Channel Blocker Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Azor® (amlodipine/olmesartan)	Twynsta® (amlodipine/telmisartan)
Exforge® (amlodipine/valsartan)	

Atopic Dermatitis Agents -Topical	
Preferred	Non-Preferred, Prior Authorization Required
Eucrisa® (crisaborole)	Elidel® (pimecrolimus)
Protopic® (tacrolimus)	Opzelura™ (Ruxolitinib) cream

Beta-Blockers	
Preferred	Non-Preferred, Prior Authorization Required
Betapace® (sotalol)	Blocadren® (timolol) +
Betapace AF® (sotalol AF)	Byvalson® (nebivolol/valsartan)
Bystolic® (nebivolol)	Coreg CR® (carvedilol CR)
Coreg® (carvedilol)	Corgard® (nadolol)
Inderal® (propranolol) +	Corzide® (nadolol/bendroflumethiazide)
Labetalol® (labetalol)	Dutoprol® (metoprolol/HCTZ)
Lopressor® (metoprolol tartrate)	Inderal® LA (propranolol XL)
Sectral® (acebutolol) +	InnoPran® XL (propranolol XL)
Tenormin® (atenolol)	Kapsargo™ Sprinkle (metoprolol succinate)*
Toprol-XL® (metoprolol succinate)	Kerlone® (betaxolol) +
Zebeta® (bisoprolol) +	Lopressor HCT® (metoprolol/HCTZ)
Ziac® (bisoprolol/HCTZ)	Visken® (pindolol) +



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Biguanides	
Preferred	Non-Preferred, Prior Authorization Required
Glucophage® (metformin) Glucophage® XR (metformin ER)	Fortamet® (metformin ER) Glumetza® (metformin ER) Riomet® (metformin) oral solution Riomet® ER suspension

Bile Acid Sequestrants	
Preferred	Non-Preferred, Prior Authorization Required
Colestid® (colestipol) tabs Prevalite® (cholestyramine light) powder Prevalite® (cholestyramine light) powder packs Welchol® (colesevelam) tabs	Colestid® (colestipol) Granules Questran® (cholestyramine) Questran Light® (cholestyramine light) Welchol® (colesevelam) packs

Bisphosphonates	
Preferred	Non-Preferred, Prior Authorization Required
Fosamax® (alendronate)	Actonel® (risedronate) Atelvia® (risedronate) Binosto® (alendronate) Boniva® (ibandronate) Fosamax® oral solution (alendronate) + Fosamax Plus D® (alendronate/cholecalciferol)

Bladder Relaxant Agents	
Preferred	Non-Preferred, Prior Authorization Required
Detrol® (tolterodine) Detrol® LA (tolterodine ER) Ditropan XL® (oxybutynin ER) Sanctura® (trospium) + Toviaz® (fesoterodine) Vesicare® (solifenacin)	Enablex® (darifenacin ER) Gelnique® Gel (oxybutynin) Myrbetriq® (mirabegron) Oxytrol® Patch (oxybutynin) Sanctura® XR (trospium ER) + Urispas® (flavoxate) +



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Bowel Prep Agents	
Preferred	Non-Preferred, Prior Authorization Required
Gavilyte®-C (polyethylene glycol-electrolyte solution) Gavilyte®-G (polyethylene glycol-electrolyte solution) Gavilyte®-N (polyethylene glycol-electrolyte solution) GoLYTELY® (polyethylene glycol-electrolyte solution) Polyethylene glycol 3350 with electrolytes Trilyte® (polyethylene glycol-electrolyte solution)	Clenpiq™ (sodium picosulfate/magnesium oxide/citric acid) MoviPrep® (polyethylene glycol-electrolyte solution) NuLYTELY® (polyethylene glycol-electrolyte solution) OsmoPrep® (sodium phosphate) Plenvu® (polyethylene glycol-electrolyte solution) Prepopik® (sodium picosulfate/magnesium oxide/citric acid) Suprep® (sodium sulfate/potassium sulfate/magnesium sulfate) Sutab® (Sodium Sulfate/Magnesium Sulfate/Potassium Chloride)

Calcium Channel Blockers – Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Adalat CC® (nifedipine ER) Norvasc® (amlodipine) Plendil® (felodipine) + Procardia® XL (nifedipine ER)	Adalat® (nifedipine IR) + Cardene® (nicardipine IR) + DynaCirc® (isradipine IR) + Katerzia (amlodipine) suspension Sular® (nisoldipine)

Calcium Channel Blockers - Non-Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Calan® (verapamil IR) Calan SR® (verapamil SR) Cardizem® (diltiazem IR)* Cardizem® CD (diltiazem) Cartia XT® (diltiazem ER) Dilt-XR® (diltiazem ER) Isoptin® SR (verapamil SR) + Taztia XT® (diltiazem ER)*	Cardizem® LA (diltiazem) Cardizem® SR (diltiazem) Matzim LA® (diltiazem ER) Tiazac® (diltiazem) Verelan® (verapamil SR) Verelan PM® (verapamil)

Colchicine Products – Gout Prophylaxis	
Preferred	Non-Preferred, Prior Authorization Required
Colcrys™ (colchicine)	Gloperba® (colchicine) Mitigare™ (colchicine)

Colony Stimulating Factors- Filgrastim Products	
Preferred	Non-Preferred, Prior Authorization Required
Granix® Nivestym®	Neupogen® Zarxio®



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Colony Stimulating Factors- Pegfilgrastim Products	
Preferred	Non-Preferred, Prior Authorization Required
Fulphila® Nyvepria™ Udenyca® Ziextenzo®	Neulasta® Neulasta® OnPro®

Corticosteroids – Oral	
Preferred	Non-Preferred, Prior Authorization Required
Cortef® (hydrocortisone) Decadron® (dexamethasone) Deltasone® (prednisone) Dexamethasone 0.5 mg/5 mL elixir Dexamethasone 0.5 mg/5 mL solution Medrol®(methylprednisolone) Medrol Dosepak®(methylprednisolone) Orapred®(prednisolone) Pediapred® (prednisolone) Prednisone solution Prednisone syrup	Cortone® (cortisone) ⁺ Dexamethasone Intensol® (dexamethasone) concentrate Dexpak DP® (dexamethasone) Millipred™ (prednisolone) Millipred™ DP 12-day (prednisolone) Millipred™ DP (prednisolone) Orapred® ODT™(prednisolone) Prednisone Intensol™ (prednisone concentrate) Rayos® (prednisone DR) TaperDex DP®(dexamethasone) Veripred® 20 (prednisolone)

Corticosteroids – Topical – High Potency	
Preferred	Non-Preferred, Prior Authorization Required
Clobetasol Propionate E® (clobetasol propionate) Clobex® (clobetasol propionate) Cormax Scalp® (clobetasol propionate) + Diprolene® (betamethasone dipropionate augmented) Diprolene AF® (betamethasone dipropionate augmented) Temovate® (clobetasol propionate) Ultravate® (halobetasol propionate) Cream & Ointment	ApexiCon E® (diflorasone diacetate) Bryhali™ (halobetasol propionate) Clodan® (clobetasol propionate) Halog® (halcinonide) Impeklo™ (clobetasol propionate) lotion Lidex® (fluocinonide) + Lidex E® (fluocinonide) + Lexette™ (halobetasol Propionate) Foam Olux® (clobetasol propionate) Olux-E® (clobetasol propionate) Psorcon® (diflorasone diacetate) Sernivo® (betamethasone dipropionate) Topicort® (desoximetasone) Ultravate® (halobetasol propionate) Lotion Vanos® (fluocinonide)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Corticosteroids – Topical –Intermediate Potency	
Preferred	Non-Preferred, Prior Authorization Required
Cutivate® (fluticasone propionate) DesOwen® (desonide) Elocon® (mometasone furoate) Dermatop® (prednicarbate) + Kenalog® (triamcinolone acetonide) Synalar® (fluocinolone acetonide) Triamcinolone acetonide (all generics of brand products on the PDL)	Beser (Fluticasone Propionate) kit Beser (Fluticasone Propionate) lotion Cloderm® (clocortolone pivalate) Cordran® (flurandrenolide) Dermazone® (triamcinolone acetonide) Locoid® (hydrocortisone butyrate) Locoid Lipocream® (hydrocortisone butyrate) LoKara® (desonide) + Luxiq® (betamethasone valerate) Nolix® (flurandrenolide) Pandel® (hydrocortisone probutate) Trianex® (triamcinolone acetonide) Triderm® (triamcinolone acetonide) Tridesilon® (desonide) Valisone® (betamethasone valerate) + Westcort® (hydrocortisone valerate) +

Corticosteroids – Topical –Mild Potency	
Preferred	Non-Preferred, Prior Authorization Required
Aclovate® (alclometasone dipropionate) + Hydrocortisone base (all generics of brand products on the PDL) Synalar® (fluocinolone acetonide)	Ala-Cort® (hydrocortisone base) BRAND only Capex® (fluocinolone acetonide) Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide) Desonate® (desonide) Fluocinolone Body & Scalp® (fluocinolone acetonide) Pediaderm HC® (hydrocortisone base) BRAND only Texacort® (hydrocortisone base) BRAND only Verdeso® (desonide)

COX-II Inhibitors	
Preferred	Non-Preferred
Celebrex® (celecoxib)*	

Desmopressin Products	
Preferred	Non-Preferred, Prior Authorization Required
DDAVP® (desmopressin) nasal solution DDAVP® (desmopressin) tabs	DDAVP® Rhinal Tube (desmopressin) nasal solution Nocurna® (desmopressin) sublingual tabs Noctiva™ (desmopressin) nasal emulsion



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
DPP-4 Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Januvia® (sitagliptin) Onglyza® (saxagliptin)	Nesina® (alogliptin) Tradjenta® (linagliptin)
DPP-4 Inhibitor Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Janumet® (sitaliptin/metformin) Janumet® XR (sitagliptin/metformin XR) Kombiglyze® XR (saxagliptin/metformin)	Jentaduetto® (linagliptin/metformin) Jentaduetto® XR (linagliptin/metformin XR) Kazano® (alogliptin/metformin) Oseni® (alogliptin/pioglitazone)
Erythropoiesis-Stimulating Agents	
Preferred	Non-Preferred, Prior Authorization Required
Epogen® (epoetin alfa) Retacrit™ (epoetin alfa-epbx)	Aranesp® (darbepoetin alfa) Mircera® (methoxy polyethylene glycol-epoetin beta) Procrit® (epoetin alfa)
Fibric Acid Derivatives	
Preferred	Non-Preferred, Prior Authorization Required
Fenofibrate generics Lofibra® (fenofibrate) Lopid® (gemfibrozil) Tricor® (fenofibrate) Triglide® (fenofibrate) Trilipix® (fenofibric acid)	Antara® (fenofibrate) Fenoglide® (fenofibrate) Lipofen® (fenofibrate)
GLP- 1 Receptor Agonists	
Preferred	Non-Preferred, Prior Authorization Required
Bydureon® (exenatide ER) pens and vials Trulicity® (dulaglutide) Victoza® (liraglutide)	Adlyxin® (lixisenatide) Bydureon® BCise™ (exenatide ER) Byetta® (exenatide) Ozempic® (semaglutide) Rybelsus® (semaglutide)
Growth Hormones	
Preferred	Non-Preferred, Prior Authorization Required
Genotropin® & Genotropin® MiniQuick (somatropin) Norditropin® FlexPro (somatropin)	Humatrope® (somatropin) Nutropin AQ NuSpin® (somatropin) Omnitrope® (somatropin) Saizen®, Saizenprep®, Saizen Click Easy® (somatropin) Skytrofa® (Lonapegsomatropin) Zomacton® (somatropin)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Hepatitis C Agents – Direct Acting	
Preferred	Non-Preferred, Prior Authorization Required
Generic Sofosbuvir/Velpatasvir tabs Mavyret®(glecaprevir/pibrentasvir) tabs and pellets	Epclusa® (sofosbuvir/velpatasvir) BRAND tabs and pellets Harvoni® (ledipasvir/sofosbuvir)tabs & pellets Sovaldi® (sofosbuvir)/tabs & pellets Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) Zepatier® (elbasvir/grazoprevir) tabs

Hepatitis C Agents - Refractory Treatment	
Preferred	Non-Preferred, Prior Authorization Required
Mavyret®(glecaprevir/pibrentasvir)	Vosevi®(sofosbuvir/velpatasvir/voxilaprevir)

H ₂ Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine) suspension and tabs Tagamet® (cimetidine) ⁺ tabs & solution	Axid® (nizatidine) ⁺ tabs & solution Zantac® (ranitidine) all oral dose forms

Immunomodulation Agents - Adult Rheumatoid Arthritis	
Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Enbrel® (etanercept) Humira® (adalimumab) Xeljanz®, Xeljanz® XR (tofacitinib)	Actemra® (tocilizumab) & Actemra® ACTpen™ Cimzia® (certolizumab) Inflectra® (infliximab) Kevzara® (sarilumab) Kineret® (anakinra) Olumiant® (baricitinib) Orencia® (abatacept) Remicade® (infliximab) Renflexis® (infliximab) Rinvoq™ (upadacitinib) Rituxan® (rituximab) Simponi® (golimumab) Simponi Aria® (golimumab) Truxima® (rituximab-abbs)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Immunomodulation Agents - Ankylosing Spondylitis	
Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Enbrel® (etanercept) Humira® (adalimumab) Taltz® (ixekizumab)	Cimzia® (certolizumab) Cosentyx® (secukinumab) Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Simponi® (golimumab) Simponi Aria® (golimumab)
Immunomodulation Agents - Asthma	
Preferred	Non-Preferred, Prior Authorization Required
Nucala® (mepolizumab) Xolair® (omalizumab)	Cinqair® (reslizumab) Dupixent® (dupilumab) Fasenra™ (benralizumab)
Immunomodulation Agents - Crohn's Disease	
Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Humira® (adalimumab) Entyvio® (vedolizumab)	Cimzia® (certolizumab) Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Stelara® (ustekinumab) Tysabri® (natalizumab)
Immunomodulation Agents - Juvenile Idiopathic Arthritis	
Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Xeljanz®, Xeljanz® XR (tofacitinib) tabs	Actemra® (tocilizumab) Ilaris® (canakinumab) Orencia® (abatacept) Xeljanz® (tofacitinib) solution
Immunomodulation Agents - Plaque Psoriasis	
Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast) Taltz® (ixekizumab)	Cosentyx® (secukinumab) Ilumya® (Tildrakizumab-asmn) Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Siliq® (brodalumab) Skyrizi™ (risankizumab-rzaa) Stelara® (ustekinumab) Tremfya®(Guselkumab)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Immunomodulation Agents - Psoriatic Arthritis	
Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast) Taltz® (ixekizumab) Xeljanz®, Xeljanz® XR (tofacitinib) tab	Cimzia® (certolizumab) Cosentyx® (secukinumab) Inflectra® (infliximab) Orencia® (abatacept) Remicade® (infliximab) Renflexis® (infliximab) Simponi® (golimumab) Simponi Aria® (golimumab) Stelara® (ustekinumab)

Immunomodulation Agents - Ulcerative Colitis	
Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Entyvio® (vedolizumab) Humira® (adalimumab) Xeljanz®, Xeljanz® XR (tofacitinib) tabs	Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab) Zeposia® (Ozanimod) caps

Inflammatory Bowel Disease Agents – Oral	
Preferred	Non-Preferred, Prior Authorization Required
Azulfidine® (sulfasalazine) Azulfadine® EN-tabs (sulfasalazine) Colazal® (balsalazide disodium) Delzicol® (mesalamine DR)* Pentasa® (mesalamine ER) *	Apriso® (mesalamine ER 24hr) Asacol® HD (mesalamine DR) Dipentum® (olsalazine) Entocort® EC (budesonide) Lialda® (mesalamine DR) Ortikos™ (budesonide ER) Uceris® (budesonide)

Insulin - Long-Acting	
Preferred	Non-Preferred, Prior Authorization Required
Levemir® (insulin detemir) FlexPen, FlexTouch, vial Semglee™ (insulin glargine) pen & vial Insulin glargine-yfqn pen & vial	Basaglar® (insulin glargine) Lantus® (insulin glargine) BRAND Only Lantus (insulin glargine) SoloStar® BRAND Only Semglee-yfqn (insulin glargine) pen & vial Toujeo Solostar® (insulin glargine) Tresiba (insulin degludec) Flextouch® & vial



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Insulin - Long-Acting/GLP-1 RA	
Preferred	Non-Preferred, Prior Authorization Required
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)
Insulin- Short Acting and Intermediate Acting	
Preferred	Non-Preferred, Prior Authorization Required
Admelog® (insulin lispro) Solostar, Vial Humalog® (insulin lispro) cartridges Humulin® (insulin regular) Insulin Products Insulin lispro (Non-branded product) Junior pen Insulin lispro 75-25 Mix (Non-branded product) pen Insulin lispro (Non-branded product) pen Insulin lispro (Non-branded product) vial	Afrezza® (insulin regular inhalation) Apidra® Vial, Solostar® Fiasp® Vial, Flextouch® Humalog® (insulin lispro) Junior Kwikpen BRAND only Humalog® (insulin lispro) 75-25 Mix Pen BRAND only Humalog® Kwikpen (Brand only) pen Humalog® (Brand only) vial Lyumjev™ (insulin lispro) Novolog® Insulin Products Novolin® Insulin Products
Leukotriene Modifiers	
Preferred	Non-Preferred, Prior Authorization Required
Singulair® (montelukast Sodium) tabs	Accolate® (zafirlukast) tabs Singulair® (montelukast Sodium) packs Zyflo® (zileuton) tabs Zyflo CR™ (zileuton) tabs
Lice Treatments	
Preferred	Non-Preferred, Prior Authorization Required
Natroba® (spinosad) Sklice® (ivermectin)	Ovide® (malathion)
Meglitinides	
Preferred	Non-Preferred, Prior Authorization Required
Prandin® (repaglinide)	Starlix® (nateglinide)
Methotrexate Products	
Preferred	Non-Preferred, Prior Authorization Required
Rasuvo® (methotrexate) inj. Methotrexate 2.5 mg tabs	Otrexup® (methotrexate) tabs Reditrex™ (methotrexate) inj. Trexall® (methotrexate) inj. Xatmep® (methotrexate) oral solution



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Migraine- Acute Treatment- Non-Triptans	
Preferred	Non-Preferred, Prior Authorization Required
Reyvow® (lasmiditan) Ubrovelvy® (ubrogepant)	Elyxyb™ (celecoxib) oral solution Nurtec™ (rimegepant) ODT
Migraine- Acute Treatment-Triptans	
Preferred	Non-Preferred, Prior Authorization Required
Amerge® (naratriptan) Imitrex® (sumatriptan) tabs Maxalt® (rizatriptan) Maxalt-MLT® (rizatriptan) Relpax® (eletriptan) Zomig® (zolmitriptan) nasal solution	Alsuma® (sumatriptan) + Axert® (almotriptan) Frova® (frovatriptan) Imitrex® (sumatriptan) cartridges, nasal spray, pens, vials Onzetra Xsail® (sumatriptan) Sumavel DosePro® (sumatriptan) Tosymra (Sumatriptan) nasal spray Zecuity® (sumatriptan) + Zembrace Symtouch® (sumatriptan) Zomig® (zolmitriptan) tabs Zomig-ZMT® (zolmitriptan)
Migraine- Prophylaxis Treatment- Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
Aimovig™(erenumab-aooe) Ajovy®(fremanezumab-vfrm)	Emgality®(galcanezumab-gnlm) Vyepiti™ (eptinezumab)

Muscle Relaxants – Skeletal	
Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine) + Robaxin® (methocarbamol) Robaxin-750® (methocarbamol)	Amrix® (cyclobenzaprine ER) Fexmid® 7.5mg (cyclobenzaprine) Lorzone® (chlorzoxazone) Metaxall® (metaxalone) Norflex® (orphenadrine) + Norgesic® (orphenadrine/aspirin/caffeine) Norgesic® Forte (orphenadrine/aspirin/caffeine) Parafon Forte DSC® (chlorzoxazone) + Skelaxin® (metaxalone) Soma® (carisoprodol)
Muscle Relaxants – Spasticity	
Preferred	Non-Preferred, Prior Authorization Required
Lioresal® (baclofen) Zanaflex® (tizanidine) tabs	Dantrium® (dantrolene) Fleqsuvy™ (baclofen) Zanaflex® (tizanidine)* caps



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Non-Steroidal Anti-Inflammatory Drugs – Topical	
Preferred	Non-Preferred, Prior Authorization Required
Flector® (diclofenac epolamine) patch Voltaren® (diclofenac) gel	Licart™ (diclofenac epolamine) Pennsaid® (diclofenac) Sprix® (ketorolac tromethamine) nasal spray

Non-Steroidal Anti-Inflammatory Drugs – Oral unless noted otherwise	
Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen) Aleve® (naproxen) Ansaid® (flurbiprofen) + Cataflam® (diclofenac potassium) + Clinoril® (sulindac) + Indocin® (indomethacin) Mobic® (meloxicam) Motrin® (ibuprofen) Motrin-IB® (ibuprofen) Naprosyn® (naproxen) Naprosyn-EC® (naproxen) Relafen® (nabumetone) + Toradol®(ketorolac) (limited to a 5 day supply) inj. Toradol®(ketorolac) (limited to a 5 day supply) + tabs Voltaren®(diclofenac sodium oral) + Voltaren® XR (diclofenac sodium oral) +	Anaprox® (naproxen) Anaprox DS® (naproxen) Arthrotec® (diclofenac/misoprostol) Cambia® (diclofenac) Daypro® (oxaprozin) Dolobid® (diflunisal) + Feldene® (piroxicam) Indocin® SR (indomethacin) Lodine® (etodolac) Lodine® XL (etodolac) + Lofena™ (diclofenac potassium) Meclomen® (meclofenamate) + Nalfon® (fenoprofen) Naprelan® (naproxen) Naprelan® CR Dosepak (naproxen) Orudis® (ketoprofen) + Orudis® KT (ketoprofen) + Oruvail® (ketoprofen) + Ponstel® (mefenamic acid) + Qmiiz ODT™ (Meloxicam) tabs Tivorbex® (indomethacin) Tolectin 600® (tolmetin) + Tolectin DS® (tolmetin) Vimovo®(naproxen/esomeprazole) Vivlodex® (Meloxicam) Zipsor® (diclofenac) Zorvolex® (diclofenac)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Opioids - Short-Acting	
Preferred	Non-Preferred-Prior Authorization Required
Codeine sulfate (all generics)	Abstral® (fentanyl)
Dilaudid® (hydromorphone HCl)	Actiq® (fentanyl)
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine)	Combunox™ (oxycodone/ibuprofen) +
Hycet® (hydrocodone bitartrate/acetaminophen) +	Demerol® (meperidine HCl)
Levorphanol (all generics)	Fentora® (fentanyl)
Lorcet® (hydrocodone bitartrate/acetaminophen)	Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen)
Lortab® (hydrocodone bitartrate/acetaminophen)	Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)
Morphine sulfate (all generics) *	Lazanda™ (fentanyl)
Norco® (hydrocodone bitartrate/acetaminophen)	Lorcet HD® (hydrocodone bitartrate/acetaminophen)
Oxycodone HCl (all generics) *	Lorcet Plus® (hydrocodone bitartrate/acetaminophen)
Percocet® (oxycodone HCl/acetaminophen)	Nucynta™ (tapentadol)
Percodan® (oxycodone HCl/aspirin) +	Opana® (oxymorphone HCl)
Roxicet™ (oxycodone HCl/acetaminophen) +	Oxaydo® (oxycodone HCl)
Talwin® NX (pentazocine/naloxone) +	Primlev™ (oxycodone HCl/acetaminophen)
Tylenol® No. 2 (codeine phosphate/acetaminophen)	Qdolo™ (tramadol) solution
Tylenol® No. 3 (codeine phosphate/acetaminophen)	Roxybond™ (oxycodone)
Tylenol® No. 4 (codeine phosphate/acetaminophen)	Subsys® (fentanyl)
Ultracet® (tramadol/acetaminophen)	Vicodin HP® (hydrocodone bitartrate/acetaminophen)
Ultram® (tramadol)	Xodol® (hydrocodone bitartrate/acetaminophen)
Vicodin® (hydrocodone bitartrate/acetaminophen)	
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	
Opioids - Long-Acting	
Preferred	Non-Preferred-Prior Authorization Required
Embeda® (morphine/naltrexone)*	Arymo™ ER (morphine sulfate ER)
Hysingla® ER (hydrocodone ER)	Avinza® (morphine sulfate ER) +
MS Contin® (morphine sulfate ER)	Belbuca® (buprenorphine)
OxyContin® (oxycodone SR)	Butrans® (buprenorphine)
Ultram® ER (tramadol ER) +	ConZip® (tramadol)
	Duragesic® (fentanyl)
	Exalgo® (hydromorphone HCl ER)
	Kadian® (morphine sulfate ER)
	MorphaBond ER® (morphine sulfate ER)
	Nucynta® ER (tapentadol)
	Opana® ER (oxymorphone)
	Ryzolt® (tramadol ER) +
	Xtampza® ER (oxycodone ER)
	Zohydro® ER (hydrocodone ER)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Pancreatic Enzyme Replacements	
Preferred	Non-Preferred, Prior Authorization Required
Creon® (pancrelipase)* Pancreaze® (pancrelipase)* Zenpep® (pancrelipase)*	Pertzye® (pancrelipase) Viokace® (pancrelipase)
PCSK-9 Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Praluent® (alirocumab) Repatha® (evolocumab)	
Phosphate Binder Agents	
Preferred	Non-Preferred, Prior Authorization Required
Auryxia® (ferric citrate) Eliphos® (calcium acetate) + Phoslo® (calcium acetate) + Renvela® (sevelamer carbonate) tabs	Fosrenol® (lanthanum carbonate) Phoslyra® (calcium acetate oral solution) Renagel® (sevelamer HCl) tabs Renvela® (sevelamer carbonate) powder packs Velphoro® (sucroferric oxyhydroxide)
Platelet Aggregation Inhibitors - Secondary Cardiac Prevention	
Preferred	Non-Preferred, Prior Authorization Required
Brilinta® (ticagrelor)* Effient® (prasugrel)* Plavix® (clopidogrel)	Zontivity® (vorapaxar)
Platelet Aggregation Inhibitors – Stroke	
Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)
Proton Pump Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Prilosec® (omeprazole)* Protonix® (pantoprazole) Generic Esomeprazole Magnesium* DR caps Generic Esomeprazole Strontium* DR caps Generic Lansoprazole* DR caps	AcipHex® (rabeprazole) AcipHex® (rabeprazole) Sprinkles™ Dexilant® (dexlansoprazole)* Dexilant® SoluTab (dexlansoprazole) Nexium® (esomeprazole) Nexium® (esomeprazole) suspension Prevacid® (lansoprazole) Prevacid (lansoprazole) SoluTab® Prilosec® (omeprazole) packs Protonix® (pantoprazole) packs Zegerid® (omeprazole/sodium bicarbonate) caps & packs



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Pulmonary Arterial Hypertension Agents	
Preferred	Non-Preferred, Prior Authorization Required
Adcirca® (tadalafil) Adempas® (riociguat) Letairis® (ambrisentan) Orenitram® (treprostinil) Revatio® (sildenafil) Tracleer® (bosentan)	Opsumit® (macitentan) Remodulin® (treprostinil) Tyvaso®, Tyvaso® Refill, Tyvaso® Starter (treprostinil) Uptravi® (selexipag) tabs, IV Ventavis® (iloprost)

Rosacea Agents - Topical	
Preferred	Non-Preferred, Prior Authorization Required
Metrocream® (metronidazole) Metrogel® (metronidazole)	Azelex® (azelaic acid) Finacea® (azelaic acid) MetroLotion® (metronidazole) Mirvaso® (brimonidine) Noritate® (metronidazole) Rhofade® (oxymetazoline) Rosadan® (metronidazole) Soolantra® (ivermectin) Zilxi™ (minocycline)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Farxiga® (dapagliflozin) Invokana® (canagliflozin) Jardiance® (empagliflozin)	Steglatro™ (ertugliflozin)

SGLT2 Inhibitors/Biguanide Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Invokamet® (canagliflozin/metformin) Invokamet® XR (canagliflozin/metformin ER) Synjardy® (empagliflozin/metformin) Synjardy® XR (empagliflozin/metformin ER) Xigduo XR® (dapagliflozin/metformin ER)	Segluromet™ (ertugliflozin/metformin)

SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin) Qtern® (dapagliflozin/saxagliptin)	Steglujan™ (ertugliflozin/sitagliptin)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide Agents	
Preferred	Non-Preferred, Prior Authorization Required
Trijardy® XR (empagliflozin/linagliptin/metformin)	

Sleep Agents - Non-Scheduled	
Preferred	Non-Preferred, Prior Authorization Required
Rozerem® (ramelteon)	Hetlioz® (tasimelteon) Silenor® (doxepin)

Sleep Agents – Scheduled - Non-Benzodiazepine	
Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem) Generics Zolpidem Lunesta® (eszopiclone) Sonata® (zaleplon)	Ambien® CR (zolpidem CR) Belsomra® (suvorexant) Dayvigo™ (lemborexant) Edluar® (zolpidem) Intermezzo® (zolpidem) Zolpimist® (zolpidem)

Statins	
Preferred	Non-Preferred, Prior Authorization Required
Crestor® (rosuvastatin) Lipitor® (atorvastatin) Mevacor® (lovastatin) + Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Lescol® (fluvastatin) + Lescol® XL (fluvastatin) Livalo® (pitavastatin) Zypitamag™ (pitavastatin)

Statin Combination	
Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	

Sulfonylureas – 2 nd Generation	
Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride) DiaBeta® (glyburide) + Glucotrol® (glipizide) Glucotrol XL® (glipizide XL) Glucovance® (glyburide/metformin) Glynase (micronized glyburide) PresTab® Micronase® (glyburide) +	Metaglip® (glipizide/metformin) +



This PDL applies to drugs billed on the medical benefit and the pharmacy benefit. Generic drugs and interchangeable biologic products are required when available on the market, for both preferred or non-preferred agents, unless a Brand Medical Necessity prior authorization request is approved. Products listed in **RED** have changed from the previous month's publication. Medications marked with an **asterisk (*)** may be opened and sprinkled into soft food or dissolved in water, as per product labeling. Products marked with a **(+)** indicate that the brand name product is no longer available. Some PDL drugs also have clinical prior authorization requirements. Please see the link below for additional information: <https://www.kdhe.ks.gov/206/General-Clinical-Prior-Authorization>
TO QUICKLY FIND A DRUG, USE THE [CTRL +F] SEARCH OPTION.

To find all drugs covered, please use the following links: <https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=NDC> & <https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=HCPCS>

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Thiazolidinediones	
Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin)+ Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)

Thrombopoietin Receptor Agonists	
Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim) Promacta® (eltrombopag) Promacta®(eltrombopag) powder packs	

Xanthine Oxidase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Zyloprim® (allopurinol)	Uloric® (febuxostat)