The Kansas Medical Assistance Program Preferred Drug List

ADJUNCT ANTIEPILEPTICS

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Gabapentin	Neurontin®	Tiagabine	Gabitril®
Levetiracetam	Keppra®	Zonisamide	Zonegran®
Pregabalin	Lyrica®		

DRUGS for ALLERGIES - Non-Sedating Antihistamines

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Cetirizine all dosage forms	Zyrtec® Zyrtec Syrup®	Desloratadine all dosage forms	Clarinex®
Cetirizine / Pseudoephedrine	Zyrtec-D® **KBH only**	Desloratadine/ Pseudoephedrine	Clarinex-D 12-hour® Clarinex-D 24-hour® **KBH only**
Loratadine all dosage forms	Claritin® Claritin 24-hr Allergy® Claritin Hives Relief® Claritin RediTabs® Claritin® Syrup	Fexofenadine all dosage forms	Allegra®
Loratadine/ Pseudoephedrine	Claritin-D12® **KBH only** Claritin-D24® **KBH only**	Fexofenadine / Pseudoephedrine	Allegra-D® **KBH only** Allegra-D24® **KBH only**

DRUGS for ALLERGIES - Intranasal Corticosteroids

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Budesonide	Rhinocort AQ®	Beclomethasone	Beconase® Beconase AQ® Vancenase® Vancenase AQ®
Fluticasone	Flonase®	Flunisolide	Bausch & Lomb
Mometasone	Nasonex®	**Non-preferred**	
Triamcinolone	Nasacort AQ®	Flunisolide	Nasarel®

ANTI-DIABETIC DRUGS - Meglitinides

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Nateglinide	Starlix®	Repaglinide	Prandin®

ANTI-DIABETIC DRUGS - Alphaglucosidase Inhibitors

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Miglitol	Glyset®	Acarbose	Precose®

ANTI-DIABETIC DRUGS - 2nd Generation Sulfonylureas

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Glipizide	Glucotrol®	Glimepiride	Amaryl®
Glyburide	DiaBeta® Micronase®	Glipizide XL	Glucotrol XL®
Glyburide Micronized	Glynase PresTab®	Glipizide/Metformin	Metaglip®
		Glyburide/Metformin	Glucovance®

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ANTI-DIABETIC DRUGS - Biguanides

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Metformin	Glucophage®	Metformin (Extended Release)	Glucophage XR® Fortamet®

ANTI-DIABETIC DRUGS - Thiazolidinediones

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required
Pioglitazone	Actos®	
Rosiglitazone	Avandia®	
Rosiglitazone/ Metformin	Avandamet®	
Pioglitazone/Metformin	ACTOplus Met®	

INSULIN (Delivery Systems)

Preferred Drug Covered			Non-preferred Prior Authorization Required		
All Multi-dose vials	Humalog® NovoLog® Novolin R® Humulin R® Humulin 70/30® Velosulin BR®	Humalog Mix® NovoLog Mix® Novolin N® Humulin N® Novolin 70/30®	Cartridges, Syringes, Pens and any other alternative delivery device	Humalog® NovoLog® Novolin R® Humulin R® Humulin 70/30® Velosulin BR®	Humalog Mix® NovoLog Mix® Novolin N® Humulin N® Novolin 70/30®

ANTIEMETIC DRUGS - Serotonin 5HT3 Antagonists

Preferred Drug Covered	*This includes all generic equivalents*		Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Ondansetron	Zofran®	Zofran ODT®	Dolasetron	Anzemet®
			Granisetron	Kytril®

ANTIHERPES VIRUS AGENTS

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Acyclovir (Acycloguanosine) *Oral Dose forms Only*	Zovirax®		
Famciclovir	Famvir®		
Valacyclovir	Valtrex®		

DRUGS for ASTHMA - Inhaled Corticosteroids

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Beclomethasone	QVAR®	Flunisolide/Menthol	AeroBid M®
Budesonide Inhaled Susp	Pulmicort Respules® ***6 and Under ONLY**	Budesonide Inhaled Susp.	Pulmicort Respules® ****7 and Over**
Budesonide Inhaled Powder	Pulmicort Turbuhaler®	**Non-preferred**	
Fluticasone	Flovent® Flovent HFA® Flovent Rotadisk®	Flunisolide	AeroBid®
Mometasone	Asmanex®		
Triamcinolone	Azmacort®		

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CARDIOVASCULAR DRUGS - ACE Inhibitors

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Benazepril	Lotensin®	Fosinopril	Monopril®
Captopril	Capoten®	Moexipril	Univasc®
Enalapril	Vasotec®	Perindopril	Aceon®
Lisinopril	Zestril® Prinivil®	Ramipril	Altace®
Quinapril	Accupril®	Trandolapril	Mavik®

CARDIOVASCULAR DRUGS - ARBs

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Irbesartan	Avapro®	Candesartan	Atacand®
Irbesartan/HCTZ	Avalide®	Candesartan/HCTZ	Atacand HCT®
Losartan	Cozaar®	Eprosartan	Teveten®
Losartan/HCTZ	Hyzaar®	Eprosartan/HCTZ	Teveten HCT®
Telmisartan	Micardis®	Olmesartan	Benicar®
Telmisartan/HCTZ	Micardis HCT®	Olmesartan/HCTZ	Benicar HCT®
Valsartan	Diovan®		
Valsartan/HCTZ	Diovan HCT®		

CARDIOVASCULAR DRUGS - Beta-Blockers

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Acebutolol	Sectral®	Betaxolol	Kerlone®
Atenolol	Tenormin®	Bisoprolol	Zebeta®
Carvedilol	Coreg®	Carteolol	Cartrol®
Metoprolol Tartrate	Lopressor®	Nadolol	Corgard®
Metoprolol Succinate	Toprol XL®	Penbutolol	Levatol®
Pindolol	Visken®	Propranolol XL	InnoPran XL® Inderal LA®
Propranolol	Inderal® Propranolol Intensol®	Timolol	Blocadren®
Sotalol	Betapace®		
Sotalol AF	Betapace AF®		

CARDIOVASCULAR DRUGS - ACE Inhibitors / Calcium Channel Blockers Combos

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Benazepril/Amlodipine	Lotrel®	Enalapril/Felodipine	Lexxel®
Trandolapril/Verapamil	Tarka®		

CARDIOVASCULAR DRUGS - Calcium Channel Blockers (Non-Dihydropyridines)

Unless otherwise indicated, the chemical name includes branded products

Preferred Drug Covered		Non-preferred Prior Authorization Required	
Diltia XT®	& AB-Rated Generics	Dilacor XR®	
Diltiazem IR	Cardizem®	Cardizem CD®	& AB-Rated Generics
Tiazac®	& AB-Rated Generics	Cardizem LA®	& AB-Rated Generics
Verapamil IR	Calan®	Cardizem SR®	& AB-Rated Generics
Verapamil (Sustained Release)	Calan SR® Isoptin SR® Verelan®	Verapamil (Extended Release)	Verelan PM® Covera HS®

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CARDIOVASCULAR DRUGS - Calcium Channel Blockers (Dihydropyridines)

Unless otherwise indicated, the chemical name includes branded products

Preferred Drug Covered		Non-preferred Prior Authorization Required	
Adalat CC® & AB-Rated Generics		Felodipine	Plendil®
Amlodipine	Norvasc®	Isradipine IR	DynaCirc®
Isradipine CR	DynaCirc CR®	Nicardipine SR	Cardene SR®
Nicardipine IR	Cardene®	Nifedipine IR	Adalat®
		Nimodipine	Nimotop®
		Nisoldipine	Sular®
		Procardia XL® & AB-Rated Generics	

DRUGS for GASTROINTESTINAL DISORDERS - H2 Antagonists

Preferred Drug Covered *This includes all generic equivalents*			Non-preferred Prior Authorization Required *This includes all generic equivalents*		
Famotidine	Pepcid®	Pepcid AC®	Nizatidine	Axid®	Axid AR®
	Pepcid Complete®	Pepcid RPD®			
			Non-preferred		
Ranitidine	Zantac®	Zantac 75®	Cimetidine	Tagamet®	Tagamet HB®
	Zantac EFFERdose®				

DRUGS for GASTROINTESTINAL DISORDERS - Proton Pump Inhibitors

Preferred Drug Covered *This includes all generic equivalents*		Non-preferred Prior Authorization Required *This includes all generic equivalents*	
Lansoprazole	Prevacid®	Omeprazole	Prilosec®
Omeprazole OTC	Prilosec® OTC	Pantoprazole	Protonix®
Omeprazole $NaHCO_3$	Zegerid®	Rabeprazole	AcipHex®
		Non-preferred	
		Esomeprazole	Nexium®
		Lansoprazole	Prevacid® SoluTab™

GLAUCOMA DRUGS – Ophthalmic Prostaglandin Analogs

Preferred Drug Covered *This includes all generic equivalents*		Non-preferred Prior Authorization Required *This includes all generic equivalents*	
Latanoprost	Xalatan®	Bimatoprost	Lumigan®
Travoprost	Travatan®	Unoprostone	Rescula®

GROWTH HORMONE **Clinical Prior Authorization is still required for all Growth Hormones*

Preferred Drug Covered		Non-preferred Prior Authorization Required		
Somatropin	Tev-Tropin®	Somatropin * Includes all alternative delivery systems & formulations	Genotropin® Omnitrope® Nutropin®	Humatrope® Norditropin® Saizen®

DRUGS for HYPERLIPIDEMIA - Fibric Acid Derivatives

Preferred Drug Covered *This includes all generic equivalents*			Non-preferred Prior Authorization Required		
Fenofibrate	TriCor®	Triglide®	Fenofibrate	Antara®	Lofibra®
			Non-preferred		
			Gemfibrozil	Lopid®	

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DRUGS for INFLAMMATION / PAIN - Non-Steroidal Anti-Inflammatory (NSAIDs)

Preferred Drug Covered	*This includes all generic equivalents*		
Diclofenac Potassium	Cataflam®		
Diclofenac Sodium	Voltaren®	Voltaren XR®	
Diclofenac Sodium/Misoprostol	Arthrotec®		
Etodolac	Lodine®	Lodine XL®	
Fenoprofen	Nalfon®		
Flurbiprofen	Ansaid®		
Ibuprofen	Motrin®	Advil®	Motrin IB®
Ketoprofen	Orudis®	Orudis KT®	Oruvail®
Ketorolac	Toradol®	(limit 5 day supply)	
Meclofenamate	Meclomen®		
Naproxen	Aleve®	Naprosyn®	EC-Naprosyn®
Naproxen Sodium	Anaprox®	Anaprox DS®	Naprelan®
Oxaprozin	Daypro®		
Sulindac	Clinoril®		
Tolmetin	Tolectin 600®	Tolectin DS®	

Non-preferred Prior Authorization Required	*This includes all generic equivalents*	
Nabumetone	Relafen®	
Meloxicam	Mobic®	
Non-preferred		
Indomethacin	Indocin®	Indocin SR®
Piroxicam	Feldene®	

DRUGS FOR INSOMNIA - Non-benzodiazepine sedative hypnotics

Preferred Drug Covered	*This includes all generic equivalents*
Eszopiclone	Lunesta®

Non-preferred Prior Authorization Required	*This includes all generic equivalents*	
Zaleplon	Sonata®	
Non-preferred		
Zolpidem	Ambien®	Ambien CR®

DRUGS FOR INSOMNIA – Non-scheduled Novel sleep agents

Preferred Drug Covered	*This includes all generic equivalents*
Ramelteon	Rozerem®

Non-preferred Prior Authorization Required	*This includes all generic equivalents*

DRUGS to LOWER CHOLESTEROL - HMG-CoA Reductase Inhibitors (Statins)

Preferred Drug Covered	*This includes all generic equivalents*
Atorvastatin	Lipitor®
Simvastatin	Zocor®

Non-preferred Prior Authorization Required	*This includes all generic equivalents*	
Fluvastatin	Lescol®	Lescol XL®
Lovastatin	Mevacor® Altoprev® (formerly Altocor®)	
Pravastatin	Pravachol®	
Pravastatin/Aspirin	Pravigard Pac®	
Rosuvastatin	Crestor®	

DRUGS for MIGRAINES - Triptans

Preferred Drug Covered	*This includes all generic equivalents*	
Almotriptan	Axert®	
Eletriptan	Relpax®	
Rizatriptan	Maxalt®	Maxalt-MLT®
Sumatriptan	Imitrex®	

Non-preferred Prior Authorization Required	*This includes all generic equivalents*	
Frovatriptan	Frova®	
Naratriptan	Amerge®	
Zolmitriptan	Zomig®	Zomig-ZMT®

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DRUGS for MUSCLE RELAXATION - Muscle Relaxants

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
		Carisoprodol	Soma®
Baclofen	Lioresal®	Carisoprodol/Aspirin	Soma Compound®
Chlorzoxazone	Parafon Forte DSC®	Carisoprodol/Aspirin /Codeine	Soma Compound w/Codeine®
Cyclobenzaprine 10mg	Flexeril® 10mg	Cyclobenzaprine 5mg	Flexeril® 5mg
		Metaxalone	Skelaxin®
		Methocarbamol	Robaxin® Robaxin-750®
		Methocarbamol /Aspirin	Robaxisal®
		Orphenadrine	Norflex®
		Orphenadrine/Aspirin /Caffeine	Norgesic® Norgesic Forte®
		Tizanidine	Zanaflex®

DRUGS for OSTEOPOROSIS - Bisphosphonates

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Alendronate	Fosamax®	Risedronate/Calcium	Actonel® with Calcium
Alendronate/Cholecalciferol	Fosamax Plus D®	**Non-preferred**	
Ibandronate	Boniva®	Risedronate	Actonel®

URINARY INCONTINENCE DRUGS - Anticholinergics

Preferred Drug Covered	*This includes all generic equivalents*	Non-preferred Prior Authorization Required	*This includes all generic equivalents*
Darifenacin	Enablex®	Flavoxate	Urispas®
Oxybutynin	Ditropan®	Oxybutynin XL	Ditropan XL®
Solifenacin	Vesicare®	Oxybutynin Patches	Oxytrol®
Tolterodine LA	Detrol LA®	Tolterodine	Detrol®
		Trospium	Sanctura®