

MAY 2020

KMAP GENERAL BULLETIN 20080

Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective May 1, 2020. Reference the [Preferred Drug List](#) (PDL) page on the Kansas Department of Health and Environment (KDHE) website.

The following medications are non-preferred and require a PDL Prior Authorization (PA):

- Acclidinium/Formoterol (Duaklir Pressair®) Inhaler
- Cetirizine (Zyrtec®) Chewable/ODT Tabs
- Prucalopride (Motegrity™) Tablet
- Ranitidine all oral dose forms (Zantac®)
- Risankizumab-rzaa (Skyrizi™) Injection
- Rituximab-abbs (Truxima®) Injection
- Upadacitinib (Rinvoq™) Tabs ER

The following medications are now preferred and a PDL PA is no longer required:

- Bisoprolol (Zebeta®) Tablet
- Eszopiclone (Lunesta®) Tablet
- Famotidine (Pepcid®) Oral Suspension
- Umeclidinium Bromide (Incruse Ellipta®) Inhaler
- Zaleplon (Sonata®) Capsule

Note: The effective date of the policy is May 1, 2020. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The KanCare Open Claims Resolution Log on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing.

KMAP

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