



JUNE 2020

KMAP GENERAL BULLETIN 20118

Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective June 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):

- Benzoyl Peroxide/erythromycin (Aktipak[®]) Gel
- Colesevelam (Welchol[®]) Packets
- Montelukast (Singulair[®]) Packet
- Omeprazole/Sodium Bicarbonate (Zegerid[®]) Packet
- Testosterone (Jatenzo[®]) Capsules

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

- Clomipramine (Anafranil[®])
- Desipramine (Norpramin[®])
- Esomeprazole Strontium
- Fremanezumab (Ajovy[®]) Prefilled Syringe
- Methylphenidate 50/50 (Ritalin LA[®])
- Methylphenidate ER (Metadate[®] ER, Ritalin[®] SR)

Note: The effective date of the policy is June 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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- [Bulletins](#)
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