



DECEMBER 2020

KMAP GENERAL BULLETIN 20274

Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective January 1, 2021. Reference the [Preferred Drug List](#) page on the Kansas Department of Health and Environment (KDHE) website.

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

- Loteprednol (Eysuvis™)
- Sodium sulfate, potassium chloride, magnesium sulfate (Sutab®)

*Grandfathering applies, where applicable in policy.

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

- Empagliflozin (Jardiance®)
- Empagliflozin/Linagliptin (Glyxambi®)
- Empagliflozin/Metformin (Synjardy®)
- Empagliflozin/Metformin ER (Synjardy® XR)
- Epoetin Alfa-epbx (Retacrit®)
- Sofosbuvir/Velpatasvir (Authorized Generic)

A Grandfather PA process is in place for KanCare patients, according to the following guidelines.

- For members currently taking a maintenance drug that newly requires a PA and the member has been 80% adherent, the member will receive a Grandfather PA.
- For members who have filled a maintenance drug that newly requires a PA and the member has filled the medication once or with an adherence rate of less than 80%, these members will not be given a Grandfather PA.
- For members currently taking medications considered non-maintenance (acute or seasonal treatments) (Examples: Acne agents, muscle relaxants, NSAIDs, Antihistamines, etc.), No Grandfather PA will be given.

Note: The effective date of the policy is January 1, 2021. 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 completion dates, once the policy is implemented.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

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- 1-800-933-6593
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