



JUNE 2021

## KMAP GENERAL BULLETIN 21125

### Preferred Drug List Update

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

The following medication is now non-preferred and a PDL Prior Authorization (PA) is now required:

- Tobramycin nebulizer (Kitabis pak<sup>®</sup>) Brand Only

**Note:** The effective date of the policy is July 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](#)

#### Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday