



SEPTEMBER 2021

KMAP GENERAL BULLETIN 21190

Preferred Drug List Update

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

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

- Ozanimod (Zeposia)
- Selexipag (Uptravi[®]) Injection
- Tofacitinib (Xeljanz[®]) Oral Solution

The following medications no longer require a PDL PA:

- Apremilast (Otezla)
- Vedolizumab (Entyvio[®])

Note: The effective date of the policy is October 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