

JUNE 2022

## KMAP GENERAL BULLETIN 22074

### Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective May 1, 2022. 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:

- Baclofen (Fleqsuvy)
- Citalopram (Caps only)
- Insulin glargine (Brand Lantus) (vial and pen)
- Sertraline (Caps only)
- Testosterone Undecanoate (Tlando)
- Umeclidinium/vilanterol (Anoro Ellipta®)

The following medications are being removed from PDL-effective May 1, 2022:

- Icosapent Ethyl (Vascepa®)
- Omega-3 Acid Ethyl Esters Oral 1G Capsule (Lovaza)
- Oxybutynin Chloride (Ditropan IR)

The following medications no longer require a PDL PA effective May 1, 2022:

- Nebivolol (Bystolic®)
- Pregabalin (Lyrica® Solution)
- Tiotropium/Olodaterol (Stiolto Respimat)
- Tolterodine (Detrol®)
- Tolterodine ER (Detrol® LA)
- Trospium IR (Sanctura®)

**Note:** The effective date of the policy is May 1, 2022. 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