

FEBRUARY 2024

## KMAP GENERAL BULLETIN 24029

### Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective February 1, 2024. Reference the [Preferred Drug List](#) page on the Kansas Department of Health and Environment (KDHE) website.

Effective on and after February 1, 2024, PDL Prior Authorization (PA) is required for the following medications:

- Insulin Aspart (Fiasp® PenFill®) Cartridge
- Metformin HCL 625mg Tablet
- Methotrexate (Jylamvo®) Oral Solution
- Sitagliptin (Zituvio) Tablet
- Tramadol HCL (25mg tablets) Tablet
- Valsartan Oral Solution (Labeler 72336)

**Note:** There is an exception for Insulin Aspart (Fiasp® PenFill®) Cartridge to be updated with a retroactive date September 24, 2019.

Effective on and after January 15, 2024, the following medications no longer requires a PDL PA:

- Insulin Glargine (BRAND Lantus®) Vial
- Insulin Glargine (BRAND Lantus® SoloStar®) Pen

Effective on and after February 1, 2024, the following medication is being removed from PDL PA:

- Valsartan Oral Solution (Labeler 70954)

**Note:** The effective date of the policy is February 1, 2024, with noted exceptions above. 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](#)
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#### Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
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Gainwell Technologies is the fiscal agent for KMAP