

MARCH 2024

KMAP GENERAL BULLETIN 24061

Preferred Drug List Update

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

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

- Adalimumab-afzb (Abrilada) Vial/Pen/Syringe
- Adalimumab-atto (Amjevita) (Labeler 72511) Autoinjector/PFS
- Adalimumab-adbm (Cyltezo®) (Brand Only) Pen/PFS
- Adalimumab-fkjp (Hulio®) Pen/PFS
- Adalimumab-adaz (Hyrimoz®) Pen/PFS
- Adalimumab-aacf (Idacio®) (Brand Only) Pen/PFS
- Adalimumab-aaty (Yuflyma®) Pen/PFS
- Bimekizumab-bkzx (Bimzelx®) Pen/Syringe
- Clindamycin/benzoyl peroxide/adapalene (Cabtreo) Gel
- Cyclosporine (Vevye®) Ophth Solution
- Etrasimod (Velsipity®) Tablet
- Lovotibeglogene autotemcel (Lyfgenia®) IV bag
- Methotrexate (Rasuvo®) Pen
- Mirikizumab-mrkz (Omvoh®) Vial/Pen
- Polyethylene glycol (PEG) ELS (Suflave) Oral solution
- Secukinumab (Cosentyx®) Vial

Effective on and after March 1, 2024, the following medications are now PDL Preferred:

- Adalimumab-aacf Pen
- Adalimumab-adbm Pen/PFS
- Exagamglogene autotemcel (Casgevy) IV bag
- Vedolizumab (Entyvio®) Pen
- generic Methotrexate sodium injection Vial
- Nalmefene (Opvee®) Nasal Spray

Note: The effective date of the policy is March 1, 2024. 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

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