

NOVEMBER 2024

KMAP GENERAL BULLETIN 24266

Preferred Drug List Update

Effective October 1, 2024, the following Preferred Drug List (PDL) medications will become non-preferred and require a PDL Prior Authorization (PA):

- Adalimumab-adbm Labeler 82009 Pen, PFS
- Adalimumab-ryvk (CF) Autoinjector
- Betibeglogene autotemcel (Zynteglo) IV
- Clonidine HCl ER (Onyda XR) Oral Suspension
- Eltrombopag (Alvaiz) Tablet
- Glimepiride 3mg tablet (Labeler 72336) Tablet
- Infliximab-dyyb (Zymfentra[®])
- Simvastatin (FloLipid) Oral Suspension
- Somapacitan-beco (Sogroya[®]) Pen
- Somatrogon-ghla (Ngenla[®]) Pen
- Tocilizumab-aazg (Tyenne) PFS, Pen, Vial
- Tocilizumab-bavi (Tofidence) Vial
- Upadacitinib (Rinvoq[®] LQ) Oral Solution
- Upadacitinib (Rinvoq[®]) Tablet

Effective with dates of service on and after September 30, 2024, the following medications are considered preferred:

- Tofacitinib (Xeljanz XR[®]) Tablet
- Tofacitinib (Xeljanz[®]) Tablet
- Tofacitinib (Xeljanz[®]) Oral Solution

Note: The effective date of the policy is September 30, 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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