

Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective April 1, 2018. Reference the [Preferred Drug List \(PDL\)](#) page on the Kansas Department of Health and Environment (KDHE) website.

The following medications are nonpreferred and require prior authorization:

- Hydrocodone/acetaminophen (Lorcet[®] Plus, Lorcet HD, Vicodin HP[®], Xodol[®])
- Oxycodone/acetaminophen (Primlev[™])
- Codeine/butalbital/ASA/caffeine (Fiorinal[®] w/Codeine)
- Fentanyl (Actiq[®], Fentora[®], Abstral[®], Lazanda[®], Subsys[®])
- Oxycodone/ibuprofen (Combunox[™])
- Oxycodone (Oxaydo[®])
- Tapentadol (Nucynta[®])
- Desvenlafaxine (Khedezla)
- Fluvoxamine (Luvox CR[®])
- Fluoxetine (Prozac[®] Weekly[™])
- Insulin glulisine (Apidra[®], Apidra Solostar[®])
- Insulin regular, human (Afrezza[®])
- Insulin lispro (Humalog[®] KwikPen[™], Humalog Junior KwikPen)
- Exenatide (Bydureon[®] BCise[™])
- Butalbital/acetaminophen/caffeine/codeine (Fioricet[®] with Codeine 50/300/40/30)
- Oxymorphone (Opana[®])

Note: The effective date of the policy is April 1, 2018. 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