

KMAP GENERAL BULLETIN 18092

Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective April 15, 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:

- Amphetamine mixed salts (Mydayis[®])
- Methylphenidate (Cotempla XR-ODT[™])
- Glycopyrrolate (Lonhala[™] Magnair[™])
- Semaglutide (Ozempic[®])
- Insulin aspart (Fiasp[®], Fiasp Flextouch[®])
- Fluticasone propionate (Xhance[®])
- Latanoprostene bunod (Vyzulta[™])
- Ingenol mebutate (Picato[®])
- Diclofenac sodium (Solaraze[®] Gel 3%)
- Ertugliflozin (Steglatro[™])
- Ertugliflozin and sitagliptin (Steglujan[™])
- Ertugliflozin and metformin (Segluromet[™])

Note: The effective date of the policy is April 15, 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](#)

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