

Preferred Drug List Updates

Preferred Drug List updates are effective November 1, 2017. Reference the **PDL-Preferred Drug List** link on the [Preferred Drug List \(PDL\)](#) page of the Kansas Department of Health and Environment (KDHE) website.

The following medications are nonpreferred and require prior authorization:

- Ketorolac (Acular[®])
- Nepafenac (Nevanac[®])
- Plecanatide (Trulance[®])
- Telotristat (Xermelo[®])
- Guselkumab (Tremfya[®])
- Beclomethasone dipropionate (Qvar Redihaler[®])
- Epinephrine (Symjepi[®])

In addition to a PDL prior authorization, some of these agents may require a clinical prior authorization.

Note: The effective date is November 1, 2017. 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.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday