

NOVEMBER 2018

KMAP GENERAL BULLETIN 18226

Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective November 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:

- Cortisone acetate (Cortone[®])
- Dexamethasone (Dexamethasone IntenSol[™], Dexpak[®] DP, TaperDex[™] DP)
- Ketorolac (Acuvail[®])
- Nepafenac (Ilevro[™])
- Polyethylene glycol (PEG) ELS (Moviprep[®], NuLYTELY[®], Plenvu[®])
- Sodium phosphate (OsmoPrep[®])
- Sodium picosulfate, citric acid, MgOx (Clenpiq[™], PrepOpik[®])
- Sodium sulfate, potassium sulfate, magnesium sulfate (Suprep[®])

Note: The effective date of the policy is November 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](#)
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