

KMAP GENERAL BULLETIN 18184

Preferred Drug List Update

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

- Amphetamine (Evekeo[®])
- Somatropin (Omnitrope[™])

Note: The effective date of the policy is September 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