

Preferred Drug List Update

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

- Adapalene solution (Differin[®] Solution)
- Baricitinib (Olumiant[®])
- Brinzolamide/brimonidine (Simbrinza[®])
- Cetirizine ophthalmic solution (Zerviate[™])
- Desmopressin (Nocdurna[®])
- Epoetin alfa-epbx (Retacrit[®])
- Insulin lispro injection (Admelog[®], Admelog SoloStar[®] Pen)
- Meperidine (Demerol[®])
- Methylphenidate ER (Jornay PM[™], Relexxii[®])
- Metoprolol capsule (Kaspargo Sprinkle[™])
- Oxycodone (RoxyBond[™])
- Tretinoin lotion (Altreno[™])
- Valsartan liquid (Prexxartan[®])

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