Preferred Drug List Update

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

- Azelaic acid (Azelex®, Finacea®)
- Betamethasone dipropionate (Sernivo®)
- Betamethasone valerate (Luxiq®)
- Brimonidine topical (Mirvaso®)
- Clobetasol (Clodan®)
- Clocortolone pivalate (Cloderm®)
- Desonide (Tridesilon®, LoKara®, Desonate®, Verdeso®)
- Desoximetasone (Topicort®)
- Diflorasone (Psorcon®, ApexiCon E®)
- Fluocinolone (Capex®, Derma-Smoother/FS Body & Scalp®, Fluocinolone Body and Scalp)
- Fluocinonide (Vanos®)
- Fluorouracil (Carac®, Tolak®)
- Fluoxymesterone (Androxy®)
- Flurandrenolide (Cordran Tape®, Nolix®, Cordran®)
- Glycopyrrolate (Seebri Neohaler®)
- Halcinonide (Halog®)
- Hydrocortisone (Westcort®, Locoid®, Locoid LipoCream®, Pandel®, Pediaderm HC®, Ala-Cort®, Texacort®)
- Ivermectin (Soolantra®)
- Methyltestosterone (Testred®, Methitest®, Android®)
- Metronidazole topical only (MetroLotion®, Noritate®, Rosadan®)
- Morphine sulfate ER (MorphaBond ER®)
- Oxandrolone (Oxandrin®)
- Oxymetazoline (RhoFade®)
- Testosterone (Androderm®, Axiron®, Natesto®, Aveed®)
- Testosterone buccal (Striant®)
- Triamcinolone (Triderm®, Trianex®, Dermazone®)

Note: The effective date of the policy is February 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.

DXC Technology is the fiscal agent of KMAP.