Preferred Drug List Updates

There are Preferred Drug List (PDL) updates effective August 1, 2018. Reference the Preferred Drug List (PDL) page on the Kansas Department of Health and Environment (KDHE) website for a full listing.

The following medications are nonpreferred and require prior authorization (PA):

- Brimonidine tartrate (Alphagan® P 0.15%, Qoliana® 0.15%)
- Desmopressin acetate (DDAVP® Rhinal Tube, Noctiva™)
- Dorzolamide-timolol PF (Cosopt® PF)
- Prednisolone tabs (Millipred™, Millipred™ DP, Millipred™ DP 12, Veripred™ 20)
- Prednisone DR (Rayos®)
- Timolol maleate ophthalmic solution (Istalol®, Timoptic® in Ocudose®)
- Timolol maleate ophthalmic gel forming solution (Timoptic-XE®)

Effective August 1, 2018, the following medications no longer require PA:

- Fluticasone furoate/vilanterol (Breo™ Ellipta™)
- Lidocaine 5% patch (Lidoderm®)

Note: The effective date of the policy is August 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.