Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective April 1, 2019. 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:

- Albuterol (ProAir® Digihaler)
- Clobazam Suspension (Onfi®)
- Clobazam (Sympazan™)
- Halobetasol Propionate (Bryhali™)
- Latanoprost (Xelpros™)
- Mesalamine DR (Lialda®)
- Revefenacin (Yupelri™)
- Testosterone Enanthate (Xyosted™)

Effective April 1, 2019, the following medications no longer require PA:

- Balsalazide Disodium (Colazal®)

Note: The effective date of the policy is April 1, 2019. 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.