Preferred Drug List Update

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

- Fluorometholone (Flarex®) Ophthalmic Suspension
- Fremanezumab-vfrm (Ajovy®) Prefilled Syringe
- Galcanezumab-qnmlm (Emgality®) Auto Injector and Prefilled Syringe
- Halobetasol Propionate (Lexette™) Foam
- Loteprednol Etabonate (Alrex®) Ophthalmic Suspension
- Loteprednol Etabonate (Inveltys™) Ophthalmic Suspension
- Loteprednol Etabonate (Lotemax®) Ophthalmic Gel 0.5%
- Loteprednol Etabonate (Lotemax®) Ophthalmic Ointment
- Loteprednol Etabonate (Lotemax®) Ophthalmic Suspension
- Loteprednol Etabonate (Lotemx® SM) Ophthalmic Gel 0.38%
- Meloxicam (Qmiiz™ ODT) Tablets
- Sumatriptan (Tozysma™) Nasal Spray
- Zafirlukast (Accolate®) Tablets
- Zileuton/Zileuton CR (Zyflo®) Tablets

Note: The effective date of the policy is June 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.