Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective January 1, 2020. Reference the Preferred Drug List (PDL) page on the Kansas Department of Health and Environment (KDHE) website.

The following medications are now preferred and a PDL Prior Authorization (PA) is no longer required:

- Dapagliflozin (Farxiga®)
- Dapagliflozin/Metformin ER (Xigduo®XR)

Note: The effective date of the policy is January 1, 2020. 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.