



NOVEMBER 2021

## KMAP GENERAL BULLETIN 21217

### Preferred Drug List Update

There is a Preferred Drug List (PDL) update effective November 1, 2021. Reference the [Preferred Drug List](#) page on the Kansas Department of Health and Environment (KDHE) website.

The following medications are now non-preferred and a PDL Prior Authorization (PA) is required:

- Eluxadoline (Viberzi®)
- Semglee® (insulin glargine-yfgn) – Branded Biosimilar

Effective November 1, 2021, there will not be any removal of PDL PA.

**Note:** The effective date of the policy is November 1, 2021. 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.

#### KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

#### Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday