

## **Prior Authorization for Mental Health Drugs**

The mental health clinical prior authorization (PA) forms are located under the Mental Health heading on the Kansas Department of Health and Environment (KDHE) [Drug Specific Clinical PA Forms](#) page.

**Note:** The PA criteria for Antipsychotics in Children and Adolescents < 18 years of age has recently been updated.

### **KMAP**

[Kansas Medical Assistance Program](#)

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

### Customer Service

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