

KMAP GENERAL BULLETIN 18059

Pharmacy Prior Authorization Updates

Effective March 19, 2018, the following medications will require clinical prior authorization (PA):

- Acalabrutinib (Calquence[®])
- Abemaciclib (Verzenio[™])
- Cabozantinib (Cabometyx[®])
- Fluticasone furoate/umeclidinium/vilanterol (Trelegy Ellipta)
- Idursulfase (Elaprase[®])
- Pregabalin extended-release (Lyrica[®] CR)
- Tisagenlecleucel (Kymriah[™])
- Triptorelin pamoate (Trelstar[®])

For the clinical PA criteria for each drug, reference the [Prior Authorization - Clinical Criteria](#) page of the Kansas Department of Health and Environment (KDHE) website.

Note: The effective date of the policy is March 19, 2018. 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

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