

**KMAP GENERAL BULLETIN 17198**

## Prior Authorization Required for Medications

Effective with dates of service on and after September 1, 2017, the following medications will require prior authorization:

- Clindamycin/tretinoin (Ziana<sup>®</sup>)
- Mirabegron (Myrbetriq<sup>®</sup>)
- Dapagliflozin/saxagliptin (Qtern<sup>®</sup>)
- Oxycodone/naltrexone (Troxyca ER<sup>®</sup>)
- Hydrocodone ER (Vantrela ER<sup>®</sup>)
- Naldemedine (Symproic<sup>®</sup>)
- Sarilumab (Kevzara<sup>®</sup>)
- Dexlansoprazole (Dexilant SoluTab<sup>®</sup>)
- Nebivolol/valsartan (Byvalson<sup>®</sup>)
- Lisinopril (Qbrelis<sup>®</sup>)
- Fluticasone/salmeterol (Airduo Respiclick<sup>®</sup>)
- Insulin degludec/liraglutide (Xultophy<sup>®</sup>)

**Note:** The effective date of the policies is September 1, 2017. 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.

**KMAP**

[Kansas Medical Assistance Program](#)

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

## Customer Service

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

DXC Technology is the fiscal agent of KMAP.