

Prior Authorization Required for Medications

Effective with dates of service on and after October 17, 2017, the following medications will require prior authorization:

- Avelumab (Bavencio[®])
- Brigatinib (Alunbrig[®])
- Dupilumab (Dupixent[®])
- Durvalumab (Imfinzi[®])
- Edaravone (Radicava[®])
- Hemophilia factor (Adynovate[®], Alprolix[®], Eloctate[®], Idelvion[®], Rebinyn[®])
- Infliximab-abda (Renflexis[®])
- Lenalidomide (Revlimid[®])
- Niraparib (Zejula[®])
- Olaparib (Lynparza[®])
- Olaratumab (Lartruvo[®])
- Pyrimethamine (Daraprim[®])
- Regorafenib (Stivarga[®])
- Ribociclib (Kisqali[®])
- Rituximab with hyaluronidase (Rituxan Hycela[®])
- Sofosbuvir/velpatasvir/voxilaprevir (Vosevi[®])
- Telotristat ethyl (Xermelo[®])

Note: The effective date of the policy is October 17, 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