

KMAP GENERAL BULLETIN 18238

Prior Authorization Updates

Effective with dates of service on and after December 14, 2018, the following medications require a clinical prior authorization (PA):

- Agalsidase beta (Fabrazyme[®])
- Aripiprazole (Aristada Initio[™])
- Elagolix (Orilissa[™])
- Fremanezumab-vfrm (Ajovy[™])
- Ibalizumab-uiyk (Trogarzo[™])
- Ivosidenib (Tibsovo[®])
- Migalastat (Galafold[™])
- Risperidone (Perseris[™])

Reference the [Prior Authorization - Clinical Criteria](#) page on the Kansas Department of Health and Environment (KDHE) website for clinical PA requirements.

Note: The effective date of the policy is December 14, 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[Kansas Medical Assistance Program](#)

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

Customer Service

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