

## KMAP GENERAL BULLETIN 18143

### PA and PDL Updates

Effective with dates of service on and after July 1, 2018, the following medications require prior authorization (PA):

- Adalimumab-atto (Amjevita™)
- Aprepitant (Cinvanti® IV)
- Axicabtagene ciloleucel (Yescarta®)
- Esomeprazole suspension (Nexium® suspension)
- Fluphenazine (Prolixin™)
- Fosaprepitant (Emend®)
- Lansoprazole (Prevacid™ solutabs)
- Molindone (Moban®)
- Netupitant/palonosetron (Akynzeo®)
- Omeprazole (Prilosec® packets)
- Omeprazole/sodium bicarbonate (Zegerid® caps and packets)
- Rabeprazole (Aciphex® caps and sprinkles)
- Rolapitant (Varubi®)
- Tezacaftor/ivacaftor (Symdeko™)
- Voretigene neparvovec-rzyl (Luxturna™)

There is also a Preferred Drug List (PDL) update effective July 1, 2018. Reference the [Preferred Drug List \(PDL\)](#) page on the Kansas Department of Health and Environment (KDHE) website. The following medications are nonpreferred and require PA:

- Adapalene lotion (Differin®)
- Alendronate liquid\* (Fosamax®) *\*liquid only requires PA*
- Benzhydrocodone/acetaminophen (Apadaz™)
- Budesonide DR (Entocort® EC)
- Canakinumab (Ilaris®)
- Clindamycin phosphate 1% kit (Clindacin® PAC)
- Clobetasol propionate (Impoyz™)
- Dapsone gel 7.5% (Aczone® 7.5%)
- Iloprost (Ventavis®)
- Levocetirizine solution (Xyzal®)
- Methotrexate (Trexall® and Xatmep™)
- Methoxy polyethylene glycol-epoetin beta (Mircera®)
- Perindopril/amlodipine (Prestalia®)
- Pitavastatin (Zypitamag™)
- Sulfacetamide-sulfur 9%-4.5% kit (Sumadan® XLT)
- Tafluprost (Zioptan® Droperette)
- Tildrakizumab-asmn (Ilumya™)
- Tobramycin (Bethkis®, Kitabis® Pak)
- Trepstinil (Remodulin®, Tyvaso®)

**Note:** The effective date of the policy is July 1, 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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