

KMAP GENERAL BULLETIN 18177

Prior Authorization Updates

Effective with dates of service on and after September 17, 2018, the following medications require prior authorization (PA):

- Amlodipine/celecoxib (Consensi™)
- Baricitinib (Olumiant®)
- Binimetinib (Mektovi™)
- Carbinoxamine (Arbinoxa®, Ryvent™)
- Carbinoxamine ER (Karbinal™ ER)
- Clozapine (Versacloz®)
- Encorafenib (Braftovi™)
- Erenumab-aooe (Aimovig™)
- Esomeprazole kit only (Esomep-EZS™)
- Glatiramer (Glatopa®)
- Infliximab-qbtx (Ixifi™)
- Hydroxyprogesterone caproate injection (Makena® subcutaneous solution)

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

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