Medication Prior Authorization

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

Generic name	Brand name
Crisaborole	Eucrisa™
Dapagliflozin/saxagliptin	Qtern®
Insulin degludec/liraglutide	Xultophy®
Insulin glargine/lixisenatide	Soliqua™
Ivermectin	Soolantra®
Metronidazole (topical only)	MetroLotion®
	MetroGel®
	Rosadan®
	MetroCream®
	Noritate™
Oxymetazoline	Rhofade™
Plecanatide	Trulance™
Deflazacort	Emflaza™
Nusinersen	Spinraza™
Palbociclib	Ibrance®
Rucaparib	Rubraca®

Note: The implementation of state policy changes by the KanCare MCOs may vary from the date noted in KMAP bulletins. The KanCare Claims Resolution Logs on the KMAP Bulletins page document the MCO system status for policy changes and any associated reprocessing completion dates.

- Amerigroup
- Sunflower Health Plan
- UnitedHealthcare

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.