



JULY 2020

## KMAP GENERAL BULLETIN 20159

### Prior Authorization Updates

Effective with dates of service on and after September 15, 2020, the following medication no longer requires a Clinical Prior Authorization (PA):

- Cysteamine HCl ophthalmic solution (Cystaran®)

Effective with dates of service on and after September 15th, 2020, the following medications will require a Clinical Prior Authorization (PA):

- Adalimumab-afzb (Abralada™)
- Asenapine (Secuado®)
- Cannabidiol (Epidiolex®)
- Celecoxib (Elyxyb™)
- Clobazam (Sympazan™)
- Eptinezumab (Vyepti™)
- Golodirsen (Vyondys 53™)
- Infliximab -axxq (Avsola™)
- Lasmiditan (Reyvow™)
- Lumateperone (Caplyta™)
- Methylphenidate HCl (Adhansia XR®)
- Monomethyl Fumarate (Bafiertam™)
- Ozanimod (Zeposia®)
- Rimegepant (Nurtec™)
- Solifenacin (Vesicare LS™)
- Stiripentol (Diacomit®)
- Ubrogepant (Ubrovelvy™)

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

**Note:** The effective date of the policy is September 15, 2020. 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.  
Monday - Friday