

DECEMBER 2020

KMAP GENERAL BULLETIN 20253

Prior Authorization Updates

Effective with dates of service on and after December 14, 2020, the following medications will require a Clinical Prior Authorization (PA):

- Abiraterone acetate (Yonsa®)
- Abiraterone acetate (Zytiga®)
- Ado-trastuzumab (Kadcyla®)
- Alectinib hcl (Alecensa®)
- Alpelisib (Piqray®)
- Apalutamide (Erleada®)
- Asparaginase erwinia chrysanthemi (Erwinaze®)
- Avapritinib (Ayvakit™)
- Axitinib (Inlyta®)
- Bendamustine (Belrapzo™)
- Bevacizumab (Avastin®)
- Bevacizumab-bvzr (Zirabev®)
- Bosutinib (Bosulif®)
- Brentuximab vedotin (Adcetris®)
- Cabazitaxel (Jevtana®)
- Capmatinib (Tabrecta™)
- Carmustine (Bicnu®)
- Cetuximab (Erbix®)
- Daratumumab & Hyaluronidase-fihj (Darzalex Faspro™)
- Dasatinib (Sprycel®)
- Enzalutamide (Xtandi®)
- Empagliflozin/linagliptin/metformin (Trijardy® XR)
- Erdafitinib (Balversa™)
- Gilteritinib fumarate (Xospata®)
- Imatinib mesylate (Gleevec®)
- Inebilizumab-cdon (Uplizna®)
- Ipilimumab (Yervoy®)
- Ixabepilone (Ixempra®)
- Lapatinib ditosylate (Tykerb®)
- Larotrectinib (Vitrakvi®)
- Lenvatinib (Lenvima®)
- Lorlatinib (Lorbrena®)
- Nelarabine (Arranon®)
- Neratinib maleate (Nerlynx®)
- Nilotinib hcl (Tasigna®)

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Prior Authorization Updates continued

- Obinutuzumab (Gazyva®)
- Octreotide (Sandostatin® Lar)
- Oxybate Salts (Xywav™)
- Panitumumab (Vectibix®)
- Pazopanib hcl (Votrient®)
- Pegaspargase (Oncaspar®)
- Pertuzumab (Perjeta®)
- Pomalidomide (Pomalyst®)
- Ponatinib hcl (Iclusig®)
- Procarbazine hcl (Matulane®)
- Ramucirumab (Cyramza®)
- Ribociclib succinate-letrozole (Kisqali® Femara®)
- Romosozumab-aqqg (Evenity™)
- Sacituzumab govitecan-hziy (Trodelyv®)
- Satralizumab-mwge (Enspryng™)
- Semaglutide (Rybelsus®)
- Sorafenib tosylate (Nexavar®)
- Sunitinib malate (Sutent®)
- Talazoparib tosylate (Talzenna®)
- Trastuzumab-pkrb (Herzuma®)
- Trastuzumab-anns (Kanjinti™)
- Trastuzumab-dkst (Ogivri®)
- Trastuzumab-dttb (Ontruzant®)
- Trastuzumab-qyyp (Trazimera™)
- Trifluridine-tipiracil (Lonsurf®)
- Valrubicin (Valstar®)
- Viltolarsen (Viltepso™)
- Vismodegib (Erivedge®)
- Vorinostat (Zolinza®)

A Grandfather PA process is in place for KanCare patients, according to the following guidelines.

- For members currently taking a maintenance drug that newly requires a PA and the member has been 80% adherent, the member will receive a Grandfather PA.
- For members who have filled a maintenance drug that newly requires a PA and the member has filled the medication once or with an adherence rate of less than 80%, these members will not be given a Grandfather PA.

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- For members currently taking medications considered non-maintenance (acute or seasonal treatments) (Examples: Acne agents, muscle relaxants, NSAIDs, Antihistamines, etc.), No Grandfather PA will be given.

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 December 14, 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.

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