

JANUARY 2025

KMAP GENERAL BULLETIN 24243

Pharmaceutical Prior Authorization Updates

Effective December 16, 2024, the following medications require a Clinical PA:

- Atidarsagene autotemcel (Lenmeldy)
- Clonidine HCl ER (Onyda XR)
- Elafibranor (Iqirvo[®])
- Givinostat (Duvyzat)
- Immune globulin (human) (Panzyga)
- Immune globulin (human)/recombinant human hyaluronidase (Hyqvia)
- Immune globulin (human-klhw) (Xembify)
- Immune globulin (human-slra) (Asceniv)
- Immune globulin (human-stwk) (Alyglo)
- Immune globulin (human) (Cuvitru)
- Immune globulin (human-hipp) (Cutaquig)
- Obeticholic acid (Ocaliva)
- Seladelpar (Livdelzi)
- Valbenazine (Ingrezza[®] Sprinkle)
- Vamorolone (Agamree)

Note: The effective date of the policy is December 16, 2024. 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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