

JANUARY 2025

KMAP GENERAL BULLETIN 24268

Pharmaceutical Prior Authorization Updates

Effective December 1, 2024, the following Preferred Drug List (PDL) medications will become non-preferred and require a PDL Prior Authorization (PA):

- Epinephrine (Neffy)
- Mirikizumab-mrkz (Omvoh)
- Sitagliptin/Metformin XR (Zituvimet XR)
- Testosterone Undecanoate (Undecatrex)
- Travoprost intracameral implant (iDose[®] TR)

Note: The effective date of the policy is December 1, 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.
Monday - Friday

Gainwell Technologies is the fiscal agent for KMAP