

OCTOBER 2025

KMAP GENERAL BULLETIN 25239

Pharmaceutical Prior Authorization – September 2025 Updates

Effective with dates of service on or after October 15, 2025, the following medications require Clinical Prior Authorization (PA):

- Ustekinumab-ttwe (Pyzchiva[®]) SC Vial

Effective with dates of service on or after October 1, 2025, the following medications require Preferred Drug List (PDL) PA:

- Adalimumab (Humira[®])
- Mepolizumab (Nucala[®])
- Omalizumab (Xolair[®]) PFS
- Omalizumab (Xolair[®]) Autoinjector
- Omalizumab (Xolair[®]) Vial

Effective with dates of service on or after October 15, 2025, the following medications require PDL PA:

- Denosumab (Xgeva[®])
- Denosumab-bbdz (Jubbonti)
- Denosumab-bmwo (Osenvelt)
- Denosumab-bmwo (Stoboclo)
- Ibuprofen 300mg tablets
- Metoprolol tartrate (Lopressor) Oral Solution
- Suzetrigine (Journavx)

Effective with dates of service after September 30, 2025, the following medications will no longer have a PDL PA:

- Benralizumab (Fasenra)

Note: The effective dates of the policy are September 30, 2025; October 1, 2025; and October 15, 2025. 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](#)
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