

**KMAP GENERAL BULLETIN 26017**

## **Pharmaceutical Prior Authorization Updates – January 2026**

Effective with dates of service on or after March 21, 2026, the following medications require Clinical PA:

- Amivantamab and hyaluronidase-lpuz (Rybrevant Faspro™)
- Dasatinib (Phyrago™)
- Docetaxel (Beizray®)
- Eculizumab-aagh (Epysqli®)
- Eculizumab-aeab (Bkemv™)
- Ensartinib (Ensacove™)
- Filgrastim-txid (Nypozi®)
- Gepirone ER (Exxua®)
- Imlunestrant (Inluriyo™)
- Melphalan (Hepzato™)
- Nipocalimab-aahu (Imaavy™)
- Risdiplam (Evrysdi®)
- Ziftomenib (Komzifti™)
- Zuranolone (Zurzuvae™)

Effective with dates of service after March 20, 2026, the following medications will no longer have a Clinical PA:

- Clonidine HCl
- Guanfacine HCl (Tenex®)

Effective with dates of service on or after February 1, 2026, the following medications require PDL PA:

- Celecoxib (Vyscoxa™)
- Chlorzoxazone 250mg
- Clonidine HCl (Javadin™)
- Desloratadine (Oral Solution)
- Insulin aspart-xjhz (Kirsty™) Pen, Vial
- Losartan (Arbli™)
- Nabumetone (Relafen® DS)
- Oxaprozin (Coxanto™)
- Ustekinumab-srlf (Imuldosa®) Labeler 51407

**KMAP**

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

**Customer Service**

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday



## Pharmaceutical Prior Authorization Updates – January 2026 continued

**Note:** The effective dates of the policy are February 1, 2026; March 20, 2026; and March 21, 2026. 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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