Prior Authorization Updates

Effective with dates of service on and after June 10, 2019, the following medications require a clinical prior authorization (PA):

- Antihemophilic factor VIII recombinant, pegylated IV (Esperoct®)
- Antihemophilic factor VIII recombinant, pegylated IV (Jivi®)
- Aripiprazole Tablet (Abilify MyCite®)
- Benralizumab Syringe (Fasenra™)
- Codeine/APAP Tablet (Tylenol® w/codeine #3)
- Codeine/APAP Tablet (Tylenol® w/codeine #4)
- Codeine/Butalbital/APAP/Caffeine Capsule (Fioricet® with Codeine)
- Codeine/Butalbital/ASA/Caffeine Capsule (Fiorinal® with Codeine)
- Codeine/Butalbital/ASA/Caffeine Capsule (Ascomp® with Codeine)
- Dihydrocodeine/APAP/Caffeine Capsule (Trezix™)
- Dihydrocodeine/APAP/Caffeine Tablet (Dvorah®)
- Dihydrocodeine/APAP/Caffeine Tablet (Panlor®)
- Dihydrocodeine/ASA/Caffeine Capsule (Synalgos-DC®)
- Etelcalcetide IV (Parsabiv®)
- Fosnetupitant/palonosetron (Akynzeo® IV)
- Meperidine/Promethazine Tablet
- Opium/Belladonna Rectal Suppository
- Opium Tincture

DXC Technology is the fiscal agent of KMAP.
Prior Authorization Updates

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 June 10, 2019. 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.