Prior Authorization Updates

Effective with dates of service on and after March 1, 2020, the following medications require a Clinical Prior Authorization (PA):

- Diroximel fumarate (Vumerity™)
- Elexacaftor/tezacaftor/ivacaftor (Trikafta)
- Pitolisant (Wakix®)
- Solriamfetol (Sunosì®)
- Ledipasvir/sofosbuvir (Harvoni®) pellets
- Palbociclib (Ibrance®) tablets
- Sofosbuvir (Sovaldi®) pellets

Effective with dates of service on and after March 1, 2020, the following medications no longer require a Clinical PA:

- Alitretinoin (Panretin®)
- Bexarotene (Targretin®)
- Peginterferon alfa-2a (Pegasys®)
- Peginterferon alfa-2b (PegIntron®)
- Peginterferon alfa-2b (Sylatron®)

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 March 1, 2020. 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.