





DECEMBER 2021

### KMAP GENERAL BULLETIN 21253

# **Prior Authorization Updates**

Effective with dates of service on and after December 20, 2021, the following medications require a Clinical Prior Authorization (PA):

- Aducanumab-avwa (Aduhelm<sup>™</sup>) Vial
- Asparaginase erwinia chrysanthemi, recombinant (Rylaze<sup>™</sup>) Vial
- Atogepant (Qulipta<sup>®</sup>) Tablet
- Belzutifan (Welireg<sup>™</sup>) Tablet
- Bendamustine (Bendeka<sup>®</sup>) Vial
- Bendamustine (Treanda<sup>®</sup>) Vial
- Chemotherapy diluent (Elliotts B<sup>®</sup> solution) Ampule
- Copanlisib (Aliqopa<sup>™</sup>) Vial
- Daunorubicin/cytarabine (Vyxeos<sup>®</sup>) Vial
- Fam-trastuzumab deruxtecan (Enhertu®) Vial
- Gemcitabine (Infugem<sup>™</sup>) Bag, Vial
- Infigratinib (Truseltiq<sup>™</sup>) Capsule
- Iobenguane I-131 (Azedra<sup>®</sup>) Vial
- Levoleucovorin (Khapzory<sup>TM</sup>) Vial
- Lutetium (Lutathera<sup>®</sup>) Vial
- Melphalan (Evomela<sup>®</sup>) Vial
- Mesna (Mesnex<sup>®</sup>) Tablet, Vial
- Moxetumomab pasudotox (Lumoxiti<sup>®</sup>) Vial
- Necitumumab (Portrazza<sup>™</sup>) Vial
- Fosdenopterin (Nulibry<sup>™</sup>) Vial
- Ofatumumab (Arzerra<sup>®</sup>) Vial
- Pemetrexed (Pemfexy<sup>TM</sup>) Vial
- Ponesimod (Ponvory<sup>TM</sup>) Tablet
- Tasimelteon (Hetlioz LQ<sup>™</sup>) Suspension
- Tisotumab vedotin (Tivdak<sup>™</sup>) Vial
- Tivozanib (Fotivda<sup>®</sup>) Capsule
- Trabectedin (Yondelis<sup>®</sup>) Vial
- Vincristine (Marqibo<sup>®</sup>) Vial
- Ziv-aflibercept (Zaltrap<sup>®</sup>) Vial

A Grandfather PA process is in place for KanCare patients, according to the following guidelines:

• For members currently taking a maintenance drug that newly requires a PA and the member has been 80% adherent, the member will receive a Grandfather PA.

Kansas Medical Assistance Program

- Bulletins
   Manuals
  - Forms

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# **Prior Authorization Updates continued**

- For members who have filled a maintenance drug that newly requires a PA, and the member has filled the medication once or with an adherence rate of less than 80%, these members will not be given a Grandfather PA.
- For members currently taking medications considered nonmaintenance (acute or seasonal treatments) (Examples: acne agents, muscle relaxants, NSAIDs, antihistamines, etc.), no Grandfather PA will be given.

Reference the <u>Prior Authorization - Clinical Criteria</u> page on the Kansas Department of Health and Environment (KDHE) website for Clinical PA information.

*Note:* The effective date of the policy is December 20, 2021. 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 <u>Bulletins</u> page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

#### КМАР

Kansas Medical Assistance Program

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Gainwell Technologies is the fiscal agent for KMAP