

October 2006

Provider Bulletin Number 6108

Pharmacy Providers

Prior Authorization Required for Abatacept

Effective with dates of service on and after November 1, 2006, abatacept (Orencia[®]) will require prior authorization (PA).

The prior authorization request forms and clinical criteria can be accessed at <http://www.khpa.ks.gov/MedicalAssistanceProgram/PharmacyInformation/default.html>.

Changes to Preferred Drug List

Effective with dates of service on and after October 1, 2006, the following drugs became preferred, and the PA requirement was removed:

- Xalatan[®] (latanoprost)
- Tarka[®] (trandolapril/verapamil HCl)

Web Site Updates and Reminders

To access KMAP pharmacy provider information, visit the following Web sites:

- Kansas Health Policy Authority (formerly known as Division of Health Policy and Finance) contains information pertaining to beneficiaries, providers, and pharmacies
<http://www.khpa.ks.gov/>
- Kansas Medical Assistance Program (KMAP) Pharmacy Information
<http://www.khpa.ks.gov/MedicalAssistanceProgram/PharmacyInformation/default.html>
- Preferred Drug List (PDL)
<http://www.khpa.ks.gov/MedicalAssistanceProgram/PharmacyInformation/PreferredDrugList/PDLLIST080406.pdf>
- PDL Prior Authorization Forms
<http://www.khpa.ks.gov/MedicalAssistanceProgram/PharmacyInformation/PriorAuthorizationPAForms.html>
- Pharmacy Provider Manual and Pharmacy Federal and State Pricing Manuals
<https://www.kmap-state-ks.us/public/providermanuals.asp>
- Pharmacy Bulletins
<https://www.kmap-state-ks.us/public/Bulletins/BulletinSearch.asp>

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.