

October 2006

Provider Bulletin Number 6109b

FQHC/RHC 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>.

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.