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Pharmacy Providers

Prior Authorization Required for Mecasermin Rinfabate

Effective with dates of service on and after October 1, 2006, mecasermin (Increlex[®]) and mecasermin rinfabate (Iplex[®]) will require prior authorization.

The preferred drug list, prior authorization request forms for nonpreferred drugs, and mecasermin/mecasermin rinfabate (Increlex, Iplex) clinical criteria can be found 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.