

## Prior authorization notice

**Summary:** Prior authorization (PA) criteria for the drugs listed in the table below were reviewed and approved by the Kansas Drug Utilization Review Board. These drugs will require PA as of the effective date indicated on the table.

### ✦ What this means to you:

- Effective as indicated in the table, PA requirements will apply
- This notice applies to Amerigroup Kansas, Inc. benefits in Kansas

### What is the impact of this change?

PA required		
Therapeutic class	Medication	Effective date
Acromegly Agent	Somavert®Pegvisomant	4/15/2016
Allergan Agent	Grastek®grass pollen allergen extract (5 grass)	4/15/2016
Allergan Agent	Oralair®grass pollen allergen extract (5 grass)	4/15/2016
Allergan Agent	Ragwitek®short ragweed pollen allergan extract	4/15/2016
Anticonvulsant	Qudexy XR® Topiramate	4/15/2016
Anti-Nausea	Emend®Aprepitant	4/15/2016
Anti-Neoplastic Agent	Darzalex®Daratumumab	4/15/2016
Anti-Neoplastic Agent	Kadcyla®ADO-Trastuzumab	4/15/2016
Antiretroviral Agent	Truvada®Emtricitabine/Tenofovir	4/15/2016
Biologic	Cosentyx®Secukinumab	4/15/2016
Biologic	Entyvio®Vedolizumab	4/15/2016
Cysteamine agent	Cystaran®Cysteamine	4/15/2016
Drugs to Treat Cancer	Camptosar®Irinotecan	4/15/2016
Drugs to Treat Cancer	Cotellic®Cobimetinib	4/15/2016
Drugs to Treat Cancer	Empliciti®Elotuzumab	4/15/2016
Drugs to Treat Cancer	Farydak®Panobinostat	4/15/2016
Drugs to Treat Cancer	Granix®TBO-Filgrastim	4/15/2016
Drugs to Treat Cancer	Jakafi®Ruxolitinib	4/15/2016
Drugs to Treat Cancer	Kyprolis®Carfilzomib	4/15/2016
Drugs to Treat Cancer	Ninlaro®Ixazomib	4/15/2016

Drugs to Treat Cancer	Tagrisso®Osimertinib	4/15/2016
Drugs to Treat Cancer	Zelboraf®Vemurafenib	4/15/2016
Drugs to Treat Cancer	Zydelig®Idelalisib	4/15/2016
Drugs to Treat Cancer	Zykadia®Ceritinib	4/15/2016
Endometriosis Agent	Lupaneta Pak®Leuprolide/Norethindrone	4/15/2016
Hormone	Crinone®Progesterone	4/15/2016
Hypocalcemia Agent	Natpara®parathyroid hormone	4/15/2016
Imbruvica (ibrutinib)	Imbruvica®Ibrutinib	4/15/2016
Immune Globulin Subcutaneous (Human)	Hizentra®Immune Globulin Subcutaneous (Human)	4/15/2016
Incretin mimetic agents	Tanzeum®Albiglutide	4/15/2016
Inhaled LABA/Anticholinergic Combination	Stiolto Respimat®Tiotropium/Olodaterol	4/15/2016
Inhaled LABA/Anticholinergic Combination	Utibron Neohaler®Indacaterol/Glycopyrrolate	4/15/2016
Insulin human inhalation powder	Afrezza®insulin human inhalation	4/15/2016
Intravenous Immune Globulins (IVIGs)	Flebogamma®immune globulin infusion (human)	4/15/2016
Intravenous Immune Globulins (IVIGs)	Gammagard®immune globulin infusion (human)	4/15/2016
Intravenous Immune Globulins (IVIGs)	Gammaked®immune globulin infusion (human)	4/15/2016
Intravenous Immune Globulins (IVIGs)	Gammaplex®immune globulin infusion (human)	4/15/2016
Intravenous Immune Globulins (IVIGs)	Gammar®immune globulin infusion (human)	4/15/2016
Intravenous Immune Globulins (IVIGs)	Gamunex®immune globulin infusion (human)	4/15/2016
Intravenous Immune Globulins (IVIGs)	Octagam®immune globulin infusion (human)	4/15/2016
Intravenous Immune Globulins (IVIGs)	Privigen®immune globulin infusion (human)	4/15/2016
Intravenous Immune Globulins (IVIGs)	Bivigam®immune globulin infusion (human)	4/15/2016
Intravitreal Injection	Eylea®Aflibercept	4/15/2016
Iron Chelation Agent	Jadenu®Deferasirox	4/15/2016
Irritable Bowel Diarrhea Aget	Viberzi®Eluxadoline	4/15/2016
Leukemia Agent	Blinicyto®Blinatumomab	4/15/2016
Long-Acting Beta-Agonists	Striverdi Respimat®Olodaterol	4/15/2016
Menopause Symptom Treatment	Brisdelle®Paroxetine	4/15/2016
Menopause Symptom Treatment	Osphena®Ospemifene	4/15/2016

Monoclonal Antibody	Nucala®Mepolizumab	4/15/2016
Neurokinin 1 (NK-1) Antagonists/NK-	Akynzeo®Netupitant/Palonosetron	4/15/2016
Neurokinin 1 (NK-1) Antagonists/NK-	Emend IV®Fosaprepitant	4/15/2016
Neurokinin 1 (NK-1) Antagonists/NK-	Varubi®Rolapitant	4/15/2016
nivolumab (Opdivo)	Opdivo®Nivolumab	4/15/2016
Opioid Analgesic	Xartemis XR®Oxycodone/acetaminophen	4/15/2016
Opioid-Induced Constipation Agent	Movantik®Naloxegol	4/15/2016
Phosphate Binder Agent	Carimune®immune globulin infusion (human)	4/15/2016
Psuedobulbar Effect Agent	Nuedexta®Dextromethorphan/Quinidine	4/15/2016
Rosecea Agent	Mirvaso®Brimonidine	4/15/2016
SGLT2 Combination product	Glyxambi®Empagliflozin/Linagliptin	4/15/2016
Topical Acne Agent	Onexton®Benzoyl Peroxide/Clindamycin	4/15/2016
Tuberculosis Agent	Priftin®Rifapentine	4/15/2016
Tuberculosis Agent	Rifater®Rifampin/Isoniazid/Pyrazinamide	4/15/2016
Tuberculosis Agent	Seromycin®Cycloserine	4/15/2016
Tuberculosis Agent	Sirturo®Bedaquilline	4/15/2016
Tyrosine hydroxylase inhibitor	Demser®Metyrosine	4/15/2016
Weight Loss Agent	Saxenda®Liraglutide	4/15/2016
Inhaled LABA/Anticholinergic Combination	Anoro Ellipta®Umeclidinium/vilanterol	4/16/2016
Tuberculosis Agent	Mycobutin®Rifabutin	4/16/2016

**What action do I need to take?**

You will need to obtain a PA to continue coverage beyond the above outlined effective date.

**What if I need assistance?**

To obtain a PA, please call our Pharmacy PA department at 1-855-323-4696 and follow the voice prompts for pharmacy prior authorization.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.